

## **Primary care: the solution to the ongoing crisis in A&E**

When we think of the Accident and Emergency Department of an NHS hospital, the riotous, overcrowded yet underfunded environment full of the overworked Junior Doctors we see on the news may well come to mind. And yes, in many parts of the country, A&E is almost at breaking-point: there is a disquieting lack of beds, which means patients are waiting longer than ever for the treatment and care they need. We are all aware that our population is ageing, which means the number of chronic illness-sufferers and admissions to Emergency Departments will begin to rise exponentially in the not-so-near future. We must act now to relieve the burden on this truly valuable area of the NHS, and I believe that the solution lies in the strengthening of the primary care system.

In 2004, the Labour government established the four-hour A&E waiting time target: 98% of A&E patients had to be discharged or admitted to another section of the hospital within four hours of them first entering the department but, even though this was reduced to 95% in 2010, this target has been almost impossible to meet. In fact, it has not been met once since 2013/14, and recent data shows that more and more people are having to wait longer than twelve hours for a hospital bed. These patients accumulate in corridors on trolleys, deprived of the emergency care many desperately need. These long waits, known as 'trolley waits', are mainly due to the lack of hospital beds, the number of which has decreased 34% since 1987.

Both A&E waiting times and the lack of beds is set to worsen as our population ages, as age brings greater risk of developing many non-communicable diseases such as cancer, dementia and cardiovascular disease. By 2050, it is predicted that 24.8% of our population will be aged sixty-five and over, which means there will be an increase in admissions to Emergency Departments due to chronic conditions. This increase is already evident, as the number of over-sixties admitted to A&E rose by two thirds between 2007/08 and 2013/14. The chaotic environment created by increased admissions not only puts lives in danger, but it also gives rise to variation in the quality of healthcare received by patients: during the winter of 2017, a total of 626 operations had to be cancelled directly due to the lack of beds. Indeed, it's not surprising that the Care Quality Commission (CQC) gave the Emergency Departments the lowest rating of all the areas of the NHS.

Why is it that 90% of all patient contact in the NHS takes place within General Practice, yet it only receives 7.1% of the NHS budget? Frankly, these figures seem nonsensical and, for this reason, the funding received by General Practice will be boosted as a major step towards relieving the A&E crisis. The priority is to increase the duration of GP appointments from ten to fifteen minutes, giving doctors more time to ask questions and perform examinations. This which would focus GP appointments on preventative and holistic care, which would vastly reduce the number of admissions to A&E for preventable emergencies, such as myocardial infarctions (heart attacks). It will also become compulsory for all patients registered at a GP to have a check-up appointment every six to twelve months. A copy of doctors' notes will be recorded in the patients' own 'Check-up Logbook' to allow patients to monitor their own health. This would help to avoid the onset of some conditions, to free-up hospital beds and potentially save lives: an estimated 5 million people in the UK have

undiagnosed high blood pressure, and a total of 14,500 strokes could be prevented if it was detected earlier.

To allow the number and duration of GP appointments to increase, pharmacists will be promoted as the first point-of-call for general healthcare needs through advertising campaigns, and thus many will not need to visit their GP at all. I also intend to increase the number of doctors in General Practice by 50%, from 0.58 doctors per 1000 patients to 0.87. For this, I will continue to support the plans to open medical schools at the Universities of Kent and Lincoln, and I will open a new medical school at the University of Cumbria, which will be strongly focussed on student GP medical placements. More GPs will also give rise to better continuity of care, so stronger patient-doctor relationships can be established. This will allow quicker diagnosis and improved national health literacy, so patients can take better care of their own health to help prevent illness themselves.

The current crisis in social care is also bringing many more elderly patients to Emergency Departments: according to a recent study, over one quarter of the time spent waiting in hospital is spent waiting for appropriate social care. Often, carers bring the elderly to A&E as they feel they 'can't cope' with the demanding level of care required, which is part of the reason why 41% of people leave A&E with guidance only. To tackle this, I would like to open one 'Night Clinic' per two GP practices across the UK. There will be beds in these clinics, to allow elderly patients with chronic conditions to be looked after overnight. New 'Pain Relief Nurses' and physiotherapists would be stationed in these clinics as well as in regular GP surgeries to help manage pain outside A&E, which will become a more prevalent issue as the population ages due to increased risk of developing diseases like cancer and osteoarthritis.

Overall, these measures to strengthen and expand the primary care system of the NHS will be a major step in combatting the A&E crisis, as diseases will be better prevented, and we will be better equipped to manage an ageing population. This will leave hospitals with more available beds and reduced waiting times, which will then improve the quality of care delivered to patients in the Emergency Departments.

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