# Scottish care chief slams ‘government hypocrisy’ over staff pay as he spells out the scale of crisis in the sector

**Friday 24 February, 2023**

Donald Macaskill, chief executive of Scottish Care, which represents private and charity run care homes, says the sector must no longer be treated as the ‘ugly duckling’ of the NHS if the standard of care being given to hundreds of thousands of Scotland’s elderly and vulnerable is to be improved.

In a robust interview with Newcross Healthcare’s Voices of care podcast, Mr Macaskill criticised the Scottish government over failures to properly pay care home nurses and a staff and wage increase which is a fraction of that being given to hospital nurses and midwives.

He also called for a ‘radical redesign’ of health and social care across the whole of the UK and hit out at the long-term impact of Brexit, which he described as a ‘hammer blow’ to care homes.

Mr Macaskill has previously warned that hundreds of care homes in Scotland could close unless the government did more to address the issues they face.

**On the current situation, he said:**

**“**I have always been very cautious about using words like crisis or emergency because you fall victim of hyperbole or accusation that you're just seeking a headline. But I don't think anybody looking at the multiplicity, the breadth and the nature of the current challenges facing the health and social care system in Scotland or indeed in the United Kingdom as a whole can do anything other than use a phrase to suggest that this is a crisis.

“We have to use this moment not just to continue to do what we're doing, but in a slightly different way, but to radically consider a redesign of the systems of health and social care delivery, not just in Scotland but throughout the United Kingdom.”

He criticised failures to improve the situation in the care sector since the pandemic, adding:

**“**It is to society's shame that we have failed to learn the lessons of the significance of social care provision, which the pandemic painfully taught us.

“We're still falling into the same traps of stereotype and scapegoating. Social care is a major contributor to British society in Scotland. It is the fourth economic contributor. Good social care enables women and men to be economically contribute, to go out to work.

“It gives purpose to individuals, it enables independence, and most importantly, it enables our most valuable citizens who, because of age, infirmity or disability, require support. It enables them to have a quality of life which is their right as citizens.

“So we have to move to a situation where we understand not just the value of social care, but we understand the challenges. And for me, the number one challenge in social care is encapsulated in workforce.

“So, it is and remains, I think, a scandal that we treat different parts of the health and care system in such inequitable ways. In Scotland, we are at the moment offering 7.5% to our health care professionals. We are making a 3.8% offer to social care staff who are doing the same job, but more than that, who are regulated, who are registered and who require qualification.

“What does that say about the relative value of working for the NHS and the relative value for working for social care, regardless of the business model of the provider? Be they private, charitable or employee owned?”

**On long-term failures to offer better pay to staff, Mr Macaskill said**:

“In any Scottish city, you will earn more money today for an hour's work walking a dog than you will for an hour's work in caring for some of our most valuable citizens. You will earn more money stacking a shelf with no responsibility in a supermarket.

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“Now, I'm not demeaning or decrying the value that employers choose to give those roles, but I am calling out to the hypocrisy of government who with one word value social care and say how important it is epitomised by clapping during the pandemic.

“And yet to make decisions around financial allocation and resource allocation, which is the very opposite of that priority. So, if we're serious about social care, if we're serious about preserving and saving the NHS, because let's be in no doubt the NHS is crumbling and is dying with death from a thousand blows.

“If we're serious about the NHS and want it to move to beyond what it is at the moment, then we have to save social care and we have to prioritise social care and no longer treat it as the Cinderella service or the ugly duckling in comparison to its sister, the NHS.”

Mr Macaskill believes Scotland faces a ‘unique challenge’ due to its rapidly aging population and said Brexit had made it harder to mitigate the impact of this. He said:

“We have the most aging workforce in Europe. And we know that as you get older, for many reasons, that productivity and output in an aging workforce is less than it is when you are younger. So even if everybody who left school today in Scotland decided to go into social care, we would not have enough people simply to work in social care.

“So when you're faced with that demographic reality, which so many politicians choose to ignore, what do you do? You do what has always been the case in a community like Scotland and in many communities of England and Wales, you attract people to come and make this place their home, to become part of our communities, to bring their insight, the richness of their own culture and innovation, and to be with us as a community.

“Brexit has been a hammer blow to the opportunity to attract women and men and to retain women and men. Because what the economic changes of the last few years have led since the pandemic started is that we've seen more and more women and men go into retail and hospitality and other sectors because they're better remunerated, they have less stress. And that has left a powerful gap, a significant gap in nursing and care professionals in social care.

“Without an immigration policy that is flexible, that is meaningful, and person centred, and in a culture which is so toxic to immigration. Combine those two things and we have a perilous situation not just for Scottish providers, but I would argue for many providers across the UK.”

Looking to the future, Mr Macaskill said politicians had to be more in tune with the needs of care sector staff, adding:

**“**I think there is a tone deafness to a lot of innovation and policy introduction, which fails to recognise that this is a workforce who have been through hell. Not everybody here today was in the trenches during the pandemic, but many of them are still facing the consequences of overwork, of emotional distress, of moral harm, of physical exhaustion, of multiple shifts, of the obscenity of 15-minute visits, which are becoming more frequent because we don't have sufficient workers.

“In such an environment, the regulators and all politicians and leaders have to be very sensitive to what are we really doing to help people. I have heard too many workers say to me, I don't want another course on mindfulness. I don't want another link to a wellbeing app. I want something that makes a difference to me, that gives me space and place to be heard, not just heard, but to be listened to at a depth that results in change.

“Most of us know in social care what is needed to preserve the sector, to embolden the workforce and to make social care what it should be - a dynamically attractive sector to work in. We know all the solutions. We just need people at decision making level politically to have the courage of their convictions and put those into practice.”

Hosted by healthcare expert Suhail Mirza, the podcast episode featuring Donald Macaskill is available now alongside previous episodes in the series on various platforms including YouTube, Apple, Spotify and the Newcross Healthcare website.

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