



CEC Statement

Our National Health Service



**MAKE
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GMB CONGRESS 2025

CEC STATEMENT

CEC Statement: Our National Health Service

1. Our NHS

- 1.1 The NHS remains the single entity that keeps the fabric of our society together in a shared set of values. Established on the principle that no person should worry about how they pay for the care they receive when they fall ill, no matter who you are, and for the last 77 years the NHS has been the service that has looked after us all.
- 1.2 We should never forget that the forging of the NHS was inspired and delivered by Trade Unionists. It is our ideals of collectivism that saw its conception, and so far, longevity.
- 1.3 Skilled workers up and down the country and from across the globe helped build our NHS from the rubble of war, including many of the Windrush Generation.
- 1.4 The NHS has been the most successful achievement of our labour movement.
- 1.5 The deliberate dismantling of the service by the successive Conservative led governments between 2010 and 2024 meant that privatisation accelerated, vital services were cut, and workers saw their pay stagnate and working conditions degrade.
- 1.6 Most devastating of all, public satisfaction in the NHS is at an all-time low at just 21 per cent for 2024. The biggest contributors to this dissatisfaction are waiting times and staff shortages – issues that our members feel acutely themselves.
- 1.7 When Labour left office in 2010 public satisfaction in the NHS was at 70 per cent.

- 1.8 It is a political choice to degrade such a fundamental service to the point that the public no longer value it. When we see no value in something, we eventually lose it. This is what is at stake.
- 1.9 “The NHS is not on its knees, but on its face.” This is the current Government’s assessment of the NHS after years of austerity, and one which many of our members agree with. This does not mean our NHS is destined to collapse, ceasing to be the service within the vision of its founders, but the only thing keeping it together is the hard work and commitment of our members who believe in that vision.
- 1.10 If we do not act now to reverse the decline, and rebuild, we will no longer have an NHS that serves to keep the nation healthy and safe from cradle to grave.
- 1.11 This Government must restore trust and confidence in the NHS so that it is still seen as valuable to us as a nation of people.
- 1.12 The UK is at a pivotal point of needing to rebuild all that has been broken in the last 45 years of economic choices that have prioritised private ownership and profit over public services. We need a truly progressive tax system, ensuring those with the broadest shoulders pay back into the society (wealth generated by ordinary working people) which allows their prosperity.
- 1.13 The fragmentation of essential health services such as GPs, dentists, pharmacies, and Adult Social Care has increased the strain on ambulance services, emergency departments, hospital beds, and community care services, something that has been added to by the increased demand for mental health services.
- 1.14 We must resist all attempts to have our NHS on the table in global trade negotiations. The health – or ill health – of our nation is too important to be a bargaining chip for any deal that makes private insurance companies even wealthier, just like they are in the USA. No one should want that for our country.

- 1.15 Without workers like our members, the NHS would not be able to continue under the current pressures. It is down to their dedication, and so far, their resilience that keeps the service operating. As GMB members say, “We make the NHS”.

2. Workforce

- 2.1 Our members in the health service are struggling to keep up with the demands placed on the areas they work in. Where one part of the health service is failing, it affects others, putting immense strain on the whole service. This ultimately impacts on the standards of patient care, resulting in resource shortages, long waiting times, and poor treatment.
- 2.2 The poor pay and years of pay freezes across Agenda for Change and the contracted-out workforces has meant that our members have been compelled to go out on strike – a decision none have ever taken lightly. The historic Ambulance strike in the winter of 2022, with our demand to “Talk Pay Now”, brought the government back to the table to offer an increase of over 5 per cent.
- 2.3 As part of our submission to the Pay Review Body we surveyed our NHS members to prove the state of their working conditions and ability to deliver care.

67 per cent of GMB members surveyed across the NHS believe that patient care has worsened in the last year, with **26 per cent** believing that there has been no change.

92 per cent of GMB members believed that the NHS is not better prepared going into this winter compared to last year.

70 per cent of respondents in a recent GMB survey said that they were working short staffed in their place of work.

