

# UK at “perilous moment” with NHS unable to cope

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Health Secretary Matt Hancock told the annual conference of National Health Service Providers last week that the UK faces a “perilous moment” in the fight against COVID-19. But once again nothing is being done to avert the looming disaster.

The Johnson government has based its actions on a pseudo-scientific and homicidal herd immunity policy from the very beginning of the pandemic, ignoring and downplaying the warnings of scientists, experts, and the World Health Organisation (WHO). The catastrophic result so far has been more than 634,000 cases of COVID-19 and over 65,000 deaths.

Last week saw the tripling in a fortnight of the number of people tested positive. By Saturday, there were already 3,660 patients in hospitals with 436 patients occupying ventilator beds. 623 patients with symptoms were admitted to hospitals across the UK in a single day last Friday.

Treatment and care for the victims of the government’s strategy is under threat, with the NHS facing a “triple whammy” of staff burnout, a massive backlog of treatment built-up during the pandemic, and a huge surge of COVID-19.

As Hancock spoke, junior health minister Nadine Dorries predicted hospitals would reach a “critical” point within 10 days.

Government claims that they were going to look after coronavirus patients and other patients simultaneously in hospital settings have been refuted. Hancock admitted that the ability of the NHS to treat non-COVID patients is under threat.

Last week, the Royal College of Emergency Medicine (RCEM) issued a dire warning that hospitals are near full and that continued rapid spread of the virus would force the NHS “to scale back other routine activity to focus on the fight against it.” Highlighting data for September they pointed out that it shows “total beds occupied by

confirmed COVID-19 patients has quadrupled over the past month” and “five times as many patients are on ventilators than the previous month.”

RCEM President Dr Katherine Henderson warned, “We need to be clear about the scale of what we face as we go into winter. If we do not come together and take effective precautions, COVID will continue its explosion across the country; a devastating consequence of which could be the implosion of our NHS this winter.”

The annual survey carried out by NHS providers confirms the impending implosion. Executive directors at 199 NHS hospitals, mental health, community, and ambulance trusts provided responses.

Among the key findings are:

- \* “Trust leaders are particularly concerned about the resilience and wellbeing of their staff after the first wave, with 99 percent either extremely or moderately concerned about the current level of burnout across the workforce.

- \* 94 percent of trust leaders are extremely or moderately concerned about the impact of seasonal pressures over winter on their trust and local area.

- \* 83 percent of trust leaders are worried or very worried that sufficient investment is not being made in social care in their local area.

- \* In response to the uncertain external environment, trust leaders said the biggest risk is the ‘perfect storm’ of workforce shortages, staff burnout, a second wave of coronavirus and a potentially difficult winter.”

The British Medical Association (BMA), representing 159,000 doctors and 19,000 medical students, has warned that a possible no-deal Brexit—in which the UK departs the European Union with no trade agreement—would cause uncertainty for NHS workers who have come to work in Britain. Such a situation would also curtail the supply chains of vital supplies, such as pharmaceuticals, medical devices, and protective equipment.

None of the government policies on personal protective

equipment, imposed during the first wave in contravention of World Health Organisation (WHO) guidelines, have been changed, even after the deaths of 650 health and social care workers from COVID-19. Many health workers are still struggling to receive basic protection from the deadly virus according to surveys carried out by their professional bodies. No routine tests are carried out among NHS staff. The Tory government voted down a motion in parliament to carry out weekly tests in hospitals.

As a result of four decades of Thatcherite measures carried out by successive Conservative and Labour governments, the NHS is dilapidated to such a state that it cannot not fulfil its day-to-day functioning, let alone deal with a major pandemic.

According to NHS England data, in 1987 the average available daily number of beds for all specialties stood at 297,364 in England. By 1997, this was slashed by Conservative governments to 193,625. Tony Blair's Labour governments cut down the bed capacity in England by another 35,000 over their 13 years in power, to 158,461.

The NHS was starved of funds, with privatisation accelerated under the Health and Social Care Act made law in 2012. Bed capacity has been reduced to 118,451 according to NHS England data. Even before the first wave of the COVID-19 pandemic hit, UK bed occupancy was running at very unsafe levels of above 90 percent—with the safe level considered 85 percent. According to RCEM's Dr Henderson, on "1 October, 96% of these beds were occupied."

Before the pandemic hit the UK, there were around 4,200 Intensive Care Unit (ICU) and High Dependency Unit (HDU) beds. The UK ranked 24th out of 31 European countries in terms of ICU beds per head of population and ranked 29th of 31 for all hospital beds. ICU bed capacity has slightly improved since the first wave of COVID-19, but in many hospitals this was achieved at the expense of shutting down wards and other important units.

A health professional in Royal Bournemouth Hospital told the WSWs that they had increased their ICU capacity by taking over the Coronary Care Unit (CCU). Ward 23, a cardiology ward which had 15 beds, has subsequently been shut down to accommodate running the CCU.

Seven Nightingale field hospitals were erected in England during the first wave, some of which have already been repurposed or mothballed. Faced with an explosion of new infections, several of the Nightingales

have been placed on standby. But there are not enough staff to maintain safe treatment and care.

Staffing shortages in the NHS are such that there are more than 110,000 unfilled vacancies, including more than 40,000 nursing posts.

By end of August, there were 4.3 million patients waiting to have elective procedures done after a referral. Only just over half were able to get treatment within 18 weeks, although the NHS Constitution states that "patients have the right to start non-emergency consultant-led treatment within 18 weeks of referral, unless they choose to wait longer or it is clinically appropriate that they wait longer." A staggering 111,026 patients were waiting more than 52 weeks.

The Tory government is utilising the public health disaster to further accelerate the privatisation process. One of the first actions of the government, using emergency powers, was to suspend regulations requiring it to advertise for new contracts over £100,000. Billions of pounds of public money is being plundered by outsourcing services, filling the coffers of private corporations and their shareholders—mainly backers of the Tory Party.

So far £12 billion—a tenth of the annual NHS budget—has been handed over to private companies like Deloitte, Serco, Sitel, Mitie, Amazon, G4S, Sodexo, Boots and Randox for a Track and Trace system that still does not work! The scale of this raid on public funds is revealed in figures released by the Department of Health and Social Care. It shows there are currently 1,114 consultants from Deloitte being paid up to £2,300 per day to work on the Track and Trace scheme. *Sky News* noted that based on "Deloitte's charge sheet, and presuming those consultants have been working since April, the cost could run as high as £200m to £300m."



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