Parliamentary Briefing: Ending corridor care and long waits in A&E
July 2026

Summary

12+ hour waits in A&E and corridor care have gone from rare anomalies to business as usual over the past decade, exposing patients to undignified and unsafe care, while causing further distress to already demoralised hospital staff. **Older people are the population group most likely to experience long waits and corridor care.**

Despite some action from NHS England and the Department of Health and Social Care to drive up performance in the worse performing hospitals and share best practice, there has so far been little sign of improvement.

The rates of 12+ hour waits from a decision to admit someone to when they get a bed on a ward (how we have defined corridor care) continue to go up. Delays leaving hospital are closely linked to long waits in A&E, with bed capacity being taken up by people who do not have a medical need to be there. These are also going up.

There are pockets of good practice across the country, showing that this is a problem that can be solved, but what is needed most of all right now is determined leadership from Government. **We are asking MPs to call on Government to produce a funded operational plan to reduce long A&E waits and end corridor care for good**.

The rise of long A&E waits and corridor care

- In 2024/25 there were more than 100,000 instances of over-65s **waiting between one and three days in A&E** after a decision to admit them had been made. In more than half (54,000) of these cases these older people were aged 80 plus.
- The number of people experiencing corridor care has grown 563-fold since 2015/16, reaching 571,000 incidents in 2025/26. This number is still growing.
- **Over 60% of all instances of corridor care are experienced by people aged over 65 years**. And 30% of all A&E attendances by people aged over 90 years result in waits in excess of 12 hours.
- **Shockingly, if you're over 85, you are more likely to wait 12 hours than 4 hours.**

A lack of hospital capacity and resources is a leading cause of 'corridor care' –many patients, who A&E have decided need to be admitted, are kept in corridors, repurposed cupboards or other co-opted overspill spaces as they wait for a bed to become free. These places are often uncomfortable, noisy, understaffed and lack privacy, as well as access to facilities including toilets, food and water.

Key causes

Long waiting times and corridor care usually stem from a hospital being unable to process people quickly once they're through the door. There are a few factors at play:

- **Lack of expertise in older people's health and care, with too few specialists and senior doctors (especially geriatricians) in A&Es.** This makes assessments and decision-making painfully slow and with no clear plan for the patient.
- **Underinvestment** over the last fifteen years or so, which has led to fewer available beds and diagnostic equipment (such as scanners) per patient.
- **Poor 'flow' through hospital resulting from discharge delays**, with 13,000+ people medically fit for discharge stuck in hospital on any given day, almost all aged 65+. Delayed discharges can happen for a number of reasons such as waiting for an in-hospital assessment or because someone needs some form of intermediate or social care support in the community.

The devastating impact of corridor care

On older people

Long A&E waits and corridor care are disastrous for patients, many of whom are older people. **People waiting 12+ hours in A&E are twice as likely to die within 30 days of being discharged than those seen within two hours.** It will often be the start of a journey that continues into a long length of stay and delayed discharge, all contributing to "deconditioning" that means an older person leaves hospital in worse health than they arrived.

The experience is unsafe and traumatic for patients. Common experiences include:

- **Witnessing deaths in the corridor** – "Whilst in corridor care for a suspected stroke another patient died. They had to move him past all the patients in the corridor and once seen, I could not forget that sight."
- **Catching illnesses or developing other health problems** – "[My loved one] died of pneumonia from hospital contracted influenza' after spending 'days' on the corridor."
- **Insufficient facilities** – "[My] late husband was terrified he would wet himself after hours on a trolley…eventually I went to the nursing station and demanded a bottle [and] held up my fleece jacket…for privacy. He felt humiliated, furious, upset and angry."
- **Being told a private diagnosis with little to no privacy** – "My children and myself were told in the middle of A&E that my husband had leukaemia again. [There was] absolutely no privacy."
- **Being lost in the hospital** – "The hospital totally lost [my loved one]. Stuck in a disused corridor for 36 hours and staff kept saying he hasn't been admitted by the ambulance crew."
- **Being frightened to go back to A&E** – "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."

Corridor care is not experienced equally:

- **35% of ethnic minority people aged 50+** said they experienced care being delivered in corridors, compared to 22% of White people of the same age.
- **34% of carers aged 50+** have experienced corridor care themselves, compared to 20% of those who are not carers.

What Age UK would like to see

This is a problem that we know can be solved. In some hospitals, long waits and corridor care remain relatively unusual and there is much to learn from these pockets of good practice. However, Government needs to face up to the scale of the problem and its terrible impact on older people and use all its levers to eradicate corridor care and bring down long A&E waits.

To give older people and staff the dignity and respect they deserve in A&Es, Age UK is calling on the Government to:

- **Urgently produce a funded operational plan** to reduce the number of long A&E waits and end corridor care, with specific deadlines and milestones.
- **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.
- Guarantee sufficient numbers of **doctors and specialists in older people's care,** e.g. geriatricians are deployed throughout hospitals and especially in A&E.
- **Work at pace to implement the 10 Year Health Plan**, especially the 'hospital to home' shift and creation of a Neighbourhood Health Service, ensuring that social care and the voluntary sector are fully involved – so fewer older people need to go to A&E in the first place or able to leave hospital promptly and safely.
- **Reversing the trend of delayed discharge must be a system priority** to overcome delays further upstream, reduce pressure across the hospital and improve patient care for those most at risk of delay-related harm, including older people.

Parliamentarians: What can you do now?

MPs play a crucial role in addressing long A&E waits, corridor care and high levels of delayed discharge. A&E performance and levels of delayed discharge vary dramatically across the country and it's important that you understand the picture in your local area. We have constituency data which we can share with you.

We encourage you to:

- **Speak in the Backbench Business Debate** on Corridor Care in the NHS on the 8th of July.
- **Get in contact with us** to find out how A&Es in your local NHS Trust and ICB area are performing.
- **Write to your local NHS Trust CEO** to find out what they are doing to reduce long A&E waits and limit the use of corridor care in their A&E department(s).
- **Write to the Secretary of State for Health and Social Care** urging him to produce a funded operational plan to bring down long A&E waits and the use of corridor care.

Get in touch

If you have any questions or would like to meet to discuss the issues outlined in this briefing further, please contact publicaffairs@ageuk.org.uk.