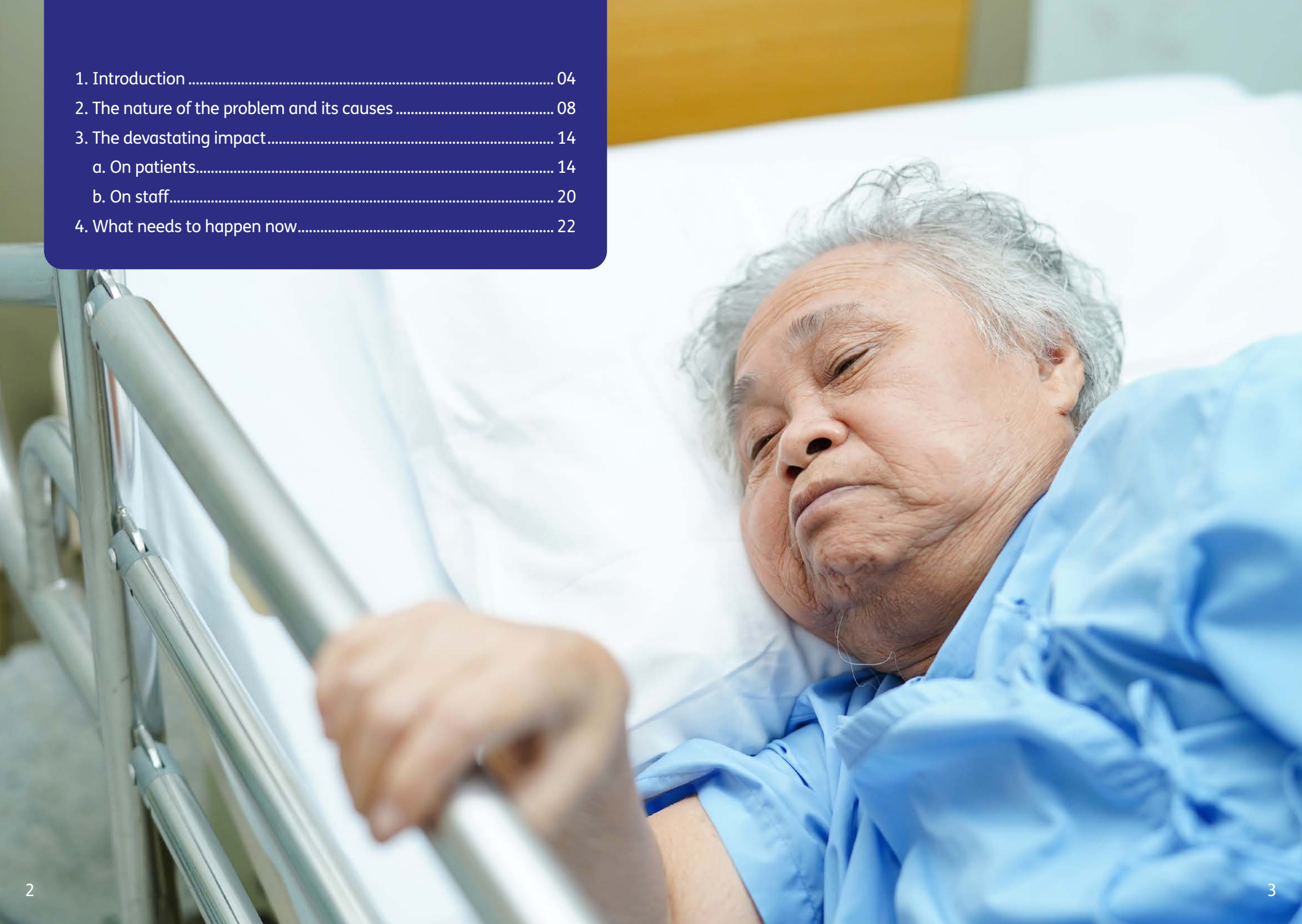

# The Longest Wait

## Our A&E crisis demands an emergency response



# Introduction

**10 years ago, waiting 12 hours in A&E was a rarity. Now long waits are routine, happening during 1 in 10 major A&E attendances.[1]**

