

- Escalate to all-out action ● No secret negotiations
- Strike committees to control the action: defend the full claim

# VICTORY TO THE NURSES

# DEFEND THE NHS

**THE ROYAL COLLEGE of Nursing (RCN) is taking strike action on 15 and 20 December in the largest nurses' strike in UK history. After more than a decade of underfunding, health workers have seen their pay, conditions and staffing levels deteriorate to breaking point.**

Nurses have lost more than 20% of their real-terms pay since 2010. The government says the RCN's claim for inflation plus 5% (17.5%) is 'unreasonable and unaffordable'. But during the pandemic, the government squandered £8.7bn on corrupt PPE contracts for their cronies, and the wealth of Britain's billionaires soared by 25%.

The government insults nurses when it appeals to their sense of vocation. During the pandemic, health workers faced death and debilitating illness to keep the NHS going. Unpaid overtime and working through breaks were the norm. Even before the pandemic and cost of living crisis, nurses were resorting to food banks, opting out of pensions and

working unsustainable levels of overtime.

The NHS is not a charity. It is a public service which the Tories are trying to destroy by running it down and driving tens of thousands of skilled nurses out of the profession every year.

The government is blaming the strike for cancelled operations and cancer treatments. It's not nurses who are responsible for a waiting list of 7.2 million. It's not junior doctors who are responsible for the fact that wards routinely operate with half the safe staffing levels. And it's not paramedics who are responsible for the inability to hand over patients at overflowing hospitals.

The crisis in the NHS has to be laid firmly at the door of the government. That's why this strike is about more than pay. It is about the survival of the NHS - and public services and the welfare state in general.

### How nurses can win

Nurses face an uphill struggle. The government is refusing to negotiate over pay because it wants to blame strikes for the NHS crisis

this winter. The Labour Party is not only refusing to support the nurses' legitimate pay claim - Keir Starmer has actually opposed it, saying it is 'too high'.

The undemocratic anti-union laws mean hundreds of thousands of workers are blocked from taking legal strike action because their trusts did not meet the 50% turnout threshold. Now Jeremy Hunt has refused to rule out including nurses in proposed plans to outlaw strikes in some public services completely.

The RCN has compounded this by only calling out around half of the trusts that did meet the threshold, meaning large numbers who can legally strike are being prevented from doing so by the union leadership.

In Scotland, some unions have already accepted below inflation pay increases. In England, some union leaders have used the Scottish settlement of around 7.5% as a benchmark for negotiation with the government. The RCN offered to 'pause' strikes in return for negotiations. Workers should be clear - the leadership has no mandate for this.

We need the most effective action, an all-out indefinite strike, as quickly as possible, to fight for the full claim.

Solidarity from the wider labour movement is key to piling on the political pressure on the government. The two days of action must be turned into nationwide demonstrations of solidarity with the health workers. Trade unionists should support all the picket

lines and organise tea time demonstrations after work in the city centres.

But at the same time, health workers need to fight for control over their dispute and not leave the strategy and negotiations in the hands of the union officials. The NHS unions should organise workplace protests outside hospitals across the country.

Regular protests (for example every

Thursday) could support rebalancing campaigns by bringing together members of the many NHS unions in a joint campaign, building confidence and union membership. In tandem with this, workers should set up democratically elected strike committees to ensure the different unions stay united and that workers themselves decide when to strike, and for how long.

## BRIEFING: NHS IN CRISIS

**THE WINTER CRISIS in the NHS is more acute than ever before. The number of beds occupied by patients who have been in hospital for more than 3 weeks is the highest in any of the past five winters. Nineteen out of every twenty beds in wards in England are full.**

This is accompanied by a crisis of the emergency health care system. Nearly three in every ten ambulance patients are forced to queue outside of hospitals too busy to receive them—around double the pre-pandemic rate.

7.2 million people are on waiting lists for NHS treatment in England—60% more than before the pandemic. One in seven people in Scotland are on a waiting list, and the number in Wales is at an all-time peak.

Health Secretary Steve Barclay has claimed that ‘the government is investing in the NHS workforce.’ Government boasts of huge investments in health give the impression that long waiting lists and overcrowded hospitals are not the result of underfunding.

