

HEALTH

EMERGENCY

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Bulletin of
Hands Off Our NHS

8th Anniversary Appeal

London Health Emergency has just celebrated its 8th anniversary of full-time campaigning for London's NHS. But as we go into our 9th year we face a £5,000 gap in our budget.

Please help us to keep going in this crucial post-election period. Send your donations to LHE, 446, Uxbridge Rd, London W12 0NS. Let's keep the fightback rolling!

Defending jobs and services

NURSES STRIKE BACK!



Tehmina Boman

Desperate managers at London's University College and Middlesex Hospitals, wrestling with a £20m deficit, are closing beds and trying to cut 60 posts for newly-qualifying nurses.

But nursing staff, organised by NUPE and COHSE, have hit back.

Following the lead of their colleagues in Bloomsbury & Islington's mental health unit, whose successful strike action forced management to increase staffing levels, they have staged angry strikes and protests beginning on May 15.

By JOHN LISTER

This battle is the first of many that are likely to be fought in London and throughout the country as NHS chiefs try to balance their books in the new internal market by cutting staff and services.

Cutbacks

In Central Manchester, staff have protested at chiefs' plans for cuts of £3m; London's threatened St Thomas's is looking towards a £5m cuts package; and in many districts and Trusts cutbacks of over £1m are being drawn up now - al-

most all of them mean attacks on staff.

But Bloomsbury & Islington cuts are by far the biggest so far: management plan to close the Elizabeth Garrett Anderson Hospital for women.

Now they have admitted they are discussing closure of either the Middlesex or UCH which have been bankrupted by the government's NHS reforms.

By fighting back, nurses and health workers are not only defending their own jobs and those of union colleagues: they are defending our NHS - the hospitals, beds and services we all depend upon for treatment.

Countdown to closures

THE GOVERNMENT has been concealing a 'hidden agenda' for London's NHS, involving huge reductions in beds and rationalisation of health authorities.

This agenda has been kept under wraps for fear of the electoral consequences of a succession of highly unpopular decisions. Among its main points is likely to be:

● **CLOSURE** of at least 2,000 acute beds (more than 10%) out of an already massively reduced total of less than 18,500 in the capital. This would bring acute bed losses in London to a massive 37% since 1982.

● **CLOSURE** of at least two teaching hospitals, the most obvious targets being Charing Cross and St Thomas's.

● **CLOSURE** of additional hospital capacity, probably including Hounslow's West Middlesex Hospital.

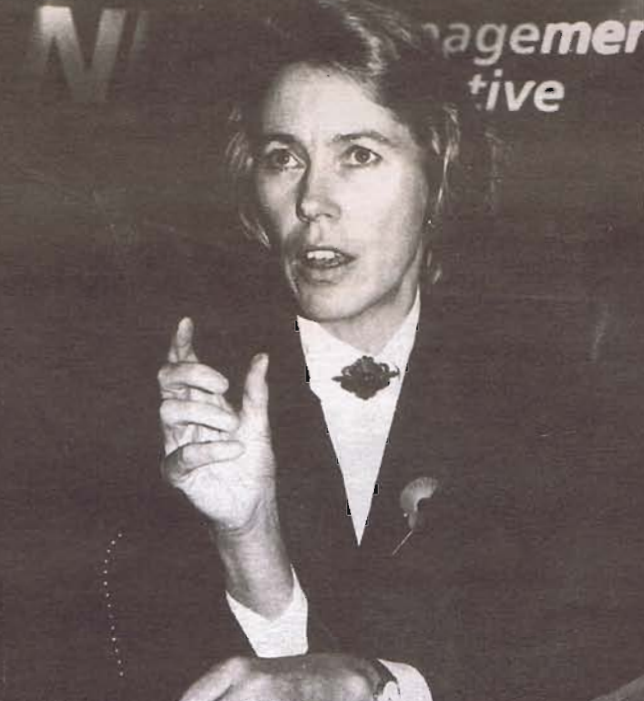
● **CANCELLATION** of the proposed new £200m 'mega-Hospital' to replace the UCH and Middlesex Hospitals in central London.

● **ABANDONMENT** of other ambitious hospital plans, including the £130m scheme for a single site general hospital in Barking, Havering and Brentwood.

A committee of inquiry, chaired by Sir Bernard Tomlinson, was set up last October to investigate London's hospital services and suggest closures. It is operating under almost obsessive secrecy, and his findings may not be announced until October at the earliest.

The consequences if all three of these hospitals closed would obviously include a huge loss of jobs, probably totalling around 10,000, many of whom would be nursing staff. The immediate impact of 2,000 beds closing would be to axe around 100,000 admissions per year.

Andrew Ward



Bottomley - promising a little consultation on new opt-outs?

Bottomley's beds blitz?

NEW Health Secretary Virginia Bottomley has been one of the most outspoken defenders of the view that even after a decade of closures London and the NHS as a whole have too many hospital beds.

Just weeks before the election, she was quoted in the *Hampstead and Highgate Express* showing her real contempt for the frail elderly and those without comfortable middle class homes to go to:

"We can't afford to have people lingering around for a recuperative holiday. We are not catering for people who do not have a home or who have nowhere else to go. Now people have telephones, central

heating, GP services and remarkable drugs.

"The whole structure of health care has changed and beds are not what we want. We want the minimum beds necessary. We still probably have got more than we need."

Bottomley might be the first Health Secretary to have worked as a psychiatric social worker, but she shows no sign of any greater sympathy for the plight of the mentally ill than her ill-starred predecessor.

A letter from COHSE asking her to intervene and halt the privatisation of services for the Elderly Mentally Ill in West Berkshire has still received no reply.



Martin Jenkinson

London's NHS faces a barrage of cuts and closures

Why Tomlinson is likely to axe St Thomas's

● **MANAGEMENT of St Thomas's** have tacitly admitted that their hospital is in the front line for closure by announcing their desperate post-election survival plan.

This is to compensate for a shortfall in income estimated at between £2.8 and £8.9 million. The scheme involves a draconian 5% (£5 million) reduction in costs and a huge boost for private medicine.

● The hospital has the lowest local population and the lowest caseload of the three South East London teaching hospitals.

