OCCUPY?

In the last bulletin, we discussed the strategy of a 'work in' to prevent the closure of a hospital. The idea is that, if the instruction comes from management to begin to close down services, we could collectively ignore that instruction and continue to provide the service anyway. We have the ability to do this, as we know how to provide services better than any manager.

But for this to work we would have to be highly organised. We know different departments of the hospital are interconnected, especially where acute, or intense treatment is needed. For example a hospital ward needs blood results. In order to provide services to patients most departments of the hospital would have to continue running, and working together. We would need most of the hospital to be working in order to provide a safe service.

This means it wouldn't be enough for one department to continue on its own. We would have to know in advance that a level of service could continue across the hospital. This requires a high level of communication, and good relationships between different departments in the Trust. We do this now to provide services day to day, but would need to be able to communicate and trust each other with issues other than patient care.

Management does assume overall power, and some responsibility for the running of the hospital. To do this in the absence of management we would need an alternative structure to ensure we continued to all work together.

The alternative to management control is democratic workers control, organised through the trade unions. At present none of the unions in the hospital have this level of organisation. We'd need a rep in every department, to facilitate, and give us confidence, and to be our voice in the democratic running of the hospital. Perhaps no one union would be able to do this, and different unions would need to collaborate to ensure that the whole organisation works.

We have been given more time, as a result of the court victory. We know that another attempt to close us down will come. The immediate task we have to prepare for this, if we are determined to keep our hospital is to build, and organise our unions. We need our unions, not just to provide us with individual or collective representation, but to give us an alternative structure, so that we can organise to challenge management if or when they concede to the government's demands to shut us down.

Bed pressure creates a number of negative feedback loops in the system. Patients on waiting lists for treatment are waiting so long that their condition develops and they end up in A&E in crisis. Patients who have been treated are being discharged too early and without adequate community support and so are coming back into hospital via A&E. Finally, once patients are in A&E there are no beds to refer them onto. The system is clogged up right to the front door.

In September this year there was a 43% increase in the number of patients waiting more than 4 hours in A&E compared with 2 years ago. There was a 89% increase of 4-12 hour "trolley waits" - patients who have been processed through A&E only to be dumped in a corridor somewhere waiting for a bed in another part of the hospital.

One service that was easing pressure on A&E was the GP walk-in centres. However, 1 in 4 walk-in centres have been closed since the general election due to "financial pressures". These centres were popular with the public. A survey out this week shows that 1 in 5 people who would have used a walk-in centre will now go straight to A&E.

Cliff Mann, of the College for Emergency Medicine, told the Guardian "This winter will probably be the worse than last year, which was the worst year we have ever had".

None of this is necessary. Last year, NHS bosses delivered the service £2.2 billion under budget. This was on top of the £20 billion savings that the government want to make before 2015. But instead of using this money to expand community care – which all the experts argue is necessary to keep NHS costs down – the Chancellor George Osbourne squirrelled the money away into "deficit reduction".

Keogh is expected to argue for a vision where a few super A&Es deal with major traumas and remaining A&Es are downgraded to Urgent Care Centres. The only beneficiary of this scheme would be private corporations who are looking to run the Urgent Care Centres for profit.

It is important that as the pressure adds up we remember that none of this is inevitable. The people in control have made decisions to cut the NHS – and make extra savings on top. They are doing this because they want to turn healthcare into a viable money making business. They are happy to hand over NHS cash to the bankers and private sector parasites, even if it means our family and friends will suffer needlessly for want of adequate healthcare.

There are some that think the future of the NHS will be decided at the next general election. They are deluded. The future of the NHS will be decided in the streets and by industrial action in our hospitals. Labour party policy will shift incrementally away from its current pro-privatisation stance if and when that movement emerges to fight for an alternative working-class future for the NHS.

(1) Refence for the bed numbers if you want it: http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Beds-Timeseries-2010-11-onwards-Q1-1314-00982.xls