

The strike is a symptom of an NHS in intensive care

The Guardian » by Polly Toynbee on 13 October 2014



‘NHS staff anger is as much about the £3bn of public money wasted in the Tories’ chaotic reorganisation as the calculated insult of being denied an asked-for below inflation wage increase.’ Photograph: Andy Rain/EPA

[Nurses, midwives and others striking](#) on Monday were making only a token gesture, designed to shock, not harm. But their work to rule will push up NHS debt, meaning expensive agency temps must be hired. Though nurses finally snapped after a five-year pay freeze that has meant a 15% cut, pay is only part of the story: the nursing shortage causes intense pressure. Staff are caring for too many patients but get blamed when they can’t care well enough, despite more nurses hired.

However pay is also a token of respect – ask any CEO. To deny a below-inflation 1% was a calculated provocation, muddled by a spurious claim that nurses shouldn’t be paid more as they gain experience. Their anger is as much about the £3bn waste of money in a chaotic reorganisation even cabinet ministers now call a disaster. Does the health secretary hope prodding them into a strike will turn public opinion against NHS staff? Politicians who pit themselves against nurses tend to lose the argument.

Peel back the truth about the great nursing shortage and you find another reason why the government's Health and Social Care Act fragmentation of the NHS makes no sense: it has set trusts to compete fiercely against each other for income, staff and patients in a sham health "market". Recently I visited Watford general hospital, one of the majority of trusts up to its neck in debt, caught out by flat funding, 8% more patients admitted through A&E last year than the year before and intense pressure on the quality of care. Its website gives a grim summary of [its latest Care Quality Commission \(CQC\) inspection](#), with a thick X for four out of the five key standards, including not enough nurses. In a hurry, it has hired an extra 160 – and its debts rose to £14m. How many nurses should there be on a ward? The National Institute for Health and Care Excellence (Nice) is considering that difficult question: a rule of thumb ratio of one for every eight patients is uncertain, as the frailty of patients varies so widely.

Here is the classic Jeremy Hunt squeeze: he sends in a beefed-up CQC to dish out savage judgments, while administering an ever tighter tourniquet to NHS finances. He uses the Mid Staffs scandal ceaselessly, claiming he is "looking under the bonnet" as he pins on his noticeboard his worst cases. He was at it again on Monday, conveniently diverting blame away from the harshest ever NHS budget to those struggling to keep the service afloat. By law trusts are not theoretically allowed to fall into debt, yet Hunt has ordered every ward to say how many nurses are on duty to increase their number.

Nurses take three years to train, so where do you find some in a hurry? Watford's chief executive, Samantha Jones, is one of hundreds of managers frantically sending recruiters abroad to trawl for them. She's been hunting in Portugal, Italy and Spain. Others try Romania and the Philippines, while agencies say Ireland is drained of nurses, as squads of trusts compete to entice them. I spoke to one agency who described "so much competition, all of us fishing in the same pools for nurses for different hospitals". What does it cost? The agents get paid £3,000 a nurse, some seeking 300 nurses for one hospital. Why not save money with a single recruitment system? Because there is no longer a "national" in the NHS: it's every trust for themselves.

Last year about 6,000 foreign nurses were imported, a number rising fast. But the NHS lost over 4,000 nurses, as they emigrated to better paid, less stressful work in Australia, the US and New Zealand, all higher health spenders per capita. Britain loses its most experienced nurses in exchange for far less experienced staff who need tuition in clinical English.

If you think there must be a shortage of British people willing to nurse, you would be wildly wrong. This was another government madness: nurse training places were cut from 20,829 in 2010 to 17,219 in 2013. There is no lack of applicants: 226,400 applied last year, well over 10 per place, double the number trying for each Oxbridge spot. Peter Carter, head for the Royal College of Nursing, reckons more than half are well-qualified applicants with the right attributes to be good nurses. But training places were cut to save money, despite rising need. Each year 10% of nurses quit or retire, but government attempts to woo leavers back are hampered by a lack of “back to nursing” refresher courses – and too few flexible rotas for mothers wanting part-time shifts. Nurses are escaping to work flexibly for agencies and hired back to the NHS at huge cost. Temp nursing agencies charge a fortune – up to £1,800 for a 12-hour Sunday night shift for a neonatal temp; the agency takes 20% of that. Luckily, most nurses stay in the NHS despite years of falling pay – but Hunt’s sudden withdrawal of an expected 1% rise smacks of deliberate political confrontation.

The day I visited Watford general, 77 of its 600 beds were taken by elderly patients with nowhere to go, costing a small fortune, not needing medical treatment but with no care plan to look after them at home. Nationally there are 26,000 “bed blockers”, caused often by the lack of district and community nurses: in 2003 there were 12,000 district nurses, but now there are just 7,500 – a 47% cut. It’s the same story with community mental health nurses, who help keep patients well at home. Diabetic nurses, who keep diabetics out of hospital, are cut. School nurses, who detect problems early, often have to cover 10 schools. For all the talk of community investment to save hospital admissions, the facts show short-sighted cuts causing higher costs.



With such competition and so many emigrating, nurses should be in a remarkably powerful bargaining position – if ordinary laws of the market worked. But market logic never seems to apply to middle and lower earners. Some in the NHS get large bonuses to retain them, such the John Radcliffe hospital’s CEO who gets a £30,000 bonus on top of his £215,000 pay. His local Tory MP’s defence was that “there should be performance related pay for key people” – but what an affront to all the other NHS “key people”. It’s a microcosm of warped rewards across the whole country where even the remaining unionised workers fail miserably to hold on to their slipping standard of living. If not nurses, then who has any hope of protection from a government bent on diminishing and denigrating the public realm?