When asked ‘would you still sign up to work for the NHS if you were starting your career over again, knowing what you know now?’ **60 per cent answered ‘No’.**

- 2.4 GMB members ranked the top reasons why they have considered leaving the NHS (outside of pay)

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| <i>Low levels of job satisfaction/morale</i> | <i>1</i> |
| <i>Stressful working environment</i> | <i>2</i> |
| <i>Poor mental health or burnout</i> | <i>3</i> |
| <i>Unmanageable workload/demand</i> | <i>4</i> |
| <i>Staff shortages</i> | <i>5</i> |
| <i>High levels of staff turnover</i> | <i>6</i> |
| <i>Inefficiencies in connecting services</i> | <i>7</i> |
| <i>Problems with workplace culture</i> | <i>8</i> |
| <i>Poor equipment</i> | <i>9</i> |
| <i>Complex administrative processes</i> | <i>10</i> |
| <i>Growing complexity of patient needs</i> | <i>11</i> |
| <i>Other</i> | <i>12</i> |

- 2.5 Our members have told us that the systems in which they work have serious impacts on patients, and the care they can give them. Where there should be a coherent flow of patients within the health service, there is often disruption. Those working in the emergency side of the health service are acting as triage for patients who are not in urgent need, causing our hospitals to become overwhelmed with patients who should be cared for more locally. One huge contributing factor to the pressures on our members work, is the crisis in elderly care.

“The last 10 years the ambulance service has been the scaffolding holding up the NHS, I’m sick of sitting outside A/E departments in an ambulance for hours due to severe demand on A/E.”

Emergency Ambulance Assistant

"We are currently going through a budget cut to our community team to save the trust 50 million pound. We are already over stretched and are now having our staffing levels cut and case load increased. This will put patients and members of the public at risk due to the risk levels of our caseloads."

Mental Health Support Worker

- 2.6 The chronic underfunding in some areas of the NHS, results in increased pressure in another, like ambulances queuing outside emergency departments, patients being treated in corridors and waiting lists that are longer than ever. Add to that lower banded staff on Agenda for Change are being paid minimum wage and certainly below the National Living Wage.
- 2.7 The NHS will not remain an attractive employer certainly in the frontline medical fields if there is not a serious overhaul of skills requirements and the costs associated with obtaining them. There are many barriers to entry, and certainly barriers to progression which are deepening unless something is done.
- 2.8 GMB has called for the return of nursing bursaries before and will demand that there should be an overhaul of the funding around qualifications for prospective health care workers. With university tuition fees rising again, and wages in the NHS stagnating, we will have workers in the clinical fields who will never be in a position to pay off their student debts. Staffing levels across the NHS may also be affected by recently proposed changes to visa requirements to work in the UK and is placing the current dedicated international workforce in uncertainty. If there are fewer options for workers from overseas, then there needs to be a plan to increase skills domestically and build up the workforce. These proposals will impact the already overstretched social care system which will put further strain on the wider NHS.
- 2.9 A cohesive and funded long term plan to develop new staff is essential. We cannot continue to implement new initiatives in attempt to reduce pressures, that draw staff out of already understaffed areas of the NHS, further demoralising and demotivating the workforce.
- 2.10 Our members have clear demands on the government:
 - Decent and dignified pay increases for all workers

- Improvement in staffing levels
- Insourcing all contracted out services as promised during the election
- A plan for community care
- A plan for elderly care
- Patient education on what services should be used for

3 Devolution and the NHS

- 3.1 In every area of the UK there have been immense strains on the health service. There is universality when it comes to the pressures that our members face day to day, and the concerns they have over future funding. Adult Social Care places great pressure on NHS services across all our nations, and our ambulance services are stretched to the limit.
- 3.2 In Scotland however we know that it is possible to bargain to improve pay and conditions. Through GMB negotiations we have secured shorter working weeks and higher pay making them the best paid NHS workforce in the country. It is through our organising and political will that we can treat people with dignity and respect through their pay.
- 3.3 In Wales GMB is concerned about the significant cuts to funding that the service is facing. Unlike Scotland the funding is not devolved and is supporting more universal services for an ageing population within a much smaller economy. Our concern is that in to continue delivering services within the significant proposed budget cuts, that care boards will be resorting to Artificial Intelligence. We are committed to ensuring that GMB is negotiating with NHS boards in Wales to safeguard jobs and patient care, so that any changes are made with workforce consent rather than imposition.
- 3.4 In Northern Ireland our members are finding that staffing levels are low across all the departments they work in. This is exacerbating morale, and our own trade union activity as our reps are finding it difficult to get release. In the Ambulance Service the Agnew v PSNI has taken to task the issue surrounding holiday and overtime pay. We are currently campaigning to

get back payment of holiday pay and for calculations to be done correctly in line with legislation.