**Long waits are horrible for patients and risky too:** if you wait more than 12 hours in A&E you are more than twice as likely to die within 30 days of being discharged than if you are seen within two hours.[2] And while overly busy A&E departments and long waits are bad for everyone and happen to people of all ages, **they happen most often to older people, for whom the impact can be especially devastating.**

**Corridor care** is closely linked to these long waits. It happens when hospitals' lack of space and resources for those that need admitting forces people to wait for a bed, often for long periods, in other hospital areas which lack the usual facilities and supervision you get on a ward. These may be passages or repurposed cupboards or other co-opted overspill spaces, where people wait on a chair or a trolley. These places are often uncomfortable, noisy, anything but private, and under-staffed. There is also commonly a lack of facilities: it's difficult to get food or water or access a toilet. In short, it's not where you want to be if you are very unwell, whatever your age.

This phenomenon was virtually unheard of a decade ago but today it's becoming 'normal': some hospitals are even advertising for Corridor Care staff. It's becoming something especially likely to happen to older people, including very old men and women who are extremely ill or even dying.

At Age UK, we think this is completely unacceptable and we are calling for urgent and decisive action from the Government to stamp out Corridor Care and bring down the number of long waits.

We've heard heartbreaking stories from older people who have had to face treatment, tests, and life-changing news in unsafe conditions and without privacy. Some have told us they have suffered the indignity of having to use bedpans in corridors or having to lie on the floor because they're too uncomfortable in the chair provided. Tragically, some older people die before getting a hospital bed or room.

At the same time, we've heard from the staff working in the hospitals: they tell us they can't give safe, decent care in these conditions – and some are so distressed they're leaving the NHS altogether.

However, **the good news is that the problem can be solved.** In some hospitals, long waits and Corridor Care remain relatively unusual. Many older people continue to have a quick and very positive experience if they go to A&E – but there's a postcode lottery and too many others do not. There's a lot that hospitals can do to minimise long waits and Corridor Care but strong national leadership from the Government is essential to drive change.

Ministers acknowledge that Corridor Care is unacceptable but warm words are not enough: for the sake of older people and hospital staff they need to take urgent action now.

- 525 fold increase in the number of instances of corridor care of 12 hours or more since 2015/16.[3]
- 1.15 million people aged 60+ waited 12 hours or more in A&E to be admitted or discharged home in 2024/25.[4]
- 1 in 3 (one third or 32%) of those aged 90+ waited for 12 hours or more in A&E to be admitted or discharged home in 2024/25.[5]
- Two thirds (67%) of nurses who responded to a survey from the Royal College of Nursing said they deliver care in overcrowded and unsuitable places every day.[6]
- **People want this problem to be solved.** 93% of Age UK supporters in 2025 think that ending corridor care should be the top priority, or one of the top priorities, for the Government.[7]

# Susan's story

**Susan, 79, lives alone in South London. Despite living with heart problems, Susan had kept her independence. But over the course of two hospital visits in under a year, she experienced first-hand the crisis unfolding in the NHS.**

In 2023, Susan suffered a heart attack.

She drove herself to hospital. With no beds available, she remained on a couch in the curtained-off area near A&E.

**That couch would be her bed for the next 13 hours.**

Susan described the atmosphere as intense and relentless. She could hear people shouting in pain and there was no privacy. She also recalls two people dying on couches nearby.

"I was next to a man who was clearly unwell. He was alone for some time, then his wife was brought in. They whispered as they had little privacy. Then after a long silence she was led away, crying. I'm certain he died. And he died right next to me."

Susan believes she witnessed a second death that day: "Many staff gathered around the patient. Then each time the doctor said 'stand clear' I could hear the loud charge of the defibrillator. This happened about four times. Then there would be silence. Finally, the Dr said, 'We're calling it at...' The time he said was the time on my watch."

