

Critical Condition



Building a Sustainable Future for the Sickest Patients in the Hospital

For commissioners of services, national stakeholders in care and specialty champions.

The Faculty of
Intensive Care Medicine

A SYSTEM MOVING TOWARDS BREAKING POINT

An unprecedented increase in demand for critical care beds in the late 1990s led to safety being compromised as patients were transferred at their sickest to other hospitals for treatment. This resulted in the publication of “Comprehensive Critical Care” in 2000 and financial investment led to intensive care service expansion and reorganisation.

Despite being significantly underfunded when compared with the rest of the world, we consistently deliver a high standard of care with comparable outcomes. This has been achieved, in part, by the dedicated staff working within Critical Care. It is a busy environment, life and death decisions are made on a daily basis and it can be stressful. Critical Care doctors can suffer from burnout, leaving Critical Care later in their career for another specialty. This drain of experience and expertise is happening earlier and, in some cases, is adversely affecting ICM as a positive career choice. We must take the opportunity to avoid the potential negative impact on patient safety and quality of care.

Dr Carl Waldmann, Dean



“ There are indications now that another crisis is imminent and it is essential we reassure the public and the profession that this is being taken seriously and the issues addressed. A failure to maintain existing standards of service delivery and staff numbers will inevitably result in a deterioration of patient

experience and outcomes accompanied by a return to the problems and dangers that have been experienced in the past.

INTENSIVE CARE MEDICINE IS PIVOTAL TO THE SAFE AND EFFICIENT FUNCTIONING OF ALL ACUTE HOSPITALS. YOU CANNOT HAVE AN ACUTE HOSPITAL WITHOUT INTENSIVE CARE.

Intensive Care Medicine (ICM)

A hospital specialty, also known as critical care, that treats seriously ill patients. Specially trained healthcare professionals are responsible for the diagnosis and management of reversible, life threatening conditions requiring organ support and specialised monitoring. These highly skilled critical care staff, including doctors, nurses, advanced practitioners, physiotherapists, pharmacists and dieticians, provide 24/7 care for the sickest patients in the hospital. The team also has a role in end of life care, patient safety, ethics and family support.

Over the last 20 years the remit of ICM has extended to include the review and treatment in the ward of patients at risk of becoming seriously ill. This early intervention can prevent further deterioration avoiding critical care admission all together or making the admission process more efficient.

1 Accident and Emergency

Members of the public arrive here for many reasons. They may have been in a road traffic accident or other traumatic event, suffered a heart attack, a brain haemorrhage or any other acute illness. Many will be so sick that they must get transferred straight to Critical Care if they are to survive. It is difficult to predict the number of patients who require transfer.



2 Follow up

Patients' continued recovery is monitored by critical care Outreach teams. The experience of being critically ill can lead to Post Traumatic Stress Disorder and it is important to recognise and manage it appropriately. Outreach gives an opportunity to discuss ongoing issues and encourage rehabilitation. It is hugely beneficial for those lucky enough to have this service. Lack of follow up may negatively affect quality of life and return to employment.



3 Hospital wards

Patients go to hospital for medical treatment, surgery or investigation of a wide variety of illnesses such as asthma, diabetes or flu. They may have suffered a stroke or sepsis. The majority will have a relatively uneventful admission and return home but, for some, their condition deteriorates and they will require intensive care.



4 Operating Theatre

Some operations are extremely complicated and, for a period of time following surgery, patients need the intensive support and monitoring that can only be provided in critical care e.g. organ transplantation, cancer surgery, cardiac bypass surgery, brain surgery. Some patients have complex medical problems who will require admission to critical care post operatively.



5 Maternity

Pregnant women are usually healthy but they are at risk of a number of pregnancy related illnesses that can put both them and their baby in danger. They may have a major haemorrhage during delivery or caesarian section, suffer from pre-eclampsia and be at risk of having a fit or become septic. Occasionally they need to be admitted to critical care for life saving treatment.





ESCALATING DEMAND

As new surgical procedures develop and better treatments for illnesses appear, more patients require the support of critical care. Any investment in other services must consider the impact on ICM otherwise patients may suffer undue risk. Ward staff numbers have steadily fallen and these areas are no longer able to safely care for those sick patients who would not previously have required critical care, so creating a gap in provision of care.

