EDITOR'S CHOICE

Under pressure

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News stories about the pressures on the NHS this winter have dominated headlines since the beginning of the year. Last week the British Red Cross, called in to help several English NHS trusts cope, described the situation in acute care as a “humanitarian crisis.” As Adrian O’Dowd reported (doi:10.1136/bmj.j127), in an interview with *BBC Breakfast* Jeremy Hunt, health secretary for England, acknowledged “some very severe problems” but rejected the use of the phrase humanitarian crisis and sought to reassure: “In the vast majority of cases people can be confident that their services are managing to cope despite extreme pressure.”

But despite this dismissal of the Red Cross’s term, the picture on the ground is harder to ignore (doi:10.1136/bmj.j153 doi:10.1136/bmj.j166 doi:10.1136/bmj.j160). Last week the Royal College of Emergency Medicine’s winter flow project, a scheme in which 60 trusts and health boards across the United Kingdom submit data every week, reported the lowest ever weekly performance on four hour waiting time targets since the project began in 2015 (doi:10.1136/bmj.j102). Taj Hassan, president of the Royal College of Emergency Medicine, described a system on its knees “despite the huge efforts of staff who are struggling to cope with the intense demands being put on them.”

Meanwhile, the health think tank the Nuffield Trust has said that a third of NHS trusts raised alerts of serious problems to

NHS England in December, more than at the same time in 2015. This is another sign of a system struggling to cope, but Nigel Edwards, chief executive of the Nuffield Trust, also worries that a focus on Brexit will leave politicians and the civil service unable to tackle these serious issues in health and social care (doi:10.1136/bmj.j79).

With many calls for the health department to release urgent funds in response to the current crisis, the timely next article in Gareth Iacobucci’s series on the NHS in 2017 (www.bmj.com/nhs-2017) focuses on government funding and policies (doi:10.1136/bmj.j41), while Will Stahl-Timmins’s accompanying infographic guides us through the labyrinthine structure of UK healthcare.

Iacobucci’s feature describes a slowdown in spending, costly reorganisation, deep cuts in social care cuts, and unprecedented workforce pressures in recent years. In an accompanying commentary (doi:10.1136/bmj.j92), Nicholas Timmins argues that it’s not all doom and gloom in the NHS, given how resilient the service has been in coping with the big financial squeeze of the past six years. But as pressure on staff and patients grows, the disquiet should be felt in government as well as in hospital wards across the land.