● St Thomas's sits on the most attractive and valuable development site of any London hospital other than possibly

Guy's. According to the latest research commissioned by the King's Fund, the St Thomas's site is worth around £150 million on the open market, compared to just £10m for King's College Hospital.

By comparison, the open market value of St Mary's is just £90 million, and the giant St George's a mere £32m.

Regional chiefs will have been eyeing up the prospects of killing two birds with one stone: eliminating a 'surplus' teaching hospital and giving a major fillip to the flagging capital programme with a one-off sale that could underwrite building schemes elsewhere.

● Even before Tomlinson there had been persistent

rumours that Regional and Department planners were looking to switch at least one teaching hospital to a centre outside the capital; in particular there were rumours of a plan to transfer one of the South East Thames teaching hospitals to the South Coast - possibly Brighton.

● King's Fund figures show that St Thomas's costs per acute episode are 25% higher than King's and almost as high as Guy's: average costs of acute treatment at St Thomas's are 33% higher than average costs in Outer London. For a hospital so dependent on income from outside its district this is a disastrous position.

Who will be stuck with who?

Merger mania

By **GEOFF MARTIN**

The wholesale carve-up of London Health Authorities into mega commissioning agencies has gathered pace at an alarming rate since April 9th.

The first bombshell was dropped by North West Thames Region with a document prepared by former Riverside supremo David Knowles and which actually leaked out on polling day. The report suggested reducing NW Thames from its current 12 districts to as few as four.

Amid squeals of protest from CHCs over the complete absence of any consultation, the NW Thames plan threw up the nightmare prospect of merging two of London's most crisis-ridden Districts, Riverside and Parkside, into one vast West London Authority with Harrow probably lumped in on top.

Harrow and Parkside are currently sharing senior management and the Knowles view is that Riverside just isn't big enough to be 'truly effective as a purchaser'.

Shared managers

Hillingdon and Hounslow are already sharing a management team, a classic forerunner to merger, and Ealing share an FHSA with Hounslow which points to their eventual absorption into a new outer-West London Authority.

Part of this deal would also involve Spelthorne being traded with South West Thames for a chunk of Richmond, Twickenham and Roehampton.

This carve-up of the London end of North West Thames into two huge Districts still leaves Barnet out on a limb, obliged to squeeze into bed with whoever will have them.

The second post-election merger shock was delivered by a group of East London Authorities.

Plans are now at an advanced stage for the formation of a new primary health care agency taking in Newham, City and Hackney and Tower Hamlets and possibly absorbing some of the services currently provided at the Royal London and Barts.

The new primary health care agency could well be a flyer for the merger of the three Districts into the long anticipated East London Health Authority.



This would spark off a new wave of boundary shuffling right across the North East Thames region, where the Essex section has already been squashed into just two Districts.

Redbridge and Waltham Forest are already operating a joint purchasing arrangement which they have described as an 'interim step, possibly leading to merger', involving both Districts and the FHSA.

Enfield and Haringey have formed a similar consortium.

No escape

Hampstead and Bloomsbury & Islington would not be allowed to escape the merger-mania although Hampstead are hardly likely to be over the moon at the prospect of linking up with the debt-ridden and dispute-torn B&I. Regional pressure will force their hand.

Barking and Havering, who have already had their prosperous Brentwood section parcelled off into the new South Essex HA, look

like being left stranded, possibly because they have been unable to sort out an acute services strategy and are viewed with barely-disguised contempt by the Region.

South East Thames have long been in the front line of the charge towards Health Authority mergers.

Model

The South East London Commissioning Agency, covering Lewisham and North Southwark, Camberwell and West Lambeth, has been touted as the model to follow in the new style NHS.

However, their formal merger has had to be suspended for a year until April 1993 due to the freezing of the King's and St Thomas's opt-out bids.

Greenwich and Bexley DHAs, along with the local FHSA, have announced that they are to produce a

joint health commissioning strategy by the end of July this year as the step to formal merger. The vast Bromley District will remain as it is.

Quiet

South West Thames have remained remarkably quiet on the whole merger issue.

The Regional General Manager speculated over a year ago about the prospect of merging the entire London end of the Region into one vast agency covering a population of over 1.2 million, but has remained silent ever since. It's difficult to see how they can remain schtum while mergers crash on all around them.

The speed of the post-election announcements points to a stack of plans having been piled up in advance for immediate action as soon as the government were returned to office. Those plans are now being dusted down, behind closed doors, and with a vengeance.



West London's hospitals face a new attack

Charing Cross faces the chop

MANAGEMENT of Riverside Health Authority have already let slip their plans to close at least 200 beds at Charing Cross to help finance the costs of opening their new showpiece Westminster and Chelsea Hospital, built at a cost of over £200m.

New capital charges will mean that a Charing Cross Hospital reduced to little more than half its potential bed capacity by cash-

saving closures would not be economic to run.

To make matters worse, Charing Cross, completed in the mid 1970s, is in a scandalous state of disrepair, facing bills of at least £10m to bring it up to acceptable condition.

To make matters worse, Riverside faces a brutal £8m cutback in its purchasing budget as a result of the NW Thames shift to capitation-based funding. These factors combine to make the closure of Charing Cross a near certainty.

West Mid feud with Teddington When Trusts fall out

An extraordinary dispute has broken out down in Hounslow between the West Middlesex Hospital and Teddington Memorial - both of which are bidding for third wave Trust status.

Teddington have rejected a joint bid with the West Mid and are paddling their own canoe with what must be the smallest opt-out proposal in the short history of the reforms.

Led by the League of Friends, the 49 bed GP hospital is hoping to get the green light for a Trust with a £2.5 million turnover and just over 50 staff.

But why don't they want to be associated with the last-ditch West Mid application? West Mid have made it clear that they don't want to lose Teddington from the exist-

ing acute unit and, interestingly, they don't appear to have cut its income from their financial projections.

Reading between the lines, it would appear that the Teddington Memorial applicants are worried that the hospital could face the axe if they're lumped in with the West Mid Trust.

This kind of protective opt-out bid is expressly forbidden by the Government.

