If you want to know everything that's wrong with the NHS, watch nurses crowdfunding their parking fines after working unpaid overtime

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Now and again, when it comes to illuminating the festering wounds of a nation in serious decline, it's the tiny things that shine the most piercing light. Nothing in Christendom or beyond is as trifling as the parking ticket hard luck story. Most of us get a ticket from time to time, and dullards like me enjoy boring others with the intricate detail of why it constitutes the worst miscarriage of justice since *L'affaire* Dreyfus.

Every few months, a report about a zealous warden ticketing a motorist at a zebra crossing makes jolly tabloid filler. But that is as good as it gets, and by and large the errant parker who spends longer than 17 seconds on the subject should be fined 10 times the original amount.

The case of 75 NHS staff at Cardiff's University Hospital of Wales is different. In a decision binding on the other 72, a court has decided that three of them must pay both their fines, which after months of non-payment have increased to £128 per ticket, and the court costs of £26,000. One nurse's claim to owe £150,000 may be exaggerated, but some owe thousands. Even in the Chancellor's magical realm of overpaid public sector workers, no nurse could raise that without surgically removing the ring fingers of every married patient on the ward and nipping to Hatton Garden in London. And that – I know, I know, it's PC gone mad – is against the rules.

Why it's within the rules for a car parking firm to fleece those widely regarded as the most drainingly overworked, lethally underpaid and ephemerally heroic among us is a tale simply told. Cardiff's Labour-run council, though committed to scrapping hospital parking charges, is locked into a long-term PFI contract with a French company called Indigo. If you want a vignette of what creeping privatisation looks like, last year it made £2.8m from a single Welsh hospital car park. That's the price of almost 3,000 cataract surgeries, 500 heart bypass operations, or 250 liver transplants.

God knows why an institution capable of caring for 65 million people from cradle to grave can't run its own car parks, but no doubt there are sound bureaucratic reasons why emptying coins from machines is more challenging than perfecting stem cell procedures and running double blind immunotherapy clinical trials.

Yet however compelling the need to divert money from replacing arthritic hips to enriching French company directors, it hardly explains why Welsh nurses are threatened with bankruptcy for using public car parks when the staff one was full.

Some got the penalty charge notices because their work kept them longer than the designated shift. Others refused to buy tickets on arriving, and later to pay the fines, in the naive assumption that common sense and decency would lead Indigo to let them off. For a while, it did.

The firm will claim that it was lenient for as long as possible but that the continued flouting of the rules forced it to law. Maybe it isn't as grasping as it seems, even if an employee not long ago ticketed a cardiologist at a Dundee hospital, regardless of the siren on the car's roof and the note explaining that he was attending an emergency. And let's face it, NHS workers have no legal right to ignore a parking fine just because a crisis developed at the end of a shift, and they chose to look after the dangerously unwell for an hour of unpaid overtime rather than rush back to the car in time.

In this case, the chances are that the individuals will be rescued by donors to the Just Giving page. But it crystallises the gnawing sense that something is terribly, terribly wrong with British priorities when NHS workers need crowdfunding to avoid having to sell their homes for the benefit of a parasitic private firm.

Of course, the NHS has bigger worries than car parking. New figures on cancer survival rates confirm how far we lag far behind European countries of similar, and much lesser, wealth. The GP system is under murderous pressure in cities and large towns. Almost every healthcare professional you talk to fears for the future without drastically increased spending. Recruiting and retaining staff is already a struggle, and will worsen with Brexit. Apparently nurses feel under-appreciated, though for the life of me I can't think why.

Despite the suspicion that huge chunks of the monolith are held together by stitches that could burst at any moment, somehow the NHS continues to work. Looking across the Atlantic to Donald Trump's thankfully faltering efforts to butcher Obamacare and remove health insurance from millions of Americans; you shudder with relief at the comparison.

But while it may be our only real religion, as Nigel Lawson put it, it is not engraved in stone that the NHS will survive as we know and revere it in perpetuity. The penalising of nurses for watching the clock at the start of the shift and ignoring it at the end is a symptom of a chronic disease which afflicts more than the health service. Call it freemarketitis, or profitoma, or Philip Hammond Syndrome By Proxy, it is the veneration of private commercial rapacity over self-sacrificial public service.

This sepsis in the body politic has been poisoning the national bloodstream for more than 30 years. Nothing nothing but a radical reappraisal of what is important to us can begin the process of curing it.