

BBC *Hospital* series explores crisis faced by UK's National Health Service during COVID-19 pandemic

Ben Trent
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The sixth series of the BBC's documentary *Hospital* focuses on Royal Free London NHS Foundation Trust, one of the largest trusts in the UK, between August and December 2020 and covering the rise of the second wave of the COVID-19 pandemic. The Royal Free Trust includes Barnet Hospital, Chase Farm Hospital and the Royal Free Hospital in London.

The series provides a harrowing portrait of the impact of the coronavirus on individuals, families and the National Health Service (NHS). The introduction to each of the six episodes highlights the unprecedented situation in which the trust found itself during the first wave, having treated almost 2,000 COVID patients. Scenes highlight the emotional toll on staff, shown in tears in some cases. Health workers explain, "Basically we are at breaking point here" and "It actually feels like a field hospital."

The first episode aired in November 2020, at the commencement of the second lockdown and before filming of the entire series had finished. It explores the impact of COVID-19 on elective surgeries, and patients whose situations have worsened by not having access to medical care during the first wave. The programme reveals the widespread fear of setting foot in medical premises at all and the increased incidence of various conditions, such as patients suffering from cardiac arrest. *Hospital*'s makers point to the £1.5 billion [US\$2.1 billion] going toward "renting space" in various hospitals in London so that NHS surgeons can carry out surgeries in hospitals considered "COVID-safe" in order to highlight the ability of the private sector to profit at the taxpayers' expense during the pandemic.

To try and clear the backlog, the number of surgeries

leaps from 13 to 107 in a single day. This is just one of the elements of strain on the NHS throughout 2020. The fourth episode opens at Barnet Hospital on September 2. Sally Dootson, Director of Ops, says, "The hospital is full, and it's the 2nd of September, but feels like middle of winter." As the hospital moves into "full capacity protocol," the policy is to speed up discharges and free up beds.

Barnet Hospital serves one of the oldest populations in London, with over 100 care homes in the borough. It was also one of the hardest-hit hospitals in the first wave.

Each episode follows the stories of three new patients. They face waiting for surgery, treatment for various debilitating conditions and, increasingly, infection with COVID-19—a trend clearly seen from the fourth episode onward as the second wave of the pandemic begins.

The series follows various members of the hospital staff, some throughout, some intermittently. What comes over most strongly is the diligence with which they care for their patients under difficult circumstances.

The series highlights the severity of the virus, including its impact on those who survive the disease. David, a 69-year-old hardware shop owner, who was fit and had not been to see his GP for over 20 years, is one of 60,000 patients in the UK suffering from the long-term impacts of COVID-19. Five months after his diagnosis, David is still being treated in a neurological unit, having had—as a result of the virus—two strokes, a heart attack, organ failure and perforation of the gut. Many patients suffer blood clots on the brain, due to the fact that COVID increases clotting.

Betty, 93, becomes infected at her care home and dies from COVID-related pneumonia a month after departing the hospital. This is not a virus that one can simply “take on the chin,” as UK Prime Minister Boris Johnson suggested in his announcement of the criminal “herd immunity” policy pursued by the government.

Sarah Stanley, Divisional Directory for the Trust, says, “I can only see an end coming when the vaccine is actually live and up for us to use... so I think this winter is going to be worse than March to May. I am terrified now already. We are dancing every day in a sort of major incident style trying to make capacity and I don’t see it at the moment decreasing in any shape or form.”

The BBC series makes no mention of factors outside of the immediate care situation, including the government’s “herd immunity” policy. No consideration is given as to why the first wave was not the *only* wave, why a “wave” was allowed to occur at all or why the NHS was so overwhelmed—because, in fact, the interests of the financial elite were put before the lives of the working class.

Nevertheless, what the series shows amounts to a devastating indictment of the government’s policy during the pandemic and the impact of decades of cuts on the NHS—facts that will not be lost on *Hospital*’s many viewers.

The lack of testing for COVID-19 is made abundantly clear. The Royal Free hospital only had 13 rapid-response tests a day for the first couple of episodes, until November 2020, when that figure rose to a still meagre 40 a day.

Staff shortages are highlighted, with the intensive care unit matron, Mohammad Noor, explaining, “Staffing is a challenge both medically and nursing.” Stanley observes that there are “vacancy rates of up to 20 percent to begin with. The burden on staff is huge.”

In the first episode, an X-ray machine fails. It becomes clear that the machine should be replaced, but the funds are not available. A conversation in regard to the funding issues faced by the Trust raises the government’s financial assistance for the first wave, assistance that stopped by the end of summer. The Trust was then still £36 million in deficit.

Episode three highlights the resulting reliance of NHS trusts on private patient units (PPU) to try and cover the shortfall in finances. The Royal Free has a

private ward on the 12th floor, which brings in £20 million a year. The ward is turned over to COVID patients during the first wave, unlike at private hospitals.

The series ends by asserting that vaccinations are giving people the hope this pandemic is over, as one elderly lady comments. The reality is not so clear cut. While the vaccine is being distributed in record numbers, vast numbers of people are still getting infected and the ineffectual third national lockdown has not eased the pressure on the NHS. Indeed, the fact that there are currently three vaccines authorised and being administered to the population underscores the criminal response of the government in failing to curb the spread of the virus, especially with the growing threat posed by new strains, from South Africa, Brazil and the UK itself.



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