Around 1am, 22 hours after she had originally suffered the heart attack, Susan was moved into an intensive care unit – but on a male ward. She felt very anxious with the lack of privacy: "they attach you to the monitoring machines and a drip - but ECGs involve pads being placed on your chest in view of patients opposite!"

Eleven months later, Susan experienced another heart attack. Due to an ambulance strike, she drove herself to hospital for a second time. Again, she was placed on a couch in an emergency area: "I couldn't believe what I was seeing. The corridors were lined with patients on trolleys, hooked up to drips, some moaning in pain. It reminded me of war films, with queues of stretchers and people suffering."

The conditions have left her fearful of ever returning. Susan considers that she might even delay seeking care in the future, for fear of the environment she might be taken into:

**"I do realise I'm dicing with death. But I think, 'How long would I dare leave it before it's too late'?"**

# The nature of the problem and its causes

**Long, uncomfortable and unsafe waits for people are largely caused by the inability of A&E departments to process people swiftly and effectively.**

Most people's first long wait begins when they arrive at A&E or in an ambulance queue outside (though some may have already waited a long time for an ambulance to arrive at their home). The initial assessment at the A&E entrance may be relatively quick, but a long wait can follow as further tests happen, and staff decide whether the patient can be treated and discharged or should be admitted for a hospital stay. If a person has more complex needs, such as several long-term health conditions, as many older people do, then these processes often take longer.

If the decision is taken to admit them into hospital, people can face another wait to get an actual bed on a ward – a wait which may be even longer than the first.

**Last year, 532,451 people experienced a wait of more than 12 hours between staff deciding to admit them to hospital and getting a bed on a ward.**[8]

People in this situation sometimes wait on trolleys or plastic chairs in a corridor, but they can also be placed in overspill passages, converted cupboards or other areas, due to no beds being available.

For those whose care cannot wait until a bed is found, treatment must begin while they are in these uncomfortable, inappropriate settings. In some thoroughfares, you will find ill older people waiting with drips in their arms, or receiving a blood transfusion. This is very unsafe: there are often inappropriate staff-to-patient ratios, no alarms, little room for nurses to manoeuvre, and a lack of the equipment staff need to provide good care.

There are many reasons why this crisis has come about. Many efforts to improve the situation have focussed on lessening the number of people coming into hospital. But between 2019/20 and 2024/25 the total number of attendances at major A&Es increased by 5%, while the number of times people went to A&E and had to wait 12+ hours for a bed increased by almost 2,000%.[9] This strongly suggests that increased demand is not the main reason for long waits and Corridor Care.

In fact, **the problem usually stems in large part from the hospital's inability to process people** quickly once they're through the door. So, while the Government should do everything possible to provide care earlier in a patient's journey so they don't have to come to hospital, to tackle Corridor Care it must support those hospitals that are really struggling to manage their processing abilities.

### 'Flow' through the hospital

In many of the hospitals experiencing long A&E waits and Corridor Care there are challenges in how the 'flow' through the hospital is organised and managed. ('Flow' in this instance relates to the movement of information, equipment and patients between different departments.)

In particular, some hospitals do not, or cannot, utilse the senior staff that make a critical difference in the effectiveness of the 'flow'. The availability The availability of senior medical staff in and around A&E, particularly of geriatricians who specialise in the care of older people, can really help to

speed things up. This is because with their expertise they are well placed to make rapid, informed decisions about what is best for someone. Some hospitals do use senior doctors, including geriatricians, effectively, but by no means all.