4 Services – Community Based and Preventative

- 4.1 **General Practice.** Since the start of the Covid Pandemic GP services have rapidly deteriorated, the 8:00am scramble for appointments and the uncertainty between practices on pre bookable appointments has led many to have to rely on A and E to treat conditions that would have historically been handled by a GP.
- 4.2 The government announced on the 27 February that for the first time in 4 years, government and GP representatives agreed reforms to GP contracts, “to fix the front door of the NHS and bring back the family doctor.”
- 4.3 The new deal between the government and the BMA will free up doctors from red tape and box-ticking targets to concentrate on what they do best – treating patients.
- 4.4 This is desperately needed; the government needs to fix the first line defence of the NHS and ensure that patients health is not compromised by failures to the system. This will enable ambulances are available to treat the most urgent in need and free up capacity to A and E departments.
- 4.5 **Access to Dentists.** It is essential to address the pressing need for dentists to provide treatment to NHS patients. The ongoing economic challenges faced by families across the UK have heightened the importance of accessible dental care, which is critical not only for individual health but also for the broader well-being of our communities. Poor oral health is a risk factor to general health issues which then manifest and puts strain on NHS services.
- 4.6 The prohibitive cost of dentistry and access to dental healthcare affects our members deeply. The availability of dental care within the NHS framework has diminished, leaving many patients struggling to access essential dental services. Increasing costs and the evolving landscape of private dental care have further exacerbated the situation, forcing many to forgo

necessary treatment. We will hold the Labour Government to account on their promise for a dentistry rescue plan as the failed attempt by the Conservatives needs to have a viable alternative and not fall through the cracks in the change of government. This means that costs need to come down immediately, that public transport is improved across all communities so there are fewer barriers to access healthcare, and that dentists treat NHS patients more. Our belief however is that all dentistry be brought under NHS control.

- 4.7 **Pharmacies.** Nearly 800 pharmacies have permanently closed in England over the last four years, according to latest NHS figures. Pharmacists blame NHS funding, which they say has not risen in real terms in a decade.
- 4.8 Closures not only impact all those working in stores, but widen health disparities, making it harder for people to access prescription drugs, vaccinations, and other essential services. Deprived communities, where the need is greatest have, in recent years, seen the biggest decline. More than one in ten pharmacies have been lost, but in the poorest area with the largest health need, 20% have closed in the last six years. This then reduces footfall and business to local shops and high streets, reducing jobs and choice and affordability to poorer communities without transport, or time. Whilst pharmacies are closing, Government continue to highlight them as a route to care to ease pressure on GPs.
- 4.9 The government has said it will look at the issue "in due course", but in the meantime people living in rural areas or those with an older population are often hardest hit.
- 4.10 Along with GP services, pharmacies act as first line defence for the NHS and can treat everyday ailments that do not need treatment at hospitals, which free up hospital capacity for those most in need. We need to continue to highlight pharmacy services as part of the community services package that the government has highlighted needs to be overhauled.
- 4.11 **The Adult Social Care system is broken.** The relationship between the NHS, locally delivered care, and the largely for-profit care sector does not work.

Elderly patients in particular, get stuck in a system, often in hospitals and in the back of ambulances, when they should be in dedicated care homes, or supported in their own homes, by a skilled and motivated workforce on dignified pay and conditions. Our Special Report on Social Care to Congress 2023 called for a National Care Service, which we are holding the Labour Party to implement now they are in government.

- 4.12 We welcome the injection of £3.7billion additional funding for social care authorities contained in the Spring Statement of March 2025, however, more can be done to keep money in the system by cracking down on the tax avoidance measures used by many of the top private care companies.

“If the job ... had decent pay and respect then vacancies would be filled and there would be enough carers to look after people in their own homes, enabling them to be out of hospital and free up beds in the NHS.”

Support worker

5 Rebuilding

- 5.1 This Labour Government must recognise the hope that many trade union members, NHS workers, and the general public have in them to rebuild our health service. This means an end to privatisation and atomisation of services, and a return to health services being owned and run by the Department for Health. We demand rebuilding, not reforming.
- 5.2 It's important we move forward together and rebuild the NHS with the government, rather than the government rebuild the NHS and instruct us how it is to be done.
- 5.3 The government has made a number of proposals to redress the disaster left behind by the Conservatives including the 10 Year Plan and abolishing NHS England. However, these plans include cuts and budget savings which we will need to ensure target the right areas. Over the last fourteen years our members have endured their jobs and basic necessities such as equipment and uniforms cut from budgets, and witnessed significant wastage of drugs and medicines just left to expire. There is very little trust in

local management to take care of these issues and find that blame is always shifted to government rather than taking responsibility themselves.

