

Doug Cook

Lessons of the NHS dispute

The recent health workers dispute was a remarkable affair. In many respects it was a new kind of dispute: the unity of the health workers themselves, the solidarity shown by many other workers, the role of the TUC Health Committee and the long-drawn and diverse nature of the action pursued.

The reorganisation of the health service in 1974 set the scene for the development of a new outlook and a rapid increase in the membership of the affiliated trade unions. Up until then, the vast majority of the staff were employed by hospital management committees which were often community based. Arising out of the reorganisation, new, large and remote authorities were established. Many staff were uprooted and compulsorily transferred to other locations. The reaction from employees was to seek protection, and unions steadily recruited workers at all levels.

There was no real stability following this reorganisation, the services being the subject of cuts before the newly proposed establishment had been filled and many posts within the new structure were subsequently frozen. Within the space of five years, the NHS began moving towards another reorganisation but one which was set against a background of growing cuts with hospital and ward closures, a tightening of cash limits and increasing pressure from the Government to privatise many of the support services. Meanwhile, from 1974 health service pay lagged, both relatively and absolutely, behind that of workers in the private sector and other public service workers.

The dispute

It is against this background that we must examine the eight months of industrial action by the health workers.

The scene for the dispute was set by the fact that, irrespective of differing settlement dates for the individual Whitley Councils covering separate groups of staff, the health service unions on this occasion took what must be seen as a both unique and historic decision, namely to submit a joint claim (12%) for all negotiating councils and to pursue that claim with the strategy and tactics in the hands of the TUC Health Committee, on which are represented all the health service unions. The subsequent offer of the 4% norm by the Government was greeted with derision by the workforce and made industrial action inevitable.

Following pressure from the TUC Health Services Committee, and a sympathetic public opinion encouraged by media support, on March 8 the Secretary of State announced in the Commons that extra sums of money would be made available for certain categories of NHS staff. In effect, it provided cash limits of 6.4% for nurses, midwives and professions supplementary to medicine, and 5% for ambulance staff and pharmacists. The majority of NHS staff would remain at 4%. The proposals were rejected as being divisive, which of course was the intention, and inadequate.

The response from the TUC Health Committee was immediate

and action was taken to reduce the service to accident and emergency only by pulling out key groups of workers on permanent strike and involving other groups in activity which contributed towards the reduction of the service whilst they continued to undertake the majority of their work. National one day stoppages by health workers were organised on the 19 May, 4 and 8 June and a continuing ban was imposed on certain work not directly related to patient care.

The speed and intensity of the action brought a fairly rapid response from the Government, with new proposals of 7.5% for nurses, midwives and professions supplementary to medicine, 6.5% for ambulance staff and pharmacists, and 6% for all other staff. The offer was rejected by the TUC on similar grounds to previously—their inadequacy and divisiveness—but also because the Government was not proposing to fund the increases completely but expected money to be found by the Health Service itself.

Further days of nationwide industrial action throughout the NHS were called for by the TUC and a more intensive programme for the withdrawal of selected key workers was put into effect. The action by health service workers now received widespread support from trade unionists in both the private and public sector. Many sections of workers, including miners and car workers, came out in official, semi-official and unofficial solidarity action which was on a scale unprecedented in recent years. At the same time, lobbies of parliament were organised by various regions. This offensive culminated in both regional and national demonstrations on 22 September, which received tremendous support from trade unionists and the public, and proved to be a massive show of solidarity with the NHS and its employees. On that day more than a million workers in various parts of Britain demonstrated their support and London welcomed and embraced the health service workers with a friendship and solidarity unprecedented in recent history. Why then did the campaign not succeed?

The lessons

The rolling programme of regional action, called for in the immediate aftermath of the week of intensive action failed because the TUC did not appreciate the mood at the grass roots and the time needed to organise and win support for the action. The last minute cancellation of the Transport—Health Workers day of action planned for early November effectively brought to an end all industrial action.

The failure of the TUC Health Committee to plan in advance a broad strategy for action culminating in a final call for all out strike action with accident and emergency services only being maintained was a fundamental weakness in the campaign. As a consequence, the workers in the regions and districts had no clear perspective of what was wanted and when. Actions were planned as one-off events, and only after they had taken place was further action considered. Thus TUC decisions were often taken too late for unions and stewards to organise the best possible response. The Transport—Health Service day of action was from the outset marked by confusion and was followed by disaster when it was cancelled without notice.

Whatever the weakness of TUC strategy however, it should be clearly understood that they were endeavouring to pull together 12 trade unions, many of whose members were not wholly committed to industrial action. Some found industrial action abhorrent in a caring service like health, while others were anxious to keep their heads down in a situation of redundancies, cuts and reorganisation.

A major lesson arising from the dispute is the need for TUC unions to maintain unity at all levels both in respect of pay negotiations and the campaign to maintain services and oppose privatisation. In this context the role of the professional bodies, notably the Royal College of Nursing, proved a considerable problem during the dispute. Nurses, of course, were a crucial element in the campaign and the RCN itself was at times neutralised. But the TUC

unions must consider whether the present negotiating machinery with the new health authorities should be re-constituted so as to exclude these bodies.

The essential link between pay and cuts in the service, a factor related to the refusal of the Government to fund the full pay award, made it possible for the TUC to build a united campaign involving the trade union movement and the public and it became a focal point for much sympathetic media attention. The tide of anger against government policy needs to be maintained and developed with the establishment of broad based national and regional committees with the task of defending the National Health Service.

Throughout the whole period of the dispute, the TUC resisted pressure from those who urged an all out strike without emergency cover as a means of achieving a speedy solution. It is to the credit of all trade unionists that in spite of provocation from some belligerent managers, the accident and emergency cover was maintained almost

100% for nearly eight months. Many attempts were made by both government representatives and the more right wing elements of the media to demonstrate that a patient had died arising out of the action. No such case was ever found. The responsibility and caring of the workforce indeed is in sharp contrast to the attitude of Norman Fowler and the Government towards health care.

Health service staff have returned to work feeling bitter at the shabby treatment meted out by the present Government. They did not achieve anything like their original aim, but they certainly did not suffer a total defeat. The original offer of 4% for the first year was raised to 6% (7% for nurses), and that for the second year was raised from 3.5% to 4.5%. Moreover they have demonstrated their willingness to fight at a time when the trade union movement has been on the defensive. The unity which has been established must be maintained and can be used in the months ahead to defend the National Health Service.

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