

## The NHS is facing the bleakest midwinter

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This week, [NHS England warned](#) of a worst case scenario in which half of all hospital beds could be occupied by patients with respiratory infections – a triple winter threat of flu, pneumonia and Covid. This would be a worse capacity crisis than at the height of the pandemic. Even if the worst case does not come to pass, NHS England is nonetheless setting up ‘war rooms’ to try to cope with “[one of the toughest winters in its history](#)”.

Try is the operative word. The scary thing is that the NHS might try and fail. In many ways it is already failing. The latest NHS statistics paint a bleak picture.

Things are bleak if you look at those needing urgent care. Ambulance response times are at near record levels and [have been consistently high for over a year now](#) – [even the most urgent calls are taking much longer](#) than the target. [Over a quarter of patients attending A&E wait longer than 4 hours](#) and [almost 7% wait over than 12 hours](#). –Pre-pandemic almost no-one had to endure such protracted A&E delays. [The waiting is too much for many 6% of people leave before their treatment is completed, In July 2020 alone that accounted for 120,000 not receiving the treatment they urgently required.](#) This has led to repeated warnings from NHS leaders that “[England’s ambulance service is failing patients and paramedics](#)” (April 2022), that “[The NHS has broken its promise to the public](#)” (July 2022) and that the [NHS is ‘overflowing’, causing unworkable demand](#) on paramedics (October 2022).

Things are bleak for those patients requiring routine treatment too. This month saw the waiting list for treatment in England reach its highest ever number – [over 7 million people are currently waiting for care](#). That’s one in eight people. Not one in eight patients, *one in eight of the entire population*. [Almost 400,000 people have been waiting longer than a year to start non-emergency treatment](#) (the target is to have seen everyone within 18 weeks). Instead of being able to ramp up capacity to deal with the backlog, we seem to be losing it with [fewer elective operations happening](#) and [more patients waiting longer after cancellations](#) now than pre pandemic. It’s quite possible that these backlogs are [contributing significantly to the hundreds of thousands of people being unable to work due to chronic, untreated, illness](#).

Things are bleak if you look at the capacity of the NHS to cope with its demand – let alone make inroads on the backlog. Firstly, [the very buildings we treat people in are crumbling](#) – and this is not just potentially dangerous [but also expensive](#), potentially costing an additional £10 billion to set right. And the longer we wait to fix it, the more expensive it gets. At basic level, inadequate infrastructure means buildings are much more expensive to heat and maintain – an issue which is only likely to be exacerbated by the energy crisis. The failure of the government to appropriately fund even the maintenance of the NHS’s existing infrastructure makes a mockery of their [claim to be building 40 new hospitals by 2030](#).

Secondly, the NHS faces a staffing crisis. The very fabric of what makes the NHS what it is are leaving in droves. The [number of nurses departing the NHS](#) is at a record high, [paramedics](#) are leaving in large numbers, and we simply [do not have enough GPs](#) in England. Lower paid NHS staff are massively impacted by the cost of living crisis – [a quarter of hospitals have set up food banks](#) for their staff this autumn. [Nurses are understandably voting on strike action](#) to make their jobs viable, but any strike action – even short term – will only add to the NHS’s

capacity woes. Meanwhile the health secretary is further [demonstrating her weak grasp of healthcare](#), showing [no concern that nurses are quitting in large numbers](#) and [setting targets for meeting demand](#) but with very little planned to support the NHS in reaching them.

Things are bleak if you look at what the NHS might reasonably expect to be confronted with this winter. Hospital admissions with Covid have risen to [well over 1,000 a day over the past few weeks](#). They seem to have stabilised for now, but new Omicron variants (particularly BQ.1.1) are widely expected to make themselves felt imminently, which could cause those numbers to rise again. [France is just entering its BQ.1.1 wave](#) with [admissions already on the up](#), while [Singapore is in the midst of a wave caused by variant XBB](#) with increasing hospital admissions. Covid waves inevitably also take NHS staff out of service through sickness, further reducing capacity. Unlike the previous two years, we are likely to see a significant flu season this winter, [with cases already rising](#) (although still at a low level).

All of these pressures reinforce each other in a vicious cycle. With no plan to support NHS staff, reduce acute demand through controlling transmission of respiratory infections (including Covid) and no longer-term plan to reduce chronic demand by urgently addressing health inequalities, inadequate housing, the cost of living and environmental pollutants we are heading for a very bleak midwinter indeed.