

NHS workers speak out, demanding more staff, resources and end to UK Labour government privatisation

“It’s really scary now; it feels like you’re going to war each day when you’re going to work”

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21 January 2025

The National Health Service (NHS) in the UK is operating under enormous strain after years of austerity cuts since 2010. The Labour government’s plans for the NHS include no extra funding without productivity increases, demanded of an exhausted workforce. Further privatisation will hand over billions to private health companies.

World Socialist Web Site reporters spoke to health workers across the sector about the crisis they face on the front line.

Coming off shift, hospital staff at North Manchester General Hospital expressed their opposition to Health Secretary Wes Streeting’s denial that the crisis engulfing the NHS is bound up with a lack of funding.

A nurse who works on the surgical wards said the answer to the crisis is to “put more money in and get more staff. A lot are leaving the NHS for agency work or the private sector because they get more money.

“Overseas nurses don’t get the same wage. I’m brand new on Band 5, but someone from overseas with 10 years’ experience is put on the same band as me.”

Her colleague, a community nurse, asked, “Have you heard they’re advertising for corridor nurses in A&E (Accident and Emergency)? This will be the new normal, treating people in corridors.

“I see 14 people in an eight-hour day, including travelling time—all I get is 59p a mile and it’s taxed.”

Nurses were shocked to hear that the number of NHS hospital beds in England more than halved from 299,000 in 1987/88 to around 141,000 in 2019/20. The Starmer government, however, wants to gut hospital services even further by creating nebulous diagnostic centres in the community.

A mental health worker said, “It’s so stressful, as soon as patients come on the ward, management wants them off the ward. I haven’t time to do my job. I was off for six months with high blood pressure and stress.”

A senior mental health practitioner commented, “The bed crisis in mental health is untenable. We just haven’t got the resources.

Yet the NHS pays enormous amounts of money for private bed spaces that do nothing, they are just holding spaces.”

A Consultant Haematologist at a hospital in Ormskirk, wrote to the WSWs to express his concerns about privatisation:

“I think the NHS is gradually being privatised. There are many agency locum consultants who are paid by the agency [a private company paid with NHS funds], which earns lot of money without doing a job. A doctor receives a better salary comparatively; I’m not sure how much the agency earns. It makes me wonder if the majority of doctors may be agency locum consultants in the future. This is an indirect way of privatising doctors’ services.

“It has become difficult for doctors to find jobs via the NHS website. Some agencies find doctors for the NHS, and they receive £15,000 for the service.

“The NHS needs to recruit more doctors and nurses rather than privatising and paying huge amounts of money to companies who do a simple brochure job. This is a waste of NHS funds.

“I had an appointment for a lower GI endoscopy one Sunday in the same hospital where I work but I met no familiar surgeons or nurses. The procedure was done by a private agency using all the NHS resources. The surgeon told me their payment is better. This is how the private sector absorbs NHS funds.

“I request a lot of PET CT scans and all of them are performed by private companies. PET CT scans are needed to assess the activity of cancers. Some NHS hospitals have PET CT machines, but all the PET CT will be done by private companies in the near future according to the current trend.”

The doctor referenced ChatGPT, an AI tool accessed by health workers in the NHS for guidance and information, which stated: “Approximately 50% of PET-CT scans for NHS England are conducted by private providers. Private companies such as Alliance Medical and InHealth Group play significant roles in delivering these services.”

The doctor noted, “A 2018 workforce census by the Royal College of Pathologists revealed that approximately 45 percent of histopathology departments [that diagnose diseased tissue under a

microscope] outsourced work”.

“I started work in the NHS in 2013. The number of patients has greatly increased but the infrastructure is almost the same. This situation has increased the workload for us. While the cost of living has increased significantly, salary increments are unsatisfactory. So, work stress is escalating.”

There are currently 6.4 million people in the UK waiting for 7.5 million treatments.