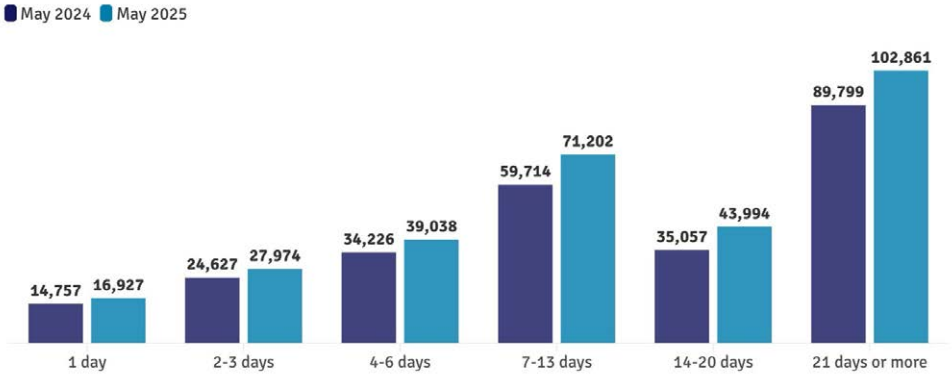
## Underinvestment in hospitals

It is also important to understand that underinvestment in hospitals over the last fifteen or so years has led to fewer available beds and diagnostic equipment (such as scanners) per patient. The number of hospital beds in England is the same as 10 years ago, despite our population ageing and growing, increasing demand. In the latest available data, covering Spring and early summer, bed occupancy was already 91.5%.[10] **Anything above 85% is usually considered by experts to be overfull and unsafe** as it leaves no flexibility for a surge in demand, expected in Winter.[11]

## Problems with discharges

A fundamental challenge is then occurring at the point **people are being discharged from hospital**. On any given day, there are 12-13,000 people medically fit for discharge stuck in hospitals in our country, almost all of them aged 65+.[12]

Total bed days after Discharge Ready Date for patients discharged within 1 - 21 days or more, May 2024-2025, England.




Age UK analysis of NHS England (2025). Discharge ready date - May 2024 and May 2025.



Problems with discharges can happen for a number of different reasons:

**Poor planning within the hospital** – in September 2025, 1 in 5 of people waiting for 7+ days for discharge were stuck due to delayed hospital process such as formal decisions to discharge, medical reviews, or waiting for medicines.[13]

**Lack of care and support in the community**– in September 2025, 19% of people had a delayed discharge because they were waiting for social care at home or community care, and a further 14% were waiting for a space in a care or nursing home.[14]

**Delays in accessing community health services** - in September 2025, 17% of people had a delayed discharge waiting for home-based health services, assessments or equipment and adaptations.[15]

# John's story

**John, aged 76, cared almost entirely on his own for his wife Mary, after she was diagnosed with Dementia in 2020. This included advocating for her during her hospital visits, the last of which was incredibly distressing for both Mary and John.**

In early 2025, John accompanied Mary to hospital by ambulance after a home oximeter showed Mary's bloody oxygen levels were dangerously low, and her GP told him to immediately call for an ambulance. She was taken immediately into the resuscitation area.

John said that staff in the hospital were clearly overstretched, and alarms on monitors were frequently ignored. John found himself repeatedly reconnecting Mary's oxygen tubes when she tried to remove them in confusion. During the night, Mary was moved into a corridor in A&E, where the noise and disturbances made sleep impossible. John said, "We were put next to a control panel with an alarm that sounded every 10 seconds, just one loud beep every 10 seconds for what seemed like hours at a time." Other patients in the corridor were left in distress, including an elderly man with mental health issues trying to climb out of his trolley.

He continued to care for Mary as best he could throughout the night: "If she was alone [while needing the toilet] she would have been distressed and humiliated as she would have been trapped on the trolley... I had to keep saying we was going home in five minutes every time she asked so if I hadn't been there to tell these little white lies she would have been very confused".

The following morning, Mary was taken back into the resuscitation area and discharged that afternoon. By the end of the ordeal, **John had been awake for more than 36 hours**. Neither he nor Mary had taken their usual medication. John had sat on an uncomfortable chair beside Mary's trolley all night, afraid to fall asleep in case she needed him. Mary died 5 days after being discharged from hospital. John believes that, had Mary not been forced to endure corridor care, she would likely have lived longer.