INCREASED PUBLIC EXPECTATION

The public are much more aware of the healthcare available to them. As life expectancy increases so does the incidence of chronic disease putting increased demand on an already struggling NHS. Patients undergo procedures that were not available 20 years ago and they deserve to be treated irrespective of underlying health, age or relative risk and often want life prolonging measures.

POPULATION INCREASE

The population is steadily increasing as is the proportion of people over the age of 75. This means that there is more chronic disease that can bring people into hospital for complex interventions and an increased need to be admitted to critical care. This adds to the demand.

OVERSTRETCHED

Provision of critical care in the UK has always been behind most of the rest of Europe. The increased funding in 2000 has not continued and a lack of critical care beds means a daily struggle, trying to find ways of admitting critically ill patients or not cancelling operations.

INADEQUATE FUNDING

Funding for ICM training posts to match national requirements has been inadequate in the last 5 years and a national shortfall of specialist ICM consultants is projected. This is in addition to a current unmet need of 25% of trained consultants. This is resulting in rota gaps, which may reduce quality and patient safety, or it is being covered by existing consultants working excessive hours and a risking their health?

INSUFFICIENT DOCTORS

In the past ICM has been a positive career choice for UK doctors in training but underexposure of the specialty within medical school curricula and the early years of postgraduate training is having a significant effect on our ability to attract new doctors into ICM. The 2016 industrial action taken by trainee doctors highlights the value younger doctors place on work-life balance. Trainees see consultants working long hours and are uncertain if they want to follow suit.

POOR WORK-LIFE BALANCE

Many established consultants indicate that they do not intend to remain in ICM until retirement, largely due to chronic stress and burnout. ICM doctors work unsocial hours, are regularly deprived of sleep and carry a huge burden of responsibility in jobs that can be emotionally demanding: managing complex patients, supporting families and teams through difficult decisions and dealing with death on a daily basis. A declining medical workforce is having to cope with an ever increasing demand, predicted to double over the next 20 years.

THE FUTURE OF ICM HANGS IN THE BALANCE

ICM's proud tradition of sustained, high quality led care, at all times of the day and night, is under significant threat

A SYSTEM DEVELOPING

The continued safety and outcomes of new developments are monitored and reported via the Intensive Care National Audit & Research centre (ICNARC), one of the first national audit systems, which has one of the largest critical care datasets in the world. Advances in the science of ICM are inevitable and necessary if we are to continue successfully treating a sicker and older population. As the NHS struggles with ward staffing, many sick patients can only be cared for safely in an ICM environment. Developments in other specialties invariably result in an increased demand for ICM. In order to support this, the impact of any development on ICM demand must be considered early on to ensure there are adequate numbers of beds and highly trained staff.

Dr Alison Pittard, Vice Dean



“ With the predicted increase in demand over the next 20 years and the reduction in the number of doctors training, and remaining in intensive care medicine we are heading for difficulties. The increased funding in the early millennium was in response to a crisis. Once that crisis was averted expansion slowed and did not match demand but ongoing pressures mean that this must be maintained and further increases will be required. As a specialty which underpins the safe and effective working of many other hospital

specialties we are concerned that frontline staff are not being listened to when they share their anxieties. We see what is happening and the effect this has on clinical care and we do understand that money is a finite resource; however we are fearful of the catastrophic consequences if this is allowed to continue. Without intervention to avert the predicted crisis NOW Intensive Care Units will be closed for business.

SOLUTIONS FOR THE FUTURE

What is Critical Futures?

Critical Futures is a long term project commissioned through the Faculty of Intensive Care Medicine. Its aim is to take forward a suite of work streams that analyse and respond to anticipated changes and pressures on critical care and related services.

In October 2017, FICM released Critical Futures: A Report on the First Wave Survey. This report analyses the findings of an in depth survey among the critical care community and details 12 recommendations for projects that will begin to address the issues raised in the survey and consider potential solutions.

What are the solutions?

