

People are dying so that spreadsheets balance

<https://www.taxresearch.org.uk/Blog/2025/01/06/people-are-dying-so-that-spreadsheets-balance/>

Published: January 12, 2026, 8:13 pm

As [The Guardian notes](#) this morning:

More than 1,000 patients a day in England are suffering “potential harm” because of ambulance handover delays, the Guardian can reveal.

In the last year, 414,137 patients are believed to have experienced some level of harm because they spent so long in the back of ambulances waiting to get into hospital. Of those, 44,409 – more than 850 a week – suffered “severe potential harm”, with delays causing permanent or long-term harm or death.

These people have suffered for just one reason. That is the refusal of the Treasury to create sufficient money to pay for the services required to ensure that they could have the care they needed. There is no other explanation for what has happened. It all comes down to the obsession with balanced budgets and spreadsheets, which obsession has left people ill, dying and dead.

Now, of course, it can be claimed many government policies involve a tradeoff of risk, and that is true. Not every accident blackspot is dealt with when identified on our roads because funding is not available, for example. And risk is taken with regard to the management of extreme events. This I accept.

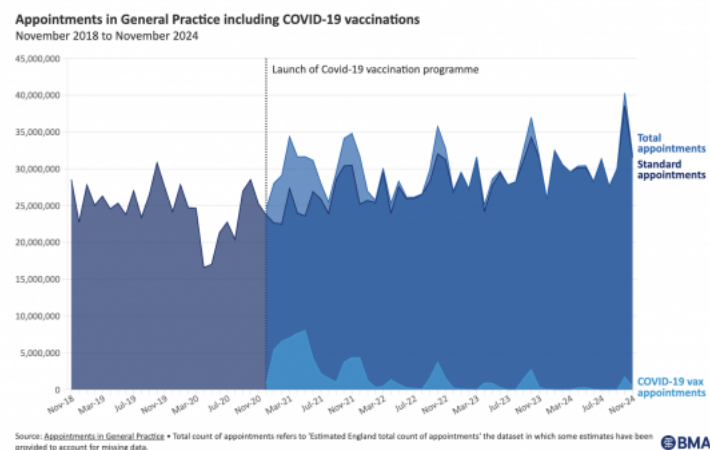
However, these delays and resulting deaths were not the result of an extreme event. They were normal because the NHS - and social care - had not been funded adequately to deal with the demand they faced.

And, for the record, this is not because the NHS is not working. This is what happened in the NHS in the last year, based on a [Google AI search](#) in which data sources are provided

* **Primary care appointments:** In 2023/24, there were an estimated 353 million primary care appointments. This includes in-person, phone, and online appointments with a GP or other practice staff.

- * **Outpatient appointments:** In 2023/24, there were 135.4 million outpatient appointments. This is an 8.8% increase from the previous year.
- * **A&E attendances:** NHS providers manage 24.4 million A&E attendances each year.
- * **Ambulance transports:** NHS providers transport more than 4 million patients to A&E by ambulance each year.
- * **Community services:** NHS providers provide 95 million contacts in community services each year.
- * **Specialist mental health and learning disabilities referrals:** NHS providers receive 4.4 million referrals for specialist mental health and learning disabilities services each year.
- * **Deliveries:** NHS providers deliver over 578,000 babies each year.
- * **Operations:** Over 10 million operations are performed each year in England.

GP data [indicates the growth in demand:](#)



Population has increased from 66.4 million in 2018 to 67.9 million in 2024, or by 2.2%. Demand has increased from 28.5 million appointments to 31.9 million, Covid excluded, or by 11.9 per cent.

The number of GPs in England has fallen from 28,368 (excluding trainees) to 27,839. It is true that the number of non-GP medical staff in GP practices has grown, as has also been the case in hospitals, but they are not alternatives to each other. The skilled resources to meet demand are falling whilst demand is rising, and not because of population growth, which is a minor part of this.

The solution to the problem with the NHS has to be to supply it with more resources. People want those resources because they are creating the

demand for its services. That is a simple equation to explain. And if more tax is required. As a result, to counter the otherwise inflationary impact of that new spending, so be it: that is what the UK economy really wants.

What the UK economy does not need is more sick and dying people waiting for care.

And nor does it need far-right politicians suggesting this problem is created by migration when very obviously it is not, as the data shows.

Instead, what we need are politicians who will explain:

- * How they will meet the demand for healthcare**
- * How they will recruit the people required by the NHS**
- * How they will change the NHS so that trained people want to continue working for it**
- * How they will put under-used resources - like the unemployed GPs that there are in the UK now - back to work?**

None of this is hard. It all comes down to meeting the needs of people who would be willing to pay if only they got what they wanted.

Why do politicians have such difficulty understanding that fact?