

Lessons from a strike

The medical secretaries strike in Glasgow marked a rare success in the NHS.

SOLIDARITY interviewed North Glasgow Hospitals UNISON Branch Secretary **Carolyn Leckie** about the dispute.

What level of wages were the Medical Secretaries on before your strike, and what did they gain?

Most had been at the top of grade 3 scale, which is £12,815 per annum. About 20% were not, the lowest on £11,037. Following the settlement those on the lowest points of the scale were able to move up a whole salary scale from £11,037- £12 815. Those on £12,815 immediately moved on to £14 447. The vast majority received around £1,200 back-pay. Most importantly they achieved recognition of their important role but in comparison to other highly skilled jobs their pay still lags behind, in common with most NHS workers.

How did you manage to organise sustained strike action by a group of workers not known for their militancy?

The mood for the campaign initially came from secretaries at Glasgow Royal Infirmary. They had already started a letter writing campaign highlighting their plight. UNISON became involved when I was asked to attend a meeting by the then Branch Secretary and assume responsibility for this grading claim. This was June 2000. I became Branch sec in July. From the first, workplace organisation was stressed as paramount. New stewards were recruited. Two of them, Frances Lyall and Anne Marie Hollywood, remained pivotal throughout the campaign.

We broadened out the claim to involve all medical secretaries across the North Glasgow Trust, 11 hospitals, again recruiting new stewards in the process and picking up members hand over fist.

The vast majority were learning from scratch and gained strength and knowledge along the way. Most of the women were part of low-income households, many were single parents, and a few were from dual income households with partners on much higher incomes than they were. They were quite a mixed group of women. All were united in the belief that they were vastly underpaid for the job that they did. Some had aspirations for the job to be recognised as a profession with a unique relationship to the medical profession. Not a few probably had never before considered themselves likely to become

militant and were quite surprised to find themselves in a strike situation. This did not distract them from their determination to win.

Was it difficult to sustain the action? Did you have any problems with the full-time union apparatus?

The action was sustained by constant communication; the formation of site based (and one overall) strike committees and the emergence of many natural leaders. Prior to the strike starting, the branch had to fight for 4 months to achieve a ballot and the right to strike. A top down 'national framework' deal was struck that undermined our members' legitimate claim.

This was a deliberate attempt to avoid our Branch being successful and building credibility. This could have demoralised the membership had it not been for their full involvement in the day to day events and decision making and the tenacity of myself and others in pursuing the ballot with the bureaucracy. Achieving the ballot was a victory in itself. It is worth noting that this was achieved by completely female leadership against a bureaucracy that was vastly male: men who attempted to use their privilege to undermine the confidence of the women on several occasions.

It was clear that 20 odd years of attacks on the union movement had led to a decline of the culture of solidarity and what it meant to be part of a strike. The first 3 days of all out action, with public demos and street stalls, put everyone on a steep learning curve. The spirit of trade unionism was reawakened. Our members were astonished at the response of the majority of the Glasgow public. At our peak we were collecting £1000 per day in bucket collections.

We had a programme of escalating action: 3 days all out, a work to rule with the prospect of a full week of action before the month was out. During the work to rule difficulties were encountered in the shape of management intimidation, and cynicism on the part of some of staff not part of the action. North Glasgow Trust has over 12,000 staff, and less than 300 were on strike. The anti-union laws prevent lawful solidarity action. Before their experience most of the members would have only fleetingly thought about the anti-union laws and probably considered them to be a legitimate control of 'extremism'. Their glaring purpose of bolstering and emboldening the bosses came sharply into focus for everybody without the need for

theorising.

Preparing for the next all out action required a massive effort. People, including the strikers' families, were beginning to realise the daunting battle they were involved in. Building morale, inspiring confidence, giving repeated realistic reassurance was crucial in delivering the full coverage turnout. We did nearly lose one hospital at this point, but we didn't after several hours of talking with groups, and on a one to one basis. Looking back, getting the turn out in that week set us on course for victory.

By now we were getting support, via political links, from all over the UK. Tommy Sheridan played an important role in repeatedly raising the dispute in the Scottish parliament. We even managed to get a reasonable amount of positive coverage in the mainstream media as well as excellent coverage in the socialist press. It was clear that if it had not been for socialist principles at the heart of the dispute, in proposing strategy, organising solidarity, etc, and we had been left to the advice of the union leadership, we would have floundered. The vast majority of donations came from Branches of unions we had political affinity with.

Our strategy escalated to include selective action between all out action and culminated in a decision to go all-out. The process of all of this was important. The membership was not ready for such action at the beginning of the dispute but by this time they knew what they were deciding. However, it still required a lot of effort to maintain the morale of groups and individuals. People were still learning to put the interests of the collective above their very real and pressing individual concerns. Everybody had their crises. It was a bit like spinning plates.

There's sometimes a view on the left that if you could just cast the bureaucracy aside the members would deliver every time. This is a rather simplistic view. Sustaining strike action can be very difficult even when the membership have complete trust in their Branch. There is no doubt that if it weren't for the anti-union laws, and the trades unions' compliance with them, the increasingly obstructive link with the Labour Party, the stagnant bureaucracy etc, sustaining action and building on it would be much easier, though not straightforward.

