

Editorial

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Now that the pandemic is over, the NHS faces a new challenge: the long waiting lists both for surgical procedures, outpatient clinics and the patient flow in the hospitals. In addition, the junior doctors strike has had a negative impact on this. It is estimated that up to 23,000 doctors left the NHS prematurely between September 2022 and September 2023.

We hear about constant staff shortages from every hospital. Unfortunately there is no quick fix for this problem.

Each trust will need to see how they can use their staff most efficiently. Many trusts are using physician associates and advanced clinical practitioners wisely and effectively. Other trusts can learn lessons from this. It will be wise to invest in this group of work force and arrange regular teaching sessions to improve care. Every department could have their permanent staff helping in wards freeing up time for senior

clinicians. With time and experience, PA's and ACP's can become the backbone of the specialties akin to staff grades and associate specialists of the past.

Respiratory tract illness (RTI) and cardiac problems have a major impact on the NHS and recent data shows that A&E attendances for cardio-respiratory illnesses has increased over the last decade. It is time to look at providing a team of cardio respiratory clinicians at the front end. This would help our A&E and acute physicians who can then look after the other patients. This will also result in early discharge from A&E and may avoid some admissions. To provide such a service, appropriate number of right staff and tests should be available in A&E. Both respiratory and cardiology senior clinicians need to take a leading role. The Royal Colleges should also have a responsibility in trying to bring back those doctors who have left UK.