NHS in a state of collapse amid resurgent COVID hospitalisations and deaths

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The National Health Service (NHS) is facing an unprecedented and debilitating crisis amid a renewed surge of coronavirus hospitalisations and deaths following the Conservative government's lifting of all key public health restrictions.

In a remarkable thread posted on Twitter Sunday, the chief executive of NHS Providers Chris Hopson set out the "four big, interrelated challenges" creating "the longest and most sustained period of NHS pressure" 20 experienced chairs and CEOs from across the health service had ever experienced.

Hopson lists as challenge one, "Much higher levels of covid prevalence that we were expecting".

In the first week of April, patients in hospital with COVID-19 exceeded 20,000 across the UK—levels not seen since the worst days of the pandemic in January and February 2021. There are presently 19,028 patients in hospital with COVID infections, according to official figures, with 15,432 admitted over the past seven days. Hundreds are dying daily of the disease, including nearly 2,000 deaths over the seven days to last Thursday.

In the face of widespread calls by health leaders and scientists for the reintroduction of social distancing and masking requirements in public spaces to ease the pressure on hospitals, the Johnson government has insisted that there will be "no change to our guidance and our living with COVID plan still stands".

Hopson told *The Sunday Times* that COVID is surging partly because the government is pretending "Covid doesn't exist any more and that nobody needs to take any precautions." This followed Matthew Taylor, the chief executive of the NHS Confederation, telling the BBC earlier that week, "In our view, we do not have a living-with-Covid plan, we have a living-without-restrictions ideology", and British Medical Association chair Dr Chaand Nagpaul warning of the consequent pressures on the health system, "This Easter looks set to be just as bad as some of the worst winters we have ever seen."

Challenge two is a "very pressured urgent and emergency care pathway". Pressures, says Hopson, are "significantly greater, lasting longer and more geographically widespread, than we have seen before."

The worst hit area of hospital care is in accident and emergency departments, which have seen waiting times for acutely life-threatening type 1 patients increase to record levels in recent weeks. NHS Confederation reports:

"There were 1.42 million type 1 attendances in March, of which 58.6 per cent of attendances were completed within four hours. The worst performance on record prior to the pandemic was 68.6 per cent in December 2019, and performance in February was the previous worst on record (60.8 per cent)."

"Meanwhile there were 22,506 12-hour waits from decision to admit, to admission (or trolley waits, as they are known)… Across the whole of 2019, there were 8,272 12-hour trolley waits recorded, so March's figure is 272 per cent of an entire year's worth of 12-hour waits pre-pandemic."

Deputy director of research at the Nuffield Trust Dr Sarah Scobie said patients were facing "frightening levels of suffering" and warned, "It is hard to imagine an end in sight, with lengthy waits for healthcare firmly here to stay."

Ambulances are also experiencing unprecedented delays. In five out of the last seven months, response times for the most serious, life-threatening injuries has been well over nine minutes compared to the standard of seven minutes. Likewise, category 2 patients, including suspected heart attacks or strokes, which guidelines say should receive treatment within 18 minutes, are taking an average of 1 hour and 1 minute to reach because of ambulance delays.

Overall waits for ambulances have reached an average 2 hours 17 minutes, which is the first time since records

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began that this figure has exceeded 2 hours.

The London Ambulance Service is now planning to use volunteers to answer category 3 emergency calls, including people in the late stages of labour, with abdominal pains, and cases of diabetes where patients can be treated in their own homes.

President of the Royal College of Emergency Medicine Dr. Katherine Henderson commented, “It feels shaming to me that we’re in this situation.”

“Challenge 3,” Hopson writes, is the “care backlog”. The waiting list for elective procedures rose to a record 6.18 million patients in March, up from 6.1 million in February. This is despite the valiant efforts of NHS workers who cleared 1.26 million patients off the waiting list in February and achieved a reduction in still dangerously high waiting times for cancer diagnosis and treatment.

The *Financial Times* reported Sunday that in the week ending April 12, fewer than 5,000 general or acute hospital beds were unoccupied in England, 5.4 percent of the total and the lowest level across the pandemic. Nigel Edwards, chief executive of the Nuffield Trust, told the paper “No hospital system can run at that level of occupancy outside of very short periods of crisis.”

NHS managers have begun to ease infection control and prevention procedures to free up hospital capacity. These include measures such as ending the systematic testing of patients and the separation of COVID-positive patients from the general population, as well as relaxed protocols for personal protective equipment.

According to NHS sources, *The Independent*reports, “at least two major hospitals, in Newcastle and York, have dropped testing of all patients without symptoms in order to alleviate pressure on beds—raising fears that Covid could spread on unchecked wards. Other hospitals are also likely to do the same as bed pressures worsen.”

As well as high hospital demand due to COVID, clinicians are unable to discharge patients no longer requiring hospital treatment due to a staffing crisis in community health services and social care.

Workforce shortages are described by Hopson as “the biggest of challenge of all.” Daily staff absences now stand at approximately 71,000 on top of 110,000 staff vacancies in NHS England. The figure is approaching the previous peak in absences recorded on January 10, 2022. In the South West and South East regions of England absences had already exceeded their January peak in March, with 48 percent of absences due to COVID in the South West.

Approximately a quarter of health workers are looking for new jobs, according to a recent NHS staff survey, due to widespread staff burnout and low morale. NHS staff have suffered 8 million mental health sick days in the last five years, 2.2 million of them in 2021. Only 27 percent of the NHS workforce feel that there are enough staff in their organisation to allow them to do their jobs properly and safely. Close to half have been made unwell by work-related stress in the last month, a third say they feel burnt out and a third say they are exhausted at the thought of the next shift.

Dr Thomas Dolphin, a consultant anaesthetist, told the *Guardian*, “We brutalised our staff for months on end. Then, not surprisingly, quite a lot of them have left or retired, or moved to another country as soon as they could because it was soul-destroying. Now we’re in a position where we’re even more short staffed. The consequence is in those numbers.”

Hopson concludes his thread damningly, “These pressures are a result of four long term fault lines built up over last decade. Longest/deepest NHS funding squeeze ever. NHS therefore unable to build extra capacity to meet growing demand. Rising workforce shortages. Govt failure to address problems in social care.”

The Conservative government, which is committed to privatising the health service, has no intention of resolving the situation. Health Secretary Sajid Javid has insisted that workforce numbers will need to be addressed based on existing budgets. Chancellor Rishi Sunak has instructed NHS Trusts to make a £4.75 billion in “efficiency savings” as part of plans to slash “wasteful” spending across the public sector.

A British Medical Association (BMA) survey of 1,194 doctors found that 52 percent of doctors believe that the government’s recovery plans are “totally unachievable” and 36 percent believe they are “mostly unachievable” with existing health resources.

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