

UK: NHS frontline staff and patients at risk through government negligence over pandemic

Tony Robson
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NHS staff in the forefront of tackling the COVID-19 outbreak have challenged the refusal by the UK government to take the most elementary steps to reduce their exposure to the potentially fatal virus and stop transmission of the disease to their patients.

This weekend, more than 4,000 doctors wrote an open letter to the *Sunday Times* “pleading with the prime minister [Boris Johnson] to intervene to ensure we have adequate personal protective equipment (PPE) when facing the COVID-19 pandemic.”

The letter states that frontline NHS staff confront an “unacceptable” situation. They are “putting their lives on the line every day”—by treating infected patients without the necessary protection—and feel like “cannon fodder.” They demand “immediate” action to ensure all have access to protective masks, glasses and gloves, aprons and suits.

The letter concludes, “The supply of PPE in the coming weeks must be stepped up as we see a surge in cases. If it is not, the public will be endangered and dedicated NHS staff could lose their lives.”

The signatories include Dr. Fiona Godlee, editor-in-chief of the *British Medical Journal*, Dr. Rob Hendry, medical director of the Medical Protection Society, and Dr. Margaret Stark, president of the Faculty of Forensic & Legal Medicine.

From GP surgeries to hospital staff in Accident and Emergency (A&E) and coronavirus wards, a staggering picture of governmental negligence and official incompetence has emerged. The pressures placed on the service have exposed the impact of decades of underfunding, marketisation and fragmentation which militate against a strategic response to tackle the pandemic.

The government decision to cancel all non-urgent surgery for at least three months from April 15 and discharge thousands of patients to free up 30,000 acute care beds will lead to more pain and suffering and possibly premature deaths, through the depletion of health and social care

services in the community.

The last 30 years has seen hospital bed capacity halved from 299,000 to 142,000 at a time in which the population increased by 16 percent and the number of pensioners went up by a third. One in eight nursing posts are vacant. The UK ranks second lowest of all developed countries for doctors and nurses per head of population—2.8 and 7.9 per 1,000.

The haemorrhaging of universal health care provision has seen a corresponding decline in NHS working conditions. NHS doctors and nurses have been battling against the government’s refusal to provide testing for COVID-19 for those displaying symptoms on the job and failure to provide adequate PPE, which plays a key role in preventing transmission to other patients.

The announcement by Conservative Prime Minister Boris Johnson last Wednesday that the government will be prioritising testing for NHS staff is belated and vague. Even this has only come about after an outpouring of criticism from within the medical profession and the public. An on-line petition to demand testing of NHS staff gathered over 700,000 signatories in the space of two days prior to the official announcement.

A junior doctor in an emergency assessment unit who started the petition explained that NHS staff were being placed in an invidious position which essentially compromised the Hippocratic oath “to do no harm.” After developing a cough, she was faced with the moral quandary—to continue to work and risk infecting others or self-isolate without proof this was necessary and with a detrimental impact on the frontline response:

“This same dilemma is being faced by ALL NHS workers, including the cleaners (who are the unsung heroes in all of this!). Currently, tests are only being done on patients who require hospital admission. This virus will cause minor symptoms for most people, and relatively young and healthy staff are most likely to fall into that category. The issue is the patients we treat are not healthy, they are frail and

vulnerable. Ask yourself this—if your loved one needs hospital care for a condition not related to COVID-19, would you want them to be treated by staff who are likely infected with it?”

The British Medical Association (BMA) tweeted, “Boris Johnson tells #PMQs that Government is “prioritising testing for #COVID19 for NHS staff”—his claim is not reflected in the experiences of our members at the frontline of the health service and is something we are pushing to be resolved as a matter of urgency.”

According to a report in the *Guardian* from a doctor on a coronavirus ward, Public Health England (PHE) took a decision to downgrade the level of PPE to the type used for seasonal flu. This contradicts the WHO and European guidelines on COVID-19—a virus 20 times more fatal. While in the first week he had been wearing full PPE including the FFP3 mask, a visor, a surgical gown and two pairs of gloves, by week two this had been replaced by a surgical mask and plastic apron with an ordinary pair of gloves. He was expected to attend non-COVID-19 patients in the same scrubs.

The doctor stressed that lessons were not being drawn from the experiences of frontline staffs in Italy and China:

“I’m losing faith in the leadership, medical as well as political. It doesn’t look like there’s a plan. We had weeks to prepare and we are still running out of PPE. And clearly doctors are expendable. Why sacrifice us when there aren’t enough of us as it is? How many of us will still be able to work when the ‘right time’ finally arrives? They are throwing us to the slaughterhouse.”

A survey conducted by *Channel 4 News* of 960 NHS workers revealed the level of dissatisfaction with the government. In reply to the question “Do NHS workers feel safe?” 97 percent answered “no.” In addition, 86 percent did not feel that PPE was readily available. An NHS worker replied that the surgical mask and apron was as effective as wearing a party hat!

The litany of failures extends into primary community care at GP surgeries. Pulse, the website of general practitioners, reported that surgeries in 20 areas of the country had been supplied with face masks suspected of being out of date. The 2016 expiry date on the masks had been covered with a “2021” sticker. According to a recent survey, two out of five GPs had yet to receive any PPE for COVID-19.

The NHS Supply Chain did not make the decision to release the stockpile it had prepared for Brexit until the second week of March. It has now issued warnings against “hoarding” in areas of the service. If this is a contributory factor it can be explained from a culture promoted within the NHS as a result of marketisation.

The formation of Trusts transforms hospitals into

independent entities competing for patients and resources to be commercially viable. Fragmentation extends into every department and their own individual budgets. In some cases doctors and nurses ill with possible COVID-19 symptoms, or who have been in contact with the infected, were told to report to work when they should have self-isolated or told that if they self-isolated it would be deducted from their annual leave entitlement.

None of the basic demands of NHS workers have made themselves felt through the trade unions or Labour Party. Unison, the largest union of health care professionals with 1.3 million members, has not lifted a finger to demand testing or adequate PPE.

No aspect of the response to COVID-19 can be entrusted to the Johnson government. Its dereliction of duty has already resulted in critical time wasted and wide sections of the population, including frontline care workers, exposed to the virus at a cost yet to be calculated. The promotion of the herd immunity policy involved the bastardisation of a medical approach blurring the fundamental distinction between achieving that outcome through vaccination and exposing the population to a live virus, meaning tens of thousands would die.

For years the official mantra has been there is no money to fund the NHS. Yet within days the government has found £350 billion to bail out big business and the Bank of England has earmarked £200 billion of quantitative easing to buy government bonds and corporate debt. The derisory figure of £5 billion pledged by the government to the NHS to tackle COVID-19 represents less than a pitiful one-hundredth of that total.

A viable response to the crisis can only be found through a struggle against the economic and social policy which has brought the NHS to the brink. It must be fought for as part of a broader perspective founded on the principle that the needs of working people must take priority over corporate profit and private wealth.



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