

# Britain's National Health Service faced with deliberate collapse

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Professional body Doctors Association UK has demanded parliament is recalled “immediately” to address the crisis in the National Health Service (NHS).

Its letter warns, “The NHS is broken. Patients are dying and staff are suffering moral injury from the appalling conditions... Contrary to reports from number 10, the NHS does NOT have enough money. People are dying because of an abject refusal to invest the sums needed to pay staff and provide social care.”

This follows Sunday's statement by President of the Society for Acute Medicine (SAM) Dr. Tim Cooksley that the UK government must “declare a national NHS major incident.” He described the situation in urgent and emergency care as “shocking”, adding, “This is a time of crisis and there are fears this will worsen further over the coming months.”

The consequences are indeed fatal for hundreds of people every week. President of the Royal College of Emergency Medicine Dr. Adrian Boyle told *Times Radio* the same day, “We think somewhere between 300 and 500 people are dying as a consequence of delays and problems with urgent and emergency care each week... We cannot continue like this.”

At time of writing, seven different hospital trusts have critical incidents in place, meaning priority services are under threat. Over 50 have said they are struggling to cope with demand.

Recent figures are not available, but close to 40,000 patients in England waited over 12 hours in Accident and Emergency (A&E) units to be admitted to hospital last November—up 355 percent on a year before. A third wait more than four hours. After that, 40 percent wait more than four hours on a trolley in hospital corridors before getting a bed. One person in Swindon waited 99 hours.

In the week ending December 18, one in five ambulance patients had to wait for more than an hour in the back of the vehicle outside the hospital before being handed over to A&E—the worst week on record. Two in five had to wait more than 30 minutes. This normally follows hours more waiting for the ambulance to arrive in the first place. Over 80 percent of ambulance service areas in the country cannot meet the response time target for the most serious Category 1 calls; 99 percent cannot meet the target for Category 2 calls, including suspected strokes and heart attacks.

These intolerable conditions and years of pay freezes/cuts

have led to thousands of ambulance workers and tens of thousands of nurses joining the ongoing strike wave throughout the UK.

Despite all promises to the contrary by politicians, COVID, now combined with a resurgent flu, is still playing a debilitating and deadly role. In the week to December 18—the last available data—over 1,000 people were being admitted for COVID each day on average. The next week, over 3,700 people were admitted to hospital with flu every day, up 80 percent on the week before.

Professor Sir Stephen Powis, the NHS national medical director, told the *Guardian*, “Sadly, these latest flu numbers show our fears of a twindemic have been realised, with cases up sevenfold in just a month and the continued impact of Covid hitting staff hard, with related absences up almost 50 percent on the end of November [to over 8,000 a day on average].”

Ambulance services have reported shortages of oxygen cylinders due to the large number of patients suffering respiratory distress.

Of the roughly 94,000 occupied beds on average across December—the highest figure in seven winters—13 percent were taken by someone with COVID or the flu.

## Decades of underfunding have broken the system

The scale of the crisis points to the more protracted issues. Ian Higginson, vice president of the Royal College of Emergency Medicine, told *BBC Radio 4*, “What we've been hearing over the last few days is that the current problems are all due to Covid or they're all due to flu... This isn't a short-term thing. The sort of things we're seeing happen every winter... It gets worse every winter.”

The NHS is critically understaffed. By last September, there were over 133,000 vacancies across the service—a rate of nearly 10 percent. This has been exacerbated by increased rates of sickness absence since the onset of the pandemic and the effects of fatigue and burnout on those at work.

The combined impact of COVID together with inadequate

hospital and social care infrastructure is crippling, meaning what over-burdened staff there are accomplish less than in previous years.

The major bottleneck is available beds, which increased by just 1 percent between 2019 and today. But when the number of beds now routinely occupied by patients being treated primarily for COVID is subtracted, these years have seen a 1 percent fall in the number of available beds.

Roughly 13,000 on any given day, 13 percent, are occupied by people medically fit to be discharged—primarily due to a lack of social care, where 165,000 posts are unfilled, a vacancy rate of 11 percent. Last year saw a further 52 percent increase in the number of vacancies as the workforce shrank for the first time in nine years.

The catastrophic situation is the product of decades of underfunding. In the last decade the UK has spent £400 billion (20 percent) less on healthcare than the average of the major European (EU14) economies, £730 billion less than Germany. The *Financial Times* explains the UK has been left with fewer beds per thousand people and MRI and CT scanners per million people than peer countries Austria, Canada, Denmark, Germany, Finland, France, Netherlands, Norway, Sweden, Switzerland and the United States.

A report by the Institute for Fiscal Studies concluded:

“It could be that in a post-pandemic world, the NHS is able to treat fewer patients with a given level of resources than it could in the past. At the same time, the UK has suffered an adverse economic shock that makes us poorer as a country. A weaker outlook for the economy, combined with higher levels of debt interest spending, means that providing a given level of public service funding will require higher taxes. In other words, any given increase in NHS funding is now more difficult to achieve—and lasting COVID-19 impacts mean that we might have to expect to get less healthcare from that funding. This would raise extremely difficult fiscal questions.”

## Reducing healthcare spending through privatisation

The ruling class has already given its answer to such “difficult fiscal questions”. COVID policies backed by all the major parties of allowing tens of thousands of people to die unnecessary deaths and countless more to suffer prolonged ill health—rather than taking measures impacting on profits—were only the sharpest expression of a growing hostility to health spending seen as an intolerable drain on British capitalism, to be reduced as quickly as possible.

A spur has been given by the launch on NATO’s war against Russia in Ukraine, with invocations of “the end of the peace dividend” routinely comparing growing health spending to falling military budgets and demanding a reversal.

Labour and the Tories are committed to reducing the standard of health of the population by shifting the burden of healthcare costs away from the state and onto individuals through privatisation. Labour’s ghoulish Shadow Health Secretary Wes Streeting has been the most bullish, telling newspapers, “We cannot continue pouring money into a 20th-century model of care”, pledging greater use of private sector capacity, and denouncing healthcare staff for being “hostile” to policies he proposes.

Letting shareholders leech off the NHS by having it spend public money on private services has been going on for years but will be rapidly accelerated. Moreover, people will increasingly be forced to spend money at the point of use. In a January 3 lead editorial, the *Daily Telegraph* salivated that the NHS “is clearly not going to last in its current form,” denouncing “The adamant antipathy to charging to see a GP, to the use of private medicine, to top-ups and co-payments”.

This process is already underway, as working people are forced fork out huge sums for procedures with months-long waiting lists, or that are simply unavailable from the NHS. Britons now spend almost as much (as a percentage of GDP) in out-of-pocket healthcare costs as people in the United States, with American non-reimbursable spending at 1.9 percent GDP and UK at 1.8 percent, according to analysis by the FT’s John Burn-Murdoch. The UK figure has doubled in the last 30 years.

For the working class, this means going without or incurring crippling costs—not just for medicines, medical equipment like slings and wheelchairs, dental and optical care but increasingly for hospital treatment.

Burn-Murdoch notes that overall household spending on hospital costs has increased 60 percent in the last 10 years, but more than doubled among the poorest fifth. The poorest 20 percent of households now spend roughly the same proportion of their income on out-of-pocket hospital treatment as the richest fifth.

Around one in 14 of these poorer households incur “catastrophic healthcare costs” every year—40 percent or more above ability to pay—up from one in 30 a decade ago. The number reporting health needs that are going unmet is five times higher, one in 20. Crowdfunding for medical treatment is 20 times more common than it was just five years ago.

*For further information contact NHS FightBack and link up with our Facebook page.*



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