

An occupational hazard

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An occupational hazard for MP's who are appointed to ministerial posts is that they often find themselves with a portfolio in a sector of which they have little or no previous experience.

This is then compounded by the media and the general public who have an expectation that by virtue of the office they hold, they are experts in their field, which of course many are not.

Once in post they find themselves having to hold the party line often without the organisational memory as to how their department has ended up in the current position they find themselves in...

Of the current health ministers there are two, Helen Whately and Maria Caulfield who have experience in the NHS and I suspect privately they must regret the mistakes made by their predecessors since 2010, that are causing so many of the difficulties and challenges the NHS and Social Care system now faces.

The litany of ill thought through policies and initiatives are so many that it is difficult to list them all.

"... the Minister of State for Health Services implied that I didn't know what I was talking about."

Therefore I will attempt to highlight some of the most catastrophic to demonstrate a point.

In the build up to the 2010 General Election David Cameron when leader of the opposition, spoke at the RCN's annual Congress and stated that there would be no more pointless

reorganisations of the NHS...

... which he cited as a major factor in the waste, and inefficiency (in his view) within the NHS. He stated *"look at the initiatives by the Labour*

Government, PCGs, PCTs' Strategic Health Authorities, Foundation Trusts
..... *please keep up*" he said to the delegates who applauded his ridicule of so many reorganisations in recent times.

However in July 2010 within weeks of the new coalition Government forming, Andrew Lansley announced the biggest restructuring of the NHS in its history.

This was the largest piece of legislation to be ever placed before the Westminster Parliament and unusually by-passed the

Green paper stage. It attracted huge controversy and plunged the NHS into several years of turmoil and confusion.

Many years later David Cameron in his memoir *For the Record* stated in relation to the Lansley reforms:

"He (Lansley) was too submerged in the detail...the jargon he used was baffling. I remember sitting in Cabinet when he shared his reform white paper. It was like an artist unveiling a piece he has spent years on and everyone wondering what on earth it was".

Well all of us working in and with the NHS shared those sentiments; a pity David Cameron did not say so at the time!

Virtually all of those reforms have now been reversed however the fall out is still being felt.

Examples of further policy failures are:

Between 2010 and 2019 due to cuts in funding the number of mental health nurses plummeted from 7,053 to 4,031. This, despite the rhetoric of parity of esteem.

In 2012 the number of training places for nurses was cut across the country. In London there was a reduction from 2,000 places a year to 1,580.

A spokesperson for NHS London said, *"We intend to concentrate on quality not quantity"*.

"... future regimes might do well to listen to those who work in the health service."

The fact that training 2,000 nurses a year was barely enough to keep pace with leavers, mainly due to retirements, seemed lost on those who should have known better. Surely quality and quantity should have been the objective

In an interview with the *Evening Standard*, April 2012 I said in relation to these cuts *'There are good people in this country who want to train as nurses but there is a lack of investment in British nursing. I guarantee you in three years time there is going to be a shortfall. Hospital Trusts are going to go off to developing countries and raid their impoverished workforces"*

Simon Burns who at that time was Minister of State for Health Services implied that I didn't know what I was talking about.

The Scotland Government does not fair any better than Westminster. In January 2012 *The Scotsman* quoted

Nicola Sturgeon who said, "A reduction in intake (for student nurses) is a sensible way forward"

Of all of the catastrophic policies must be George Osborne's in 2015 scrapping the bursaries for student nurses. At that time the average age of a student nurse was 28. As a result of people having to take out student loans this valuable source of recruitment was lost.

Learning disability nurses have also been hard hit. By 2018 the number had dropped to 3,192 a record low and a 40% reduction in a decade.

I have concentrated on nurses in this paper but a similar position relates to many other professions.

All of this results in the precarious position we now find ourselves in.

The *Nursing Times* reported in February that applicants for nurse training have dropped alarmingly, -18% in England -17% Northern Ireland -22% Wales and -24% in Scotland. All this at time of record vacancies and rising workload. Although I am not a Conservative I recognise that Helen Whatley and Maria Caulfield are decent people with high integrity and are women of expertise. It is clear to me that they

are doing everything possible to address these difficulties but years have been lost and recovery will take many years.

As we get nearer to the next general Election there will be further scrutiny on some of the promises made by Boris Johnson. Despite herculean efforts by the staff of the NHS there will not be 50,000 more nurses and there will not be any meaningful

progress on the 40 new hospitals that the former Prime Minister promised. In his valedictory speech on leaving Downing St, Johnson informed us that "We fixed Social care" of all of the many bizarre and shallow statements that he uttered over the years this must rank as the most insincere. Social care has not been fixed, however I wish Helen Whatley well as she attempts to do so.

Both Maria and Helen must rue the ill thought through policies of their predecessors and must dread having to defend the record of the Conservatives since they came to power in 2010.

Perhaps future regimes might do well to listen to those who work in the health service when seeking remedies to the many challenges the NHS faces.