

Why ambulance workers in England and Wales are going on strike

Tuesday 20 December 2022, by [WANKHADE Paresh](#) (Date first published: 19 December 2022).

Ambulance services are facing unfair criticism for a situation which is not of their making. The workforce is in crisis, with system-wide pressures seriously hampering their ability to do their jobs.

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Emergency service workers are [set to strike](#) on December 21 2022, to demand better pay. The strike action is happening as the UK is witnessing the [worst](#) ambulance handover delays on record. Thousands of patients are having to wait outside A&Es up and down the country in the back of ambulances, as backlogs are cleared.

A [parliamentary inquiry](#) was launched in September 2022, amid media reports of [“appalling waits”](#) for ambulances – [up to 40 hours long](#) – and lives left at [risk](#) on a daily basis. Adrian Boyle, the head of the Royal College of Emergency Medicine, recently told BBC Radio 4’s Today programme that this is forcing ambulances to be [“wards on wheels”](#) and could cause excess deaths in England.

I have been studying the UK’s emergency and ambulance [services](#) for over 15 years. My research shows that they are facing unfair criticism for a situation which is not of their making. The workforce is in crisis, with system-wide pressures seriously hampering their ability to do their jobs.

Ambulance staff I have [interviewed](#), describe their experience of the pandemic so far as “traumatic”, stressful, and a “test” of their “resilience”.

The sector is [struggling with](#) staffing shortages and retention and the [highest sickness absence rates](#) among all NHS organisations. [Research](#) points to deteriorating job satisfaction among its ranks, with staff increasingly suffering from [burnout](#) and stress.

Bed capacity and delayed discharges

When ambulances have to wait outside hospitals to hand patients over, it reduces their capacity to respond to other calls. Since 2013-14, the four-hour A&E waiting time standard [has not been met](#), nationally, in England; since July 2015, it has been missed every month. These longer wait times in A&E are largely due to increased emergency admissions, staffing pressures and reduced bed capacity.

Between 1987 and 2020, the number of hospital bed places [more than halved](#) (from about 299,000 to 141,000), while admissions and overnight bed occupancy [have steadily risen](#).

England has one of the [lowest rates](#) of hospital beds per person (just two per 1,000 people), among Organisation for Economic Co-operation and Development countries. Latest projections by the [Health Foundation](#) charity show that, in order to deliver 2018-19-levels of care, up to 39,000 extra hospital beds would be needed by 2030-31.

We know that [one in five emergency admissions](#) is avoidable. We also know that [one in three](#) patients across NHS England are staying in hospital for longer than they need. This has, in part, been attributed to [the lack](#) of social care provision in the community. However, fears of a [“tripledemic”](#) of high levels of flu, COVID and respiratory infections this winter could result into up to half of the available beds being occupied by patients – making an already grim situation even worse.

Handover delays

Since March 2022, NHS England targets stipulate that handovers from ambulance to A&E should take place within 60 minutes. Notwithstanding [NHS plans](#) for improvement, a quality indicator for measuring hospital performance in meeting those transfer-time targets has not yet materialised, despite [parliamentary recommendations](#) made more than a decade ago. The government’s own policy document [has revealed](#) that in the winter of 2021, 45% of ambulance handover delays took place in 15 hospital trusts.

Patients are [increasingly being held](#) in ambulances, either awaiting treatment or until a place is available in A&E wards. This raises serious concerns around [patient safety and harm](#), concerns which the most recent data backs up.

[According](#) to the Association of Ambulance Chief Executives, in October 2022, almost 44,000 patients experienced potential harm as a result of long handover delays and nearly 5,000 of these, severe harm. Handovers exceeding three hours reached nearly 15,000 in October; those exceeding 10 hours also grew to reach a series high of 860. Month on month, wait times have increased by 28%.

These delays have a knock-on effect. They lead to emergency call handlers having to respond to distressed patients and families with updates on their wait times. They can also lead to [thousands](#) of additional (duplicate) calls, thereby adding to the pressure on the system.

Emergency call triage

In my research, I have shown how [unsuited](#) the NHS ambulance model – which is largely predicated on rapid response, patient stabilisation and handover to hospitals – is to the new realities of increased demand, bed shortage and lack of social care capacity. It also does not take into account [the higher clinical skill](#) sets paramedics now boast.

Call volumes have grown exponentially from eight million 999 calls in [2010-11](#) to over [12 million in 2019-20](#).

The pandemic has increased [mental health calls](#) as well as unplanned primary care calls, due to people [not being able to access](#) a GP.

In July 2017, [new national standards](#) were formalised for assessing emergency response performance: life-threatening injuries (response within 7 minutes); urgent (within 18 minutes); urgent but not immediately life-threatening (90% of calls within 120 minutes); and non-urgent (90% of calls within 180 minutes).

This system has given handlers more time to determine the best response to any given call. However, it remains predicated on [targets and response times](#), rather than on clinical outcomes and quality of patient care. Also, it's [not working](#).

In [October 2022](#), the average response time for a category-1 call was nine minutes 56 seconds – almost three minutes longer than the seven-minute target. Category-2 calls are taking up to two hours and 16 minutes, as compared with a target of 40 minutes. This continued focus by commissioners, regulators and providers on “[meeting response times](#)”, despite the [weak correlation](#) with clinician outcomes, is worrying.

Research shows how risk averse the [NHS 111](#) system (including the 999 system) has become, resulting in improper triage. [More ambulances](#) are being deployed, with highly clinically skilled crews sent out to non-serious calls.

Paramedics are [pleading for help](#) and, as GMB national officer Rachel Harrison [recently put it](#), “leaving in droves”. Unless bold [system-wide reforms](#) are implemented, emergency response services will continue to be frustrated in their efforts to save lives.

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P.S.

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