With the Hounslow plans for a new hospital to replace the West Middlesex already lying in tatters, and the unit itself a possible target of the Tomlinson Inquiry, this latest outbreak of in-fighting will leave the Region and the Government to take a final decision on the District's acute services before the end of the year.

Barts contract chaos

WEEKS after the start of the 1992-3 financial year budgets have still not been set by the 'shadow Trust' that is now running City & Hackney's health services.

A warning note sent out in April warned budget holders that:

"We are still having great difficulty in agreeing budgets as we are all still negotiating contracts with most of our purchasers." There is a grim if implicit warning of more cuts to come:

"You should work on the assumption that you have no more money in your budget than you had last year. You should not, therefore, be making moves to fill extra posts or commit any resources for which you had made bids for 1992-3".

Last year saw cuts of 5% across the board in Hackney's services: a standstill budget this year would mean continuing those damaging cuts.

The price is wrong!

ATTEMPTS by Royal London Trust bosses to impose a near 10% price increase on its contracts appear to have run into crisis.

Its main purchaser, Tower Hamlets DHA, which has received only an extra 2 percent this year, bringing its budget to just under £66m, has refused to meet the Trust's £70m bill.

Strong rumours suggest that additional contracts, including Newham's £8m 1991-2 contract and business worth a total £17m from Essex health authorities could go down the pan if the Trust sticks to its new higher prices.

Council offers a life-line

GREENWICH council has stepped into the debate on the future of local health services, which has already produced a row between the South East London Commissioning Agency (SELCA) and SE Thames Region.

SELCA has objected to Regional plans to invest £34 million of scarce capital in upgrading Camberwell's King's College Hospital. A by-product of this same scheme would be to speed the closure of Greenwich's busy Brook Hospital, whose regional neurosciences specialty would be transferred to a new centre on Denmark Hill.

Greenwich council, in an extensive response to the regional plans entitled *Hospital Services for the Year 2000* opposes the closure of the Brook, and in particular the removal of its regional specialties and the loss of its Accident and Emergency unit.

It argues that a refurbished Brook Hospital would make an ideal site for a Regional Trauma Centre providing a 24-hour service to seriously injured patients.

Victory over Trust sacking

A MIDWIFERY sister sacked by the Royal London Trust for not remaining calm while suffering racial and physical threats from a male visitor was eventually reinstated on appeal – four months later!

Anita Ceesay, a NUPE member, had worked at the London Hospital for eleven years without any complaints. She was dismissed for 'professional misconduct', while her abuser, who was eventually overpowered and removed by six police officers, was convicted and fined £100 for disorderly conduct.

Her case triggered a wave of support from GPs, hospital doctors, midwives and a local support group backed by the trade unions and race relations groups.

Black nurses and midwives at Whitechapel have for years been left without any support or protec-

tion from management while they undergo a rising tide of racial abuse. The decision by the Trust's Women's Services Manager Margaret Anthony to sack Anita was correctly described in a letter from 30 local GPs as 'support for the perpetrator of racial harassment'.

This is not the only local outrage against the Trust's black

staff. Showing their cynical contempt for any more than vacant phrases on equal opportunities,

the Royal London has axed its Community Recruitment Officer in its latest staff cuts.

Shortly before stepping up to take over as Health Secretary, Virginia Bottomley, then a junior health minister, officially welcomed an agreement between NHS management and trade unions which makes sexual and racial harassment at work a disciplinary offence.

Maybe Mrs B. should drop a reminder note to this effect to the Royal London Trust?



David Hoffman

Lobbying a meeting of the Trust for Anita's reinstatement

Kids' unit bites the dust

THE FINAL nail has been hammered into the coffin of children's health services in Lewisham with the decision to scrap the planned mother's and children's unit on the Lewisham Hospital site, which was supposed to replace Sydenham Children's Hospital.

Sydenham was closed on the basis of a 'cast iron' guarantee that a replacement, purpose-built unit would be provided at Lewisham Hospital.

Since then the children's services have been squeezed into temporary buildings which even SELCA admit are 'not ideal'. The 'temporary' buildings will now remain indefinitely.

The latest SELCA report on capital schemes backs the abandoning of the new children's unit, stressing the need to generate another £1.7 million of savings at Lewisham Hospital to meet capitation funding limits.

Kids in the Lewisham area will have to learn the hard way that you should never believe what health service managers tell you.

Chopper escapes axe

THE GOVERNMENT has stepped in to bail out the Royal London Hospital's controversial air ambulance service.

Its original sponsors, Express Newspapers, slashed their funding by 75% from £1 million a year to just £250,000, possibly because it was not generating the newsworthy photo opportunities they had expected.

NUPE has consistently criticised the air ambulance service as primarily a publicity gimmick by the Express group, and pointed out that at least 30% of its calls were aborted in flight or at the scene of the accident.

The *Health Service Journal* reports that while the service requires the secondment of 15 paramedic-trained staff from the London Ambulance Service, only 265 out of 927 missions in the first nine months of 1991 resulted in patients being air-lifted to the hospital with a doctor.



COHSE LONDON REGION

Sends greetings to all COHSE delegates at the

1992 DELEGATE CONFERENCE

FORWARD TO UNISON

Pete Marshall
Regional Secretary

Kevin O'Brien
Regional Chair

Mushrooming managers

Out go the nurses – and in march the managers. That's the wacky face of today's 'business-style' NHS.

Bureaucracy is running rampant, the real growth sector in the health service as a result of the government's reforms.

Management numbers have multiplied 18-fold in five years, from 510 general and senior managers in 1986 to a staggering 9,740 in September 1990.

The growth will have continued since, with

every opted-out Trust adding new platoons of management on inflated salaries.

by contrast, numbers of nurses and midwives fell for the first time ever in the year 1989-90, shedding 7,000 jobs.

With less front-line staff to care for patients, numbers of clerical and admin staff caring for managers and balance sheets rocketed by 4,410.

Q: How many NHS managers does it take to change a lightbulb?

A: 1,800% more than it did in 1986 – and lightbulb-changing has been contracted out.



Trusts: less equal than ever!

EQUAL OPPORTUNITIES policies have been junked in the rush to opt out – and the composition of Trust boards displays the skin-deep level of commitment.

