

NOW PEOPLE ARE DYING AT HOME – WHAT CAN BE DONE?

As people continue to die in appalling numbers in hospitals and care homes, we are now faced with an additional UK-wide emergency. Over the past week an excess of deaths not due to coronavirus infection has been recorded, along with a big fall in the numbers of seriously ill patients arriving at A&E departments, particularly people with heart attacks. GP's are experiencing a rise in deaths at home. Now paramedics are reporting that they are more often arriving at calls to find the patient dead or beyond help.

People are said to be frightened about the risk of coronavirus infection if they go to hospital, or reluctant to bother services they know are stretched to the limit, or both. They either put off calling for an ambulance, or don't call at all. It's easy to understand.

Most of these people will have had a heart attack, a stroke or an episode of severe breathing difficulty as part of COPD or asthma. In all of these conditions, survival depends on getting to hospital quickly. For some of them coronavirus infection might have helped tip them into the illness, but that wouldn't explain the reported reduction in patients with heart attacks arriving at A&E departments.

What can be done, and what do we need to campaign for?

In our own communities and through our own networks we can spread the word about this new and urgent issue. Yes, there's the risk that they might catch the virus at the hospital, but the risk of not getting the emergency care they need quickly is more certain. And yes, this will mean one more patient for the stretched services, but each life is important.

We should make demands on the Scottish Government to:

1. Make the issue of fear / reluctance to call 999 and its dangers more widely known to the general public.
2. Increase resourcing of NHS111, to reduce delay in answering calls to a minimum.
3. Provide additional training for those working in the 111 call centre, so that they can take account of these new fears / reluctance in their consultations with patients.
4. Commit to keeping all the private health facilities, taken over for the period of the emergency, in the public sector. This would be the first step in abolishing all private input into health care.

We should also begin to discuss, now, not later 'when this is over', radical systemic changes to the NHS to increase participation, democracy and local control.