

# UK National Health Service on the precipice due to COVID-19 surge

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**9 November 2020**

The National Health Service (NHS) is in imminent danger of being again overwhelmed by COVID-19 patients. The limited partial national lockdown—excluding schools, colleges, factories and universities—that came into operation last Thursday will do little to avert the impending disaster.

Announcing this belated and inadequate measure, Prime Minister Boris Johnson said, “Because the huge exponential growth in the number of patients—by no means all of them elderly, by the way—would mean that doctors and nurses would be forced to choose which patients to treat.

“Who would get oxygen and who wouldn’t, who would live and who would die, and doctors and nurses would be forced to choose between saving COVID patients and non-COVID patients. And the sheer weight of COVID demand would mean depriving tens of thousands, if not hundreds of thousands, if not millions, of non-COVID patients of the care they need.”

Johnson’s speech was an attempted cover-up of his government’s responsibility for tens of thousands of preventable deaths and suffering in Britain since the pandemic hit.

Sir Simon Stephens, the Chief Executive Officer of NHS England, gave stark figures last week on the rise of COVID-19 infections and hospitalisations. He stated, “in early September we had under 500 coronavirus patients in our hospitals; by the beginning of October, that had become 2,000, and now [November 4] it is around 11,000. That’s the equivalent of 22 of our hospitals full of coronavirus patients, and even since Saturday we’ve filled another two hospitals’ equivalent with more desperately sick coronavirus patients needing our specialist care.” This is over half the amount at the pandemic’s height in April (18,970), which was almost three full weeks into a complete national lockdown. Around 1,000 coronavirus patients in hospitals are occupying ventilators beds in Intensive Care Units (ICUs).

As the lockdown came into operation, the NHS was returned to the highest Level 4 alert status. This means that NHS England takes take over coordination of the health service’s response to the pandemic, away from its normal

regional control. The national incident coordination centre, led by the NHS’s senior figures was reactivated, after being closed in July. This is a response to the continuing rise in cases, which are estimated to persist for at least 10 days following the lockdown, due to the typical lag between infection and the development of symptoms requiring hospitalisation.

Professor Stephen Powis, NHS England’s medical director, declared at a press conference last week that, “[a]s infection rates rise in the next few weeks... the projection is that hospital numbers will rise as well and as that occurs, it starts to fill up our hospitals, it starts to eat into the current available capacity that we have, it goes beyond the peak bed usage that we had in wave one.”

Stephens warned that the surge in COVID-19 cases will result in the halting non-COVID related care, including surgery. This has already occurred in trusts across the North, impacting Liverpool, Manchester, Nottingham, and areas of Yorkshire, as well as NHS trusts in Devon and Plymouth.

COVID-19 cases are also rising in the South of England at an increased pace, with the *R* (Reproduction) value of the virus above 1 everywhere. The *R* number in Surrey and the south east were reported the joint highest in England last week.

In Greater Manchester, one of the first regions in the North that went into Tier 3 local lockdown, prior to the national lockdown, the regional health chief declared that the region’s NHS was in a “very, very worrying” situation.

The number of COVID patients being treated in the region with a population of nearly 3 million had already exceeded that of the peak in April. Hospitals are trying to open up new ICUs in anticipation of the surge. Manchester’s Nightingale hospital has reopened, accepting non-COVID patients since the rest of the system is now starting to refuse admissions for non-COVID cases.

Leaked reports of forecast figures for bed occupancy rates in Manchester saw 90 percent capacity hit by the end of last week and into this week, with only the Manchester Foundation Trust forecasting that it can make it to late-

November without hitting such high figures.

Last Monday, the North West Ambulance Service declared a “major incident” because of unmanageable amount of calls. They received 2,266 emergency calls in 8 hours, a 36 percent increase compared to the same period the previous Monday. COVID-19 calls accounted for around one in seven cases. This is the dire situation as the UK moves into the standard flu season, which brought the NHS to its knees just four years ago.

In terms of the national situation, Stephens declared that “There is no health service in the world that by itself can cope with coronavirus on the rampage.” While it is true that defeating the coronavirus and saving millions of lives requires a global effort, Stephens' comments serve to conceal the devastating impact of the decades-long assault on the NHS that, including its deepening privatisation, that have rendered the NHS incapable of treat thousands of COVID-19 cases, on top of its usual public health requirements

According to NHS England data, the number of beds available are at record low levels. The current figure of 118,451 beds is under 40 percent of the 297,364 the NHS had in 1987. In 1987, however, the UK population was 56.7 million, and by 2020 the population has gone up by almost 10 million. On October 1, 96 percent of hospital beds in England were occupied. Bed occupancy of more than 85 percent is considered unsafe.

More than a decade of austerity measures by Labour and Tory governments has left Britain with only 246 beds per 100,000 people, one of the lowest rates across Europe. Even incorporating the additional beds available from “surge capacity”, and the seven Nightingale hospitals combined, adds a mere 13,500 beds to the total.

But with the staff shortages running at more than 100,000 vacant posts, which include more than 40,000 nursing vacancies in the NHS, manning these hospitals is not feasible. Staff absence due to COVID-19, stress and other mental health issues are at record levels. NHS England has already suspended the requirement for one-to-one treatment in intensive care, allowing nurses to look after two critically ill people at the same time.

A glimpse of the impact on staff due to COVID-19 infections is seen in Royal Bournemouth Hospital (RBH) and Poole General Hospitals (PGH). Last week, between both hospitals, 82 staff had symptoms, with 171 isolating and 14 shielding.

A member of staff at Royal Bournemouth Hospital told the WSW, “We have so many absences of staff across our trust mainly due to staff or their relatives being ill with Covid-19. We experienced several outbreaks in our wards recently.

“Several wards had to be shut down in the Poole General

Hospital and here in Bournemouth. We have several nurses, doctors and other staff tested positive with Covid-19. Even with numerous requests we were not able to get tests for the other colleagues who were in contact with them. Infection control unit says it is not necessary.

“Filling the staff template is a nightmare even though the nurses who do extra shifts sometimes are awarded £70 extra. Every day we have dozens of unfilled shifts going to the staff resource pool in the trust including some in the ITU [intensive treatment unit]. This is not safe for the staff and patients.”

The reason the NHS cannot cope is not only because of underfunding and cuts but because of the homicidal policies of the Johnson government. The Malthusian “herd immunity” policy pursued openly at the start of the pandemic, but more subtly since, has led to almost 50,000 official deaths, with the real count at least 15,000 deaths higher.

The first lockdown, which was only implemented as a reaction to mounting social anger and industrial action, saw the shutdown of schools, colleges, universities and non-essential factories. But these are being kept open during the latest lockdown. This is not because the virus does not spread in these locations, but because of the fear that if production does not resume the capitalist elite will see a reduction in profits and their vast hoards of wealth.

The burnout of staff, backlog of non-COVID patients and the surge of the pandemic are the responsibility of the deliberate and criminal policies of the Tory government, carried out with the tacit support of Labour Party and the trade unions.

*We call on health and social care workers to sign up to the NHS FightBack group today.*



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