

Scottish nurses threaten pay strike in “broken” National Health Service

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Nurses in Scotland are threatening strike action if the devolved Scottish government does not agree a 10 percent pay rise.

Along with other public sector workers, nurses have seen the real value of their wages decline through more than a decade of austerity and pay freezes, now exacerbated by mounting inflation.

Hailed as “heroes” during the coronavirus pandemic, nurses and health care workers throughout the UK have also confronted spiralling work pressures, with staff shortages putting patients at risk. According to a report presented at a Royal College of Nursing (RCN) conference on Monday, over 80 percent of 20,000 nurses surveyed in Scotland said staffing levels on their shifts had not met patient needs.

There are currently more than 6,200 nursing posts unfilled in Scottish hospitals and GP surgeries, a 38 percent increase in a year, according to figures from Public Health Scotland.

Data from NHS Scotland also shows almost 18 percent of district nursing posts are unfilled.

Colin Poolman, RCN Scotland interim director, described the statistics as “worrying” as they showed that the staffing crisis continued to deteriorate. “Nursing staff have never been under greater pressure and with so many vacancies adding to this, work-related absences are on the rise and significant numbers of experienced nursing staff are considering leaving the profession,” Poolman said.

An RCN poll from January found that six in 10 nursing staff in Scotland were considering or planning to leave their jobs.

Matthew McClelland, lead director for Scotland at the Nursing and Midwifery Council, said the numbers leaving reflected “the impact of pressurised environments, challenging workplace cultures and the pandemic on the workforce.”

The dire conditions facing nurses in Scotland reflect a

broader crisis in the National Health Service (NHS). According to Dr. Lailah Peel, chair of the British Medical Association’s (BMA) Scottish junior doctors committee, “All across the National Health Service in Scotland we’re struggling. The system is broken and it’s breaking us.”

On the BMA Scotland website, she describes how total patient numbers are reaching new peaks week to week. It has become impossible to routinely divert ambulances to the Accident & Emergency Department (A&E) at another hospital, as had been the case in the past when demand mounted. “Right now, we’re all feeling these pressures all the time.”

For those attending A&E departments this means longer and longer waits. The last time the A&E waiting time target was met in Scotland was July 2017, with waiting times getting worse since last year. More than 2,000 people were stuck in A&E for over eight hours in mid-May, with over 600 forced to wait over 12 hours before being admitted to a ward or discharged.

Staff shortages meant it was impossible to safely monitor the rising number of patients, according to Dr. Peel. “We can’t repeat observations as often as we would like, we simply can’t keep eyes on all our patients all the time. And we just don’t have the space to see them, so short of examining patients in the corridor, they have to wait, and wait.”

The problems in A&E department are exacerbated by chronic bed shortages, with the loss of NHS beds hitting Scotland proportionately harder than the UK as a whole. Of some 25,000 NHS beds that have gone since 2010, over 4,000 (17 percent) are in Scotland, which has just 8 percent of the UK population.

Added to this is a huge shortage of social care provision, meaning hospital beds cannot be freed. At the end of last year, Simon Hodgson, director of Carers Scotland, said without further funding, “we risk sleepwalking into a new social care crisis.”

These factors combine to force patients to lie on trollies, sometimes for days, until a bed on a ward becomes free. NHS Scotland was short of 100 A&E consultants and twice as many registrars, according to Dr. Peel.

As in England, waiting lists for routine surgery in Scotland ballooned during the pandemic. A letter from senior orthopaedic clinicians leaked to *The Times* reveals that the number of patients waiting more than two years for common procedures, such as hip or knee replacements, in Scotland is soaring. Planned orthopaedic surgery was currently running at only 48 percent of its former capacity.

Their letter, to NHS Scotland chief operating officer John Burns, says almost 2,900 people in Scotland have been waiting over two years for orthopaedic procedures. They contrasted this with England, with 10 times the population, which had reduced the comparable waiting list to about 4,000.

Official statistics last month revealed the worst cancer waiting times since records began in 2006, with only 79 percent of “urgent” referrals being treated within 62 days. Even worse, well over a third of Scots with cancer only received a diagnosis after attending hospital as an emergency. A major study by researchers at University College London into when cancer was first detected in patients showed Scotland fared worse than the rest of the UK, with almost four in 10 cancer patients there diagnosed through emergency departments. The situation was described as a “ticking timebomb.”

Women who needed to see gynaecology specialists faced “harrowing delays”, according to Glasgow GP Dr. Margaret McCartney. Two-week waits for urgent cancer referrals to gynaecology were now taking “six to eight weeks”, she said. Screening, paused in 2020 due to COVID, has created a hidden disaster just waiting to happen.

The NHS was established as a UK-wide provider of health services and support in 1948, part of “cradle to grave” welfare provisions, free at the point of delivery, introduced following the end of World War Two. Beginning under Conservative Prime Minister Margaret Thatcher in the 1980s, privatisation has eaten away at the NHS. An “internal market” introduced in 1990 was designed to open the service to external competition and provide a source of profit to the private health corporations.

In 1999, as part of the establishment of devolved governments in Scotland, Wales and Northern Ireland, responsibility for health was handed over to these bodies.

The Scottish parliament, initially under a Labour government, abandoned the “internal market” in NHS Scotland and established a more unified approach through regional health boards. Health funding as a percentage of GDP rose slightly from 6 to 8 percent between 1999 and 2019, with the Scottish National Party (SNP) ruling since 2007.

These modest changes have not altered the fact that public health in Scotland as measured by life expectancy trails behind the rest of the UK. Comparing average life expectancy at birth, this was estimated to be 76.8 years vs 79.3 years for males and 81 years vs 83.1 years for females in 2020. Health differences are still overwhelmingly a class question. Data from Public Health Scotland shows that in the most affluent areas of the country, men enjoy 23.8 more years of good health and women 22.6 more years compared to the most deprived areas.

Moreover, the pandemic has shown that the attitude of the Scottish government under Nicola Sturgeon and the SNP to protecting life does not significantly differ from that of Boris Johnson and the Tories in Westminster. Holyrood has pursued the same herd immunity policy and has now lifted all COVID rules and restrictions.

The national orientation of the trade unions, north and south of the border, divides workers rather than uniting them in a common struggle against the impact of the cost-of-living crisis and the ongoing effects of the pandemic.

NHS FightBack, an initiative of the Socialist Equality Party, seeks to unify workers in independent rank-and-file committees that will take up a struggle to the defend jobs and pay throughout the UK. Sign up for the WSWs Health Care Workers Newsletter here.



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