

NHS worker in Britain speaks out against Labour privatisation

A National Health Service nurse

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I am a senior front-line nurse working at University Hospitals Dorset. After hearing Prime Minister Keir Starmer's devastating attack on what remains of the National Health Service (NHS), I am fuming. I call on my fellow health workers across the country to stand up against this outrageous plundering of the NHS.

It appears to me that Starmer is following the motto of "never let a serious crisis go to waste", much like Boris Johnson's Tory government during its handling of the COVID-19 pandemic. Johnson's government facilitated a massive transfer of wealth to the super-rich during the pandemic, handed billions worth of NHS contracts to private companies, and allowed tens of thousands of people, including the elderly, to die of COVID—justifying it as "nature's way of dealing with elderly people".

Years of underfunding by consecutive governments and the criminal mismanagement of the pandemic have created a massive waiting list for elective operations. Currently, in England, 6.4 million people are waiting for 7.5 million elective procedures. Nearly 235,000 people have been waiting for more than a year! There is no doubt that this lack of care and treatment will have detrimental effects on the health outcomes of many people.

Starmer's plan to cut the massive waiting list is a disastrous and irreversible acceleration of the privatisation process in the NHS. This would effectively end the founding principles of the NHS: that it 'provides a comprehensive service, available to all' and that access to its services is 'based on clinical need, not an individual's ability to pay.'

Tens of billions of pounds will be handed over to the private corporations under his plan. The private sector will be given responsibility to treat up to an additional 2.5 million extra NHS patients a year.

It is now abundantly clear that his government's allocation of £22 billion to the NHS is not intended to revive its dilapidated services but to enrich a thin layer of

individuals who run private hospitals and diagnostic facilities.

Starmer proclaimed: "I welcome a new agreement that will expand the relationship between the NHS and the private healthcare sector," asserting that it would "make the spaces, facilities, and resources of private hospitals more readily available to the NHS." But this claim should be taken with more than a pinch of salt.

Between March 2020 and March 2021, during the height of the pandemic, Johnson's government handed private hospitals an estimated £2.5 billion to cover their full operational costs and free up 8,000 beds. Yet, in total, these hospitals delivered only 0.08 percent of COVID care, with the highest total of COVID patients they had on a single day being just 78.

This occurred while NHS hospitals were facing a perilous situation. During this same period, private hospitals continued carrying out private, fee-paying operations without hindrance, while also incentivising themselves with taxpayers' money granted by the Tory government.

NHS workers should take Starmer's words as a warning. His government will neither allow the NHS to stand on its own feet, with the many more billions of pounds in funding it needs, nor halt the erosion of workers' pay, terms, and conditions. He shamefully said, "The NHS can't become the national money pit," and "Productivity can't bump along 11 percent lower than it was before the pandemic."

Despite surging demand for treatment and care, consecutive governments have starved the NHS of necessary funding since the 2008 financial crash. Bed capacity has been severely reduced. In England, the number of available beds has been more than halved over the last 30 years, from 299,000 in 1987/88 to 141,000 in 2019/20, creating dangerously high levels of occupancy.

Moreover, NHS England faces 100,000 vacancies,

including 32,000 nursing posts.

This has created dangerous and unsafe conditions for patients across every area of the NHS, with safety targets being missed—whether for GP appointments, ambulance response times, accident and emergency waiting times, cancer treatment, or waiting times for elective operations.

A consultant in our Accident and Emergency (A&E) department recently shared that she had to treat patients *inside ambulances* multiple times because A&E beds, trolleys, and corridors were full. She described this as unsafe and a serious risk to patients, who were left waiting in ambulances for hours before being handed over to A&E.

A senior colleague in the Acute Medical Unit reported that 20 GP-referred patients were waiting for admission despite no available beds. He also highlighted the lack of isolation facilities, even with patients suffering from COVID-19, flu, Norovirus and RSV. “We’re becoming a hub for spreading infections rather than containing them,” he said.

These pressures also harm elective procedures across the trust, as beds allocated for such operations are repeatedly used for emergency admissions, leading to frequent cancellations.

A senior cardiology nurse told me that elective angiograms, pacemaker and ICD (implantable cardioverter-defibrillator) insertions, and procedures for correcting dangerous heart rhythms were often cancelled because the Cardiac Investigation Unit was repurposed as escalation bays for emergency patients.

She also raised concerns about outsourcing to the private sector, saying, “sometimes untrained private crews attend emergencies, including heart attacks, with limited skills in advanced life support and manual handling, putting patient safety at risk.”

A colleague in the histopathology department mentioned that they are severely understaffed:

“We do not have enough consultants, biomedical scientists (BMSs), or secretaries. Only three out of eight consultant posts are filled, with BMSs struggling to keep up with their workload. The smooth functioning of the Multi-Disciplinary Team meetings is affected due to the shortage of secretaries to organize the meetings and care files.

“These conditions can have a detrimental effect on the diagnosis and treatment of patients, especially cancer patients. This created a staffing crisis and is being used to justify outsourcing the examination and reporting of biopsy samples. Most of the simpler samples are sent to

the private sector at higher rates, leaving critical and complex cancer diagnosis biopsies to NHS staff”.

“A significant amount of money is being funnelled into the private sector, which could instead be reinvested in the NHS if the department were adequately staffed,” he concluded.

There is also a severe shortage of phlebotomists in our hospital. There should be at least nine to properly cover Royal Bournemouth Hospital and Christchurch Hospital, but only five are employed. This has an impact on the treatment and diagnosis of patient conditions, as well as the workload of the already overstretched nursing staff and healthcare assistants. The remaining phlebotomists are struggling with their unbearable workload of taking blood samples.

Despite staff shortages, the trust is implementing a Mutually Agreed Resignation Scheme (MARS) to further reduce workforce levels, as part of NHS Dorset’s financial plan. While targeting non-patient-facing roles, overstretched clinical staff will inevitably bear the brunt.

All this highlights how Starmer’s Labour government risks patient safety by shifting burdens instead of solving systemic issues. Though he claims, “I’m not interested in putting ideology before patients,” his plan reflects a Thatcherite push toward a two-tier healthcare system.

NHS trade unions are playing a despicable role as they don’t raise a finger against this massive-scale privatization of the NHS by the Labour Party. My union, the Royal College of Nursing, has not uttered a word against Stamer’s plan to dismantle the NHS.

I urge all my colleagues across the country to share their stories with the *World Socialist Web Site* and join the NHS FightBack to launch a struggle to defend the NHS with a socialist strategy.

For further information contact NHS FightBack, established by the Socialist Equality Party and affiliated to the International Workers Alliance of Rank-and-File Committees.



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