353 out of 360 positions on the boards of the first 57 opt-out Trusts are white, as was every first wave Chief Executive.

A mere 6.5% of Trust chairs – a post directly appointed by the Secretary of State – were women, with less than 10% of Chief Executives, 28% of Board members and 32% of executive members.

In total, 74% of Trust directors are men, and 98% white. By contrast, the government showed great success in tipping the bias strongly towards its own business supporters – with 65% of boards drawn from the private sector or self-employed – and towards its political supporters: 22 out of 24 councillors appointed to Trust boards were Tories.

The Trusts are of course not bound by previously negotiated District equal opportunities policies or by national guidelines, since they are free to decide staffing matters 'locally'.

They are not obliged to publish information on the ethnic breakdown of their staff, and health authorities have no right to vet these policies.

This means that managements with highly suspect records on race relations are freed from any public scrutiny, protected by the almost obsessive secrecy of the Trust Boards.



The things the bosses say:

"What benefits would there be if our unit became an NHS Trust?"

"Less bureaucracy for one thing..."

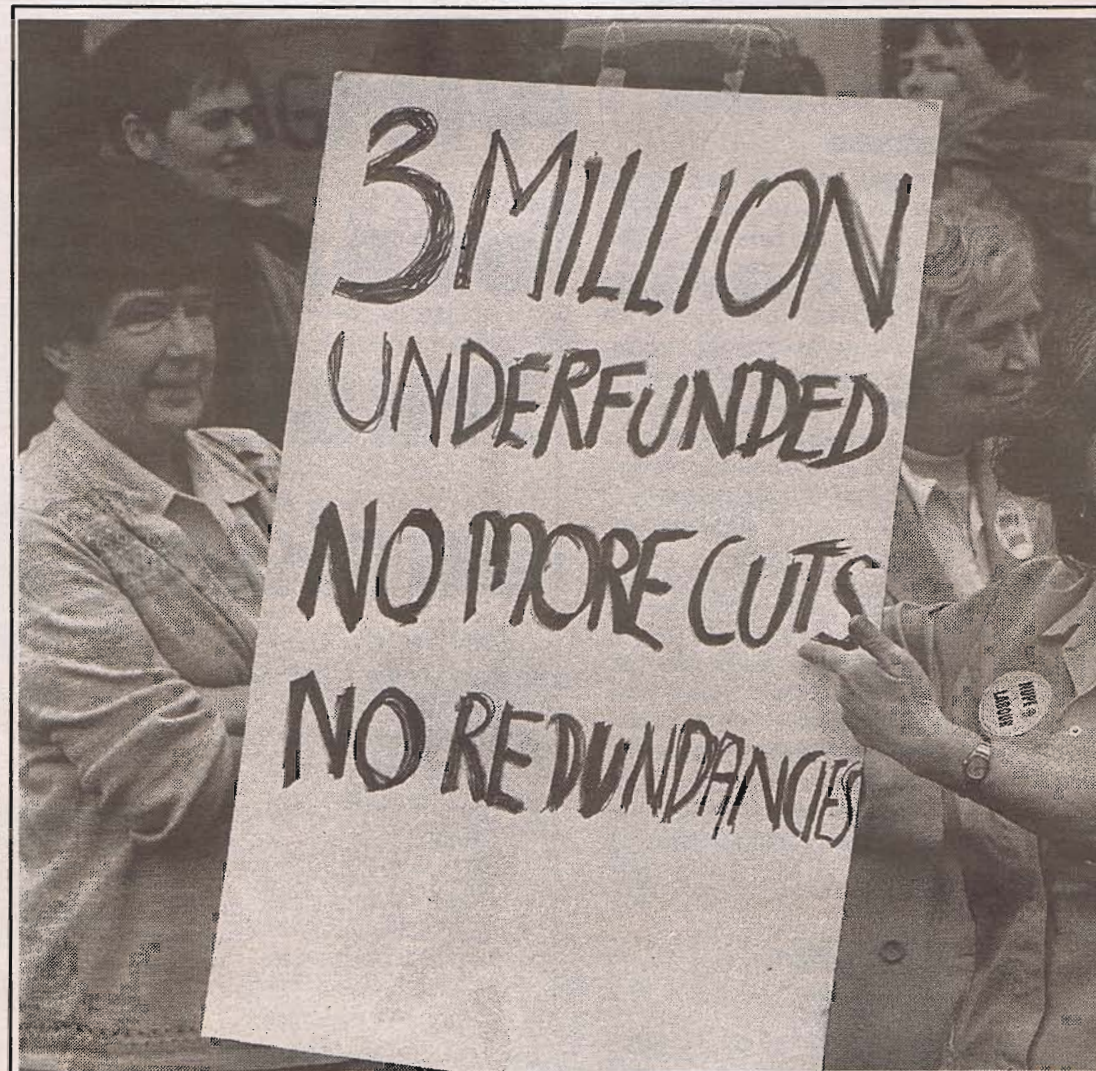
"Will there be a staff ballot?"

"No. A ballot can only ask simple yes and no questions. The issues involved are more complicated than this ..."

"Who would manage the Trust?"

"...These members would probably be local businessmen and women ..."

(All quoted from Ealing Mental Health unit opt-out propaganda. Do managers really believe this stuff?)



Manchester health workers protest against Trust plans to make £3m cuts

As the going gets tough, the Trusts get nasty

Opting to cut wages

OPTED-OUT Trusts have already begun to make use of their new 'freedom' to attack the pay, conditions and trade union rights of their employees.

First-wave Trusts led the way, but the pace is now being accelerated by the arrival of a second wave with ready-made blueprints for cutting wages and casualising staff.

A look at the range of problems confronting health workers underlines the fact that opting out is a disaster for staff, and that only by organising collectively through their unions to fight back can health workers hope to stand their ground against increasingly ruthless and arrogant managers.

Pay

Outright wage cuts have already been imposed by Lincolnshire and Northumbria ambulance trusts, beginning with non-emergency staff. In Lincolnshire the cut was a massive 33% (£3,115 a year), forcing many staff to apply for social security payments to make ends meet.

