

Nursing survey paints damning picture of health cuts in Britain

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A survey of nearly 2,000 Royal College of Nursing (RCN) members on staffing levels has exposed the destructive impact of the government's "efficiency savings" on patient care and frontline staff.

The *RCN Bulletin* reports that "83 percent of the nurses surveyed said patient safety was compromised either daily or weekly because of staffing levels; 46 percent said there had been unfilled vacancies in their workplace for more than six months; 40 percent said their workplace was subjected to a recruitment freeze; and just 7 percent said they had the right number of staff to provide good quality care to patients."

Despite government claims that it is protected and ring-fenced from public sector cuts, an oncology nurse describes having to prioritise patients with the result that "Due to lack of staff, the acutely unwell patients take priority over the palliative patients and sometimes these patients have to wait longer for pain relief. It is awful having to prioritise patients in this way and having to leave some without the support they require."

A cardiac nurse discusses the absence of trained coronary staff and the broad skill mix that results. Workers with no experience of the complexities of coronary care are often drafted in from other wards to help. This, writes the nurse, "lowers the level of nursing care available to our patients and definitely lowers staff morale."

Sometimes not even inexperienced staff are available. "We are often told there are no more staff to help you, everywhere is short of staff. Surely that is telling us that our hospital has not got enough staff to cover the patients we have at present. Many nurses are saying they are squeezed to the limits."

The Conservative-Liberal Democrat government has already imposed a massive fund cut of £20 billion to the NHS in England alone over a period of four years,

under the guise of efficiency savings. It has stepped up the wholesale privatisation of the NHS, which the previous Labour government initiated by giving powers to the General Practitioners (GPs) to take services from private providers without obstacle.

The outcome of these "efficiency savings" is now emerging clearly in daily reports of the closure of wards and treatment centres, the diminishing of clinical nurse specialists' roles, massive job cuts and the overall shrinking of the health service.

At present, just over 53,150 NHS jobs are known to be in the process of being cut—double what the RCN was predicting in November. The figure will rise over the next months as more health trusts and boards announce their cuts.

The False Economy web site has published a list of hospitals that are going to slash the workforce in order to extract the targeted massive savings. It is based on Freedom of Information requests to the Trusts themselves and deals only with full-time equivalent posts, not cover locum or agency posts.

- East Lancashire Hospitals NHS Trust is expected to lose 1,013 full-time equivalent staff in 2010-2015, including almost 50 doctors and dental staff, and 270 nurses, midwives and health visitors.

- Wirral University Teaching Hospital NHS Foundation Trust is cutting 682 full-time equivalent posts between 2010 and 2013.

- Countess of Chester Hospital NHS Foundation Trust expects to cut 461 full-time posts by 2015. This is a 16 percent reduction, and includes a 12 percent cut in nurses, midwives and health visitors.

- Belfast Health and Social Care Trust is to cut 1,755 full-time posts in 2010-2011 alone, including 120 doctors and dentists and 620 nurses. In one year this is nearly a 9 percent net staffing reduction.

• Royal Devon and Exeter NHS Foundation Trusts plan to lose 1,115 full-time posts in 2011-2014. These are planned to be lost mainly through natural turnover—the non-replacement of staff.

Such recruitment freezes, the scrapping of vacant posts and non-replacement pose a further threat to staffing levels in the NHS. Basildon and Thurrock University Hospitals NHS Foundation Trust write that they currently have “no plans for wholesale redundancies”, before acknowledging that “we do expect our workforce requirement to reduce by 10 percent over the next year or so, but want to manage this through normal movements/natural wastage.”

The government bluntly rejects the claims of public sector unions as scaremongering. As soon as it took office, it sanctioned in the June 2010 budget a two-year pay freeze for all public sector workers earning more than £21,000 a year. It then opened negotiations with the health sector unions for an incremental pay freeze for NHS workers in exchange for no compulsory redundancies for workers in pay bands 1 to 6 (these are starting salaries of £13,653 to £30,460).

The RCN was ultimately forced to reject this offer in the face of the widespread anger of its members. The RCN admits that some of its members were asking why the union did not reject this “offer” straightaway. A nurse wrote on the RCN’s Facebook page, “If I don’t get my next band 6 increment I’m going to drown financially. I thought the agenda for change was meant to protect us. Surely we are contributing enough with a pay freeze, pension increases, VAT hike and general cost of living rises.”

On an RCN blog, a community nurse commented that “fuel allowances haven’t gone up while fuel prices have.... I don’t think it is right we are out of pocket to subsidise the NHS in this way.”

She went on to say that she will already be struggling under the current pay freezes, but “If my incremental pay rise is stopped I will have to seriously consider leaving nursing [as] I may not be able to afford to come to work.”

The RCN’s response to these ruthless inroads into the health service will do nothing to protect nurses. RCN General Secretary Peter Carter insisted that “Rejecting this offer...does not mean we don’t want to work together to address the challenges facing the NHS. We will continue a constructive dialogue with the

Government and employers on the future of the health service.”

These are the very employers Carter had already said he was “sceptical...would be able to deliver their part of the bargain with job security.”

The RCN has sought to channel nurses’ anger into its Frontline First campaign, based on the premise that jobs can be protected by supporting the government in finding other areas where efficiency savings could be found. It claims it will “empower” nurses to speak out against cuts harming patient care, whilst at the same time encouraging them to “champion nurse-led innovations and ideas that are saving money.”

Rejecting the incremental pay freeze deal, Carter noted that pay freezes on efficiency grounds were unsupportable “when every single day nurses see massive waste and inefficiency in the NHS—poor purchasing contracts...massive management consultancy spend, and huge waste on drugs and equipment.”

In this spirit, RCN President Andrea Spyropoulos urges members, “Now is the time to tell your MP what you know.” She asks them to e-mail their MPs, letting them know what is really happening in the NHS—with the clear aim of identifying areas to cut! These are the same MPs whose policies are dealing critical blows to the health service. They are well aware of the outcome of their policies and the effect of their attacks.

The RCN also vows that it will act against cuts with the sister unions in the NHS. This means little more than support for the Trades Union Congress demonstration on March 26, a token gesture to cover the unions’ daily collusion with the cuts. All of the unions in the public health sector pay lip service to a defence of jobs and services, while collaborating with the government’s efficiency savings.



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