STAND WITH NHS WORKERS: NO TO RACISM

JOHN PUNTIS

NHS staff from ethnic minority backgrounds are facing increasing racism in the workplace. The NHS is dependent on migrant workers, and has been for decades.

Urgent steps must be taken to tackle racism in the NHS, improve conditions for workers and make it clear that our NHS is for all.

An open letter to The British Medical Journal from doctors and healthcare staff warned that a "rising wave of racism" and far right groups in the UK is affecting patients and staff and opening up divisions in our communities.

325,000 (22%) of the 1.5 million NHS workers have a non-British nationality, including 36% of doctors and 30% of nurses; 34% of GPs in England qualified outside the UK and 25% of the adult social care workforce are from abroad.

They are more likely to have experienced harassment, bullying or abuse from other staff, twice as likely to have experienced discrimination, and less inclined to think their trust provides equal opportunities.

More than 27% of nurses report being physically assaulted by patients, their relatives or other members of the public in the previous year, and over 10% report sexual harassment.

Black respondents and those of a mixed ethnic background are most likely to state they had experienced physical abuse.

In November 2025, the NHS Race and Health Observatory announced a new scheme to tackle bullying and harassment of ethnic minority staff.

The Government has commissioned a rapid review of antisemitism and "other racism" in the NHS.

NHS England has been asked to adopt the International Holocaust Remembrance Alliance definition of antisemitism, despite objections from experts including international human rights groups who say it has been used to stop criticism of the actions of the Israeli government.

A letter calling for government plans to be abandoned was backed by 23 organisations worried that antisemitism was being wrongly elevated above other forms of racism for political reasons.

Reform UK is prepared to deport 600,000 migrants if it wins power, while the Prime Minister warned we risk becoming an "island of strangers" without tough immigration policies.

Patient anger over long waits, conspiracy theories fostering distrust of the NHS, and a rise in racism against workers of colour all fuel violence towards staff.

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FAIR PAY FOR ICU WORKERS

CAROLINE BEDALE

Critical Care NHS workers employed by Northern Care Alliance (NCA) in Oldham, Salford and Bury went on strike on 12th March 2026.

They had been negotiating over NCA's attempts to cut costs by cutting the pay of staff doing overtime. NCA wanted them to sign on to NHS Professionals – which pays less than the Agenda for Change extra hours rate – for overtime and bank work. This overtime is only needed because of staff shortages.

Critical Care units across the Trust are heavily reliant on overtime and bank staff covering shifts to meet safe staffing requirements for critically ill patients.

The specialist nature of skills required in critical care means most shifts are picked up by staff already working on the unit. Under NHS Professionals, staff covering these shortages suffer a significant drop in pay and NCA are able to avoid employer pension contributions. A UNISON member said, 'I am a highly trained and skilled clinical professional and I literally keep people alive. NCA has reduced my pay by £10 an hour for our extra hours rates that we rely on and I am now struggling to make ends meet.'

NHS Professionals is a wholly owned subsidiary of the Department of Health and Social Care, but operates effectively as a private company. Last year they posted pre-tax profits of a staggering £11.4M.

After over a year of trying to resolve this issue with the Trust, UNISON members voted 98% in favour of strike action.

The Secretary of the Joint Staff Side, Sally-Ann Griffiths, said: 'Despite taking part in talks, and those talks initially seeming positive last week, unfortunately they took a turn yesterday and we were given nothing to take back to our members for their consideration.'

The strike that followed lasted 12 hours, and was solidly backed by UNISON members; Nurses, Nursing Associates, Clinical Support Workers, Domestics, Ward Clerks and Housekeepers. Greater Manchester (GM) Socialist Health Association and GM Keep Our NHS Public also supported the strikers. Messages of solidarity can be sent to *unisonnca@nca.nhs.uk*

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Many issues make it harder to counter this, including staff shortages, budget cuts, police inaction, lack of beds for those with mental illness or dementia and poor implementation of containment strategies. Social care is almost certainly in a similar situation, though the plethora of providers do not report incidents nationally.

The NHS is at risk because overseas health professionals now see the UK as an "unwelcoming, racist" country, says the Academy of Medical Royal Colleges. Nearly 5,000 doctors who qualified overseas left the NHS in 2024, a 26% increase over the previous year. Numbers of overseas nurses applying for and granted visas for entry to the UK have fallen by 93% over three years. Some healthcare workers risk losing their visas or jobs because of changes to the earnings threshold.

