



Lewisham

Issue 16 (25 April 2013)

# Hospital Worker

A Workers' Liberty healthworkers' bulletin

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## Hunt for Hunt!



**JOIN THE HUNT FOR HUNT – SATURDAY 15 JUNE**  
**DEMO IN FARNHAM, SURREY**  
**BOOK NOW TO RESERVE YOUR SEAT ON THE COACH**

**COACHES LEAVE LEWISHAM AT 9AM SHARP**  
**Please book your seat by paying £5 by 1st June (£5**  
**deposit with full refund on the day for pensioners, students**  
**and unemployed)**

**More: [savelewishamhospital.com](http://savelewishamhospital.com)**

## What about the “bed-blockers”?

**NHS England has announced plans to set up “NHS hotels” to deal with “bed blockers”.**

These hotels aren't new. Guys & St Thomas' has a hotel. It is used for frail patients who needed several days of treatment but did not need to be in a hospital bed in between treatments.

The government's idea is that these will also be places patients can recover. This used to be called “rehabilitation” wards. We still do have rehabilitation, but not enough of it. There's also plenty of patients who need more than a “hotel”, who do need 24 hour care, but maybe not in hospital.

The problem is that our nursing homes have no intention of increasing their Cat 1 beds, so the waiting list will continue to be made up of inpatients in acute hospital beds. There used to be whole buildings devoted to this kind of care the NHS hotels will provide but they were shut down.

While it's true that many of our patients shouldn't be on acute hospital wards, the only available alternative is generally that they sit at home with inadequate care for a few hours until someone calls an ambulance again. No amount

of discharge planning is going to build more nursing homes. Care packages aren't getting any closer to comprehensive community care. Qds visits just aren't enough for most patients. And we don't have enough district nurses to provide care at home.

We need residential, purpose-built rehabilitation units, and nursing homes that are so well resourced that people actually want to live there. We need probably about 5 times the number of district nurses we have, and you shouldn't have to be paralysed to qualify for 24-hour care at home. And we shouldn't have to write 60 pages or whatever it is now to beg for the funding.

If these things were in place maybe people could spend less time in hospital. But the driving factor for NHS England is not to improve the patient experience but to save money. The elderly and vulnerable are increasingly treated as a nuisance in this new NHS.

**As healthworkers we need to advocate for these patients — and that means political action.**

*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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## Should RCN split?

**In a row with Jeremy Hunt, the RCN has rejected calls for it to split into two organisations — a professional body and a trade union.**

Hunt argues that the RCN was complicit in the Mid-Staffordshire scandal because they "allowed their trade union responsibilities to trump their responsibilities as a Royal College to raise professional standards."

In fact, the problem was that the RCN did not behave like a trade union at all. The Francis Report documents a very cosy relationship between the RCN and management and barely any relationship at all between the RCN officials and their own membership. The RCN — like the SHA and DoH — sang the praises of management and dismissed any concerns raised by staff.

Much like the situation with the unions at Lewisham, the RCN had only a handful of reps. Out of a membership of 600 they

rarely got more than 10 people to a meeting.

Like many health union branches they favoured a "partnership model" of trade unionism where the officials become cheerleaders for management. The main convenor even managed to get herself a job in senior management! The partnership approach, which is so common in the NHS unions, pulled the reps up into management's ivory tower where they remained willfully ignorant of the horrors on the wards.

A strong union, telling the truth about the reality on the ground could have smashed through the management's collective fantasies. It could have stood up against bullying management hell-bent on meeting financial targets.

**And it could have organised a proper industrial battle over safe staffing levels. RCN, Unison and Unite failed to do this because they failed to act as militant, democratic trade unions.**

## Hunt's HCA plan "stupid"

**On 26 March, Hunt announced that anyone applying for a nursing qualification will first have to complete a year's work as a Healthcare Assistant (HCA) before starting their training. Peter Carter of the RCN called the plan "stupid".**

Unqualified nursing assistants have existed for a long time, but the HCA role really developed in the 1980s. At this time Project 2000 shifted nurse training from ward-based apprenticeships into universities. Student nurses were given supernummary status, causing severe staffing shortages on the wards. The staffing gap was filled with unqualified HCAs. Gradually the HCAs have taken on more and more direct nursing care with qualified staff taking on more managerial role.

The problem is not too much nursing education. The problem is that this education is restricted to those who can afford to take time to go to university — and managers are tempted to replace trained staff with untrained staff.

**In the light of Francis, we should fight for accessible career progression for all staff involved in nursing care.**



**Lewisham's record of organising the biggest march to save a local hospital in the history of the NHS has been smashed by a fantastic show of support for acute services at Stafford Hospital, Mid-Staffordshire Foundation Trust.**

**On Saturday 20 April, 50,000 took to the streets as Trust Special Administrator moved in. The TSA will want to use the recent scandal over patient care as an excuse to shut the hospital.**

**But the people of Staffordshire have been very clear — the answer to poor patient care is not more cuts! As the government attack more and more NHS hospitals, the resistance grows.**