



Lewisham Issue 38 (20 February 2014) Hospital Worker

A Workers' Liberty healthworkers' bulletin

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Silver Command, Black Bedstate, Outrageous Underfunding!

We've got a silver command and a black bedstate, the dramatic colours of our ongoing major incident. The incident, is a lack of resources to meet the health needs of our population – there are no available beds in either of our hospitals, and patients who need admitting are having to queue in A&E for far longer than the 4 hour target. The Trust, like the government are focussing mainly on our front doors, our A&Es. The government's approach to the crisis of a lack of hospital beds is to try to discourage people from coming to A&E.

The real problem, we know is not that people come to A&E when they don't need to, but that we don't have enough staffed beds to cater for those really sick people who need to be admitted, and then a lack of places to discharge patients to once they are fit. Many of those over 65 year olds who choose A&E instead of Boots are so very ill, that even when we've done all we can for them, they are no longer able to live independently. Finding a suitable nursing home placement often takes many weeks as we know. If the aim of the DST were to stop people leaving hospital, it couldn't have been designed better.

And when the big day has finally arrived, the transport doesn't show up, or it arrives before the TTOs, and goes away again. Or for some reason the patient doesn't fit the criteria for the particular vehicle and crew available. The patient in the ward is left sitting with their case packed, while another is squirming on the hard trolleys in A&E with much of their treatment delayed.

This time last year, Hunt had decided to close

Lewisham's A&E. A year on we've won the battle to keep our hospital, and the overflowing A&Es, shows how much it is needed. The government will try to make out that this is all the fault of the NHS, or the elderly, rather than a direct result of their policies. But we do agree, we need better than this for our patients, and we need a better environment than this to work in. To achieve this we will have to continue to fight this government on all fronts, from the clause 118 and PFI to the cuts in social care, everything they're doing is undermining the NHS.

Do You Really Need to Go to A&E?

Not if you're over 65 – the billboards clearly say, if you're over 65 and you feel unwell you should go to a chemist rather than to A&E. The NHS has invested in some giant yellow statues to illustrate the point that A&E isn't the answer for all health complaints. They've got a website with a list of symptoms, and advice on where to go for help. & it is very clear: all suspected fracture cases must report to an urgent care centre, be it the skull, spine, neck of femur, you must not go to A&E. Anyone concerned with respiratory issues may be relieved to know that although breathlessness is not listed, coughing, as well as painful coughing is. If you're involved in treating these symptoms in hospital, you might as well pack up and go home, because whether the cause is a PE or pneumothorax, the only advice is to go to your local chemist! (to be fair, if you're accessing the website after you've blacked out, it does say you should then go to A&E).

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

Defy the immigration bill!

“You shall know that no one is illegal. It is a contradiction in itself. People can be beautiful or even more beautiful. They may be just or unjust. But illegal? How can someone be illegal?” *Elie Wiesel, holocaust survivor*

If the Immigration Bill continues its smooth journey through Parliament, in a few weeks time doctors and nurses in A&E will be asked to take on further duties as immigration cops. If we agree to carry out these duties, then we will have to ditch all our professional codes of conduct and only treat the human beings in front of us if they have the correct immigration status.

Those who cannot prove their immigration status will be asked to make a payment. Nurses will attend to any “foreign looking” patients with a chip-and-pin device. “Illegal” babies currently come with a price tag of £2500.

Immigration controls have the effect of marking some people out as illegal simply because of their geographical location. These people have not committed a crime. They are illegal for who they are, where they were born, and where they have travelled to. Immigration controls are dehumanising – the only way they can be enforced in hospital is by marking out some sick people as a non-patients, non-human beings.

Immigration controls also mean that anyone who doesn't look British is a possible “illegal”. These measures will mean that black people – whether migrant, British-born, with or without papers – are suspect. The Bill makes clear these suspect people will have to prove their right to free treatment.

Immigration controls were first introduced against the Jews fleeing pogroms in Eastern Europe. The next wave of immigration controls were introduced following National Front demonstrations in the 1960s. This latest set of controls is in response to the loony right wing UKIP and EDL thugs. Immigration controls are racist. We call for human solidarity and freedom of movement for all peoples.

The government won headlines with the claim that “health tourists” cost the UK £2 billion a year. But their own report said this figure is based on “no empirical data”. Its pure propaganda! Administering the system will cost more than it saves. Limiting access to healthcare will increase costs as conditions will develop to crisis point before people seek help. This is not about saving money for the NHS. It is about racist scapegoating of immigrants for the social crisis created by government austerity.

The introduction of payments in A&E for “illegals” is only the start of a general introduction of charges for health services. We should oppose it now before it be-

comes routine. We are calling on health professionals to pledge to treat all patients regardless of where they were born and for the unions to support this campaign.

Strike stalls cuts plan

London Underground workers have cancelled this weeks strikes after bosses put their cuts plan on hold and removed the threat of redundancies.

Before the strike Boris Johnson talked about the closure as a fait accompli. The Mayor and the management have been forced to back down from that intransigence by the solid strike last week, and the confidence of the workforce has received a big boost. The Mayor repeatedly called the strike “pointless”; and the company's mantra was “striking achieves nothing”. That has been dramatically disproved.

There may still be a need for more strikes if the talks break down further. London Underground workers are one of the last well-organised workforces in the country and they have shown what a difference militant trade unionism can make. We should give them our full support and follow in their example.

Unison needs a strategy

The winter edition of Unison's U magazine says “An estimated 400,000 public service jobs have been lost since the government came to power in 2010, with another 600,000 under threat...But UNISON is working tirelessly to defend its members.”

Working tirelessly but still losing 400,000 to nil? Perhaps its time to rethink the strategy. Since the defeat of the pensions dispute Unison has made scant effort to mobilise its 1.3 million members into any kind of opposition.

There is an opportunity to turn this around in the next few weeks. UNISON conference season is fast approaching and any UNISON member is entitled to submit a motion to their local branch which if successful could be adopted as national policy at national conference. How about a national demonstration to save the NHS before the next general election? Or a strike over pay? Lewisham Hospital Unison's AGM is just around the corner. Submit your motions to Mike Davey – we're sure he'll be glad to hear from you!