

# UK healthcare workers: “The ending of lockdown will see a massive increase in infections”

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Healthcare workers have spoken with the *World Socialist Web Site* about the catastrophic impact of coronavirus on the UK's National Health Service (NHS). Doctors, nurses and health care assistants say hospitals are at breaking point and warn that the Johnson government's ending of the national lockdown will fuel a new wave of infections and hospital admissions in the weeks ahead.

When the partial national lockdown was lifted Wednesday, the number of new COVID-19 cases over the previous 24 hours stood at 16,170, with 414 deaths. Hospital admissions stood at 15,236, with 1,313 patients on a ventilator. The official UK death toll stands at 60,113, but if “excess deaths” are included, at least 75,000 lives have been lost to the virus.

Across the world, November was the pandemic's deadliest month. A record 17 million people tested positive for the virus and 212,000 people died. So far, the pandemic has claimed more than 1.5 million lives, with more than 65 million cases. Across Europe, 334,981 people have died.

Though the infection rate in the UK has only just begun to dip, the Johnson government, with Labour's full backing, has replaced the November lockdown with a regionally based tier system of restrictions under which schools, universities, retail outlets and most businesses will remain open.

A **senior healthcare assistant (SHA)** on a gerontology ward in Merseyside told the WSWs, “The tier system is a token gesture that addresses nothing concerning public health. The ending of lockdown will see a massive increase in infections. It's one step forward, two steps back. Our ward has just gone green again, there are no cases, but we will see a steep rise across the city, so I can see us going red again, which will be the third time in less than a year.

“From the perspective of containing a highly contagious virus the tiers make zero sense. This just creates a mood of scepticism and apathy within the public, and especially when government officials don't adhere to the rules or take them seriously. Science isn't driving these policies, it's big business and protecting the economy.

“The fact that Xmas is being used disgusts me. Didn't the *Daily Mail* use the headline ‘Boris battles to save Christmas’?

The cynicism is astounding. It's no good spending a happy Christmas with relatives only to bury them in January or February. There is going to be yet another massive spike of infections.”

During the most recent peak in cases, his ward was turned over completely to the care of Covid patients. “[Non-Covid patients] went home or into nursing homes if they tested negative. At the height of the peak we had 18 patients—five died,” he said. “Morale was rock bottom.”

As in the first wave of the pandemic, the provision of personal protective equipment (PPE) was still problematic.

“There is enough PPE now, as in quantity, most of the time, but we wear a white flimsy apron, normal surgical mask, and a visor and gloves. When you raise the effectiveness of this equipment, you are told by infection control that it is adequate.”

Workers in the NHS speak of “burnout” due to long hours of work, staff absences due to quarantining and the stress of constantly dealing with seriously ill Covid patients. “One Higher Care Assistant was in tears; the ward was staffed with agency and bank staff--no permanent staff--and none of the staff knew the patients and their care was shambolic.

“People say [the government] are ‘incompetent’ but it's not incompetence. It's a clear strategy of balancing between prioritising the economy while appearing to be tackling a massive public health crisis. And they've lined their pockets, and the pockets of their cronies in the process.”

Pointing to the billions in taxpayer money handed over to profiteers for basic medical supplies, he told the WSWs, “Profiting from the deaths of 70,000 people in the UK--they should be arrested and put on trial.

“The NHS is on the brink of collapse and severely lacks resources. There is also a massive crisis in staffing levels. The NHS was struggling before the pandemic, and the virus has only added to these pressures. Consistent cuts by all governments over the years, and the strangling debt owed through PFI [private finance initiative] is being graphically exposed. From articles I'm reading the collapse of the NHS is perilously close.”

A **consultant haematologist** from the North of England explained that government protocols determining Covid hospital admissions were denying treatment, resulting in people dying at home. This is because the NHS was “in danger of being overwhelmed”.

