Preventable deaths of almost 16,000 patients last year in A&E in England

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A staggering 15,860 patients—around 1,300 a month—died in 2025 while in National Health Service (NHS) Accident and Emergency departments who could have survived if timely treatment had been available. For every 72 patients who wait between eight and 12 hours in A&E, there is approximately one additional death.

These are the findings of a report by the Royal College of Emergency Medicine (RCEM), *The State of Emergency Medicine in England*, published June 8.

What makes the RCEM report more alarming is this rate of preventable mortality is the continuation of an extended upward curve within the NHS over a decade. While it is marginally lower than the 16,644 preventable deaths last year, the death toll of 15,860 in 2025 represents a ten-fold increase from 1,657 in 2015.

The RCEM identifies the cause as hospitals being under resourced and pushed to the brink of collapse. The problem is not simply front door pressure on A&E, but a crisis gripping the entire hospital system, with a lack of patient flow leading to "exit block". This is itemised in the report:

• Bed shortages: General and Acute bed occupancy averaged 93.1 percent, well above level required to maintain operational effectiveness

• Staff shortages: A March 2026 survey by RCEM showed that around 60 percent of clinical leads described their department as moderately understaffed, while just over one-in-five said their department was severely understaffed.

• Inability to discharge patients: On average 12,906 patients per day were medically fit for discharge but remained in hospital. While not stated in the report this is largely the result of not be able to ensure a safe discharge due to the collapse of social provision.

Everyone with experience of emergency care knows how bad things have become. A&E departments resemble a battle zone with agonising delays. The report also confronts the phenomenon of "corridor care"—patients treated in undignified and unsafe settings. In addition to treatment in corridors this includes even toilets and cupboards, as recorded elsewhere. It cites the 2025 UNCORKED study, that one in five patients were treated in "repurposed" clinical or non-clinical spaces not designed for care, concluding, "Privacy, dignity and clinical safety are impossible to maintain in these spaces."

The report highlights the toll exacted on A&E staff struggling to provide the necessary care for their patients. There are only two brief comments from staff, but they summarise a collective experience. As one stated, "The working conditions are inhumane…morale is non-existent."

A survey of clinical leads in England found 97 percent describing the situation as unsustainable in the long term, with 44 percent saying it is already unsustainable in the short term.

The RCEM, the professional body overseeing emergency medicine standards in the UK, published its report demanding, "urgent action" from the Starmer government. Its president Dr. Ian Higginson posed the question to which all NHS staff and the public would demand a reply: "We have to ask why this awful problem isn't the subject of relentless focus and political conversation? The number of deaths linked to long stays in our emergency departments explicitly show the system is failing the patients it is meant to be caring for."

The Starmer government has not bothered to volunteered a response to date. The callous indifference and level of dissembling to be expected has been provided by a Department of Health and Social Care spokesperson cited by the *Guardian* newspaper: "While A&E waiting times are at their lowest level in half a decade, we know there is more to do. That is why we are investing over £215 million in 40 new and expanded same-day emergency care and urgent treatment centres across England to reduce pressure on A&E."

The £215 million is a drop in the ocean. Same day emergency care and urgent centres will not address the crisis in life-threatening cases requiring more complex emergency care. The claims made of improved waiting times rely on statistical manipulation, echoing Dr. Higginson's warning about using metrics "to focus on the least sick patients in

order to marginally improve headline statistics, rather than those who need emergency services most".

In truth, only 60.5 percent of patients were treated within four hours in 2025—far below the NHS constitutional standard of 95 percent and the government's "interim" target of 78 percent. Meanwhile, 489,138 patients waited 24 hours or more in A&E, an increase of around 150,000 in just three years.

The RCEM calls for "urgent action" on key proposals dissolves into appeals to "eradicate" preventable death in A&E by 2030 and ending the practice of caring for patients in corridors and non-designated spaces by the end of this parliament 2029. But the great unmentionable is ending the starving of funding to the NHS.

Since taking office in July 2024, Labour has insisted the crisis is not the result of more than a decade of cuts, despite spending on the NHS plummeting in in real terms. Had funding risen in line with 2010–11 levels, the NHS would have received roughly £54 billion more each year.

Instead, then Health Secretary Wes Streeting declared the NHS "broken" but blamed inefficiency and branded NHS workers as underperforming. This has been used to justify a cost-cutting programme disguised as "efficiency savings": £17 billion in cuts and up to 100,000 job losses, alongside demands for increased "productivity".

"NHS reform", the pro-market term is used in every field of economic and social policy, is a dismantling operation through outsourcing to the private sector and ever more corporate control.

A central plank of the government's 10-Year Plan for the NHS in England is the creation of around 250–300 Neighbourhood Health Centres in partnership with the private sector. This represents a revival in all but name of the Private Finance Initiative (PFI), through which NHS hospitals have been saddled with around £80 billion in debt. PFI locked Trusts into long-term repayment contracts with private consortia for building and maintaining infrastructure at extortionate interest rates. It has been one of the main drivers in diverting critical resources from frontline care: forcing cuts to beds, staffing, and capacity— the fuel for today's A&E crisis.

Meanwhile, the backlog of just over seven million patients on waiting lists is pushing people into private healthcare. Those who can scrape together the costs are effectively buying their way out of NHS queues. The result is a two-tier system in hospitals in which life-saving care is increasingly determined by ability to pay. The founding principle of the NHS as a universal service free at the point of use remains only on paper.

The RCEM report points to a deeper truth not acknowledged: the rising toll of avoidable deaths reflects what Friedrich Engels termed "social murder", where society places the working class in conditions in which they "inevitably meet a too early and an unnatural death".

The threshold for this political criminality was exemplified by the response to the COVID-19 pandemic, the "herd immunity" policy that prioritised corporate profit over human life and public health. The pandemic accelerated the collapse of the NHS. The RCEM graph shows excess A&E deaths rising steadily from 2015, then surging after 2020 from around 2,000 to 15,860 in 2025.

COVID-19 has killed more than 250,000 people in the UK, left around 2 million with long-term disability, and claimed the lives of hundreds of NHS workers, many supplied with faulty PPE sourced through private contracts approved by the government.

The RCEM appeal is directed at a Starmer government incapable and unwilling to respond. The crisis is rooted in its broader agenda of serving financial and corporate interests and no exception is to be made for the NHS.

Nor can the fight to defend the NHS be entrusted to the trade unions. The British Medical Association is isolating resident doctors' strikes and seeking a settlement with the government that accepts "affordability" limits while avoiding any real challenge to pay erosion and the acute shortage of specialty training places, leaving tens of thousands of doctors facing unemployment. All the other health unions accept similar constraints, which includes enforcing real terms pay cuts in collaboration with the Starmer government.

What is required is a unified struggle across the NHS workforce—doctors, nurses, ambulance staff, porters, cleaners, caterers, and administrative workers—currently fragmented by union structures. This requires building rank-and-file committees democratically controlled by NHS workers.

Such a movement must directly challenge the massive redistribution of wealth upward to the super-rich, alongside rising military expenditure. The defence of the NHS depends on those who run it, the over one million strong workforce and those who rely on it: the working class. NHS FightBack, an initiative by the Socialist Equality Party, calls on health workers to contact us to discuss the building of a rank-and-file committee in your workplace.