In Northumbria, the Trust pays non-emergency staff just £6,200 a year for a 45-hour week, compared

with a national scale of £9,315 for a 39-hour week.

Elsewhere, Kingston Hospital Trust has told the Royal College of Nursing that it is 'not obliged' to meet pay awards decided by the nurses' Pay Review Body.

The newly-launched Essex Rivers Healthcare Trust has already been discussing proposals from Chief Executive Alan Davison to "ditch Whitley and the pay scales of existing employees" in order to reduce the pay of support staff, which he believes is now above local market levels.

In West Dorset, Community Health Trust management have insisted upon employing new staff on non-Whitley contracts which introduce performance-related pay which are substantially worse than the existing contract.

And in South Devon, trust bosses have unilaterally decided – in the teeth of unanimous union opposition – to impose a new grading structure devised by external management consultants. Union spokesperson Peter Fullerton denounced the plan as a way to get 'care on the cheap'. Management responded by insisting they would not heed the unions or allow them 'power of veto'.

While existing South Devon staff are free to retain their Whitley contracts, in Bradford Trust chiefs threatened to sack laboratory staff who refused to give up their Whitley conditions and sign new contracts.

Meanwhile Guy's-Lewisham Trust bosses have dismissed NUPE's complaints that they are making use of slave labour by employing 21 care assistants on a pitiful £10 a week, under the government's controversial Employment Training Scheme. Trust boss Peter Griffiths gets £90,000 a year and two cars.

Hours

While many Trusts are looking to make substantial changes in rotas, the ambulance trusts have again led the pack in a wholesale lengthening of the working week.

In Northumbria, emergency crews have been put on exhausting 12-hour shifts, while the basic week has been extended from 39 to 42 hours.

Holidays

Northumbria ambulance has cut 4 days annual leave from most staff, reducing from 25 to 21. In Kingston, unions are fighting a plan to cut two days holiday.

Pop go private sector profits

A NEW DROP in profits by private health insurers Private Patients Plan has led to angry complaints that the government has not done enough to bolster commercial medicine.

PPP's surplus fell by £9m to £18m last year on record income of £404m. As a purchaser of services it is falling behind while private hospitals notch up substantial profits.

This is despite a monster 36 percent increase in PPP's premiums in January, which came hard on the heels of big increases last year. They are now expecting a further price hike this summer.

PPP's rivals BUPA are still bumping along the bottom after swinging a £38m deficit in 1990 into a profit of just £1.3m in 1991. BUPA's insurance loss was more than halved from £63m to £26m, with premiums up by between 15-35% and another 20 percent increase likely this year.

diabetes or renal problems. Only the young and fit – least likely to make claims for treatment – are welcomed by today's tight-fisted insurers.

Other cutbacks introduced by cash-hungry managers and insurance companies include:

- Introducing an 'excess' system – through which employees would pay the first £50 or £100 of any treatment.
- Vetting of claims by senior managers.
- Persuading employees to forget their private cover and use NHS facilities wherever possible ... even paying policy-holders to stay in NHS hospitals. Today's private medicine is a long way from Margaret Thatcher's idea of getting treatment where you want, when you want, with the consultant you want. Even queue-jumping is increasingly a thing of the past:

"If, for example, they want their wisdom teeth out but are not in any pain, we suggest they wait to have it done on the NHS, even if they have to wait for the treatment for a couple of months," one spokesperson told the *Financial Times*.

The handful of companies which rashly promised private health care to employees even after retirement are now anxiously seeking an escape from a potentially ruinous liability as prices rocket.

Never never

Meanwhile one provider group, Compass Healthcare, has targeted different section of the market. It has written to GPs offering fixed price surgery in its hospitals on HP (politely referred to as 'deferred terms').

According to the leaflet, a selling point of the scheme is that:

"An additional feature is that payments will be protected for the patient in the event of loss of income due to redundancy or further illness, for a period of up to two years."

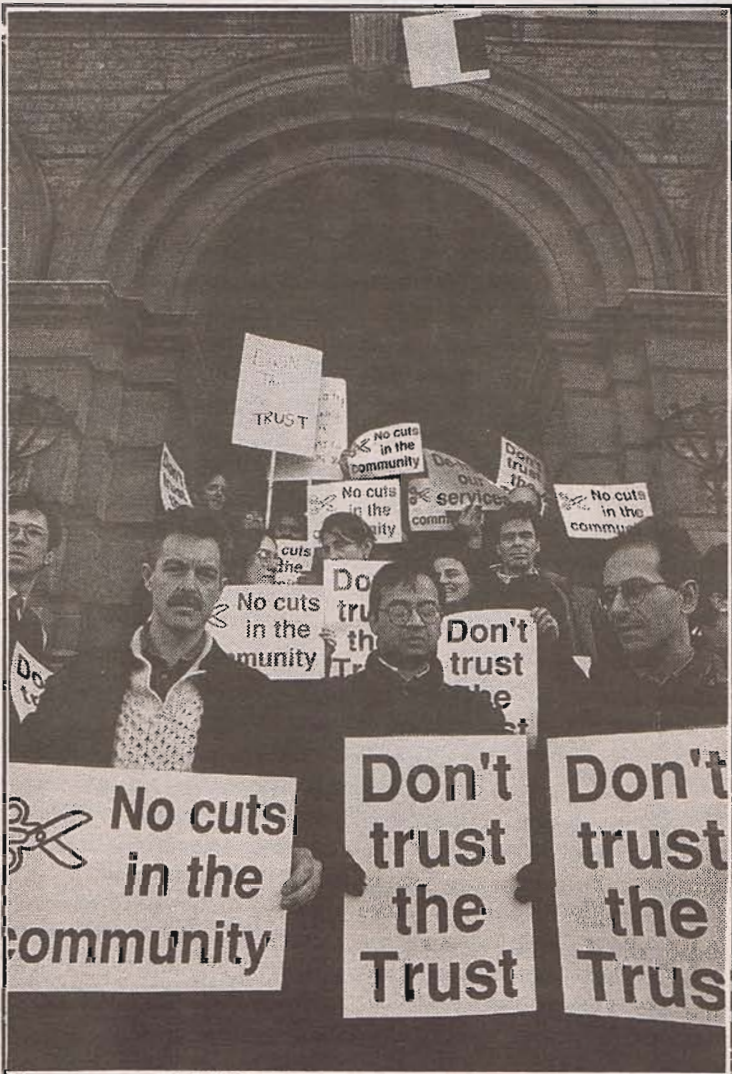
Pensioners

The biggest cost increases will hit pensioners, who already pay discriminatory high premiums. Some have no doubt joined the exodus from private insurance: BUPA has lost 6% of its 3.5 million subscribers in the last 12 months.

