

Britain's Ambulance Services: "Totally broken and beyond fixable"

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Members of the armed forces have now been deployed to assist ambulance services across the whole of Britain.

It was announced yesterday that 110 personnel will be sent to Wales from October 14, after the local government made a Military Aid to the Civil Authorities (MACA) request. Another 97 soldiers have been supporting ambulance services in the east, north-east, south central and south-west of England since August. In Scotland, 114 soldiers have been carrying out non-emergency driving work for the last two weeks.

Britain's ambulance services have been under acute strain for months. Figures released by the Office for National Statistics show that, in England, the number of emergency calls answered in August was more than in any other month on record, except for July. Ambulances consistently failed to reach patients in the two most urgent categories within the required times.

An analysis by health charity the Nuffield Trust found that, of the 10 percent of incidents which fell under the highest "category 1", including cardiac arrest patients who have stopped breathing, fewer than 75 percent were reached within eight minutes, the percentage target laid down in performance standards. The last time this figure was met was in January 2014.

The same pattern was repeated, but with even longer waiting times, in less urgent categories.

Scottish First Minister Nicola Sturgeon has said the ambulance service is "operating at its highest level of escalation." The number of people in Scotland suspected of having a serious condition waiting more than 10 minutes for an ambulance has more than doubled since 2019.

In Wales, the number of 999 calls rose by over 25 percent between January and June this year and has

only increased further since then. With its second-worst response time on record, the Welsh ambulance service failed to respond within the 8-minute deadline for "category red" emergency calls in over two out of five cases during August this year. The 57.6 percent response rate is significantly behind the target of 65 percent, which has not been met for over a year.

This all translates into potentially fatal delays in reaching patients with life-critical conditions.

Some patients in Scotland have waited up to 40 hours for an ambulance. This led to at least one pensioner dying, and another 86-year-old woman lying on her kitchen floor for eight hours with a broken hip awaiting an ambulance.

A woman in Grimsby who had suffered a stroke in March had to wait over 10 hours for an ambulance when she collapsed at home in October. Her husband said, "She needed to be up at the hospital straight away in case there was another stroke. We are in a mess and it needs sorting."

Writing in *Pulse* magazine, GP trainer Dr Shaba Nabi said she had "never been more scared for the health and well-being of my loved ones."

Dr Nabi told how, after she had waited three hours for an ambulance to arrive at her surgery to attend two patients who had collapsed with chest pains, she reluctantly advised them to travel to hospital by car.

The same week, she witnessed an elderly man lying bleeding on the pavement. "Because he was alert, awake and breathing, my immediate thought as I went to help was 'this man's not getting an ambulance for love nor money'—despite his obvious need for one. I spoke to ambulance control who confirmed my fears and advised me to call 111. When I questioned how a lone GP would have the ability to 'scoop and dispatch', they had no answer."

A COVID patient in Scotland who began to struggle with breathlessness eventually died due to the delay in dispatching an ambulance after calling the NHS 24 hotline. The Scottish Public Service Ombudsman (SPSO) found there was an “unreasonable” delay in calling the ambulance. Although the call handler had followed the correct protocols, these were clearly “not fit for purpose”, the SPSO found.

The pressures placed on ambulance crews are enormous. A paramedic in Falkirk, Scotland, told the *Daily Record* that working conditions were so bad it was causing some staff to suffer insomnia and panic attacks. They reported having to work two or even three hours past the end of their shift, and facing 15-hour days with no breaks due to the volume of calls.

“I have never experienced working conditions like it. Even during the height of the pandemic, it wasn’t this bad. The service isn’t in crisis, the service is totally broken. And I worry that it’s beyond fixable.”

According to the paramedic, “Not a day goes by that myself or a colleague breaks down before, during or after a shift.”

The deployment of hundreds of soldiers marks the severity of the breakdown of Britain’s emergency medical services, but will do little to solve it.

Since the army staff have not had the requisite training, they are unable to drive using the flashing blue lights. This means they can only be sent to non-emergency calls. However, should the patient they are attending develop more serious symptoms the military driver is unable to transport them to hospital at high speed. In such emergency cases, an ambulance with a trained paramedic driver would then need to be dispatched.

Army drivers’ lack of skills and experience resulted in accidents within two days of their introduction in Scotland. Two soldiers out of the Leverdale ambulance station in Glasgow were involved in crashes.

Even when patients are safely delivered to the hospital, they face further delays in receiving necessary treatment as overstretched accident and emergency (A&E) departments struggle to find beds for seriously ill patients. A trade union representative commented, “If there are 50 more ambulances, it just means 50 extra joining the queue [at hospitals].”

Brecon-based ambulance technician, Paul Amphlett,

told the ITV News, “Bringing the army in isn’t going to solve the problem. The patients are going to be coming in to the hospitals because they’ll obviously be helping out to pick these patients up, but they’re still going to be stuck in the car parks, we’re still going to be waiting with them, babysitting them, so it really isn’t going to solve the problem overall.”

A survey by the Royal College for Emergency medicine found that, in August, half of emergency departments were forced to keep patients outside in ambulances every day, up from a quarter in October 2020 and just under a fifth in March 2020. Half said they were required to treat patients in the corridors every day.

NHS figures show that nearly a quarter of A&E patients in England were not seen within four hours in August, versus 13.7 percent in August 2019. In Scotland, in the week to September 12, 28.5 percent of patients were not seen within four hours.

Dr Katherine Henderson, president of the Royal College of Emergency Medicine, commented last month, “This is a disaster. This is a system that is on the edge.”

The crisis in the ambulance service and A&E departments has been exacerbated by the pandemic, allowed to run rampant by the official policy of mass infection, but had been building for years due to government underfunding.

A 2017 report by the National Audit Office found that increased funding for urgent and emergency activities had “not matched rising demand”. NHS Providers and the Association of Ambulance Chief Executives report that England alone faces a recurrent funding shortfall for ambulance services of close to £240 million.

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