Reflecting on the experience, John is clear that the problem was not the nurses, who he believes were doing their best under enormous pressure.

# The devastating impact

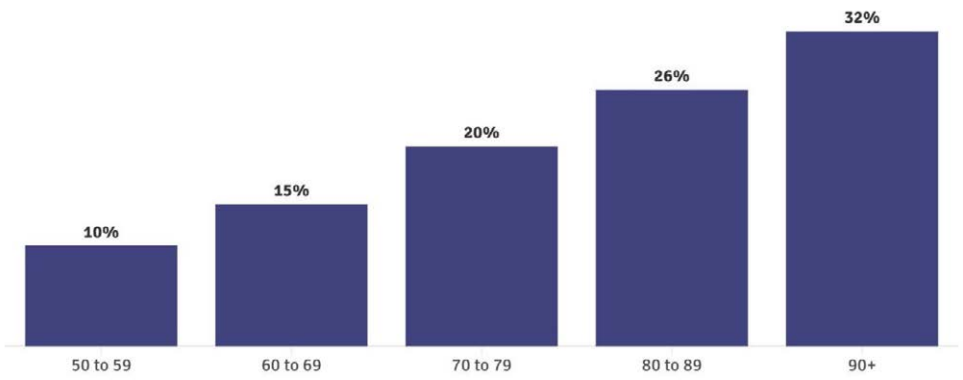
## On older people

Long waits in A&E and Corridor Care are not experienced only by older people but they are much more common among this age group. The Royal College of Emergency Medicine found that, **while 1 in 10 (10%) people aged 50-59 are waiting 12 hours or more, this rises to one third (32%) of those aged 90 and older**.[16]

It is also not experienced equally among older people:

- 35% of ethnic minority people aged 50+ experienced NHS care delivered in corridors, compared to 22% of white people the same age.[17]
- 30% of people aged 50+ with a long term health condition have experienced CC themselves, compared to 18% of those without.[18]
- 34% of carers aged 50+ have experienced CC themselves, compared to 20% of those who are not carers.[19]

Percentage of people attending emergency admissions waiting for 12 hours or more, by age, March 2025.




Source: Age UK analysis of Royal College of Emergency Medicine 2025 - FOI request.



At Age UK, we think it is shocking and completely unacceptable that so many the oldest people in our society are having to endure long waits in A&E and Corridor Care in this way. We polled older people and 79%, equivalent to 10.4 million of people aged 65+, agreed that patients should never be cared for in corridors under any circumstances. 89%, equivalent to 11.7 million older people agreed that corridor care is undignified and unsafe, particularly for older people[20].

Older people also shared with us how awful these experiences are:[21]

**People reported waiting in the corridor for well over 12 hours, sometimes multiple days.** For those who needed urgent attention, treatment was often given while they waited for a space. *Terry* said he received multiple blood transfusions while waiting on a trolley in the corridor because he was bleeding internally.

**Some of our respondents reported deaths in the corridor** before care became available, either of a loved one they were looking after, or a stranger waiting next to them. *Derek* told us that when he 'spent 9 hours in A&E cubicles, [a] patient died in bed next to me'.

**While waiting in hospitals, some older people catch other illnesses or develop other health problems.** Several respondents said that their loved one had died from an illness they caught while enduring Corridor Care. *Gill* told us that a loved one was '[there for] days on a corridor very unwell. It was distressing and they died of pneumonia from hospital contracted influenza as stated on their death certificate'.

**There are insufficient facilities while people wait.** Many respondents said that they could not get food or find a toilet while waiting. One anonymous respondent said: 'My late husband was terrified he would wet himself after hours on a trolley with no food, only a bottle of water during hours in a corridor with 18 other patients parked end to end. Eventually this 90-year-old veteran was so desperate, I went to the nursing station and demanded a bottle, got one, [and] held my fleece jacket up to make a curtain for privacy. Only then did a nurse approach, yelling at us for being disgusting for him urinating in public...He felt humiliated, furious, upset and angry'.

