

# Surge in flu and other viruses puts Britain's National Health Service at breaking point

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15 January 2025

Britain's National Health Service (NHS) is experiencing one of its most severe winter crises. A so-called “quad-demic”—simultaneous surges in flu, COVID-19, norovirus, and respiratory syncytial virus (RSV)—is exacerbating the strain on already overburdened healthcare services.

Hospitals in England face enormous pressures managing an average of 5,408 new flu patients daily, including 256 in critical care, 3.5 times higher than the same period last year. The situation is just as acute in Scotland and Wales.

The surge in flu and other illness brought on or exacerbated by the low temperatures means Accident and Emergency (A&E) departments are experiencing unmanageable patient volumes, with overcrowding and long wait times: in some cases of up to two days in emergency departments.

A combination of overwhelming demand, insufficient available beds and critical staff shortages has forced almost 20 hospitals to declare a “critical incident”. These include three in Birmingham, the UK's second largest city, two in Liverpool and three in the South West.

The impact of such a declaration means that the hospital focuses resources to prioritize emergency care and critically ill patients. Elective care is delayed, with planned procedures, surgeries, or outpatient appointments being postponed, further extending already bulging waiting lists.

In response to the shortage of beds, one hospital trust has even advertised for “corridor nurses,” to care for patients who face prolonged periods waiting in passages and walkways before they can be admitted to a suitable ward.

*The Times* reported, “Across the country, doctors and nurses have reported NHS trusts installing power sockets and oxygen lines in corridor walls, in anticipation of large numbers of patients needing to be stacked there on trolleys while they wait for a bed.”

Dr. Adrian Boyle, president of the Royal College of Emergency Medicine, called the “degrading, dehumanising and dangerous” situation a “total acceptance of failure,” adding, “Let me be clear, it is not possible to provide truly safe patient care in environments such as corridors and cupboards.” The organisation's vice president Ian Higginson commented that “Corridor nurses and care in corridors utterly normalised... Almost every hospital is treating patients in corridors and car parks.”

Writing in the *Independent*, Dr. Sarah Williams, who works in emergency medicine in a London hospital, described the scene she and her colleagues confront daily: “Cubicles are full in emergency departments before the morning shift has even begun. With no space on the wards to move admitted patients, we start to bottleneck at the front door. Resuscitation cubicles are frequently shared by two patients, with a screen in between to try and maintain some level of dignity. Trolleys rapidly fill any corridor space that becomes available.”

Another nurse, Lorraine, told the BBC: “The prime minister should actually sit in the waiting room, see the abuse that we get, the poor old ladies and pensioners, the young people that are trying to kill themselves, people collapsing, people having cardiac arrests in the waiting room. It's 2025—we shouldn't be seeing this.”

Fifteen healthcare worker and patient groups have now written an open letter to Health Secretary Wes Streeting demanding figures be released on the number of patients being treated in inappropriate settings, “a year-round scourge in our hospitals”.

The lack of reporting, they write, is “a significant omission, effectively continuing to hide the issue from the public, whilst in some cases silencing the staff forced to routinely deliver compromised care. It leaves the NHS and government without accurate data to understand how many patients are affected, why and for how long, and the extent to which it harms care outcomes.”

The NHS in England has consistently been unable to meet its A&E waiting time target, which aims for 95 percent of patients to be seen, treated, admitted, or discharged within four hours of arrival. This target itself was adjusted down from the original 98 percent in 2010, with the argument this would allow greater time for complex investigations.

In recent years, performance against the target has severely declined. For instance, in 2023/24, only 72 percent of people were seen within four hours in A&E. The last time the four-hour target was met was almost a decade ago in July 2015. The situation in Scotland is no better, which last achieved the target in July 2017, with subsequent performance also declining.

With hospitals overflowing, ambulances are unable to hand over patients. More than 3,500 times a day, paramedics cannot respond to an emergency 999 call because they are stuck in a queue. Over 1,000 patients a day are estimated to experience some kind of additional harm because of the delays.

Years of cuts and underfunding have seen a drastic reduction in the number of available beds in Britain. Over the past 30 years, the total number of NHS hospital beds in England has more than halved, decreasing from approximately 299,000 in 1987/88 to around 141,000 in 2019/20. This reduction has been observed across various categories, including general and acute care, as well as mental health.

Research by the Health Foundation's REAL Centre indicates that, due to rising levels of chronic disease and an aging population, the NHS may require an additional 23,000 to 39,000 beds by 2030/31 to maintain pre-pandemic standards of care. This represents a 20–35 percent increase in bed capacity.

As of September 2023, the overall NHS vacancy rate was 8.4 percent, equating to approximately 121,000 unfilled full-time equivalent (FTE) positions. High levels of vacancies exist in almost every occupational group. Nursing remains a critical area of shortfall, with around 31,773 unfilled posts, representing a 7.5 percent vacancy rate. There are approximately 7,768 vacancies in medical roles, accounting for 4.9 percent of all medical posts.

Specific vacancy numbers for Allied Health Professionals (AHPs) are harder to ascertain. But evidence suggests this group, which includes physiotherapists, radiographers, and occupational therapists, is also experiencing staffing gaps, which further worsen overall care.

In 2020 and 2021, during the early waves of the

COVID-19 pandemic, the then Conservative government Prime Minister Boris Johnson stood clapping on the steps of Downing Street and cynically hailed health workers as “heroes.”

The terrible conditions under which nurses, doctors and other health staff worked to provide care meant many paid a high price with their own health, if not their lives. The acute work pressures and almost constant distress saw a rise in NHS workers facing a range of debilitating mental health issues.

Even in 2024, sickness absences remained above the pre-2020 level, with mental health conditions—including stress, anxiety, and depression—accounting for over a quarter of them.

Dr. Boyle told the press bluntly, “We don’t have the resilience in the system to cope with these levels of pressure... We need to increase capacity within our hospitals.”

However, the response of the Labour government is to attack the NHS and its workforce in terms previously only used by the most venal elements of the Tory Party. Health Secretary Wes Streeting has proudly boasted, “We are not going to have a something-for-nothing culture in the NHS with Labour,” and threatened, “I’m not prepared to pour money into a black hole”.

Rather than provide funds to improve the NHS, recruit more staff and address the chronic bed shortage, Labour is set on pushing forward with further privatisation. Streeting is quite prepared to pour billions into the private health conglomerates, whose profits then flow directly into the bank accounts of the shareholders and directors.



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