



Lewisham

Issue 20 (7 June 2013)

Hospital Worker

A Workers' Liberty healthworkers' bulletin

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QEH A&E “like a war zone”

Last week, a BBC Radio 4 programme highlighted again how incredibly overstretched the A&E at Woolwich is.

The programme broadcast a series of text messages sent out to doctors over the last few months, warning that “capacity has been exceeded”, and reporting “30+ patients in non-ward areas”.

An A&E nurse reported that, on 9 April they had to implement their “major incident policy” to cope with

the disaster of a massive lack of resources. He compared the scene to a war zone, as 50 patients who needed admitting from A&E had no beds to go into, and instead backed up round corners in corridors on trolleys, with paramedics attending them. The relative of a patient attending the A&E described the scene as like a post apocalyptic sci-fi film with patients vomiting and bleeding all over the place with only their families to look after them.

In March 2013, 5% of patients admitted to QEH had had to wait for 17 hours or more in A&E. All of this is happening on the TSA's watch.

Read the signs!

As patients step off the footprints into the no-mans land between pink, green, and orange zones, there's absolutely nothing to indicate where main x-ray might possibly be, unless you head a bit further towards A&E and then look behind you...

There seems to almost always be at least one perplexed and lost patient loitering in the corridor waiting for someone with a name badge to pass so they can figure out where to go. Thankfully, the signage is being redone, and, even better, the Trust have asked staff to comment on common problems with the current signage. The makeshift signs put in place when the urgent care centre opened are being replaced with something more permanent.

But what with the announcements that the Trust's new name has been decided on, we have to be suspicious. The merger could be a good thing, but not if it's part of the TSA's scheme — in which case it will give cover for the slashing of services. So please keep an eye out, and let us know if the “new name” starts appearing on signs, or on anything else official; they shouldn't be making any “irreversible” move to merge until the judicial review has happened at the beginning of July.

Signs with a new name would be an irreversible change, because it gives the Trust a different identity.

CUTTING

Let's not forget that TSA Caroline Taylor remains directly in charge of the QEH, and continues merrily cost cutting and persuading people to accept redundancies while the patients queue to be seen in the corridors!

While Hunt is blaming people for being old, and GPs for not having a personal relationship with all their hundreds of patients, the reality is this is a combination of bad government policies. The “111” system, using untrained staff instead of the nurses who answered calls for NHS Direct, have been sending people to A&E unnecessarily, and the 2% year-on-year reduction in acute beds combined with massive funding cuts has brought A&Es to the point of disaster. As the BBC report points out, there are now 33% less acute beds available than there were 25 years ago, while A&E attendance is going up.

The government's radical solution for over-stretched A&Es? Have fewer of them! If Hunt has his way, Lewisham's A&E and all the acute beds in its 22 wards will go.

He expects QEH's “war zone” A&E to deal with all these patients. If he succeeds every day, might be a “major incident” for QEH.

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 and we will ensure confidentiality is upheld.



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Nurse Karl

**Our bearded band 5
with his finger on
the pulse of
industrial unrest**

Dear Nurse Karl,
I'm struggling to make sense of things after of the Woolwich murder.

I was 18 when we stopped the National Front marching in Lewisham in 1977. But this seems much more complicated. The NF were straightforward Nazis, but aren't this EDL bunch different? They say that they are only against Islamic fundamentalists.

When you see atrocities committed on our

streets in the name of Islam it is difficult to argue with that.

Yours, Yvonne

Dear Yvonne,

The Woolwich murder was a brutal and horrific act, which *LHW* condemns. But the racist backlash it has unleashed has nothing do with fighting religious fundamentalism, Islamic or otherwise.

In the week after the murder, there were 201 attacks on Muslims, mosques, and Muslim cultural centres throughout Britain.

The radical Islamism the Woolwich murderers adhere to stands for a society based on conservative moral values and religious law, where women and LGBT people, for example, do not have rights. Although Islamism is hyped up by the media as a threat to the "values" and "way of life" of "British" (i.e., white) people, the biggest threat posed by Islamism is to Muslim women, LGBT people, secularists, socialists, and democrats in the mainly-Muslim societies where they are a force, and in Muslim communities in Britain where they are strong.

LHW opposes both Islamism and the anti-Muslim racism of the EDL. We strive for a society based on equality and freedom.

The EDL's message is fed by, and feeds into, mainstream media hysteria. The murder – also by brutal stabbing – of an elderly Muslim man, Mohammed Saleem, it seems by a white racist, in Birmingham on 29 April, has not provoked the same coverage.

With the rise of the Ukip and growing racism against migrants, we need to stand up against the racist backlash to this murder. We need to get actively involved in community campaigns like South London Anti-Fascist Group.

Far-right groups, whether the EDL or radical Islamists, are an immediate threat to working-class people. Working-class unity can defeat them.

Solidarity, Karl

• To keep up with South London Anti-Fascist Group's activity, see twitter.com/SouthLondonAF

Needed: more nurses!

The RCN's recommended ratio of qualified to unqualified staff is 35-65. At Lewisham, some wards rely almost entirely on untrained staff.

It's not uncommon for only two registered nurses to be on shift for 28 patients. How can anyone safely look after 14 acutely unwell patients on their own? While the site prac shuffles staff from one ward to another in a desperate attempt to deal with the shortages, the confused patients continually buzz and wander the wards undressed, because there simply aren't the staff to special them.

There have been rumours that staff are leaving the Trust because of the uncertainty caused by the TSA. The Trust management have made a commitment to keep recruiting, and to fully maintain the hospital's services. If you see vacancies unfilled, challenge your manager! Vacancies must be properly advertised and filled. If too many staff leave and we don't recruit, we won't be able to continue providing good services.

If we want to keep our hospital, we have to have well-staffed wards, as well as all the offices, and support staff who keep our services running.