**People are told their private diagnosis in the corridor with little to no privacy.** *Shirley* said: 'My children and myself were told in the middle of A&E that my husband had leukaemia again. [There was] absolutely no privacy so we had to keep our emotions in'.

**People are lost in the hospital due to the confusion.** An anonymous respondent said about their loved one: 'The hospital totally lost him. Stuck in a disused corridor for 36 hours and staff kept saying he hasn't been admitted by the ambulance crew. In the end he took pictures of where he was before anyone agreed he was in [the hospital]. He was 86 years old, stuck on a trolley with safety bars up, he was unable to get off the trolley, so this meant no food, drinks or access to a toilet!'

**People with bad experiences are frightened to go back to A&E for treatment.** One person said: 'I have blackouts and when I collapsed my husband called for an ambulance, but they didn't turn up until the next day. I refused to go to the hospital because on past experience they did nothing when I was taken in but left me in a curtained alcove'.

- 46% of older people (aged 65+) - equivalent to 6.1 million - worry that older people are being put at risk by being cared for in corridors'.[22]
- 33% of Age UK supporters said they would be less likely to go to hospital because of the Corridor Care crisis, and 53% said that they would feel more anxious if they found themselves there.[23]

**"My very ill late husband, with a drip attached, was put in a chair, in a room with some dreadful people (the police had to be called at one time). He was desperate to go to the loo and there was no one to take him. He was left with excrement in his pants and was left in this state for over 20 hours. How dreadful he felt - no modesty."**

**"My friend's mother was left waiting ages when she was having a heart attack, and died before receiving any care."**

**"Some people - many elderly - had been there for many hours. Absolutely no dignity. There were puddles of urine on the floor, which meant those poor people were lying in a wet bed."**

**"I was taken by an ambulance to hospital with suspected internal bleeding (it was cancer). I sat in a chair in A&E overnight with a drip in my arm. Eventually, I was given a trolley at 8am the next morning."**

# Linda's story

**Linda was hospitalised in August 2024 after sudden onset chest pain and a loss of consciousness. She had a long wait of about an hour in the ambulance outside of the hospital before she was taken into A&E.**

Linda said: "The fact they left me in the ambulance for so long meant they were really struggling in A&E and can't have had any free beds on the wards for new patients.

The GP caring for me after I'd collapsed sent me by emergency ambulance to receive urgent hospital care. When a doctor tells a hospital his patient is in crisis, needing their clinicians' immediate attention, that's what the hospital should provide".

After the hour's wait in the ambulance, Linda was wheeled into the hospital, then left on a trolley in an isolated side-bay for 10 hours. Linda said: "I wasn't seen by a doctor to diagnose why I'd collapsed and what treatment or medical tests I needed. My condition wasn't monitored. Perhaps I was just forgotten about.

"I was really concerned about there being nobody around – not hospital staff, patients or even hospital visitors – who could even see what was happening to me, let alone do something to help. **If I'd collapsed again nobody would have known. There wasn't even an alarm bell within reach of the trolley."**

The trolley bed was uncomfortable. Linda did not get an evening meal. These problems were annoying but worried Linda much less than the lack of proper medical care.

Linda was moved to a ward in the early morning, then later in the day she

was moved to a second hospital. There she received all the scans, 24-hour monitoring, X-rays and medical care from doctors, nurses and other clinicians which had been missing at the first hospital. "I was overwhelmed and very relieved at the difference in care," Linda said.

Reflecting on her experience at the first hospital, Linda said "**A lot of what went wrong was because the NHS is so pushed for beds, patients have to be put anywhere there's a corner for them – even if it's a trolley bed, out of sight and out of mind.** My Corridor Care experience was just plain awful."

## On hospital staff:

Long A&E waits and Corridor Care affect staff, too. Just like their patients, hospital staff are being traumatised by the conditions they work in, and yet they have to return to this environment day after day. Some simply can't face this long term, so they are leaving their hospitals, and often their whole medical careers, behind.