But the numbers paint a different picture. The average per capita health spending (excluding buildings and equipment) in the UK between 2010 and 2019 was 18% less than the European average. The gap between the UK’s spending on health assets (such as on buildings, vehicles and equipment) compared to that of other European countries is even wider. The average annual UK spend between 2010 and 2019 was £5.8bn compared to an EU average of £38.8bn, meaning that the UK has far older and less well-maintained assets, and fewer of them. To put this into context, building a new hospital in London would cost £4.9bn, or in Manchester £3.7bn.

Additional NHS funding to bring it up to the average levels of European healthcare spending could solve both the staffing crisis and the beds crisis, yet successive governments have imposed efficiency drives in the NHS, reducing costs and holding down wages.

The NHS faced a funding squeeze be-

tween 2008 and 2018, as part of the government’s austerity programme following the last recession. Each successive government has claimed to be increasing NHS funding, but for the NHS budget to have really increased it must keep up with both inflation and population growth. In real terms, NHS funding has been cut. Health spending grew at an average annual rate of about 3.3% between 1949/50 and 2016/17, but if we look just at the period between 2009/10 and 2016/17 that average drops significantly to 0.6%, far below inflation.

Though NHS funding increased during the pandemic, it could not solve the problems already created by chronic underfunding. The NHS was already at breaking point as 2020 began. It had 6.6 ICU beds per 100,000 inhabitants, compared with 29.2 in Germany, 12.5 in Italy and 10.6 in South Korea.

### Staffing crisis

There are now 133,400 vacancies including 47,500 nursing posts. The current trend is of increasing vacancies—more nurses are leaving the profession than joining it. The Royal College of Nursing (RCN) demand for an above-inflation wage rise is not simply for the existing workforce, whose pay has been held down for years, but to help with recruitment.

A key part of the government’s plan to reduce the Covid backlog is to increase international recruitment, with a target of 10,000 international recruits in 2021/22.

However, the NHS’s treatment of international nurses has been criticised by the RCN. They are campaigning for ‘ethical international recruitment’, citing widespread problems of high early-exit fees of up to £14,000 that are used to pressure workers to remain within contracts or repay the fees with the threat of deportation. The RCN is also concerned that recruits are being misled about how easy it will be to bring family members to the UK, and by the time they discover how difficult

it is to navigate the UK immigration system they are already tied into a contract.

The NHS is also struggling to retain the staff they have: 16% of health and social care workers are looking to leave the industry completely, citing staffing, pay and workload as causes. It is a vicious cycle, as the fewer NHS workers there are, the more the pressure builds on those who remain. In August 2021 alone, two million days were lost to sickness, a quarter of which were due to mental health problems.

### Who pays?

The NHS needs a massive injection of cash, both to fund the resourcing needs of increased pay and increased staff, and the investment needs for new hospitals and equipment. Fees for medical and nursing students must be scrapped and a bursary reintroduced at the rate of a living wage, along with the free, quality on-site creches to meet the needs of parents. Early-exit fees for international nurses should be scrapped along with the immigration rules that hold the threat of deportation over their heads and separate them from their families.

The UK economy is going through turbulent times, and we are on the precipice of a recession. However, the working class cannot pay for this crisis, either financially or in lives lost. Our answer must be that the rich must be forced to pay for the crisis in the NHS, just as they must be forced to pay for the cost-of-living crisis and the coming recession.

More fundamentally, the health service must be brought back into full public ownership, without compensation to the profiteers – therefore, we call for full nationalisation of the health system under the democratic control of workers and patients. All Private Finance Initiatives (PFIs) must be scrapped. We must also expropriate the pharmaceutical companies and all those who extort massive profits through exploiting the sick, under the democratic control of the working class and without a penny in compensation to the bosses.

## WHO ARE WE?

**WORKERS POWER** organises for democracy, workers’ control and class struggle methods in the labour movement. We are revolutionary communists: against capitalist war, poverty, oppression and climate breakdown, we fight for a socialist economy democratically planned to meet human need.

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