

UK Nightingale hospitals readied as pandemic threatens to overwhelm NHS

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Coronavirus cases in the UK continue to mount, with around 8 million people in England set to be under Tier 3 local lockdowns by the end of the week—the highest alert level. Over 200,000 people in Warrington were placed under Tier 3 restrictions last night and nearly 700,000 people in areas of Nottinghamshire in the East Midlands will follow them this Thursday.

The UK recorded nearly 43,000 cases over the weekend and 20,890 on Monday. Another 174 people died with COVID-19 on Saturday, 151 on Sunday, and 102 yesterday—totals not seen since early June.

Seven temporary Nightingale hospitals set up in England in the spring are set to be reopened. They were ostensibly established to alleviate some of the immense pressure on an already overwhelmed and under-resourced NHS hospital network. The Manchester Nightingale reopened this week, following a local surge of COVID cases in the North West, and Nightingales in Sunderland and Harrogate are on standby.

The deputy chief medical officer for England acknowledged that the rapid increase in cases was not confined to the North and that the virus was spreading nationwide. The *R* (Reproduction) rate of the virus is above 1 throughout the UK, with cases continuing to rise in Scotland, Wales and Northern Ireland.

The build-up of hospitalised cases is currently slower than during the initial stages of lockdown, which saw some 3,000 admissions a day—three times more than the average combined admissions for all respiratory viruses in the height of winter.

As the pandemic hit the UK, tens of thousands of operations were cancelled. Waiting lists over the summer hit record highs. The pressure to clear through this backlog, while simultaneously handling the resurgence of the virus, will have dire effects on an already beleaguered NHS.

A consultant in Manchester told the *Guardian*, “the

difference this time is that we’re trying to continue all of the elective activity and that’s going to be challenging.” She added, “we were all concerned that the winter would bring with it other pressures but we were quietly hopeful we had some immunity, but it’s just not been the case and it’s quite obvious now that this is a bona fide second wave.”

A recent NHS providers survey noted that staff burnout and the backlog were taking a frightful toll on the health service. Ninety-nine percent of the 199 hospitals surveyed said they were concerned about staff burnout across the workforce. At least 94 percent were concerned about the added seasonal pressure of the winter period. The British Medical Association (BMA) warned of the many problems associated with the impending Brexit scenario, which will likely see a displacement of NHS workers and also disrupt supply chains.

These are the conditions for a catastrophe in the NHS this winter.

During the winter of 2016, the NHS was brought to its knees across a series of weeks by a bad influenza season, with bed occupancy hitting 94.7 percent—almost 10 percent over the “safe” threshold. In the first week of January 2016, 18,000 people had “trolley waits” in corridors of over four hours, and 485 people had “trolley waits” of over 12 hours.

The NHS has since seen four more years of relentless attacks by Tory governments, leading to cutbacks, sell-offs and staff departures. According to official figures obtained by the *Guardian*, the NHS urgently needs another £1 billion if it is to cope with the resurgence of COVID-19, “deal with the coming winter and restart routine operations...”

An article on the nursing blog site *NursingNotes* reveals that there are currently around 43,000 nursing vacancies, raising the question of who will staff the additional Nightingale hospitals.

The article also drew attention to the fact that MPs, not NHS workers, were granted a pay rise this year. They will receive a further £3,300. It stated, “Over the past decade, the salary of MPs has risen by a massive £19,694 while in stark contrast the salary of the most experienced frontline nurses has risen by just £3081—far below the rate of inflation.” This elicited outrage on the Facebook page of *NursingNotes*, with over 140 comments in response.

Carol commented, “It will mean all the clinics and outpatients will close again! Minor ops will be put back another year! How will the nhs ever catch up? Mind you the private hospitals will still do their cosmetic surgeries I expect!”

Joe wrote, “Nightingales are a joke. They’ll stand empty again because they don’t have the staff or equipment to properly keep them open. This is nothing more than a PR stunt designed to provide a false sense of security to people.”

Jart said, “All MPs’, Boris and his cabinet should work there [at a Nightingale hospital] as they are about to receive the biggest payrise (sic) they’ll have in a decade!”

Another, Angie, wrote “I don’t think many nurses would risk going back to the frontline after the devastating numbers and loss of lives in the first wave.”

This was in reference to the over 650 deaths of health and social care workers directly from the deadly virus.

The Nightingale hospitals were, from the very start, a PR stunt by the Johnson government, designed to give the impression that it was mobilising the necessary resources to combat the virus.

As a physician told the WSWS in April, “They [the government] knew these hospitals could not function properly. COVID-19 patients could never be managed properly there. They did not build air ventilation and air-conditioning systems that are needed in ITU [intensive therapy unit] to safely ventilate patients. They were largely unsafe for other patients—they would spread the infection very quickly.”

The physician described the cynical motivation behind the government's decision to open the hospitals. “They were only built because of public opposition to the government’s herd immunity policies and anger over the loss of so many lives... but they were built as a temporary measure without any plan. The most important part of any hospital is the staffing—but even existing hospitals are lacking staff. We’ve seen more than 100,000 staff vacancies and due to government austerity, the number of hospital beds has been reduced by more than 30,000 since 2008.”

Independent reported last week that The new Nightingale hospital might be built for Liverpool, due to the over 90 percent capacity of intensive care units in Liverpool’s hospitals. This gives Liverpool the third-highest bed occupancy rate in Europe, and the highest in the UK. The situation in Liverpool’s Royal Hospital is exacerbated by the fact that two floors previously used to treat COVID-19 patients are now out of use due to building work.

The ruling elite are making the same noises as at the start of the spring lockdown to try to keep a lid on mounting popular anger across the country. Johnson’s government pretends to take steps to combat the second wave of the virus even as it pursues a policy of herd immunity.

The trade unions and Labour party offer no alternative. Labour leader Sir Keir Starmer has been a loyal ally of the Johnson government on all major aspects of policy regarding the pandemic. The trade unions have helped implement unsafe workplace guidelines which have been responsible for hundreds of deaths of health care workers due to COVID-19. On Monday, *NursingNotes* reported the death of another nurse, Emma Vianzon, who survived a brain aneurysm and kidney transplant, only to die after contracting COVID-19.

We urge all health care workers to join the NHS Fightback initiative and organise rank-and-file committees—to fight for better pay, terms, and conditions, and to safeguard health and safety at work. These committees must take up a political struggle to secure the resources needed for a fully functioning health care system. This requires seizing control of the wealth and resources of the financial oligarchy, banks, big corporations, and big pharmaceutical companies, as part of the struggle for socialism.

For further information visit *NHS Fightback*: facebook.com/Fight4theNHS



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