

# “Public health experts have insisted that preventative measures are necessary to avoid the National Health Service being overwhelmed”, UK nurse tells WSWS

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*The following article was submitted by a frontline National Health Service (NHS) nurse.*

As a frontline nurse, I was infuriated when Health and Social Care Secretary Sajid Javid claimed “We don’t believe that the pressures currently faced by the NHS are unsustainable.”

What a blatant lie!

We are currently experiencing a massive surge of COVID-19 cases across the country, with more than 1,000 deaths a week from the disease.

The British Medical Association, leaders of the NHS Confederation, and other public health experts have insisted that preventative measures are necessary to avoid the NHS being overwhelmed.

Although the University Hospitals Dorset (UHD) is in a relatively less hard-hit area for COVID, compared to some parts of the country, we have been experiencing enormous pressure day in day out since the start of the pandemic. Even before we could take a breath of relief from the previous outbreaks, cases are increasing again. Currently, we have more than 30 COVID patients in our trust. Even though these figures are low compared to the first and second waves of the pandemic, the difficulties this brings are challenging.

In August, in an interview with the *Bournemouth Daily Echo*, the Chief Executive of our trust Debbie Fleming admitted that Bournemouth and Poole Hospitals were already “really heaving” and “bracing for a perfect storm of pressures”. She said the past 18 months had taken its toll and staff were “knackered”.

“This summer already feels very different not least because of the pent-up demand we are experiencing. We are unlikely to be able to draw breath before the

winter arrives,” she told the *Daily Echo*, and she was dead right!

Things have since gone from bad to worse.

Because of the breakdown in primary care services (local GPs) many patients come to Accident and Emergency units in desperation. Waiting times to then be seen by a doctor, be admitted or discharged have increased considerably. It has become normal to see several ambulances stationed outside the emergency department, waiting to hand over their patients—some critically ill—to A&E. Some days, they have to wait more than 6-8 hours. I have sometimes seen off-duty paramedics delivering refreshments to waiting crews outside the hospital.

We have a chronic shortage of staff. Currently, more than a hundred colleagues are absent due to COVID symptoms, isolating and shielding.

According to one of our matrons, each month, hundreds of nursing shifts go unfilled. For instance, in September, there were 650 unfilled shifts. The same applies to health care assistant shifts. Not a day goes by without dozens of shifts going without cover.

It has become quite normal to come to work at your normal ward or unit but then be deployed to a different place. Sometimes, it is hard to fulfil the needs of patients properly when you are sent to a special unit which requires a different set of skills and knowledge.

Over the course of the pandemic, 16 of our phlebotomists have left their jobs and the workload of those remaining has doubled. It’s similar for nurses. It has become normal to witness a colleague shedding tears during exhausting shifts, mainly because we are not able to fulfil patients’ requirements properly.

One of the devastating impacts of the COVID -19 pandemic are the soaring numbers on waiting lists. Nationally, there are nearly 6 million patients waiting to have their elective operations done.

Here in our trust, we now have more than 52,000 waiting for routine but vital procedures. 3,518 of these patients have waited more than a year. In January last year, it was just 32 patients who had waited more than year. In 2020, there were no patients who had waited more than 78 weeks but now we have 1,591 patients languishing for such a long period. I am deeply concerned about these patients and the long-term impact of not addressing their ongoing health problems in a timely manner.

This deliberately created public health tragedy is being used to bring in the private sector, which can profit from it. You can clearly see private companies operating under the NHS logo inside our hospitals.

In line with Javid's refusal to implement any mitigation measures, the newly created Health Security Agency (UKHSA) is demanding hospitals abandon basic infection prevention and control (IPC) measures. They say this will "help ease pressure on the NHS," also distorting and cherry-picking scientific evidence to justify their decision.

Their recommendations which focus on elective care include:

- \* A reduction of physical distancing from 2 metres to 1 metre with appropriate mitigations where patient access can be controlled.

- \* Removing the need for a negative PCR test and three days self-isolation before selected elective procedures, as currently advised by the National Institute for Health and Care Excellence (NICE).

- \* Re-adopting standard rather than enhanced cleaning procedures.

This is a perfect recipe for the spread of Sars Cov-2 in hospitals and care settings, tipping patients out of the frying pan into the fire.

Early this year, my hospital was on the highest alert, with hundreds of COVID patients. Some had to be transferred to a Nightingale Hospital [temporary field hospital] in Exeter, 80 miles away. Military personnel were deployed to the trust. Ambulances were being driven by soldiers or firefighters. (This is still the case in some parts of the country even now.)

Our theatres had to be used as makeshift intensive

care units with gravely unsafe staffing levels of 1 nurse to 3 or 4 critically ill patients. Hundreds of colleagues contracted the virus. At one point, we had over 500 staff absences due to COVID symptoms, isolating and/or shielding.

The situation in other parts of the country was even more severe. Staff were dropping like flies, with tens of thousands of nurses, doctors and other health workers contracting the virus. It is inevitable that the current lack of mitigation measures, let alone a proper elimination programme, will lead to an even greater disaster.

More than a thousand of my colleagues in health and social care have already died of COVID in this country while trying to protect and save the lives of others. The biggest share of those suffering the debilitating effects of Long COVID are health and other key workers. This is a result of the criminal policies of this government from the very beginning of the pandemic.

Nurses, doctors, paramedics and other health workers should oppose the government's criminal herd immunity policy—"learning to live with the virus" as Javid put it. This is a recipe for dying with a virus that has already killed 16 million people across the globe, according to the *Economist* magazine.

The minimal "Plan B" measures outlined by the government of mandatory mask wearing, remote working and vaccine passports are insufficient. What is needed are the strictest control measures including proper test, trace and quarantining, increasing vaccine coverage and lockdowns with full wage compensation to all non-essential workers as a part of an elimination strategy to end this ongoing social catastrophe.

Javid arrogantly refuses to take any of these actions, which would impede the flow of profits to his masters—the financial oligarchy. His remarks show his callous indifference to the overworked, burnt out and poorly paid nurses and other NHS workers and the health of ordinary working people being forced into unsafe workplaces.



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