

## Fit enough for patients? Report shows NHS is failing to protect staff wellbeing

In 2009, the Boorman Review set a clear goal for the NHS – improve the care of staff to improve the care for patients. Dr Boorman’s report identified potential savings for the NHS of £555 million a year if sickness absence among staff was tackled with early intervention occupational health services, such as physiotherapy.

However, 3 years on, and despite implementation of the Boorman recommendations being included in the NHS Operating Framework, sickness absence rates are still high and the NHS is still failing to consistently protect staff wellbeing.



The Chartered Society of Physiotherapy’s *Fit Enough for Patients?* report has found:

- More than a third (37%) of the 163 trusts that responded to a freedom of information request admitted to not having a health and wellbeing strategy in place
- Trusts without strategies saw sick pay rise by 14% in the past 3 years, as opposed to 4% for those with a plan in place
- Of the 90 trusts that were able to provide sick pay data for the past 3 years, 58% had seen a rise, while just 42% had seen it fall
- The combined amount spent on sick pay by the 90 trusts in the past 3 years exceeded £1 billion – at a time when the NHS is being asked to save £20 billion by 2015
- Forty per cent of NHS staff sickness absence is the result of musculoskeletal conditions, such as back, neck and joint pain. Across the NHS that means, over the past three full financial years, more than 19.3 million sick days have been

taken by staff because of these conditions

- Nearly one in five trusts (19%) did not offer staff rapid access to physiotherapy to help them stay in work.
- The Society hopes that this report will be useful to NHS Commissioning Board and NHS trusts as they put plans in place for improving the health and wellbeing of staff.

Dr Sian Williams, Clinical Director of the Health and Work Development Unit at the Royal College of Physicians welcomes the call for more to be done to support NHS staff health and wellbeing. She said: ‘We know that staff health influences patient outcomes. Staff are the main delivery vehicle for patient care and the biggest single cost to the NHS. To meet the increasing pressure on staff to provide high volume, high quality care it is vital that staff health, happiness and engagement are core priorities for all NHS organisations.’

The full report can be accessed at [www.csp.org.uk/sites/files/csp/secure/csp\\_fit\\_enough4patients\\_2013.pdf](http://www.csp.org.uk/sites/files/csp/secure/csp_fit_enough4patients_2013.pdf)

## Base deficit better indicator of hypovolaemic shock than ATLS

Research suggests that there may be a better way of measuring blood loss as a result of trauma (Mutschler et al, 2013). Base deficit was a better indicator of hypovolaemic shock than the Advanced Trauma Life Support (ATLS) classification, which uses a combination of heart rate, systolic blood pressure and the Glasgow Coma Scale.

Using data from the TraumaRegister DGU 16 305 patients injured between 2002 and 2010 were classified according to base deficit and then assessed for demographics, injury characteristics, and transfusion and fluid requirements.

Severity of injury, length of stay in intensive care or in hospital, morbidity and mortality were all linked to base deficit. Increase in base deficit category was associated with worse hypotension, needing more blood, intubation and mechanical ventilation.

Base deficit was more accurate than the current ATLS classification at predicting the patients who needed blood products, and the need for massive transfusions. Base deficit was also better at predicting who was at highest risk of death.

Mutschler M, Nienaber U, Brockamp T et al (2013) Renaissance of base deficit for the initial assessment of trauma patients: a base deficit-based classification for hypovolemic shock developed on data from 16,305 patients derived from the TraumaRegister DGU. *Crit Care* 17(2): R42

## No effect of different treatments for ectopic pregnancy on subsequent fertility

The first randomized trial to compare treatments for ectopic pregnancies has found no significant differences in subsequent fertility between medical treatment and conservative surgery on one hand, and conservative or radical surgery on the other (Fernandez et al, 2013).

The study compared three ways of treating an ectopic

pregnancy: medically by methotrexate injection, conservative surgery (salpingostomy), and radical surgery (salpingectomy).

In a study which involved a total of 406 women, the researchers found that there was no significant difference in fertility 2 years later between medical treatment and conservative surgery for ectopic

pregnancies that were suitable for being treated this way, or between conservative and radical surgery for ectopic pregnancies that required surgical intervention.

Fernandez H, Capmas P, Lucot JP, Resch B, Panel P, Bouyer J; for the GROG (2013) Fertility after ectopic pregnancy: the DEMETER randomized trial. *Hum Reprod* Mar 12 (Epub ahead of print)