

Criminal response of UK ruling elite to COVID-19 produces huge waiting list for elective procedures

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4 May 2021

The enormous backlog of untreated elective patients in the UK is a product of the murderous herd immunity policy of the ruling elite.

A scientifically coordinated response to the pandemic with test, trace and quarantining along with proper lockdown of non-essential parts of the economy could have not only avoided the massive death toll from Covid-19 but also the unprecedented waiting list for elective procedures, investigations, treatment and care.

With cancer sufferers and patients with other critical ailments languishing in queues running up to months and years, suffering and death, especially among the working class and the poor, will swell the already shocking tally of the pandemic.

In England alone, 4.7 million people were waiting for routine operations and procedures in February according to the National Health Service England latest figures. This is the highest number since records began.

Some 388,000 patients have waited more than a year to have their investigations, procedures treatment and care started. This means one in 12 patients have had treatment delayed for more than a year. Before the pandemic began, just 1,600 people had waited more than 52-weeks for non-urgent surgery. According to the NHS constitution, patients are entitled to have their procedures started within 18 weeks after a referral from a general practitioner (GP) or a clinician.

Many NHS hospital trusts are buckling under the pressure of budget deficits created by years of underfunding, staff burn out, lack of resources and inadequate staffing levels.

A source in the Royal Bournemouth Hospital (RBH) told the WSWs that the waiting list of their NHS trust for elective procedures has gone up constantly since March last year. Currently 48,000 patients are in the waiting list with a staggering 5,247 patients having waited more than a year. In January 2020, only 786 patients had waited more than 40 weeks for their treatment or investigations after a referral.

The fate of cancer patients is catastrophic. Last year saw an 8 percent decrease in referrals for urgent cancer treatment. Roughly 40,000 fewer people nationally started treatment for cancer in 2020 compared with previous years, mainly due to lack of diagnoses. Cancer screening and routine diagnostic investigations suffered as a result of national Covid-19 pandemic measures implemented belatedly and without proper preparation. For example, around 600,000 fewer endoscopies were performed in England between March and November than the same period in other years.

According to a modelling study published in *The Lancet* medical journal there will be more than 3,000 additional deaths from four major cancer types (breast, colorectal, oesophageal and lung) over the next five years in England alone.

The study's authors warned, "Substantial increases in the number of avoidable cancer deaths in England are to be expected as a result of diagnostic delays due to the COVID-19 pandemic in the UK. Urgent policy interventions are necessary, particularly the need to manage the backlog within routine diagnostic services to mitigate the expected impact of the COVID-19 pandemic on patients with cancer."

The NHS had to attempt to deal with over 400,000 Covid-19 patients over the course of the last year because Tory government policies were aimed at satiating the profit interests of the financial oligarchy rather than containing the virus and saving lives. Largely thanks to 10 years of unrelenting funding cuts and slashing of vital services, NHS hospitals were struggling without adequate staff, resources and beds. Many hospitals became hotbeds for the spread of the virus due to the dilapidated status they were in.

Tens of thousands of health staff became ill with Covid-19 because of a lack of personal protective equipment (PPE) and appropriate infection control measures during the first and second wave of the pandemic. Many more had to isolate themselves as family members became ill with the virus.

Staff working in operating theatres and out patients' clinics were redeployed to cover overrun Covid wards and units. Operation theatres in many hospitals had to be utilised to accommodate intensive care patients being ventilated as demand exceeded the normal capacity of intensive care units.

Delays and failures in patient testing exacerbated the waiting list crisis as it contributed to wasting much needed space on operating lists. This happened despite government having allocated £37 billion to run a test and trace system operated mainly by 22 private companies. It was exposed in the BBC documentary *Hospital* series that a major hospital in London, the Royal Free Hospital—which carries out dozens of surgical operations—had the capacity for only 13 rapid-response tests a day until November last year. Thereafter that figure rose to a still meagre 40 a day.

In the RBH, clinicians had the capacity to carry out a totally insufficient 35 rapid tests a day on patients—obstructing the elective procedures such as pacemaker implants, angiograms and other surgical interventions.

The richest and affluent with access to private insurance can have the best care and treatment as private hospitals and clinics have mushroomed across the country. Many NHS hospital trusts have built up their own private clinics, creating a two-tier system, after the Tory led government of David Cameron introduced the Health and Social Care Act in 2012 to accelerate the privatisation process.

For private health care hospitals, companies and clinics, the pandemic has provided an opportunity to plunder as the government is ready to pour billions of pounds to buy private care for patients while starving the NHS of critical funds. The government has spent £1.5 billion “renting space” in various private hospitals in London so that NHS surgeons can carry out surgeries in hospitals considered “COVID-safe” during the first wave of the pandemic. Despite being provided with an estimated £125 million a week by the government, these private hospitals had only a third of their capacity used while the NHS hospitals were on the brink of collapse. Colin Hutchinson, a consultant ophthalmologist in the NHS and anti-privatisation activist said last summer, “Private health facilities have been very, very quiet over recent months. They have been paid to stand empty, by and large.”

Prime Minister Boris Johnson claimed that his government would “make sure that we give the NHS all the funding that it needs... to beat the backlog”. But in March, documents accompanying the budget revealed a planned cut of £30 billion in day-to-day health and social care spending from April this year. Spending will fall from £199.2 billion to £169.1 billion. A pledge of £1 billion by NHS England to

restore the operations and other services in NHS trusts is a fraud in this context even if it materialises.

Martin, 44, has been suffering from a cancer for more than 14 years. A close friend of his, Garry, wrote to the WSWs explaining Martin’s years long struggle with testicular cancer.

“Fourteen years ago, Martin had one of his testicles removed because of a cancer. He had to have chemotherapy and thought that the ordeal was over. Unfortunately, he recently developed similar symptoms to what he had with his testicular cancer last time. He managed to have an ultrasound scan during the pandemic in a hospital in the south west. The scans picked up some suspicious markers and the surgeon diagnosed that he had cancer in the remaining testicle. They told Martin that it looked to have spread.

“Last month surgical team removed my friend’s remaining testicle and sent it for biopsy test. He did not have any follow up care since. He is still having a weeping infection in the genital area and the wound has not healed at all. He had to beg and fight for antibiotics. He was left waiting for more than a month for any updates.

“Honestly, I am so very angry as I watched my friend go through hell for the past month. It is cruel that they had not contacted him. My friend was talking about how to end his life if the news was bad.

“I myself had a cancer and have struggled to arrange my follow-up care and investigations over the last year. So, I have a good idea of how frightened you are when it happens. Once you have had investigation biopsies, scans you don’t rest until you have the results.”

“Finally, Martin rang a nurse and she explained that he has to undergo the same process again with chemotherapy and medication. According to the records the prognosis looks good and my friend is relieved. If Martin hadn’t rang the nurse, when would they have contacted him? I fear for what is happening with the NHS.”

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