The doctor wrote, “I can’t understand how the government is going to clear the waiting list for NHS surgical procedures and clinic appointments without providing more staff recruitment and expanding the infrastructure, such as theatre facilities and ITU facilities and imaging facilities.”

“They will possibly find ways to direct a major portion of NHS money to the private sector to privatise the NHS. Money will be utterly wasted and poured into private pockets in this way, a black hole.”

The current surge in flu and other respiratory viruses has exacerbated the crisis.

“These viral infections are causing a real issue in my department,” said the doctor. “The precautions taken are quite unsatisfactory. Only staff are asked to wear a face mask. No other active methods to prevent infections are encouraged, such as social distancing, hand sanitation or cleaning. UV lighting, which kills viruses including COVID-19, is beyond imagination.”

A young health care assistant on a busy rehabilitation ward in England, who has worked for the NHS for 18 months, said, “When I first started the pressures were not that bad and we had enough staff, and on the whole, it was OK and we could manage. We are now short staffed, and we are constantly receiving new admissions. Nurses are constantly stressed out and staff are making mistakes. When patients who are bed-bound press the buzzers to ask for something, we are not able to answer the buzzers in time and patients will try to get out of the beds and they are at an increased risk of falls.

“When you’re on the ward, you’re run ragged all the time. You have 10 buzzers going off at the same time and you just cannot answer them all and this is a ward with some patients who are receiving palliative care.

“I feel we are not able to deliver good quality care because we are having to spend a shorter amount of time in the room with someone, before we move on to the next patient.

“The patients on the rehab ward are affected because they cannot get rehab because we are having to do other things. The patients on my ward require a lot of one-to-one care and looking after as they can have complex care needs, or need palliative care, and you just don’t have the time to look after them in the way you would want to because of the pressures of the moment.

“Because of the shortage of staff, with staff being called to do something else, I have needed to move patients physically on my own and that should not happen, or someone can be left in a wet pad or excrement, but what else can you do?”

“I have noticed that more staff are taking time off sick, becoming burnt out with stress and being overworked and this is leading to staff leaving because they cannot cope.

“I don’t think people can do this for much longer. We need

more money putting into the NHS and that includes increasing staff wages as well. We are at breaking point and the NHS is going to collapse if this does not happen.

“It’s really scary now; it feels like you’re going to war each day when you’re going to work, and I dread going because you just don’t know what’s going to happen.”

A doctor who has worked as a Consultant Haematologist in a hospital in South Wales said, “The waiting lists are very long. There is a severe shortage of doctors and nurses. Some tests are not available.

“A&Es [Accident and Emergency] are overcrowded, and some patients are waiting in their vehicles for hours before being seen by medical personnel.

“All the staff are under stress and pressure, and some take leave due to burnout adding more pressure to the available team. There is a shortage of staff in most instances and morale is low.

“Due to long waiting times and delays in reporting, radiology and histopathology patients don’t get treatment on time and present with complications.

“Staff are doing their best but cannot cope with the workload. We need more staff, especially nurses and doctors.”

“It’s important to save the NHS at any cost as it gives free healthcare to all!”

A Health Care Assistant (auxiliary nurse) who has worked in the NHS for around five years, spoke about conditions in his hospital near Liverpool.

“The ward I work on was closed [no new admissions] all over Christmas for about four weeks, due to flu and norovirus outbreaks. The precautions for flu, etc, are the same as with COVID, limited—only surgical masks and hand washing and it’s left to the individual, with no directives from NHS management.

“You can’t view the NHS in isolation. There are enormous social problems that we have to deal with in hospital: alcoholism, diabetes, numerous other things, poverty, social inequality, expensive nursing homes, care in the community. We are discharging patients who can hardly look after themselves, back to their homes where they are caring for a spouse with dementia etc.”

To all NHS workers, share your stories with the World Socialist Web Site and join NHS FightBack to link up with other healthcare workers in the struggle to secure high-quality healthcare for all, provided by a valued and supported workforce.



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