Now the insurance companies are taking desperate measures to hold down costs, as many of their lucrative corporate schemes bite the dust. Recession-hit firms have been dropping out, with some scrapping the 'perk' of private medical cover for staff, some downgrading the level of cover, and others simply going bankrupt.

As company schemes are scaled down, it is becoming clearer than ever that private medicine is no substitute for the NHS – merely offering expensive supplementary cover.

Some insurers are now refusing to pay for consultations for asthma sufferers, or to cover other chronic conditions such as



Royal London Trust: frozen posts – and more cuts to come Andrew Wiard

ing only the RCN and professional bodies.

The attitude of many managers is summed up by the Maidstone Trust which described unions as 'alien organisations' in its application document.

No doubt many Trust chiefs would like to follow the Northumbria ambulance lead and derecognise health unions. There, bosses refused to recognise NUPE and COHSE which together represented 90% of the 670 staff, and instead gave sole negotiating results to the scab Association of Professional Ambulance Personnel, with just 40 members!

Privatisation

Essex Rivers Trust is looking at the possibility of wholesale privatisation of support services, and other managements are weighing up their chances of putting ever wider varieties of service out to tender.

Casualisation

Two second wave Trusts, SE Staffordshire Community and Enfield, have set the pace with proposals to turn much of their workforce into casual labour on short-term contracts.

SE Staffs hopes to retain only a minimum 'professionally trained' staff as 'core' workers, taking on

additional 'flexi staff' when required from a pool 'who could be called upon at short notice'. All support services would be hived off completely to outside contractors, with even chiropody being put out to tender!

Enfield chiefs also proposed to run Chase Farm Hospital with a bare minimum of permanent 'core' staff, with others taken on under 'rolling fixed term contracts', which will minimise job security and redundancy payments. The plans were only dropped after staff protests, and could well surface again now the election is over.

Reckonable service

With NHS jobs less stable than ever, management attention is turning to ways of minimising redundancy pay-outs. Parkside Community chiefs have come up with the novel idea of regarding all Trust employees as having only started on April 1 1992. A management note summing up the idea argues:

"Most Trusts are 'reckoning' previous service with Trusts and health authorities towards any calculation of sick pay, redundancy pay, etc. I don't think we would want to commit ourselves to this yet, and as a result have drafted a statement in the same way as the Royal Free..."

Dog eat dog

It is little consolation, but management are not reserving all of their ill-treatment for lower grades of staff: some of it is taking the form of top-level bursts of blood-letting.

Guy's booted out its Finance chief while Bradford's Chief Executive got the push, and now Central Manchester has got rid of two top bosses – Chief Exec Mike Ruane, and assistant general manager Andrew Phair. Phair was given just one hour to clear his desk as the Trust revealed a disastrous £1.6m overspend on its first year and prepared the ground for cuts of £3m.



Jobs

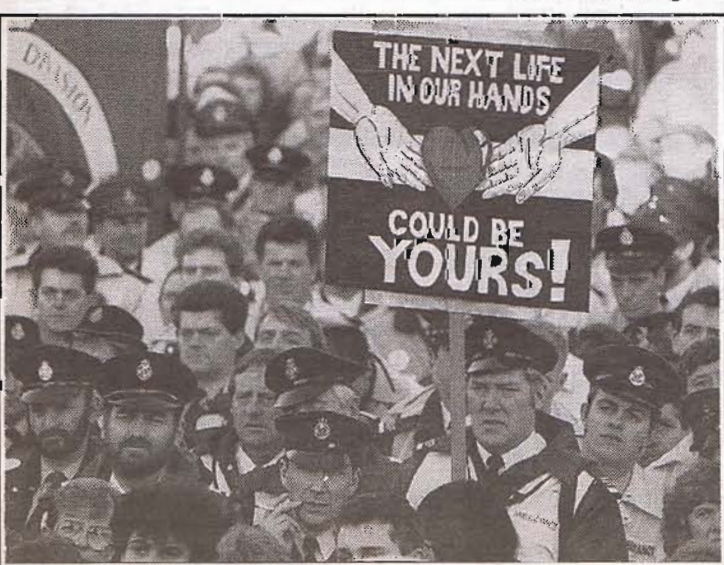
While high-profile redundancies at Guy's and Bradford have grabbed the headlines, jobs have been more surreptitiously axed in Central Manchester, North Middlesex Hospital and St Helier, with the Royal London, Oxford's Nuffield Orthopaedic Centre and many others axing staff by freezing vacancies. Details are hard to find as a result of Trust secrecy.

Further job cuts are being prepared through 'skill mix reviews' which are being carried through in many Trusts, designed to cut the numbers of qualified staff and replace them with low-paid unqualified grades.

Recognition

Many Trusts are still hedging their bets on union recognition. The Nuffield Orthopaedic was only one that went through its first year with no agreement, as a result of management's refusal to agree to any formula which would allow unions to 'negotiate'.

Now Nuffield bosses hope to impose a formula that would only recognise unions representing 60% of eligible members – an arrangement transparently aimed at squeezing out the largest TUC-affiliated union, COHSE and the other main health unions, recognis-



Ambulance staff: first to feel Trust management's jackboot



ROGER BEME

Contract chaos grips London

Counting the cost

Panic-stricken hospital chiefs across London are using a clumsy bit of sleight of hand to try to cover up the full cost of block contracts as the full force of the internal market lurks around the corner.

The new trick is called 'contract exclusion'. Expensive treatments are removed from block contracts to reduce overall costs.

Patients needing complex operations are left to rely on shaky Extra Contractual Referral procedures.