The 12 recommendations cover these 4 core areas:

- How to better guarantee, through safe standards and expert advice, that reconfiguration and commissioning of services meets the needs of the patients who will depend on critical care services.
- How to ensure there is a sustainable healthcare workforce to provide the critical care support that patients will increasingly need.
- How to improve the patient journey through the hospital and make more efficient use of critical care resources by restructuring critical care admission and discharge.
- How to educate healthcare professionals to support more efficient critical care usage.

How can you help?

The FICM is already taking forward a number of the work streams recommended by Critical Futures. **We need support and engagement from national stakeholders and government to take these solutions forward.**

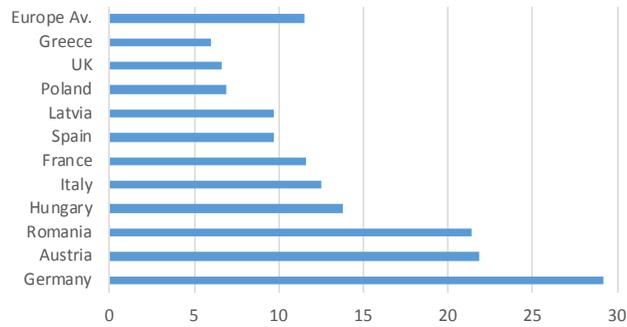
Please get in contact: contact@ficm.ac.uk

www.ficm.ac.uk/criticalfutures



CRITICAL FUTURES

Total number of CC beds per 100,000 capita of population



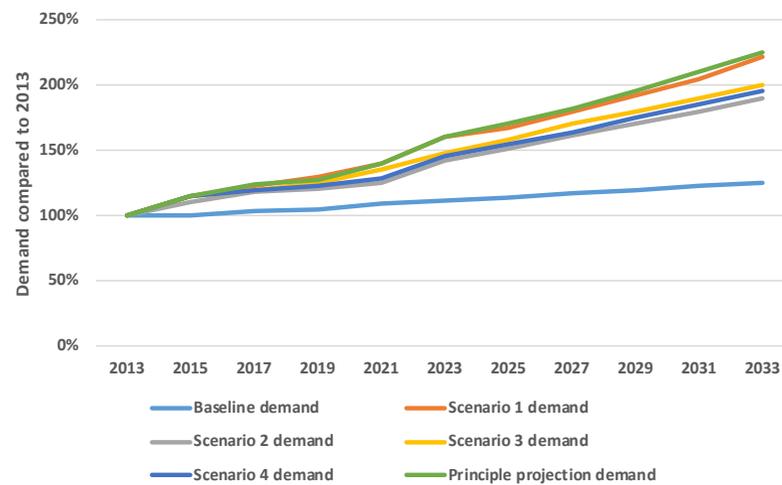
UNDERRESOURCED

The UK falls behind the rest of the world in terms of critical care bed numbers. Advances in medicine, an ageing population and public expectation compound the situation resulting in some people having delayed admission to the unit or cancelled operations, increasing the risk to sick patients.

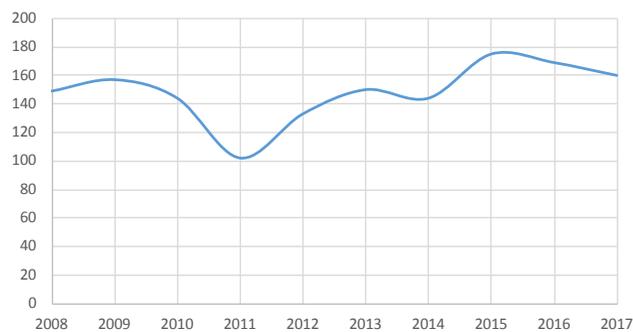
OVERSTRETCHED

An in depth review by the Centre for Workforce Intelligence modelled four scenarios which all predicted a significant rise in demand for critical care service over the next 20 years. There is an increased requirement for Level 2 beds and the need to develop the concept of Level 1 care.

Change in demand for ICM service from 2013



Consultant posts



UNDERSTAFFED

Consultant recruitment numbers have remained static but demands on the workforce are increasing. Further investment in service is needed to keep pace with the demand for more activity.



The Faculty of
Intensive Care Medicine

Churchill House | 35 Red Lion Square | London | WC1R 4SG
tel 020 7092 1688 | email contact@ficm.ac.uk

www.ficm.ac.uk

@FICMNews