

# UK National Health Service hit with devastating winter crisis

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Britain's National Health Service (NHS) faces an unprecedented winter crisis, with patients dying in ambulances, Accident and Emergency (A&E) units overflowing, and hospitals unable to cope.

Years of systematic underfunding have led to crippling staff and bed shortages, collapsing infrastructure and massive backlogs.

The Starmer Labour government is sacrificing public healthcare to private profits.

The UK faces a “quademic”, the simultaneous surge of four viral infections—influenza, COVID-19, respiratory syncytial virus (RSV), and norovirus. NHS figures show a record number of patients suffering from norovirus, with an average of 1,160 a day being hospitalised in England in mid-February (up 22 percent), and an average of 1,755 a day for flu (up four times compared to January).

Speaking about the figures, Professor Sir Stephen Powis, National Medical Director of NHS England, said: “It is concerning to see the number of patients with norovirus hit an all-time high and there is no let-up for hospital staff who are working tirelessly to treat more than a thousand patients each day with the horrible bug, on top of other winter viruses.”

## NHS staff: overworked and undervalued

An NHS Staff Survey involving over one million workers undertaken at the end of 2024 highlighted the high levels of dissatisfaction among younger employees.

In 2023, over half of “Gen Z” (aged 21-30) clinical staff reported experiencing work-related stress that adversely affected their health, a rise from 38 percent in 2013. Younger health workers also expressed more dissatisfaction with their pay, with this number doubling to 22 percent in 2023.

Work strains are producing a high degree of burnout, with many staff reporting sick with stress, anxiety and mental health problems. Pressures are worsened by a persistent shortage of staff across all areas. The latest official data shows that in September 2024 there were 107,865 vacancies in secondary care, which included 7,768 medical vacancies and 31,773 nursing vacancies. NHS nursing applications have fallen 35 percent since 2021, as student nurses face mounting debt, poor wages, and declining

working conditions.

Onerous workloads have seen thousands leave the NHS in search of less stressful or better paid employment elsewhere.

## The collapse of emergency services: “Corridor Care”

The winter crisis finds a particularly acute expression in the ambulance service and A&E departments. As of December 2024, ambulance response times in England reached record highs, particularly for Category 2 emergencies, which include serious conditions like heart attacks and strokes. The average response time for these incidents was 47 minutes, an increase from 42 minutes in November 2024 and far exceeding the NHS England target of a 30-minute average response time for Category 2 calls in the 2024/25 period.

Some patients have died while waiting outside hospitals due to a lack of beds or available staff delaying their admission. Paramedics are overworked and burned out, leading to mass resignations and staffing shortages that exacerbate the crisis.

A&E departments are gridlocked, with many patients waiting 12-24 hours to be admitted due to a lack of beds.

The crisis is compounded by delays in discharging medically fit patients, with one in seven hospital beds occupied by patients unable to leave due to failures in social care. This has contributed to the surge of so-called “Corridor care,” which has become normalized, with patients being treated in corridors and other undignified and inappropriate settings due to overcrowding.

## Labour demand an end to “begging bowl culture” and more privatisation

The winter crisis affecting the NHS is a product of over a decade of chronic underfunding, with successive governments cutting real-term spending.

In June 2023, NHS England unveiled a 15-year workforce strategy aiming to expand the NHS workforce from approximately 1.5 million in 2021–22 to between 2.3 and 2.4 million by 2036–37.

The major problem, as the Institute for Fiscal Studies noted, was that there were no financial resources specified to achieve these goals.

Moreover, the Labour government has not committed to fully implementing the Long Term Workforce Plan. Health Secretary Wes Streeting has instead indicated he would “refresh” the existing workforce strategy to supposedly better address current challenges, such as training bottlenecks and retention issues among junior doctors.

At the Tony Blair Institute for Global Change last year, Streeting—who had just taken office—called for “ending the begging bowl culture, where the only interaction the Treasury has with the Department of Health is ‘we need more money for X, Y and Z’.” Streeting and Starmer insist that there can be no more NHS funding without “reform”—meaning further private sector control over the NHS and productivity increases for NHS staff.

The Labour government boasts of its intention to govern in partnership with big business, and plans to vastly increase the involvement of the private health corporations in the NHS. Rather than increase core staffing to deal with patient waiting lists, Streeting advocates more use of private healthcare providers. This would include potential long-term and lucrative agreements with private entities.

Streeting intends to revive the disastrous “internal market” inside the NHS where funding supposedly “follows the patient,” with NHS hospitals and clinics competing with private providers. Initially introduced under the Tories in the 1990s, Labour in power from 1997-2010 kept the system largely intact. It was further expanded under the following Conservative-Liberal Democrat coalition.

Although some aspects, such as compulsory competitive tendering for clinical services, were later removed, the overall impact has been higher administrative costs and fragmented services.

### **Health is a class issue: the poorer you are, the earlier you die**

Recent findings from Cancer Research UK show that cancer death rates are 60 percent higher in the most deprived areas compared to the wealthiest regions.

This disparity results in approximately 28,400 additional cancer deaths annually, 78 deaths per day. Lung cancer deaths are nearly three times higher in poorer districts. Access to screening and treatment is far worse for deprived communities, meaning people are diagnosed later, when treatment is less effective.

A 2017 study found that males living in the most deprived tenth of areas can expect to live nine fewer years compared with the least deprived tenth, and females can expect to live seven fewer years. The impact of the COVID-19 pandemic widened this gap.

### **Defend the NHS and public health care: Build rank-and-file**

### **committees!**

The health trade unions have proved incapable of defending the pay and conditions of NHS workers. The RCN (nurses), UNISON (paramedics, midwives and support staff) and the British Medical Association (doctors), collectively represent the overwhelming majority of an NHS workforce of some 1.6 million.

The willingness of health workers to take action to defend pay and conditions was evident during the UK strike wave of 2022-24. Nursing members of the RCN took strike action in 2022 for the first time in the 74-year history of the union. Junior doctors mounted multiple strikes throughout 2023, culminating in over 20,000 walking out for a total of 44 days.

All these actions were sold out by the union bureaucracy, which kept action by different sections of NHS workers separate before agreeing with the Conservative government—and in the case of the junior doctors, with the Starmer government—well-below-inflation pay deals after years of erosion in real wages.

The NHS crisis is not just a failure of government policy, but of capitalism, and must worsen as Labour prioritizes private profit over public health. What is required is an independent political struggle by health workers and the wider working class to defend the NHS and its staff.

Health workers must form rank-and-file committees to take control of the fight against privatisation and austerity, independent of the unions and all sections of the Labour bureaucracy.

The fight for a fully funded, publicly owned NHS is part of the broader struggle for socialism, where healthcare is run for human need, not private profit.

*For further information e-mail NHS FightBack, established by the Socialist Equality Party and affiliated to the International Workers Alliance of Rank-and-File Committees. Like and share our Facebook page.*



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