The Royal College of Nursing's (RCN) 2025 'On the Frontline of the UK's Corridor Care Crisis' report, surveying nursing staff across the UK, found that Corridor Care is a significant feature of many staff's daily experience: two thirds (67%) of the respondents said that they deliver care in an inappropriate setting every day.[24] This is affecting their ability to care for people and is leaving them demoralised and distressed.

The RCN found really worrying patterns in the experience of emergency nurses, for example:[25]

**91% of nurses said that patient care and safety is compromised.** Nurses can't provide access to equipment such as suitable oxygen supply, cardiac monitors, and there is an unsafe nurse to patient ratio. Nurses' mental health can be very negatively affected, and some said that they are fearful of making mistakes or of serious incidents where they can't provide care fast enough.

**The admin and filing become disorganised and difficult to keep track of.** The chaos of the hospital means that the staff lose track of people and their workload, creating further confusion and inefficiency. One nurse said that 'notes are difficult to find, and so are the patients themselves as despite a numbered trolley, there is often no order to their location in corridors'.

**Scared patients sometimes take out their frustrations on the staff.** Many nurses report being verbally abused regularly. A senior nurse told the RCN that 'even patients you would expect to be placid are becoming irate because of just how long they have to wait'.

**Staff are exhausted and stressed to the point of long-term sickness and burn out**. In turn, this has significantly increased staff turnover and reduced the amount of experience in the department. One nurse said, 'when doing exit interview everyone puts the corridor and its impact as the main reason for leaving'.



**"I had to change an incontinent, frail patient with dementia on the corridor, by the vending machine. It was undignif[ied], I felt so bad at the same time it was my duty to deliver care"**

**"It leaves me feeling like I have failed my patients and is making me consider leaving nursing as the emotional toll is getting too much."**

**"The amount of work nurses are required to complete on top of being verbally and physically abused by patients is unimaginable."**

When we asked the public about their experiences some said that the hospital staff they had met had been kind and helpful, but others reported that they had been distant and lacking in empathy. At Age UK we think that conditions like those described in this report are so dehumanising that it is not surprising if some staff members behave in ways that do not live up to the best traditions of the NHS. Moreover, as many health professionals have said, it is impossible to offer good, compassionate care in a corridor and that's why these conditions are sometimes described as inflicting so much distress and demoralisation for doctors, nurses and other workers.

# What needs to happen now

**The current situation in some A&Es is completely unacceptable and constitutes a crisis hiding in plain sight for older people, above all for the oldest old.**

We appreciate that reading about long A&E waits, Corridor Care and their consequences is deeply upsetting, but we think it is crucial that we face up to what's really happening to some older people, as the first step towards solving the problem.

And we are certain that this is a problem that can be solved since some hospitals are much more badly impacted than others: if the worst affected hospitals implemented all the strategies adopted by the least affected it would make a big difference.

Many of the problems facing the NHS today, including this one of long A&E waits and Corridor Care, have built up gradually over a generation of underfunding and policy neglect, but it now falls to this Government to take responsibility for solving them.

Firstly, it's imperative that the Government avoid any 'solution' that has more people wait in ambulances for long periods, parked up outside hospitals. This would simply displace the problem and have other adverse consequences as well, such as increasing ambulance waiting times.

Instead, to restore a sense of decency and to give older people the dignity and respect they deserve, Age UK calls for the Government to implement a package of measures now:

- Urgently produce a funded operational plan to reduce the number of long A&E waits and end Corridor Care, with specific deadlines and milestones.
- Establish a robust system to collect and publish regular data on Corridor Care (as well as long A&E waits), and their impacts on the public, including by age and ethnicity.
- Make a Minister in the Department of Health and Social Care accountable for reducing long A&E waits and ending corridor care and require them to report on progress to Parliament every six months.
- Turbo-charge a peer learning programme for hospitals and local health organisations (Integrated Care Boards) to share proven solutions, tackle barriers to discharge and protect and support NHS staff.
- Work at pace to implement the 10 Year Health Plan, especially the 'hospital to home' shift and creation of a Neighbourhood Health Service, ensuring social care and the VCSE (Voluntary Community and Social Enterprise) are fully involved – so fewer older people need to go to A&E in the first place.

