

Time for a rethink

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Recently the mother of a friend died. She was 91 years old and had led a good and active life. Happily married for 60 years and the mother of two. Among her many talents she was an accomplished artist and a dress maker. A good and decent person who worked until she reached retirement age, contributed to society, paid her taxes and was never a burden to the state or in receipt of welfare, apart from her pension to which she had contributed.

She was however failed by this same society in her final years.

After keeping good health for most of her life, in the past two years she had become frail although still mobile and living at home with her husband.

On several occasions she had developed breathing difficulties. As a result, she had two admissions to hospital. These admissions were highly stressful and had there been the provision of a district nursing service she could have been nursed at home.

With the first admission an ambulance arrived and within a few minutes she was at the local hospital where the ambulance remained parked for 8 hours as the hospital said she could not be “off-loaded” as they had no spare capacity.

What a dreadful expression to use in relation to this lovely woman. This is illustrative of the warehousing and mechanistic mentality that had become normalised in some parts of the NHS, particularly in relation to the care of older people.

Whilst in the ambulance there was a shift change of ambulance personnel who explained to her daughter who had accompanied her that this was now the norm. My friend hastened to add that the paramedics were kind, sensitive and did everything they could to keep her mother as comfortable as they could

For a 91-year-old woman to be

helped onto a commode. Leading to reduced mobility and now being incontinent. Surely our role in hospital is to keep older people as independent as possible.

The ward she was admitted to was poorly led, you could see by the disorganised nature of the ward and the attitude of the team, defensive and clearly suffering from compassion fatigue.

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shunted around in this manner and to spend 8 hours in an ambulance is a terrible indictment of the current state of our NHS.

She then spent a few days in hospital before being discharged home. When she was admitted she was continent and could walk with her frame to the commode. On discharge she was now incontinent, as while on the ward she was encouraged to use pads in bed to go to the toilet, rather than being

She then fell ill again and was re-admitted to hospital where she stayed for two weeks. This time fortunately she was admitted to a well led ward, the team worked well together, and were compassionate, helpful and did everything they could to keep my friends Mum comfortable and safe.

She was then discharged home. Within two hours of being at home she collapsed and had what appeared to be a stroke, and returned back to the hospital in an ambulance. A few hours later she died.

My friend describes the care over the two admissions as hugely variable. Some of the doctors she

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described as impatient, sullen and uncaring. Their communications were described as very poor.

The nurses were also variable. In the first ward my friend noticed that food was often put out of the reach of patients, and it went cold. In addition, the patients were left in a slumped position all day long in bed. My friend explained to the nurses that despite being unwell her mother was mobile. This fell on deaf ears and her mother was confined to bed for the length of her stay. On discharge she was immobile, hardly surprising.

With the second admission, to the same hospital, the experience was totally different. The nurses were described as kind and caring although hopelessly overworked.

I'm not sure why the doctors behaved in the way described. Is it over work and they lose their sensitivity? Perhaps working with the elderly where there are little success factors becomes dispiriting, who knows?

The one thing I'm sure of is that none of them would have come into medicine to conduct themselves in the way described. As for the nurses, the first ward sounds desperate. Confining elderly people to bed is catastrophic. The muscle wastage is dramatic and compounded by a lack of food little wonder deterioration seems to be the order of the day, not recovery.

At any given time, there are 13,000 people in hospital who do not need to be there. Some have had conditions from which they have recovered but cannot go home as there is a lack of support. Many others have been admitted when the provision of domiciliary care would have prevented an unnecessary admission.

Either way the care of older people in too many cases is not good.

There are many causes of this but for now I will concentrate on one.

In October 2025 the *Nuffield Centre* published a report on the state of District Nursing, reporting that between 2009 to 2024 there was a 45% reduction in the number of District nurses from 7,643 to 4,322.

However, this is not the full picture. In 2003 there were 13,000 District nurses which is a 67% reduction over the past 22 years.

In a report by Adam Brimelow of the BBC in 2013 when the loss was 7,500, he quoted me when I was at the RCN,

“With this huge reduction in the number of district nurses, whilst at the same time the massive growth in the population and more people with complex conditions, I have to say we really are failing people who deserve so much more”

I went on to say that this is leading to many avoidable admissions to hospital placing additional pressures on ambulance services and A&E units.

In a report published by Kings College in 2013 I was quoted as saying that district nurses are *“critically endangered and could face extinction by 2025”*.

Ok, hands up, we are not quite there yet but if the current trajectory continues, we will be, as 12 years on from 2013 this situation is so much worse.

Successive governments since 2003 have their fingerprints on this as do those civil servants in the NHS and the Department of Health who should have advised ministers of the folly of the cuts.

Although the country is now in a dire financial state it would still make good economic sense to reinvest in district nurses.

The mathematics are compelling. According to the *Nuffield* report a visit from a district nurse costs £57, half of that of a visit to an A&E dept and a 40th of an admission to hospital.

Now is the time for the DoH/NHSE to act rather than point to the failures of their collective predecessors.

It will take years to reverse the position. I wish the Secretary of State, Wes Streeting every success in tackling the longstanding challenges posed by the current state of the NHS and Social Care.

It is impossible to make a significant impact on the state of district nursing in the remaining three and a half years of this parliament, but it will be a lasting legacy of Wes if by the time of the next general election, the NHS, in relation to district nurses is moving in the right direction.

The trauma experience by my friends 91-year-old mum is nothing short of a disgrace and thousands of other people are treated in the same manner.

As I came to the end of writing this piece, I was contacted by a friend who is appalled at the way her mother is being treated in a major London teaching hospital. Her mother is 93 years old and was admitted because she has a urinary tract infection. My friend spoke

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with a nurse and asked her for a commode as her mother needed the toilet. The nurse declined to help my friend saying that as her mother had a pad on her she should “go in the bed”.

My friend was shocked by this approach so resorted to finding a commode herself and manoeuvred her mother onto the commode.

When it was time to clean her and get her back into the bed the same nurse refused to help repeating that her mother should have “gone in

the bed” in desperation to get her mother back to bed she approached two doctors on the ward and after explaining her predicament they came and assisted her.

My friend has now lodged a complaint about this nurse, and I await the outcome with interest.

What a way to treat one person who couldn't be “off loaded” and another who was told to mess herself in the bed. Packages from Amazon and household pets are treated with more care and respect.

It's time to re-think our approach to the care of older people who deserve so much more.

If the thousands of unnecessary admissions to hospital could be avoided, the impact on pressure in the NHS would be dramatic.

For the individuals, being nursed in their own homes as they come to the end of their lives would be much more in keeping with what they deserve.

Time for a rethink.