Patients sick at home with COVID-19 are told to call the NHS 111 helpline. Operators ask people routine questions devised by Public Health England and Wales to determine whether to send an ambulance—“is your temperature more than C38 degrees, do you have chest pain, are you breathless on exertion or can you complete a sentence?”

He gave the example of a local Indian restaurant owner whose brother-in-law had Covid for eight days. “He told me they called 111 the previous day and an ambulance came to the house.

“Paramedics examined his blood pressure, pulse and oxygen saturation levels using a hospital machine, which indicated level 94 (normal oxygen levels are 98-100),” he continued. “They didn’t do a blood test or Xray. Following government protocols, which use 90 as a cut off level, staff advised him to rest at home.

“I asked the family to measure the patient’s oxygen levels (they have a low-cost home machine) and it was 91. I said, ‘get him admitted immediately’ as I understood the patient was critical, age 46 with no comorbidities.

“An ambulance came again, measured his oxygen levels which were 91 and asked the patient to stay at home and rest. The patient insisted he should be admitted.

“He was admitted to hospital and taken to ICU [intensive care unit] where he was almost intubated. Luckily, he was given oxygen via a Cpap [Continuous positive airway pressure] machine. He also received intravenous antibiotics, steroids and anti-coagulants—the death rate is lower now because of these new therapies. An X-ray revealed he had full blown Covid pneumonia. In my opinion, without treatment, this man would have died by morning.

“Government protocols can’t manage Covid patients, who ideally should be seen by a team, including a doctor, a nurse and a healthcare worker. In March, April and May, patients over 70 didn’t get admitted to some hospitals, were given a DNAR [do not resuscitate] form and sent home to die.”

The doctor explained that if you have COVID-19 and ring 111, “most of the time [they are] giving wrong advice. Call 999 [emergency services] and ask to be admitted to hospital. They can’t say no—it’s an international rule.”

While medical staff have improved therapies and learned from their experience in the initial wave, the “government haven’t improved anything apart from PPE. They haven’t got more ICU beds or more permanent staff but use retired workers. This is unethical because they will be killed. The shortages in March are still here. Recovery beds have been turned into ICU beds, waiting lists are longer. The NHS will never manage the problems.”

A **consultant pathologist** working in a Midlands hospital explained how the influx of Covid patients meant working an extra two hours on top of an eight-hour shift, balancing the needs of Covid and non-Covid patients.

The consultant, who also works on Covid wards, specialises in treating leukaemia, lymphoma, bleeding disorders and blood clotting disorders. He explained, “The main focus of the laboratory team now is COVID diagnostics”, adding that there was “less time for training junior doctors in detecting other illnesses.”

The pathologist opposed the lifting of national lockdown measures, “It is wise to take maximum infection control precautions, and it would be better to close schools and universities as well.”

A **respiratory nurse** at a hospital in Exeter said, “It’s very difficult to say what the rationale for the tier system is. As soon as tier system was back again, hotel owners from places like Cornwall were already selling their accommodations and spa jacuzzis... It’s all about money really. I think all the other health services will completely be neglected to accommodate for COVID cases. Even our respiratory patients will be asked to stay home, so workload in the community will be out of control. It’s about time we reopened the community hospitals they [the government] have closed over the years.”

A former community rehabilitation assistant at an intermediate care team in Bournemouth, who is now employed as a **mental health social worker** on the south coast, said, “This new tier system only reinforces the fact that the government has never had a consistent strategy to curb COVID-19. It seems to be reactive rather than proactive one. And it is this kind of approach that will cause the R [Reproduction] rate to surge again.”

A **consultant in forensic medicine**, formerly employed in an NHS hospital in London, said, “There is no scientific basis of this ‘Christmas ‘ move of the government. It will lead to massive increase of the transmission of the virus causing more deaths. In fact, it is a crime towards humanity by the government.”

*The WSWS urges all National Health Service workers to contact us with their experiences. Health workers should join the NHS FightBack group and assist in building rank-and-file safety committees, independent of the trade unions.*



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