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Cite this as: *BMJ* 2022;379:o2550 http://dx.doi.org/10.1136/bmj.o2550 Published: 24 October 2022

The NHS is facing the bleakest midwinter

With the NHS caught in a vicious cycle of connected pressures, we are heading for a very bleak midwinter, say Christina Pagel and Christian A Yates

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Last week, NHS England warned¹ 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-19. NHS England predicted that this would be a worse capacity crisis than at the height of the covid-19 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 grim 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 now³—even the most urgent calls are taking much longer than the target.⁴ Over a quarter of patients attending A&E wait longer than four hours⁵ and almost 7% wait more than 12 hours. Before the pandemic, almost no one had to endure such protracted delays to access A&E. The waiting is too much for many: 6% of people leave before their treatment is completed. In July 2022 alone that accounted for 120 000 people 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),8 that the "NHS has broken its promise to the public" (July 2022),9 and that the NHS is " overflowing," placing unworkable demand on paramedics (October 2022).10

Things are bleak for patients requiring routine treatment too. October 2022 saw the waiting list for treatment in England reach its highest ever number—more than seven million people are currently waiting for care. 11 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 treatment¹² (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 happening¹³ and more patients waiting longer after cancellations now than before the pandemic.14 It's quite possible that these backlogs are contributing to the poor health of the hundreds of thousands of people who are unable to work due to chronic, untreated, illness.15

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. ¹⁶ This is not just dangerous, but also expensive to fix, potentially costing an

additional £10bn to set right. ¹⁷ And the longer we wait to fix it, the more expensive it gets. At a basic level, inadequate infrastructure means buildings are much more expensive to heat and maintain—a problem that is 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. ¹⁸

Secondly, the NHS faces a staffing crisis. The people who are 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, ¹⁹ paramedics are leaving in large numbers, 20 and we simply do not have enough GPs in England. 21 Lower paid NHS staff are massively affected by the cost of living crisis—a quarter of hospitals have set up food banks for their staff this autumn.²² Nurses are understandably voting on strike action to make their jobs viable, 23 but any strike action-even if it's only for a short period-will add to the NHS's capacity woes. Meanwhile, Thérèse Coffey, the secretary for health and social care, is further demonstrating her weak grasp of healthcare.24 She's shown no concern for the exodus of nurses from the NHS,²⁵ even as one in nine nurses have left over the past year,²⁶ and has set targets for meeting demand, but with very little planned to support the NHS in reaching them.²⁷

Things are bleak if you look at what the NHS might reasonably expect to be confronted with this winter. The number of patients in hospital with covid-19 in England has risen to well over 1000 a day over the past few weeks.²⁸ Admissions 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 wave²⁹ with admissions already on the up,³⁰ while Singapore is in the midst of a wave caused by variant XBB and experiencing increasing hospital admissions. 31 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).32

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 tackling health inequalities, inadequate housing, the cost of living, and environmental pollutants, we are heading for a very bleak midwinter indeed.

OPINION

Competing interests: CP and CY are both members of Independent SAGE.

Provenance and peer review: not commissioned, not externally peer reviewed.

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