"Corridor care" in Britain's National Health Service—the normalisation of indignity and unsafe care

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A chronic shortage of National Health Service (NHS) hospital beds in the UK sees patients increasingly receiving treatment in corridors, and other unsuitable spaces, including cupboards and toilets.

While the number of those receiving what has been dubbed "corridor care" are hard to establish, a recent survey of its members by the Royal College of Nursing (RCN) union—"On the frontline of the UK's corridor care crisis"—found that two-thirds had daily delivered care in what they considered an "inappropriate setting". Over 5,400 RCN members were surveyed between December 18, 2024, and January 11, 2025, with some 90 percent reporting that, in their opinion, this had compromised patient care and safety.

As well as corridors, patients are being treated in storage rooms and even car parks. Lacking critical facilities such as oxygen, suction or monitoring equipment, staff describe a system that has normalised indignity and unsafe care.

Patients are being left on trolleys for days, denied basic privacy. The survey has brought to light cases where the frail and elderly are left lying incontinent in public spaces, waiting hours for assistance.

The shortage of beds is coupled with chronic understaffing, leaving nurses overwhelmed and often looking after more than 10 patients in unsafe conditions. Many are considering leaving the profession, reporting feelings of shame and helplessness in face of such grim conditions.

The results of the survey run to over 400 pages, much of it taken up with the "raw, unedited and often heart-breaking responses of nursing staff working across the UK," in the words of the RCN.

The following accounts demonstrate the harrowing conditions confronting patients and medical staff across the UK:

·   **Patient Dying in a Corridor:** One nurse recounted the traumatic experience of a patient who died in a busy hospital corridor because staff could not move them to a resuscitation area due to overcrowding. The lack of emergency equipment and staff nearby resulted in a delayed response and an avoidable tragedy.

·   **Dementia Patient Changed by a Vending Machine:** A frail dementia patient was left incontinent for hours before being changed in a corridor next to a vending machine. The nurse described it as a deeply undignified experience, with passersby witnessing the scene, exacerbating the patient's confusion and distress.

·   **Miscarriage in a Public Waiting Area:** A grieving couple was informed of their miscarriage in a crowded waiting room, surrounded by other patients. The nurse who delivered the news described feeling powerless and ashamed, as there was no private space available for such sensitive conversations.

·   **Critical Patient Left Unmonitored:** A critically ill patient was left on a trolley in a corridor without access to vital monitoring equipment. The lack of immediate oversight resulted in the patient deteriorating unnoticed for hours, with serious consequences for their health.

In response to the survey, one nurse reported, "We permanently have corridor care now. It blocks patient spaces and fire exits with beds. Patients don't have the dignity and care they should have. And to be quite honest it breaks my heart and my staff that work with me too. Relatives are angry and get angry with us as

nurses. Patients are angry scared and uninformed."

A former staff nurse with years of experience, now working as a paramedic, said they had never witnessed "such a broken system, patients are lying for hours in ambulances where no further care can be provided, we have maxed out on treatment that can be given pre-hospital yet patients still have to wait many hours for triage."

"I worked throughout Covid-19 and although that was a horrendous experience this lack of care in the broken system is worse," they continued. "People are dying as a result of ambulances being held at hospitals and calls are eventually being responded to almost 2 days after 999 has been called."

A nurse working in southeast England reported having to care for 39 patients in a corridor, performing an ECG in a cupboard and taking bloods from an immuno-compromised patient in a non-clinical room. It was "physically difficult caring for patients in a corridor as for every examination, toileting, scanning, undressing, changing, the patient needs to be moved on a trolley, so it hurts your knees, back and shoulder by the end of the shift."

In Scotland, a nurse described an elderly patient being cared for in a hospital storage room with no call bell or emergency access. The patient, suffering from severe respiratory distress, was placed next to cleaning supplies and staff had to rush to find oxygen cylinders. The nurse emphasized her frustration working in such conditions and the emotional toll it took on both staff and patients.

A nurse in Northern Ireland told how daily attending patients in corridors was now "the norm" and how infective patients were "buddied up in one room because they're both infective," or had to remain "in public toilets or waiting rooms because there's nowhere to put them."

In Wales, a respondent shared the experience of a patient with complex needs being treated in a hospital corridor for over 48 hours due to a lack of available beds. The patient, who required constant medical attention, was unable to sleep due to the noise and lack of privacy. The nurse described feeling powerless and ashamed to be part of a system that failed to provide even the most basic standards of care.

The National Health Service, originally dubbed the "crown jewel" of Britain's post-World War II welfare state, is crumbling before the eyes of those who work in it and need it most, the working class and poorer middle-class layers.

In contrast, private healthcare is booming. Since the establishment of the NHS in 1948, private healthcare in the UK has grown from a minor sector to a significant component of the healthcare system.

In 1976, private expenditure accounted for about 3 percent of total healthcare spending, increasing to 20.5 percent by 2019. The number of registered private hospitals and nursing homes also rose from 1,249 in 1977 to approximately 17,000 in 2019. The sector as a whole brought in £12.4 billion in 2024, with payments from the NHS accounting for 31 percent of private hospital revenue—up from 10 percent two decades ago.

For the super-rich and wealthy upper middle-classes, this burgeoning private health sector, much of it subsidised with public money, provides unparalleled first-class health care.

To all NHS workers, share your stories with the World Socialist Web Site and join NHS FightBack to link up with other healthcare workers in the struggle to secure high-quality healthcare for all, provided by a valued and supported workforce. Join and share the NHS FightBack Facebook page.

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