

## A and E and NHS management

Yesterday when senior medics connected to the NHS warned of a crisis in A and E the BBC World at One programme did interview a senior manager from NHS Scotland. He ducked a question about money, implying fault with the SNP government. The BBC did not follow up. When asked for a way of solving the problems he emphasised the need for most patients to use a remote service to keep pressures off surgeries and A and E.

They then interviewed the Strategic Planning Director of NHS England. A good early question about the need for a new strategic plan was not followed through though clearly the current plan is full of difficulties. The Director did not offer a clear way to resolve the problems. He did point out they are working on a manpower plan which should be ready next spring. He was not asked why they currently lack a manpower plan or why it is taking so long to produce one. I and others have been calling for one for many months. You cannot have a proper plan for the NHS without a manpower plan, as people are the main resource and cost in the service.

I remember urging PM, Chancellor and Health Secretary with Boris in office to require a clear plan on recruitment and retention of key skills when the NHS was asking for a large sum of additional cash. They agreed but the NHS did not supply the manpower plan so the cash was given anyway. As the warnings all relate to lack of GP, A and E and bed capacity surely the solution must in part be recruiting and retaining more qualified people. As the population grows so we need more beds, more nurses and doctors and more treatments and operations.

It may well be possible to free more beds by improving social care, but bed numbers are still low by international comparison. Some of us pushed hard for more capacity when covid hit, only to see the Nightingales little used then closed. We also watched as the private sector capacity was not properly used though taxpayers were paying for its availability. Huge extra sums did not buy useful extra capacity. The new strategy should include realistic manning levels and bed numbers. Why won't the media press the top management on the failure of current plans and ask why capacity is kept too low?