The NHS saves £14bn on the training costs of staff from abroad. Global competition for healthcare staff is increasing, meaning we must become less reliant on the generosity of migrants and the countries paying to train them. However, plans to reduce dependency on overseas staff requires the state to provide greater investment for training and retaining UK-trained staff. In the meantime, driving migrants away could jeopardise the delivery of safe services as staffing gaps open up.

Overseas workers have made, and continue to make a huge contribution to the health and care of people in the UK.

A firm stand must be taken against all forms of racism, antisemitism and genocide, and include respecting the rights of health and care staff to express support for Palestine. Violence against staff is both a consequence of rising far-right sentiment, and under-resourcing and understaffing of services, together with a failure to value, respect and look after health and care workers.

If we are to promote the best interests of both staff and patients, we must challenge and change these things.

END NURSING AND MIDWIFERY JOBS CRISIS

GAY LEE

No healthcare system can run without enough staff. However, the Government is pressurising NHS organisations to save money by cutting jobs and removing vacancies.

This comes despite huge waiting lists, struggling A&E departments and GPs, too-few district nurses and care workers, and maternity problems spanning hospital and community settings.

On a daily basis, nurses and midwives suffer diminishing staff morale, burnout and financial problems while patients wait longer for poorer quality care, with maternity services facing safety critiques and enquiries.

Nurses are the worst paid graduates working in the NHS, are mainly women and are vital for the safety of patients.

Reduction of temporary (agency and bank) workers increases burdens on permanent staff.

In some Trusts, contracts for new nurses stipulate that they need to be prepared to work in any hospital or department, regardless of expertise in that area. Someone coming on shift to a relatively well-staffed department could be immediately moved to an unsafely-staffed area, leaving both places still at risk. Staff often lack the necessary care skills in these circumstances, and are demoralised by the unpredictability of everything. This is a leveling down of safety for all and puts patients at risk.

Experienced (but more expensive) staff vital to the service are being lost because of the intolerable burden of being responsible for inexperienced staff, the safety of patients and deliberate 'down-banding'. As well as lost posts, existing jobs are rewritten to be lower paid. Staff wanting to change jobs will find similar work now advertised at a lower-salaried Agenda for Change pay band. This devaluation and reduction in pay is a step too far for many.

On a cautiously optimistic note, thanks mainly to Royal College of Nursing pressure, the Government has recognised the problem that – uniquely among NHS health professionals – 44% of all registered nurses are employed at the lowest band (5) and 33% have been stuck there for more than 7 years.

There is 'a commitment' to fund a thorough review of the Agenda For Change pay structure for all staff. This would mean a review of all Band 5 (B5) roles and pay for every B5 nurse, and an offer of better support for new nurses, 'prioritising' graduate pay. Even so, these are vague and insubstantial promises for mammoth tasks.

Many student nurses (and midwives) are not getting jobs after qualification. NHS England has a student nurse and midwife job guarantee, though it is time-limited and without dedicated, adequate funding.

Fewer jobs are advertised despite around 65,000 reported vacancies, vacancy freezes and many experienced nurses staying at entry level band 5 for years, blocking others' recruitment and career progression.

Many B5 job descriptions require experience - a real catch 22, resulting in low morale from long training, little financial help, hard studying and self-sacrifice - without work at the end.

Out of desperation, some qualified but unemployed student midwives in London recently organised a demonstration in central London with a turnout of several hundred.

Although the Royal College of Midwives (RCM) did not support it, the Association of Radical Midwives did and together they have now been promised a meeting with the RCM to discuss this serious issue.

There were a record 25,000 midwives working in the NHS in 2024, yet one of the many complaints heard in the recent maternity reviews is that there is still a safety-critical shortage.

Any workforce plan must consider what safe care looks like, and the size of the workforce required to staff it.

What is this Government doing? On the one hand, it announces new schemes and frequent, unrealistic exhortations for improvement. On the other hand and with NHS staff at breaking point, it offers vague promises, few extra resources and little acknowledgement that well paid, well-treated staff are basic requirements of a successful health service with the wellbeing of both workforce and patients at its heart.

With the twin problems of staffing and privatisation, should we conclude that the NHS is being deliberately run down?

SAFE MATERNITY CARE FOR *ALL* WOMEN AND BABIES

LUCY NICHOLS

The crisis in NHS maternity care is causing real harm to women and babies.

