

# **NHS Crisis: A Socialist Nurse speaks out**

The *Socialist Standard* interviews socialist nurse, Adele Atkinson.

**We both know that the NHS has always been a get-you-back-to-work service to keep workers in a fit state to produce profits, so what's new about the new reforms?**

The NHS reforms, brought in on 1 April this year, are designed to ensure that the NHS conforms to market demands. All services within the NHS are being priced and sold within an internal market: GPs must buy services from hospitals, hospital departments specialising in one area from those specialising in another, and so on. These new contracts for services can only be entered into if the buyer has the money in the budget. No money to buy, no contract; no contract, no provision of service. The original aim of the NHS was ostensibly to provide free health care paid out of state funds; now each sector of the NHS must rely on its own budget and constantly think in terms of the market. This is just making explicit what was already implicit in the financing of the health service.

**How does capitalism manage to price illnesses?**

This is done in accordance with a system called ICD (International Classification of Diseases) which classifies diseases as being more or less costly than each other, and also by DRGs (Diagnostic Related Diseases) which suggests how long a patient will need to stay in hospital and how much medical attention will be needed. This is a crude pricing system and its means that many pieces of technical equipment are unused because nobody can afford to buy their use; for example, this is the case in the burns unit where I have worked for years.

**What will happen to burns patients in the future – if, for instance, the burns treatment costs too much for their local health authority to pay for?**

They will be put on general wards where they will have less specialised attention and where there will be a much greater risk of contracting infection – burns victims are very prone to infection. This is happening now.

**So, these cost-cutting policies by so-called economic experts hurt real people?**

Let me give you an example of this. There was a woman waiting for sterilisation at Guy's hospital in London. She had been on the waiting list before 1 April. After 1 April Guy's refused to do the operation unless her local health authority, which had no contract with them, would pay the cost. The local authority wouldn't pay; the operation did not take place.

**How do workers in the NHS feel about this?**

Morale in the NHS is very low. It is clear to many workers what our employers think we're worth. The RCN has criticised the reform, but will take no defensive action, such as striking. The other unions, COHSE, NUPE and NALGO are going to merge and that should make us stronger. But, you see, in the end it doesn't matter to the financial whizz-kids who are running the NHS what we think. Opting out can be carried out by hospitals on a minority decision by the people who work in them. Senior staff, such as consultants, have been bought off: they've been put on management boards

called Clinical Directorates where they are made to choose how to spend the budget. In other words, skilled medical practitioners are being dragged into the dirty work of having to play the health market – and then defend the decisions to the rest of us.

**Guy's Hospital became a trust on 1 April, in accordance with the reform, and then sacked nearly a thousand workers. Why?**

Because it's not “cost effective” to have so many London teaching hospitals all competing for the same population with the same services. So, despite the chronic length of waiting lists, Guy's decided to close down its least marketable services – mental health and care of the elderly, I should think. Guy's did this in the knowledge that there would be a public outcry. The plan is to get the outcry and the demonstrations over quickly and then the other hospitals can start cutting services and laying off workers. Mind you, Peter Griffiths and Karen Caines, the top managers at Guy's, are paid £90,000 and £50,000 a year respectively. And they are being paid to ensure that costs are cut and budgets are kept to, regardless of human lives lost.

**As a socialist, what way out do you see from this mess?**

We need a society where the production of everything – everything from food to housing to health care – is provided on the basis of need, not sales or profit. The market is a crazy way of distributing – in fact, it rations – what people need. There will never be a fully decent health service as long as there is the market.

**In a non-market, socialist community what do think will be the main changes in the way you, as a nurse, will do your work?**

For a start, socialism will be able to provide decent care for the elderly. These now take up half the beds on the orthopaedic, chest and other medical wards. They are seen as a burden. What gain in there in paying the price of keeping them alive? In a socialist society real care – and that takes a lot of time, a lot of people – will be possible. Also, people with learning difficulties – those currently dismissed as mentally handicapped – can be more integrated into the community. A lot of people are currently left in hospitals because the society beyond can't be bothered, or lacks the cash, to care for them. I also think that socialist hospitals will keep patients in for longer periods. At the moment hospitals do their best to throw patients out so that their beds can be filled, new money can be made. People need to be properly looked after and capitalism isn't letting us do that as well as we can and should.

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