Hospitals already working a contract exclusion system include St Thomas's, Guys, UCH and the Middlesex, each of which are vulnerable to huge financial losses under the internal market.

They take the view that they are just passing some of the risk back to the purchaser.



Purchasing Health Authorities have spotted the ruse and are already shouting foul. Redbridge DHA have made it clear that they will simply deduct money from block contracts to create reserve funds to pay for any additional ECRs.

For capitation losers like Newham, contract exclusion is yet another blow. Districts will be left to preside over

inadequate block contracts AND to take the rap as they ration out a dwindling pool of ECR reserves to their most critically ill patients.

Bloomsbury have already cash limited spending on specialist ECRs, with Guy's, and openly admit that the cash could dry up in mid-year. Patients needing those specialities once the cash has dried up will be turned away or told to wait until next year.

No amount of fiddling around with contract exclusions can hide the simple truth that there isn't enough cash in the system. The London teaching hospitals, with the axe of Tomlinson hanging over them, were always going to be the early losers under the market system. Others will follow as the ration books are dusted off.

The SHARP END



By GEOFF MARTIN, our man in the social club bar

Load of balls

News reaches us that health service managers up north have been taking part in briefing sessions with Leeds United football team boss Howard Wilkinson.

We can only speculate as to what 'Wilko' and his words of wisdom have to offer to staff struggling to run an A&E department or a mental health ward.

Those of us who remember the Leeds side of the early 1970s will recall that one of their main tactics was to put as many of the opposition as possible into hospital.

Anyway, the idea that the solution to the NHS reforms chaos is to pack the management structure with midfield cloggers in the mould of Billy Bremner and David Batty is enough to force even more people to 'do a Souness' - and go private.

Ghosts and ghoulies

Spine-chilling tales from Gloucester where a couple of managers have been banged up for fraud after a 'ghost employees' scheme was rumbled by auditors.

The scam involved the creation of ghost jobs for relatives and the paying out of inflated salaries. Here at the Sharp End we were under the impression that a key part of the NHS reforms was the invention of non-existent jobs at fat salaries for people regarded as 'one of us'.

So what's the difference? Maybe the 'Gloucester 2' should consider an appeal or think about setting up a consultancy business.

Twist and shout

Managers at Charing Cross Hospital and St Thomas's have been twisting and shouting like the Beatles on heat after LHE revealed that both units would be in the frame for closure under the terms of the Tomlinson Inquiry into London's NHS.

A dodgy interpretation of an LHE press release had

been pushed out by the Press Association, which claimed that LHE had seen a leaked copy of a draft of Tommo's report, and that it said Charing Cross and St Thomas's were both to close.

This was not quite true; what we had done was piece together bits of evidence which pointed to the Cross and Tommies being London's two most vulnerable teaching hospitals.

Nobody could have predicted the fall-out from irate hospital managers.

As they scrambled about trying to find out if LHE had got an actual leaked hit-list naming them, one wild-eyed press officer from St Thomas's leapt from the bunker to launch an all-out assault on LHE's good name.

Denouncing us as 'provocative', 'childish' (I say, steady on) and as being

"A meeting of Waltham Forest Health Authority will be held in the Chairman's Room, Claybury Hall, Manor Road, Woodford Green, Essex, on Thursday, 21st May 1992 at 4pm. We are required to give formal notice of this meeting but due to the confidential nature of the business, item one on the agenda will be a resolution to exclude the press and public".

'to health what the Socialist Workers (?) are to politics', we were able to deduce that we had firmly struck on a throbbing raw nerve.

We would never dare suggest that the hordes of managers at St Thomas's are to the health service what Fergie is to the Royal Family - but you might.

The hard reality in today's NHS is that if Tommies, Charing Cross or any other unit is to be closed down or forced out of business, the people who work there, including the top brass, will probably be the last to know.

We have promised to keep them posted.

Dead End

What's this? Something positive at last from the NHS reforms?

The latest issue of East Berks DHA's mindblowingly boring staff newsheet *East Beat* announces that it will be the last one that they ever publish.

It should save a few trees but on the other hand there could be a wave of protest from insomniacs in the Slough area.

But hold on, the last ever issue of *Dead Beat* bows out by announcing that they expect

to be followed by a stream of 'new publications', more stacks of paper to match up to the fabulous, new bureaucratic world of the NHS Act. Just what we really needed.

In fact the opting out of all the local services make it certain that the new glossies will contain anything but useful information.

In response to this grim news, Sharp End will be running an exciting new competition with a top prize - for the most turgid piece of NHS management propaganda sent in by one of our readers.

Send your entries to Sharp End, LHE, 446 Uxbridge Road, W12 0NS.

Get that scraper in the barrel right now!

Mac Attack

NOTHING surprising about the news that McDonalds is being offered a franchise on the Guys Hospital site.

It's a well known medical fact that a Whopper Mc-Scrunge Burger, large fries and a double-thick, creamy shake is the ideal nutritional intake for someone recovering from major surgery.

More importantly, maybe some bright spark from one of the Guys labs could carry out an analysis on a chicken McNugget.

Next time you prepare to dunk one in the Bar-B-Q sauce try and work out which part of a chicken's anatomy is small, round and finger licking good. Makes you wonder, doesn't it?

A pony in me pocket....

NO SHORTAGE of pre-election cash sloshing around down at the Kingston Hospital Trust, where each member of staff was bunged a nifty (fifty quid to you guv) just before Polling Day - to remind them how lucky they were to be in the front line of the NHS reforms.

Can we expect to see 'Drinks' or 'Bunce' clauses inserted into new contracts? We suggest negotiators try for something along these lines:

"...on occasions where there is a General Election looming and where the Trust is flush with a bit of folding, each member of staff will be offered a decent drink and a bit of extra bunce in their sky rocket (pocket)."



COHSE Conference 1992

At last ...

The RETURN of the REGION 18 DO!



Region 6 (London) is working again with branches from Region 12 to lay on the HIGHLIGHT of COHSE Conference!