- 5.4 The intention behind abolishing NHS England is to divert resources to the frontline, removing duplication of work and bringing the management of it all under the direction of the Secretary of State in the Department of Health and Social Care. This will be costly, and it will mean redundancies. We will need to be vigilant that money spent on putting people out of work doesn't engulf the budget we desperately need putting to good use getting people in to work.

"More staff on the lower bands and a reduction of the more superfluous jobs!"

Ambulance Vehicle Preparation Operative

- 5.5 As a union we have been working on better understanding the role of Integrated Care Boards and how money is allocated to services regionally. It is likely that there will be reforms to and mergers of the 42 ICBs across England and that their running costs need to be reduced by 50 per cent. We know they are responsible for commissioning services such as patient transportation (which is largely run by private companies) our concern is that this will lead to more contracted-out services and not the promised in-sourcing sweep we had been hoping for. Our view is that these should be run by the NHS, funded publicly and owned by us.
- 5.6 Similarly, NHS Trusts have been told to 'live within their means', which does not fill us with much hope considering the chronic underfunding that the NHS has been crippled by. Trusts have even been advised to set up Wholly Owned Subsidiaries to avoid VAT and make redundancies through.
- 5.7 We demand that these measures don't simply stop at cutting costs. This is not an exercise of trimming the fat because we have fully funded frontline clinical services, delivering decent healthcare. We need serious injection of funds into wages, equipment, training, and community-based care.
- 5.8 It cannot be understated how bad the workforce crisis is, and so far we are concerned that it is more austerity bound.

6 Pandemic Planning – Lessons from COVID19

- 6.1 Every single worker with an NHS pass put their life at risk during the COVID-19 pandemic. In the most tragic of cases some of those workers lost their lives. Our members were utterly betrayed by the last government who held them up as 'heroes' yet treated them with contempt when it came to supporting them through continuing to underfund and deny decent pay offers.
- 6.2 GMB has been contributing to the COVID Inquiry and will continue to campaign for pandemic preparedness.
- 6.3 Central to ensuring we have decent preparedness is for us to have built our NHS back through decent pay for all workers across the NHS estate; a significant increase to staffing levels on the frontline; properly integrated care plans for the elderly and vulnerable so they are not trapped in hospitals nor poorly equipped care homes; and proper personal protection equipment sourced through reliable suppliers.
- 6.4 Without the NHS being what it is, state run, universal and free at the point of delivery, our country would have suffered far greater than we did. This is our collectivism at its sharpest. Our movement ensured that we have the means to steer us out of danger, and this is why it is so vital to rebuild our NHS.

7 Our Final Message to the Government

- 7.1 GMB members are demanding a commitment to ending privatisation, bringing all outsourced services like cleaning, catering, and facilities back in-house, as well as removing private-sector influence from Care Boards.
- 7.2 We demand real terms restorative pay after fourteen years of brutal austerity.
- 7.3 Working with our members, we can build a union-led workforce plan for safe staffing levels, reverse the levels of privatisation of patient facing

services and private finance initiatives and challenge the excessive pay and poor accountability of NHS executives across all four nations.

- 7.4 Democratic oversight needs to be a priority. Workers and communities should have more say in how the NHS is run, ensuring decisions focus on patient care, not financial targets. Health outcomes are tied to poverty, housing, and working conditions, so NHS rebuilding must also address these inequalities.
- 7.5 This affects all GMB members, from those working delivering our health care, and all of us who need to be cared for. We must be resolute in fighting for our National Health Service.
- 7.6 Everything changed in 1945, people didn't want to go back to poverty, or means testing. Between 1945 and 1979 western European democracies broadly signed up to social contracts against hard-right politics, which meant worker involvement in policy, high wages and social security.
- 7.7 Britain established the NHS, which has dignified our country ever since. In the 2012 London Olympics the NHS was placed visibly centre, as a celebration of our national pride. Social democracy is now eroding, the hard right is on the march. Neoliberalism has hollowed things out – and unions are no longer seen as 'social partners' to be listened to.
- 7.8 There needs to be a clear commitment from this Labour Government to the nation that the NHS will be enshrined as a fully publicly owned and publicly funded, free at the point of demand health service, as envisaged by Bevan in the Attlee Government.
- 7.9 This Labour Government will have a crisis of legitimacy if they choose a path of further privatisation of the NHS, which would put at risk the sense of the collectivism that is at the heart of our health service. Our health care must not be offered up as being ripe for the picking. Doing so will endanger the social contract that sits at the heart of our society. That cannot be allowed to happen.