



Lewisham Issue 37 (24 January 2014)

Hospital Worker

A Workers' Liberty healthworkers' bulletin

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People power keeps Serco out of Lewisham!

The unions were all horrified that the Trust was exploring the possibility of outsourcing procurement services to SESRGO. SERGO are currently being investigated for fraud. Even the government has stopped doing business with them. Trust management under obligation and pressure to seek 'best value' and we all know that means money, started to explore contracting out to SERGO.

GMB union put out an e-petition, with explicit support from Unite the union, and the informal backing of many of the other unions. The petition was circulated and supported by many campaigns, and e-lists. Alongside this, the Save Lewisham Hospital Campaign circulated a letter to all Trust board members explaining why SERGO and their like are bad for the Greenwich and Lewisham Trust and the NHS as a whole. SLH campaign organised a lobby outside the Trust board meeting on January 14 and went inside to ask questions. The Board extended question time on this matter to 45 minutes and were amenable and attentive to the arguments against SERGO.

With trade union and public opposition the decision to abandon any further consideration of contracting to SERGO was made!

It has to be said our in-house team do a great job and SERGO could not improve on that.

This is great news for patients, staff and the whole of the Trust.

Greenwich CCG tenders out phlebotomy

While the resistance against SERGO grew, Greenwich CCG had decided to privatise the blood service. QEH's phlebotomy and anti-coagulation services are now part of a bidding war as private companies fight to take over the service.

The Trust is now dealing with three different CCGs - Lewisham, Greenwich and Bexley. While the Lewisham CCG has generally been very supportive of the hospital, Greenwich and Bexley CCGs may have a different point of view.

The current set up is that CCGs can decide that particular services that have been traditionally provided by the NHS can be chopped off and given to different agencies to run. The NHS bodies are pitted against private companies in an obscene and wasteful competition to see who can make most money out of illness. Private companies make their profit at the expense of our pay, terms and conditions.

We'll have a clearer idea of what this will mean for the phlebotomy services once the bidders have been selected. We may need to be prepared to fight time and again to protect services from being sold off to private providers. We've got to get to know these CCGs and how to put pressure on them. In this game, our own Trust management has no say.

LHW provides a forum for staff at the hospital to tell their stories and air their views. If you have a story to tell or an opinion to share then get in touch. The bulletin is edited by healthcare professionals. All articles are published anonymously and we will ensure confidentiality is upheld. Email: hospitalworkerbulletin@gmail.com

“The NHS belongs to the people”

“NHS England is running an Orwellian campaign called “The NHS belongs to the people” where it is asking for a “honest and realistic” conversation about the future of the NHS. David Nicholson – the man with no shame – sets the parameters of the debate: NHS funding will flat-line until 2021 leaving a £50 billion hole in NHS funding; the choice is between “change or charging”.

But since David Nicholson and his cronies allowed large parts of the NHS to be sold off to the private sector, the NHS doesn't belong to the people. Large parts of it belong to tax-dodging millionaires who

tied the NHS up in Wonga-style PFI debt. Health economist Alyson Pollock's research shows “the NHS can only operate anything from a third to half as many services and staff as it would have done had the scheme been funded through conventional procurement. In other words, for every PFI hospital up and running, equity investors and bankers are charging as if for two.”

The funding problem isn't due to increased patient demand or new technology. Services are being shut down because NHS is being used to prop up the banks and private equity companies.

Hands Off London Transport!

“Sorry but our lines are exceptionally busy at the moment. You are currently...thirty-seven...in the queue”, “Unexpected item in the bagging area, please wait while we call for assistance”, “Password not accepted, please check and try again”

These robot voices haunt modern life. Hundreds of companies have replaced their human workers with these machines. As consumers we are forced to do battle with their robot brains on a daily basis. They drain away the minutes and hours of our lives. If Boris Johnson has his way, these self-service machines will run London Underground and 953 tube workers will be on the dole. Everytime your Oyster overcharges you will be faced with the choice – swallow the fine or waste more precious moments of your life phoning a call-centre. Everytime the machine breaks down you will have to walk.

Johnson's vision of a machine-run underground is in direct contradiction to his pre-election pledge to keep ticket offices open. It will make the underground less safe, less hospitable and less efficient. It will mean Londoners lose 1000 decent jobs, some of the last unskilled jobs which have retained decent terms and conditions through militant trade unionism. It will mean the bosses break one of the strongest sections of the British trade union movement.

The RMT strike will start on February 4th. The Evening Standard and Metro will run their usual union-bashing campaign. Hands off London Transport are producing materials to counteract the Tory propaganda. But it needs grassroots activists spreading the word. Get involved!

www.handsofflondontransport.wordpress.com

Winter crisis hits

The financial restrictions mean that hospitals have to run on the smallest number of staffed beds possible. In the winter the minimum level is not enough to provide the care that the community needs. No sooner had St Christopher's relocated to Sydenham, Linden ward opened as our second winter overflow ward. But even with two wards, the patients are backing up in A&E with no beds to be admitted to in the entire hospital. As the 4 hour wait starts to be routinely exceeded, special procedures are being implemented that we'd only usually run in the event of a major incident.

On the overflow wards the permanent staff have been plucked from different wards and clumped in together, trying desperately to be a 'pop up' team, while most of their day to day colleagues are from the bank. If you work or have been a patient on Aspen or Linden wards, or A&E and RATU we want to hear from you - how has it been, and what would you do differently?

Our NHS should have enough 'slack' in the system that it can cope with seasonal variations! Winter is not a “major incident”! More empty beds reduce infection rates, and allow better planning for admission and discharges, so patients don't end up in the nearest available bed, regardless of ward speciality or acuity levels. Paradoxically, the cuts create extra burdens on the system.

This market led system encourages hospitals to run at near full bed occupancy, if there were more empty beds, we wouldn't need emergency wards, and the dangerous disruption to teams. Patients deserve permanent, confident, relaxed nurses to care for them!