

The pot, the kettle and the big stick

As from April 1st 2011, Hospital Trusts will be fined for every breach of the privacy and dignity rules sanctioned by the Government¹. These rules decree that where patients have to share their sleeping accommodation with members of the opposite sex, the offending Trust will be fined £250 for every day that the breach persists. In effect, if one male patient shares a six-bedded bay with five female patients then the fine would be £1,500 because six patients would be having their rights for dignity and privacy ignored. It is unclear as to whom that fine would be paid and whether the money would, disappear into a healthcare quango's black hole, be reinvested in other parts of the NHS or be paid to those patients who have been affected. Whatever method is going to be adopted, this concept is wholly outrageous although, needless to say each side is accusing the other of wrongdoing.

This is not and never has been a question of Hospital Trusts ignoring the sensitivities of patients, but the result of decades of cheeseparing the bed complement of hospitals in the face of increasing numbers of emergency admissions from a burgeoning catchment population. In North East Essex, for example, in the 30 years from 1971, the catchment population of 16 – 78 years olds (defined as non-geriatric people) has increased by 36% but available acute medical beds has declined by 19%.

Cutting the number of hospital beds began as soon as the NHS was implemented. This was part of a drive to reduce the cost of running the hospital real estate. Initially, this process led to the closure of hospitals and the rationalisation of bed usage on the retained sites. The wards that survived however did not change their specific gender orientation and were still described as either "Male" or "Female". At least, that was until some bright spark in NHS Estates conjured up the idea of dividing the classical Nightingale Ward into a number of individual bays with six patients per bay. This would have been fine if each bay had been provided with its own toileting facilities but, for the planners in the 70s and 80s, that was a bridge too far and hence toileting facilities became unisex and communal. Thus, by the beginning of the 21st century, the UK had too few beds to cope with the flood of medical emergencies that typically engulf our hospitals in the winter without,

regrettably, having to resort to accommodating a few of these patients in bays containing members of the opposite sex.

Belatedly, the Department of Health miraculously found £100m in the kitty which it amusingly thought would solve this problem. If the Government had spent more time and money with their eyes on the ball instead of breeding flocks of bureaucratic ostriches, then they would have realised that this paltry sum would barely scratch the surface of the accumulation of poorly appointed hospital wards.

A conservative estimate of the cost of converting the medical wards at Colchester General Hospital, in order to comply with the dignity and privacy regulations, was about £9m. That Hospital Trust received nothing from their SHA. However, even if this building reconstruction had been undertaken it would have resulted in the loss of 90 beds, because the small size of the existing six-bedded bays would have been unable to incorporate toileting facilities unless the number of beds in each bay had been reduced to four.

One of the six Strategic Health Authorities (SHAs) was given £10.3m to disburse to their dependant healthcare Trusts. When their outgoings were assessed at the end of this exercise only 20 Trusts received grants. These ranged from £200 to £1,700,000. However, the SHA withheld over £90,000 to cover their administrative costs and even then more than £200,000 was unaccounted for! Apart from this revelation being a good reason for disbanding SHAs, it highlights the way in which political parties can deceive a naive electorate with promises that are nothing more than vote gathering propaganda.

Prior to the inception of the NHS, the voluntary hospitals would have appealed directly to their resident population and, with the donations received, addressed the prevailing deficiencies to the built hospital environment. The real financial problem facing healthcare in 1948 was not a shortage of capital investment but an inability to meet the cost of delivering care². Current NHS legislation forbids Hospital Trusts from sponsoring the charitable activity that would be necessary to raise the money for specific capital investments. Furthermore, the Trust Funds held by the voluntary hospitals prior to 1948 were confiscated by the Treasury when the NHS was rolled out. Teaching Hospitals in England and Wales were allowed to retain their Trust Funds. In Scotland those Trust Funds were pooled and put into the Scottish Hospitals Endowments Research Trust

(SHERT), which became the Scottish equivalent of the Medical Research Council (MRC).

Interestingly, the Trust Funds held by the Ipswich Hospital in 1948³ were about £94,000. In today's money that would be about £19m. With that sort of capital resource, dignity and privacy considerations might well have been addressed long before the current political initiative was conceived.

Now the Coalition wants to outsource healthcare back to local communities, but will it repay that capital so stealthily confiscated in 1948? This is the difference between the giving and taking, and the selling and buying culture of capitalism. In effect what the Government took in 1948 they expect the local community to buy back.

One thing is certain, the big stick which will be brandished in April should be in the hands of the local Hospital Trusts. It is the Treasury that should be penalised for every breach of the dignity and privacy agenda.

References

1. http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_123658
2. Penfold J. *The History of the Essex County Hospital Colchester*. Sudbury: Lavenham Press: 1984
3. Moxon H. *An account of the National Health Service and the Ipswich and East Suffolk Group Hospital Management Committee*. Ipswich: Cowell: 1962