The whole dynamic of a strike, the individual circumstances of those within it, their relationships with each other, and in this particular strike definitely, family

pressure and gender conflict, require a very complex analysis. Dealing with it and living it requires at least some of the leaders of the strike not to betray any sign of weakness at all.

There was a total of 24 days strike when a deal was struck. But the Trust reneged. To their credit the strikers went all-out indefinitely again. It took a further 8 days of tremendous ferment (a very creative time and many songs were invented) to secure victory again.

Frances Lyall and I had to travel up and down to London to the IAC several times for approval of our strategy and to try and get financial assistance. The first time we went to get the ballot was the most difficult. The Branch was in the dock against the union's Scottish Bureaucracy. The meeting lasted 4 hours but we won. Thereafter, the IAC were on the whole supportive. Our biggest problems were in Scotland prior to the ballot being approved. At that time I felt tremendous responsibility and there was no way I was going to see all the work done by our branch and the interests and confidence of our members go down the tubes. Getting that ballot was a tremendous relief.

What lessons did you learn from the dispute? Are they relevant to the rest of the labour movement?

Following on from above, I would say the

main lessons we learned were:

The importance of establishing a fully involved network of activists.

Constant communication using every means available.

Planning the dispute according to the local conditions and not a prescribed formula.

Designing a strategy that will engage the members in a learning process, preparing them in an escalating fashion for all out action. This was appropriate in the NHS and in a time when members are just sticking their heads up but with no previous experience. I can't be certain but if we had gone all out immediately, with the management (and government) determined on a standoff, I'm not sure we would have won. But this was serious action and certainly not like the recent fashion of tokenistic one-day strikes.

The Public services and the NHS particularly are very vulnerable to action. Hence, the government is again considering outlawing action by public service workers. Even without leadership at national level, and even abiding by anti-union laws, local union branches can deliver very effective and successful action. Building organisation at grassroots level is essential to that.

Throughout the dispute, there were

illnesses, bereavements, relationship breakdowns, and new ones formed. The strike took precedence through it all and emerged victorious. Nobody was left unchanged. Our Branch has gained in membership, organisation, effectiveness and credibility. We have the grounding for much bigger battles to come.

UNISON has reached an agreement in relation to 3 PFI hospitals which more or less accepts the principle of PFI and the fact that some staff will have their jobs privatised.. What is your view of that agreement?

Sell out!! Privatisation needs to be taken on completely and no compromising. Instead of striking deals that minimise the immediate harm, UNISON should be building their organisation on the basis of the anger generated by PFI projects and conducting all out war. If more followed the example of Dudley and UNISON carried out its policy of a co-ordinated fightback, we would have the beginnings of a counter offensive that could win. We still can but it is going to take the co-ordination of the left independently from the leadership.

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Time to ban private work in NHS

“We have learned nothing from the previous government. We are increasingly following the same policies.” Which left wing fanatic said this? Chair of the Commons Health Select Committee, Labour MP David Hinchcliffe. Even former Health Secretary Frank Dobson has been moved to join the chorus of criticism from New Labour's back benches in relation to the government's policy in the NHS.

Health Secretary Alan Milburn says he is not privatising the NHS. It is not bricks and mortar it is “a set of values”. Yet the fundamental principle on which the NHS was founded was to end the inequality where those who could afford it paid for health care, and those who could not, went without. But the reality today under New Labour is that there is an increasing divide in health. It is one thing for people to buy health care from private hospitals, but this government is allowing NHS hospitals to carry out more private work. *So we have developing a two tier system within the NHS.*

Under financial pressure Trusts are

chasing private work. People who can afford it are offered the chance to jump the NHS queue, and in most cases they are treated by the same consultant with his/her private hat on. The scale of this problem was shown by the Observer. It discovered that in just three major hospitals more than 10,000 private patients were treated last year: leading cancer hospital the Royal Marsden treated 2,277, the Royal Brompton, the top heart and lung hospital in the UK, treated 2,800, and Great Ormond Street Hospital treated nearly 7,000 children privately.

Given the financial constraints which most Trusts face, they are tending to try to stump up more private patients. This obviously increases social inequality in health care, because those with sufficient money can get the necessary treatment rather than joining the NHS waiting list. This was one of the fundamental reasons for the setting up of the NHS in the first place. It can, of course, be a matter of life and death, because patients forced to wait may well die whilst they are on the waiting lists. Most NHS patients needing a heart bypass will have to wait six months

to a year. However, cough up £15,000 and you can be operated on almost immediately at the Royal Brompton.

Some hospitals have private wards. Whilst their private work may not be very high, the fact is that the existence of private work means that the NHS has incorporated the principle that if you are well off you can jump the queue and be treated much more quickly. This is as obscenity. The argument for this work is that it raises cash which would otherwise be unavailable. But in order to raise the cash it is necessary to disadvantage ordinary NHS patients. The private work is done in NHS facilities by NHS staff.

It is high time that the trades unions campaigned for *an end to private work in the NHS*. Queue jumping within the NHS is the real scandal of New Labour's policy. The ‘values’ which Milburn and Blair have smuggled into the NHS are those of the market. For many people it is a case of stay on the NHS queue and increase your chance of dying, whilst those with money leap over them.