Crisis in Britain’s emergency care threatens patient safety and costs lives

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The criminal policies of the Conservative government mean that thousands of people who become seriously ill are dying unnecessarily as delays compromise their chance of receiving timely treatment.

Just before Christmas, 10 National Health Service (NHS) trusts had declared a “critical incident,” which the NHS defines as “any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe, requiring special measures and support from other agencies, to restore normal operating functions.”

A frontline nurse provided the *World Socialist Web Site* with this report from their health trust:

> Ambulance delays and pressures in A&E [Accident and Emergency] departments in my trust are responsible for this dangerous situation. We have been constantly running under Severe and Sustained operational pressures for months. Bed occupancy is alarmingly high. Covid-19 is still rife along with flu outbreaks and many wards are struggling to ensure patient safety. Staff levels are constantly low and unsafe. Many cardiac interventions including angiograms, pacemaker implants and treatment for dangerous heart rhythms get delayed because of staff shortages and lack of available beds.
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> Recently, we had a patient who had had a heart attack and waited hours laying on floor in the A&E department before she was seen and transferred to another hospital for cardiac interventions. It is a recurring issue that patients are being admitted to cardiology too late after a heart attack. Many patients face severe complications, including heart failure, recovery setbacks and even needless deaths because of these treatment delays. Early revascularization through coronary interventions (putting in stents or opening coronary arteries with balloon angioplasty) is vital for good patient outcomes.

December 2022 saw the highest number of 999 emergency calls answered per day and the longest ambulance response times since new call categories were introduced in 2017. Figures released last week show that ambulance response times in England are now the worst on record, while waiting times in hospital Emergency Departments are longer than ever.

According to data from NHS England, in December average ambulance response times for the most urgent cases (Category C1, life threatening conditions such as cardiac or respiratory arrest) rose to nearly 11 minutes, against a target of 7 minutes; with some patients forced to wait over 19 minutes in the worst instances. The average response time for C2 cases (serious conditions such as stroke or chest pain, requiring rapid assessment and/or urgent transport) was over one-and-a-half hours, more than 50 percent higher than the previous longest monthly value.

Less urgent C3 and C4 cases saw patients waiting approximately 4:20 and 4:35 hours on average respectively. In the very worst occasions, some patients were forced to wait over 11 hours before the ambulance arrived.

National and local media have reported heart-breaking cases where loved-ones have died before an ambulance arrived or delays meant they were pronounced dead on arrival at the hospital.

In figures for just the first nine months of 2022, West Midlands Ambulance Service records 37 patients who died because paramedics did not get to them on time, this compares to just one such death in 2020.

An investigation by the Northern Ireland Ambulance Service (NIAS) is underway to ascertain whether delays contributed to the deaths of eight people between December 12 and the start of January.

Bed shortages and inadequate staffing are creating a chain reaction. Ambulances arrive at hospitals but are unable to hand over their patients as there is no room for them; the A&E department is full and there are no free beds into which the already diagnosed patients can be transferred; staff shortages mean empty beds on wards cannot be made safely available.

As ambulances queue outside, the well-being of patients faces severe compromise. Paramedics do their very best but in the absence of specialist doctors and equipment means some

patients inevitably deteriorate, and in the worst cases, die, even before crossing the threshold of the A&E department.

Those who make it into the A&E unit face further ordeals, waiting hours to be seen by a medic as the volume of patients threatens to overwhelm stressed and overworked staff.

Recent examples in the media include:

• An 82-year-old man with chronic kidney disease waiting 56 hours on a trolley in a corridor before being admitted for treatment.

• A diabetic patient forced to wait 36 hours for hospital treatment

• A care home resident with severe epilepsy taken to a hospital in Wales complaining of chest pain had to wait in a chair with no food for 36 hours.

• 85-year-old pensioner Koulla Mechanikos was forced to wait 40 hours before receiving treatment for a broken hip after falling at home in Cornwall.

Media reports of the conditions confronting staff and patients in Emergency Departments resound with phrases such as “beyond dreadful”, “living nightmare”, “like a war zone”.

Susan Beswick, an A&E nurse of 30 years told the BBC, “The last six to 12 months have been more challenging than I have ever known,” reporting that her department was continually running up to three times its capacity, and often more.

Respiratory consultant Dr. Rizwan Ahmed said conditions were more difficult than during Covid because “then, a lot of services were stopped,” but now all elective services were running, and A&E staff had to manage the “pressures at the front end.'

In the *Guardian*, a “Secret A&E Doctor” says he has “never known it as bad as it is now.” An Emergency Department was “not a safe place,” since it is “filled with some of the sickest people in a hospital, in a chaotic environment. There are lots of comings and goings, with patients being moved frequently and staff looking after multiple patients. It’s a recipe for things getting missed.”

He described how his Emergency Department sometimes ran out of oxygen because there were so many patients in the corridor who required it. In some cases, oxygen shortages had meant turning off the supply for patients whose lives they could not save to ration it for others.

All these factors are leading to thousands of unnecessary deaths. According to the Royal College of Emergency Medicine (RCEM), delays in A&Es could be responsible for some 300-500 additional deaths per week. That could make such fatalities responsible for up to 30 percent of the officially estimated 1,700 “excess” weekly deaths in the four weeks to December 30.

The situation is fundamentally no better in Scotland and Wales, where the devolved authorities have responsibility for setting health policies and budgets.

In the period before Christmas a record 1,925 patients in Scotland had to spend more than 12 hours in A&Es, with 10 percent having to wait over three hours before being handed over from ambulances.

Glasgow-based junior doctor in emergency medicine Dr. Lailah Peel, the deputy chair of doctors’ union BMA Scotland, told the *Herald* how the increased stress meant previously resilient consultant colleagues were 'falling apart.”

Delays in putting appropriate community care packages in place for patients who could otherwise be released from hospital has the effect of “blocking” the bed. According to recent figures from Public Health Scotland, the average daily number of such blocked beds was 1,950 in November.

A man in Wales died from a heart attack before paramedics arrived, despite his wife calling 999 six times. According to the BBC, she was told he would have survived had an ambulance arrived following her first call.

The winter has seen a resurgence of COVID infections coupled with record flu infections and other serious respiratory illness, driving up hospitalisations.

Data supplied by NHS England for December records high average occupancy rates in most hospital areas: Adult General & Acute (G&A) beds—95.5 percent, Paediatric G&A—78 percent, Adult Critical Beds—81.6 percent, Paediatric Intensive Care—89.5 percent. Many individual health trusts show occupancy rates of almost 100 percent. As health charity Nuffield Trust points out, “spare bed capacity is needed to accommodate variations in demand and ensure that patients can flow through the system. Demand for hospital beds peaks at different times of the day, week and year. There must be enough beds to accommodate these peaks.”

Rather than increasing the number of hospital beds, government policy has been to reduce them. Between 2010/11 and 2019/20, the number of G&A beds declined by 6 percent, while occupancy rose by 4 percent. The government’s policy of letting COVID-19 run wild has coincided with a fall in G&A beds, further exacerbating the crisis confronting the NHS, and contributing to thousands of unnecessary deaths.

As WSWS recently wrote, “Health professionals committed to treating the sick and vulnerable in society are in direct conflict with the prioritisation of profit above social need and public health under capitalism. The International Workers Alliance for Rank-and-File Committees is being built to inform, guide and unify these struggles. We urge nurses, ambulance staff and all NHS workers to read its programme and discuss how this fight can be taken forward.”