

Coronavirus threatens to overwhelm UK National Health Service

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13 March 2020

The total number of confirmed Covid-19 cases in the UK reached 596 on Thursday, with 10 deaths. This followed a rise of 140 confirmed cases over the previous 24 hours, the biggest increase in a single day. It is now generally believed that the country will enter a peak in cases of the disease comparable to the situation in Italy in around two weeks.

University College London (UCL) biology professor, Dr Francis Balloux, explained, “The trajectory of the epidemic in the UK is so far roughly comparable to the one in northern Italy, but with the epidemic in northern Italy two to three weeks ahead of the situation in the UK ... The Covid-19 epidemic cannot be contained anymore.”

His colleague at UCL, Professor Mark Handley, posted a graph with data and projections from Italy, the UK, Germany, France, Spain, the US and Switzerland. According to the trajectories, “Everyone [bar Japan] will be like Italy in 9-14 days’ time.”

The UK’s deputy chief medical officer Jenny Harries said in a statement, “We can expect a peak in cases, it has a relatively slow take off at the start, that’s where we are at the moment, it will start to rise quite sharply ... Within 10 to 14 days we will be likely to advise people with symptoms to self-isolate and we are expecting that start of the peak to come within that period.”

The situation in northern Italy also provides a deeply concerning model of the pressures which will be placed on the UK’s health care system.

The country’s worst affected region, Lombardy, had 850 intensive care beds before the crisis and is expected to need 3,000 by the end of March. Operating rooms and corridors have been turned into intensive care units. Hospitals are reportedly refusing to take older patients. With health care staff forced to work 14-hour shifts and rapidly becoming infected themselves due to shortages of protective equipment, the Italian government has declared a need for an additional 20,000 health care staff

nationally. The death rate in Italy is currently between 5 and 6 percent.

Britain’s hospitals are even more vulnerable. Italy has 3.2 hospital beds per 1,000 people and the Lombardy region has 3.7 per 1,000. As a result of relentless health care cuts, Britain has just 2.5 per thousand, the third lowest ratio in Europe. While Italy had 12.5 critical care beds per 100,000 people in 2012, the UK had just 6.6 beds.

Dr Nick Scriven, from the Society for Acute Medicine, told the *Daily Mail*, “Hospital bed occupancy now rarely drops below 90 per cent so any surge will cause problems.”

He continued, “My worry is staff. A large proportion of NHS staff are young with families. If schools close, they’re going to have to look after their children. There’s also the risk of staff illness.”

There are 10,000 vacancies for doctors in the NHS and 43,000 for nurses. A recent survey by the British Thoracic Society (BTS), representing respiratory experts, found an “understaffed and overstretched” service with 73 percent of respondents saying staff shortages meant they were unable to cope with an increase in emergency respiratory hospital admissions.

In 2018, the UK Faculty of Intensive Care Medicine (FICM) found that three out of five critical care units did not have a full complement of nursing staff and a fifth had to transfer patients elsewhere at least once a week due to a lack of beds.

General Practice (GP) services are also overstretched, with the ratio of general practitioners to patients falling consistently over the past decade. Dr Richard Vautrey, chair of the British Medical Association’s GPs committee, warned, “Practices that are routinely doing routine health checks ... Those routine checks will need to stop” during the peak of the coronavirus crisis.

The government’s response to this epidemiological time-

bomb has been pitiful. Chancellor Rishi Sunak's "Coronavirus Budget" allocates just £5 billion in emergency funding to the National Health Service (NHS). According to a King's Fund report in 2017, the NHS faced at least a £20 billion funding gap by 2022/23. The emergency fund is not enough to keep the NHS running a regular service in normal times, let alone during a world pandemic. A measure of the extreme right-wing nationalist agenda of Boris Johnson's Tories is that £1.5 billion of this funding is being raised by increasing immigrant health surcharges by more than 50 percent—effectively denying health care to many migrants and their families.

There is also an obvious limit on how quickly any funding can be transformed into trained staff and equipment, given the gutting of the NHS. The Chief Executive of NHS England has been forced to announce plans to invite "up to 18,000 third year undergraduate nurses to help out on the frontline." Plans to use retired staff were roundly condemned, given that elderly people are the worst affected by the disease.

Under these conditions, it is crucial that measures are put in place to slow the progress of the virus throughout the population, reducing the maximum number of people who will need hospital care at any one time. However, the government has so far failed to introduce any consistent and proactive procedures to this effect.

It was only yesterday that the government moved from the "Contain" to the "Delay" phase of its response to the coronavirus crisis, despite clear evidence in the previous week that the virus was already circulating in the community. Measures are limited to advising those with a persistent cough or temperature to self-isolate for seven days, banning school trips abroad and telling those with pre-existing health conditions not to go on cruises.

Professor John Ashton, former director of Public Health England, told the BBC's *Newsnight* on Wednesday, "I'm tearing my hair out really, with this ... We've got a complacent attitude, it feels wooden and academic, and we've wasted a month when we should have been engaging with the public.

"If this now spreads the way it looks likely to spread, there will not be enough hospital beds and people will have to be nursed at home. We should have gotten a grip on this a month ago."

One key factor undermining any preemptive action is the lack of testing. As of 9:00 a.m. on Thursday, just 29,764 people had been tested nationally. On Wednesday the government announced plans to increase its daily

testing capacity from 1,500 to 10,000, but it remains to be seen how quickly this plan comes into effect. The current number of confirmed cases is therefore likely to be a substantial underestimation of the number of infected. Many experts believe the true infection figure could be as high as 10,000.

People with Covid-19-related health concerns are advised to phone the NHS111 helpline or to access its website. Both services are overstretched. The number of calls to the helpline increased by a third compared to the same time last year, with an increase of 120,000 in the first week of March. Some callers have had to wait on hold for over an hour. Over 100,000 calls have gone unanswered. The online service received 1 million users within a week, and at points stopped working completely.

Many people have been forced to wait more than a day before being called back to discuss their symptoms in more detail with a clinician or have been given a series of conflicting pieces of advice. Even those experiencing the classic symptoms of the virus—fever, dry cough, and breathing difficulties—are not guaranteed a test.

Government inaction is underpinned by sociopathic levels of indifference and cynicism in the ruling elite. Last week, the *Telegraph's* Jeremy Warner wrote, "Not to put too fine a point on it, from an entirely disinterested economic perspective, the Covid-19 might even prove mildly beneficial in the long term by disproportionately culling elderly dependents."

As the super-rich disappear into their bunkers and private resorts, the lives of elderly workers are being traded off against the outlooks of investment portfolios. It is now vital for the working class to intervene in this crisis in defence of its own interests.



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