



Lewisham

Issue 8 (6 February 2013)

# Hospital Worker

A Workers' Liberty healthworkers' bulletin

www.workersliberty.org • awl@workersliberty.org • 0207 394 8923

## Resist this closure!



**“This is a travesty — a dangerous injustice. Taking a high-performing hospital out of the heart and soul of our community is nothing short of vandalism”. — Consultant Physician, John O’Donaghue’s response to Hunt’s statement on the future of Lewisham Hospital.**

On 31 January, only five days after 25,000 people marched to defend Lewisham Hospital, Hunt announced plans to downgrade state of the art A&E and maternity units, to slash elderly care and acclaimed children’s services, to sell off or demolish parts of the hospital campus, to sell off land.

The mass media described Hunt’s statement as a “partial victory” for the staff and people of Lewisham. But cut through the spin and Hunt has just rubber stamped Kershaw’s original proposals and added a bit of window-dressing.

### PATIENTS

**A&E Consultant Dr Chidi Ejimof explains: “An A&E of the type described is little more than an Urgent Care Unit — patients will still have to be transported to other hospitals because we will no longer have acute provision here.**

“Hunt quotes £36 million will need to be spent on surrounding hospitals to compensate for the demolition which will still take place on the Lewisham site — which, if the new A&E is to be retained, will leave it stranded in midst of rubble and nowhere near the rest of the remaining hospital buildings. Does this mean yet another new, but smaller A&E will need to be built?”

The answer is probably no. The unstated master plan is to smash up the hospital so the “profitable” (i.e. low-risk)

bits can be sold off to private health firms.

Kershaw’s original proposal called for a £55 million refit of the Riverside Building to make it appropriate for non-complex elective surgery. Unlike A&E departments and ITUs, these types of clinics are easy to run at a profit. The private sector has been lobbying hard for the District General Hospitals to be smashed up in this way so they can pick through the remains for profitable bits of the NHS. For staff who are transferred out to these companies it means a future of low wages, poor terms and conditions, finance driven decision making and all the other horrors of private medicine.

Hours after Hunt’s announcement, 400 people converged on the hospital to show their support for the campaign and in solidarity with the hospital workers. The mood was one of anger and, for some, disbelief that Hunt could ignore the strength of local opposition.

Over the coming months we have to make sure the energy and angry determination of the campaign continues to grow and is ready and able to fight on a number of fronts. They believe it will take three years to complete their plan and they cannot do anything without us.

In the meantime we have to make sure that everyone understands that it is “business as usual” at Lewisham Hospital. Urging patients to choose Lewisham, GPs to refer patients, Clinical Commissioning Groups (CCGs) continue to commission services, and health workers to choose to work at Lewisham hospital, are all necessary steps to keep the hospital going. As long as we keep working and the patients keep turning up, it will be hard for them to shut us down.

**Last week we had the biggest local demonstration to save a hospital in the history of the NHS. We need to continue to make history by putting an end to this toff-led vandalism.**

*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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## What next?

### What can workers do?

When a service is threatened with closure, our tactics must aim to keep the service open and running.

Unusually, the most radical and effective thing that workers can do is keep working!

### But isn't the main focus the community campaign?

The campaign has demonstrated how important Lewisham is to local people. The thousands on the streets to defend it has boosted the morale of the staff, and got attention in the media.

But it hasn't changed Hunt's mind. It needs action by the people who make the hospital run — the workers — to force the government to back down.

### What kind of "action"?

The Trust's management has calculated it is in its interests to try to maintain services at the hospital. But management could change its mind or be replaced. If they start issuing orders to shut down services, workers could refuse to do this and keep the services open. By disobeying a management instruction, workers immediately raise the question of who is in charge of the service.

In today's society we assume it is management which is in charge; normally staff do as they are told. But even in our day to day work we don't always obey managers; we use our judgement and experience to make the practical decisions about how best to provide the service in the best interests of our patients. This reality of how things get done is normally hidden. By challenging management it becomes clear that workers, in any organisation, when they act collectively, have the real power. They can take over the workplace. They are able to be in control.

### So you want a revolution in Lewisham Hospital?

We just need to do what is necessary to ensure that safe health services continue to be provided in Lewisham Hospital.

As the government try and shut us down without any

clinical evidence-base we have a duty to our patients to stand by them. In some ways the idea of the NHS itself — universal free health care — is revolutionary. This doesn't fit with today's capitalist model. That's why the government wants to destroy it and sell it off to be run for-profit.

### Can workers take over?

We need a flexible strategy which changes as events unfold. In the first place we need a network of workers who are prepared to act, in contact with the community campaign, with workers in other workplaces and crucially neighbouring hospitals. All grades, all job groups, will have to be united in this network. This network will initially gather information about which services are being threatened at any given time. This information will be communicated across the network so that co-ordinated action can be taken. In A&E it would mean working with the Ambulance Service to make sure patients are not taken away from A&E. It would mean all other departments continuing to provide support services to A&E. In maternity it would mean mothers continuing to choose Lewisham, midwives and GPs continuing to refer there.

It will be necessary for workers in other hospitals to act in solidarity with Lewisham, to prevent sham or sub-standard services being set up in other hospitals as a justification for closing services at Lewisham.

### So this "network" is in place?

Sadly not. Traditionally a union would provide the structure and resources for such a network. But the unions in Lewisham hospital are either not willing, or not big enough to take on this role.

While the community campaign will continue and give courage to workers, the essential task now is for workers to organise. We will not build this kind of network overnight and so we need to make it a priority now. The campaign has been organising meetings for staff; this needs to continue.

**Most importantly, the unions need to be renewed to in order to make them a fit structure for a proper workers' struggle against the closure of our hospital.**