

National Health Service bosses report calls for a flexible workforce

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A report released by the Nuffield Trust, a UK health policy research body, calls for the restructuring and flexibilisation of the entire National Health Service (NHS) workforce of more than 1.3 million.

These changes would force nurses, paramedics and others to take on increased workloads and do jobs currently carried out by doctors.

The report, commissioned by NHS Employers, the body that negotiates health care staff contracts on behalf of the Conservative government, is cynically entitled, “Reshaping the workforce to deliver the care patients need.” It outlines proposals that would worsen the working conditions of NHS medical and non-medical staff, creating a fully flexible workforce and extending both the hours worked and responsibilities required.

Making clear that the motives behind its calls for the restructuring of the workforce are not based on a concern for patient wellbeing, the Nuffield Trust proclaims its vision for the NHS as a service with fewer and fewer doctors. It states, “We anticipate that, in the future, care will be supplied predominantly by nonmedical staff, with patients playing a much more active role in their own care.”

In order to deal with the complex needs of an aging population, and to respond to increasing numbers of patients with long-term health conditions, the report demands the urgent introduction of new roles, such as a paramedic practitioner, which combine the duties usually performed by multiple specialist professionals.

These are part of plans labelled the “Five Year Forward View,” billed as a “cost-effective and rapid solution to mitigating some of the pressures on more senior staff.” Instead of hiring more staff, the report states that existing nurses, paramedics and pharmacists should be trained to fill in for doctors in more

specialised and senior positions.

Implementing the Five Year Forward View will fail “without radical change in the workforce,” it states.

The report notes the immediate and future consequences of an underfunded NHS. Cuts of tens of billions of pounds in “efficiency savings” have resulted in the existing workforce being stretched to its limit: “The NHS faces a £22 billion gap in its finances by 2020 (HM Treasury, 2015). Demand for NHS services, from a growing and aging population, is projected to rise by 6.6 percent by 2020. In social care, a gap between demand and available funding of between £2.8 billion and £3.5 billion will emerge by 2019/20.”

Stating that its “agenda is not a ‘nice to do’,” it adds, “It is essential if we are to find a sustainable balance between available funding, patient needs and staff needs. This is a message that the Department of Health and the Treasury need to hear loud and clear.”

These recommended changes would be imposed on a workforce already hugely understaffed and struggling to keep up with demand. Nuffield is forced to acknowledge, “In many areas, the remaining front-line staff are left to absorb the rising demand for care into their day-to-day workload, a challenge that is magnified as the demand for workforce time is estimated to be growing at twice the rate of the overall growth in population.”

Figures released in December 2015 by Health Education England calculated that the NHS in England, Wales and Northern Ireland has 23,443 vacant nursing positions and 6,207 vacancies for doctors. This amounts to a vacancy rate of 10 percent for nurses, and 7 percent for doctors, as compared to the cross-sector UK average of 2.7 percent.

With contemptuous disregard for patients and staff, the report notes that the move towards “extended” roles

may leave traditional roles understaffed, and acknowledges that these changes will force nurses, paramedics and other staff to take on more responsibilities with no let-up on their current duties.

The report signals an escalation of the attacks on NHS workers, calling for an increase in their already notoriously long working hours to provide extra services with no further funding or staff in a move highly detrimental to their health and to patient safety.

There has been widespread outrage among doctors and other health professionals. Junior doctors have described the new proposals as “dangerous,” insisting that they would put patients’ lives at risk. Other doctors have stressed the impossibility of providing quality care under these conditions, pointing to the existing huge shortage of nurses.

Responding to the report’s proposals, Danny Mortimer, chief executive of NHS Employers, said he was “delighted. ... Our challenge now is to take forward the learning and recommendations.”

The *Financial Times* noted that Nuffield’s report raises that the lack of junior doctors on duty during their recent strike “had been another incentive for trusts around the country to develop different ways of working.”

It cites Candace Imison, the trust’s director of policy, who said that during the strikes, “nurses fulfilling the new enhanced roles were giving care ‘at the junior doctor level,’ including prescribing some drugs, ordering tests and X-rays and making decisions about how patients were managed. The only role they would not perform was that of ‘senior decision maker’ in outpatient departments.

This proves once again that the concerted effort to enforce an inferior contract on junior doctors, centred on flexible working, is viewed as essential to carrying out such an assault throughout the NHS.

The NHS is facing catastrophe as the result of years of relentless funding cuts by successive Labour and Conservative governments, with no opposition from the trade unions. The junior doctors’ dispute has proven the role of the trade unions as the most resolute defenders of the employers’ and government’s agenda. The British Medical Association (BMA) agreed to a sell-out contract this month that is no improvement on that previously overwhelmingly rejected by junior doctors. It aims at slashing premium rate pay for out-of-

hours work and increasing working hours.

The BMA and the other health unions have done everything to isolate strikes, issuing no calls for junior doctors to unite in struggle with other medical employees, or to unite their struggle with that against the government’s scrapping of the NHS bursaries for nurses, midwives and Allied Health Professionals, which will have disastrous effects on recruitment.

The aim of the Tory government is not merely to drive down costs through reduced funding and staffing, or to simply increase the exploitation of the workforce, but to run the NHS into the ground before demanding its privatisation as a “failed” system. As far back as 2005, Health Secretary Jeremy Hunt co-authored a pamphlet calling for the NHS to be replaced by a system of insurance. He wrote, “Our ambition should be to break down barriers between private and public provision, in effect denationalising the provision of health care in Britain.”

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