Age UK stands ready to lend our support in every way we can, but the Government must now step up and lead the way.

It must not only talk about Corridor Care being highly undesirable: it must make a firm commitment to eradicating it by a stated date and use all the levers at its disposal to achieve this, including targets, inspection and funding.

# Endnotes


1 NHS England (2025) Hospital Accident & Emergency Activity, 2024-25 (https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2024-25).

2 ONS (2025), Association between time spent in emergency care and 30-day post-discharge mortality, England: March 2021 to April 2022.

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7 Age UK (2025) Corridor Care Quarterly Question survey, July 2025. [19,553 Age UK supporters surveyed].

8 NHS England (2025) Hospital Accident & Emergency Activity, 2024-25 (https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2024-25).

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11 RCEM (2025) Hospital bed occupancy rates remain 'dangerously' high. Available at: https://rcem.ac.uk/press-release/hospital-bed-occupancy-rates-remain-dangerously-high/ (Accessed: 13 October 2025).

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16 RCEM (Royal College of Emergency Medicine) (2025) Care of Older People 2023–24 Interim Report. Available at: https://rcem.ac.uk/wp-content/uploads/2025/05/RCEM-2023-24-Care-of-Older-People-QIP-National-Report.pdf (Accessed: 13 October 2025).

17 Age UK (2025) Kantar online polling of 2,411 'White' UK people and 191 'BAME' UK people aged 50+ for Age UK, conducted between 2 and 15 September 2025. Estimates scaled up to the UK age 50+ population by Age UK using ONS mid-year population estimates for 2024

18 Age UK (2025) Kantar online polling of 941 UK people with a health condition and 1,653 UK people without a health condition aged 50+ for Age UK, conducted between 2 and 15 September 2025. Estimates scaled up to the UK age 50+ population by Age UK using ONS mid-year population estimates for 2024.

19 Age UK (2025) Kantar online polling of 528 UK people who provide care and 2,096 UK people who do not provide care aged 50+ for Age UK, conducted between 2 and 15 September 2025. Estimates scaled up to the UK age 50+ population by Age UK using ONS mid-year population estimates for 2024.

20 Age UK (2025) Kantar online polling of 1,112 UK people aged 65+ for Age UK, conducted between 2 and 15 September 2025. Estimates scaled up to the UK age 65+ population by Age UK using ONS mid-year population estimates for 2024.

21 Age UK (2025) Corridor Care Quarterly Question polling, July 2025. [19553 people surveyed].

22 Age UK (2025) Kantar online polling of 1,112 UK people aged 65+ for Age UK, conducted between 2 and 15 September 2025. Estimates scaled up to the UK age 65+ population by Age UK using ONS mid-year population estimates for 2024.

23 Age UK (2025) Corridor Care Quarterly Question survey, July 2025. [19,553 Age UK supporters surveyed].

24 RCN (Royal College of Nursing) (2025) On the Frontline of the UK's Corridor Care Crisis, January 2025. Available at: https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2025/January/011-944.pdf (Accessed: 13 October 2025).

25 Ibid

Age UK
Let's change how we age

**Age UK believes every older person should be included and valued. We work locally, nationally and internationally to make that happen. Through campaigning, local support, advice and friendship, we're changing the way we age. Your support makes our work possible. Help us change older people's lives – now and in the future.**

## Contact us

For more information on the impact of corridor care and long waits in A&E , or to meet with us, please contact our External Affairs team:
email **PublicAffairs@ageuk.org.uk**
or visit **www.ageuk.org.uk/campaigning**

For advice contact our free advice line. Lines are open 8am-7pm, 365 days a year 0800 169 65 65.