Junior doctors’ strike: what does it mean for nurses?

Background to the dispute

In 2012 the government asked the BMA to look into negotiating a new contract for junior doctors. Two years later the BMA withdrew from negotiations claiming that the contract on offer would not have provided sufficient safeguards for junior doctors and their patients. In September 2015 junior doctors voted for strike action which was taken first in February 2016 and more recently escalated in April of the same year. A key sticking point in the final stages of negotiations has been the question of unsocial hours premiums for work on Saturdays. In February 2016 the Health Secretary Jeremy Hunt announced he would proceed with the introduction of a new contract for junior doctors, initially referring to this as ‘imposing’ but after doubts emerged about the legal possibility of this action, ‘introduced’ became the term used (Simms, 2016). He threatened this as he said a negotiated solution with the BMA was not realistically possible. The new contract is planned for implementation in August 2016. The Secretary of State has claimed that changes to weekend working are needed to improve patient outcomes, however the interpretation of research on the topic (of stroke mortality) has been questioned (Roberts et al., 2015).

Doctors and governments

Tussles with doctors, especially over their remuneration, have been a controversial feature of the UK NHS since its creation in 1948. For example, in brokering the National Health Service Act of 1946 with the doctors, the then Health Minister Aneurin Bevan admitted that he had ‘stuffed their mouths with gold’. Successive governments have always looked for ways of imposing stronger controls on the service—both its clinical activities and its staffing costs. One of the key moments in this power struggle was the inquiry in the mid-1980s leading to the Griffiths Report. Roy Griffiths, chair of the Sainsbury supermarket chain, recommended the introduction of general management to replace the tripartite parallel hierarchies of administrators, nurses and doctors (Strong & Robinson, 1990). Since then the series of confrontations and impositions between Secretaries of State and doctors have been a regular political event for elected governments of all political persuasions. These confrontations have included the 1990 GP Contract (imposed by Conservative minister: Kenneth Clarke), the 2004 GP general medical services contract (designed by Labour minister: Alan Milburn) and the most recent reorganisation of the NHS devised and imposed by a coalition government (Conservative minister: Andrew Lansley) and which was bitterly opposed by all professional groups. This latest and most radical reorganisation saw the criteria for the public’s access to healthcare shifting from their geographical district of residence to their inclusion on a particular GP’s list of patients; under the auspices of clinical commissioning groups of GPs, who are independent profit-making contractors not directly managed within the NHS.
A similar junior doctors’ strike occurred in 1975, also on the issue of pay and conditions when a Labour government was in power. Commentators note that, unlike the 1970s where the claim was unequivocally about pay, today the junior doctors represent their conflict as about protecting patient safety and the future of the NHS. They have gained support of other clinical groups including nurses and other public sector unions. Conservative governments have been characterised by sometimes bitter confrontations with unions. Confrontations with nursing have been less common.

**The NHS and market forces**

This current strike is seen by many commentators as a key milestone in the recent history of political moves by all parties to try to realign the NHS along ‘market’ lines. In this ‘new NHS’, the traditional professions, like medicine, will by necessity have to publicly lose power through increasingly becoming managed within a market-driven health system that treats them as generic employees contracted to deliver a ‘24/7’ service, so eroding their hard won (and some would argue ‘privileged’) terms and conditions.

**Nurses and strike action**

Prior to 1995, the RCN prohibited the authorisation of industrial action on behalf of its members. In 1995, however, a ballot of members allowed the RCN to approve industrial action, provided that any such action was not ‘detrimental to the wellbeing or interests of [nurses’] patients or clients’. There is no legal restriction on nurses undertaking strike action. Nurses who are not members of the RCN have taken strike and industrial action in the past. In 1982 nurses struck over a pay claim and won a settlement that included the establishment of the Pay Review Body. In 2014 midwives went on strike for the first time in their history in relation to the NHS pay dispute. The NMC does not prohibit nurses undertaking industrial action.

While still General Secretary of the RCN, Peter Carter threatened strike action over attacks on unsocial hours or weekend working payments. There is widespread anticipation among healthcare professions that reductions to unsocial hours pay for junior doctors will be followed by similar attempts across other professional and staff groups employed within the NHS. In the background is the belief, expressed by many notable health academics such as Professor Allyson Pollock (Pollock, 2012, 2014), that the present government, and in particular its current Secretary of State, have an ambition to replace the NHS with an alternative market-driven system.
References


Sources and further information:

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Nurses and strike action: https://www2.rcn.org.uk/newsevents/congress/2015/agenda/debates/16-strike-action

The Centre for Critical Research in Nursing & Midwifery was founded in December 2015. Its core members are:

Helen Allan, Professor of Nursing
Kevin Corbett, Senior Lecturer
Sue Dyson, Professor of Nursing
Patricia Jarrett, Research Fellow
Liang Liu, Research Fellow
Sinead Mehigan, Head of Department
Nilam Mehta, Research Administrator
Mike O’Driscoll, Research Assistant
David Ring, Senior Lecturer
Michael Traynor, Professor of Nursing Policy