



A CLOSER LOOK

Nurses and P3s: North Durham Hospital Case Study

Some believe that privatization will shorten waits or improve services. In fact, privatization simply sucks money out of healthcare into the for-profit corporations. A case study of this and its impact on nursing in a hospital redeveloped as a P3 follows:

At North Durham in England, the national government provided some smoothing monies in order to help the development of the P3. In this P3 hospital 27% of the expenses were for higher borrowing costs, fees and profit for the private corporations, all needless if the hospital had remained public. The higher costs of the P3 created what has been coined in Britain as the "affordability gap". The government supplements were not enough to cover the

higher costs. Beds and staff had to be cut in order to make the new hospital affordable.

Professor Allyson Pollock and a team of researchers studied the business plans for the P3. They found that staff cuts were budgeted to fall largely on qualified nurses. Between 1996 and 2000 the government and hospital planned to reduce their numbers by 13%, to be replaced, in part by healthcare assistants. Ultimately, the hospital was not able to reach this target. Nonetheless, **as of 2001, there were 12% fewer qualified nurses in the North Durham hospital than in 1996. Across all of the British P3s studied, nurses have been cut on average 14%.**

What Does 12% Fewer Nurses Mean for the New Hospital?

The Guardian newspaper reports: "Back in the new hospital these dry statistics are translated into day-to-day experience. Senior nurses talk with distress of being unable to give basic care."

"There was one patient, a man in his 40s, who was terminally ill," one senior nurse recalled. "I'd been nursing him on and off for seven years. Shortly after we moved into the new hospital he died. It was four hours before I noticed. I just hadn't had time. He wasn't shouting, and everyone else was, and so I just didn't have time. There were four staff, two qualified and two assistants, on for 32 patients, and two of them were casual bank nurses. That's normal now. It's against everything you are trained to do. I came into nursing because I wanted to look after people."

Another nurse said: "I keep having to say, I'm sorry, I'm sorry, you'll just have to wait. I've got three urine bags under my arm already and I'm trying to do the drugs, your bag will have to wait. Every day you say to yourself, god, what if that was my mum or dad."

Another said: "We don't have time to was people. It's basic everyday care, just not being done...There aren't enough assistants to feed those who need help."