In February 2026, Baroness Amos published the findings of her report into NHS maternity care, commissioned by Wes Streeting: maternity units are too often 'failing to deliver safe care... at times with devastating consequences'.

Maternal death rates have risen to levels not seen in almost 20 years - 20% higher in 2022-24 than 2009-11. Black and Asian women face significantly worse outcomes in maternity care in England. Black women are twice as likely to die giving birth than white women, and Black and Asian women and their new-borns are far more likely to face complications. Women living in the poorest areas suffer worse maternity outcomes or a largely preventable death.

Inequality heavily influences infant mortality rates; 6.1 per 1000 live births in the 10% most deprived areas in England, over double the 2.6 in least deprived (2022). The Care Quality Commission reports that Black and Asian women have their pain disregarded, symptoms misinterpreted and are victims of stereotyping or outright racism. Deprivation links to other health issues: poor quality housing, low incomes, and poor access to healthy food all affect women's overall health.

NHS maternity staff are struggling in impossible circumstances following 15 years of underfunding and bad policies. Maternity care urgently needs better funding, many more midwives, respectful environments for women to give birth in, allowing staff to do their job well and to rebuild trust from the communities it serves.

Wes Streeting must act on Baroness Amos' report, and provide the funding and attention maternity services need. All women, including Black and Asian women, must receive the safe care they deserve when giving birth. We need universal maternity care, free at the point of need, delivered by a public service, and free from the structural racism endangering safe maternity care. For more information, go to *saveliverpoolwomenshospital.com*.

HEALTHCARE NOT WARFARE

Photo: Steve Eason, Flickr

TOM GRIFFITHS

Keep Our NHS Public (KONP) condemns the escalating US–Israel attacks in the Middle East and the serious risk of a wider regional conflict. Reports of strikes on hospitals, health workers, schools, and other civilian infrastructure, with many children among the dead, are particularly alarming, echoing events in Gaza. Medical facilities and personnel are protected under international humanitarian law, and any targeting of healthcare infrastructure demands urgent independent investigation and full accountability.

KONP opposes any UK government support, direct or indirect, for military escalation and stands in solidarity with the people affected. Past interventions by western powers in the region show how exaggerated claims of imminent threat and ill-defined objectives can lead to drawn-out wars, destabilisation, and immense human suffering.

There is also a vital domestic dimension. The NHS is facing a severe ongoing crisis: thousands of avoidable deaths, extensive waiting lists, workforce shortages, deteriorating estates, and years of underinvestment. And yet, while the NHS faces a year-round crisis, the Government continues to prioritise military spending while under-funding public health and social care.

In this context, support for military engagement carries serious implications. Whether through direct participation, intelligence sharing, logistical support, or expanded arms commitments, military operations generate long-term financial obligations. These commitments divert resources that should be used to rebuild the NHS, restore public health capacity, and strengthen social care.

KONP was founded to defend the principle that universal healthcare is a public good, one that must be properly funded and protected from short-term political priorities. A government that commits to costly overseas military action while insisting there is insufficient funding for a safe NHS, pay restoration, hospital rebuilding, or expanded community services, is making a clear political choice about priorities.

A healthy population, a well-functioning NHS, secure housing, social care for all who need it, and efforts to reduce inequality are the foundations of genuine national resilience. Entering or supporting another prolonged conflict would undermine, not strengthen, that resilience.

Britain should be advocating de-escalation, diplomacy, and adherence to international law, not facilitating another war whose human and financial costs would be borne both abroad and at home.

Politicians often insist there is simply no more money available for the NHS or other vital public services. However this argument quickly fades when calls for more defence spending escalate. How government budgets are allocated is ultimately a political choice. When governments find billions for weapons and war, they are choosing those priorities over the needs of NHS staff and patients.

Different priorities could put welfare before warfare, if enough pressure is mounted to make this happen.

KEEPOURNHSPUBLIC.COM

SIGN UP TO HELP SAVE OUR NHS

For 20 years, Keep Our NHS Public has fought to protect our NHS. Now, the NHS is facing its biggest crisis yet. Austerity, underfunding, and privatisation have done huge damage to our health service.

Rather than changing course and rebuilding our NHS, the Government is funnelling billions into private healthcare, partnering with companies complicit in Israel's genocide, and attacking NHS staff and migrants.

It doesn't have to be this way. We are demanding an NHS that is free at the point of need, publicly provided, funded and accountable, as it has been in the past.

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