- THE TIME: 8pm to 2am
- THE PLACE: Ocean Room at the Spa
- THE DATE: THURSDAY JUNE 18

- THE ACTS: Folk/Blues singer STEVE MOORE
- Rock Band THE LAST RESORT and DISCO TILL LATE
- Food available for purchase. Bar licence to 2am.
- THE COST: Tickets £1 in advance from Pete Marshall, Bob Quick, Chris Hart or Kevin O'Brien. Entry on the door £2.

Rushing to dump elderly beds

THOUSANDS of NHS beds for the elderly are being closed as health authorities across the country dump these unprofitable patients into private nursing homes, where after April 1993 they will become the responsibility of social services.

National figures show a massive cut of one in six geriatric beds in the five years 1986-1991, from 55,000 to 46,000. Some regions are closing beds even faster: in the West Midlands, the reduction has been 20%, with Coventry slashing back from 410 beds to just four.



Where are the elderly to go now? John Harris

Scrapped

Sheffield, too, has seen an accelerating reduction, closing more than 400 beds in the last 2-3 years. The DHA has now scrapped its plans to establish small community units for the frail elderly, declaring that it is inappropriate to give long-term care to elderly people unless they need regular medical or psychiatric attention.

No such constraints bother West Berkshire DHA, which is closing its entire provision of beds for Elderly Mentally Infirm as part of a massive privatisation exercise that will axe over 180 publicly-funded beds.

The progress is reaching breakneck pace as health chiefs shut beds by the dozen in the race to shut down services and pass the bill on to local councils and in-

dividual patients paying means-tested charges.

An idea of the scale of the problem can be seen from a recent study of nursing and residential homes in Oxfordshire. This revealed that of 1,606 places in 56 homes that responded, only 343 were cheap enough to be covered by government income support payments.

The average 'gap' between the fees and the DSS payments was £49 in nursing homes, £69 in residential homes and a massive £81 in dual-registered homes.

Pocket money

In 21 homes residents were being forced to use their own savings or cash from their state personal allowance - intended as 'pocket money' for newspapers

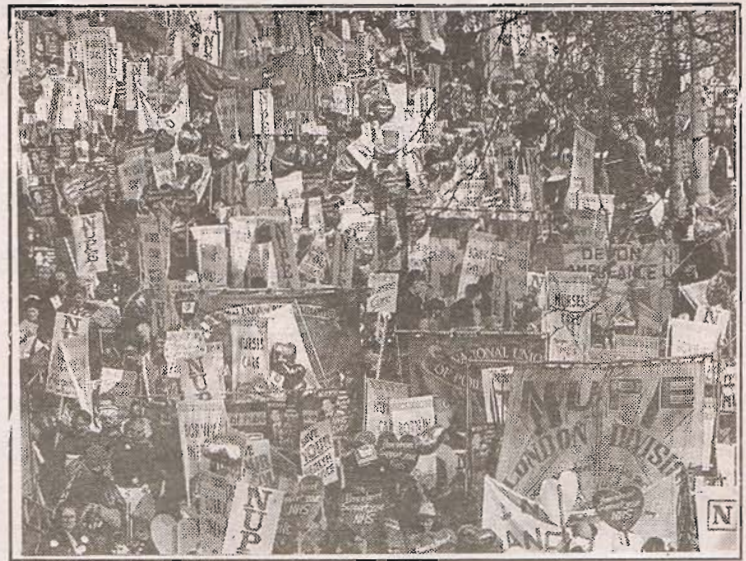
and presents - to 'top up' the DSS money, while in 22 it fell to relatives to come up with the extra cash.

29 Oxfordshire homes claimed to be losing money, with nine planning to phase out. DSS-funded places as uneconomic. Another report suggests that 40% of elderly residents already pay privately for care in residential or nursing homes.

Many also get stung by extra charges: a national report by the Association of Directors of Social Services that shows that residential homes in 75% of local authorities charge extra for medical dressings, incontinence pads, diabetic diets, and even fruit.

From next April the community care reforms will mean that the DSS cash will be transferred to social service authorities and, unless the government comes up with an unexpected increase, the 'care gap' will also be transferred, leaving councils to take the blame for government underfunding.

The consequence will be that even as numbers of frail elderly people increase and hospital facilities are cynically dismantled, councils will be forced to cut the numbers of elderly patients they support in residential and nursing homes.



John Harris

75% of Scottish people said no to government policies

Scottish bosses join opt-out bandwagon

PERHAPS devolution and a democratic Scottish Assembly may be the only way to save Scotland's hospitals from a relentless drive towards trust status.

Opportunist Scottish health chiefs, who held back on opting out until they saw the election result, are now preparing a last-minute rush to opt out now the government has been returned on the strength of votes south of the border.

Only a quarter of Scottish voters plumped for the party of opt-outs and privatisation. But NHS managers have never shown themselves too concerned with popular opinion, and behind the scenes their arms are being twisted

far up their backs by the new Scottish health minister Lord Fraser.

Grampian health boss Jeremy Taylor told the *Health Service Journal* "It is now very clear to me and my management team that trusts are an inevitability."

Grampian already has one of Scotland's two opted-out hospitals - Aberdeen Royal - and is looking to opt out all its remaining services. The nonsense of the 'market' system in Scotland is shown by proposals to merge the rump Grampian Health Board into a common purchasing authority - with Orkney and the Shetlands!

Rumours of a more ambitious mega-merger involving Iceland and Norway have not been substantiated.

Jones the Policy takes over in Wales

THE ELECTION brought an ignominious exit for the former Welsh health minister Nicholas Bennett.

His dogged insistence on opting out health services in his own Pembrokeshire constituency was given a vigorous thumbs-down by voters.

His successor at the Welsh Office is Gwilym Jones, a

Thatcherite right-winger from Cardiff, a child arsonist, train spotter and a director of an insurance company. That should have them singing in the valleys.

Private care

On taking office, Mr Jones refused to give up his own private health insurance. Perhaps that's because he knows more about

government plans than he's letting on?

■ An early decision from Jones is likely to be the closure of Wales's largest hospital - Cardiff Royal Infirmary - and two more major hospitals in South Glamorgan, Rookwood Hospital, Llandaff and the Prince of Wales at Rhydlafar.

Contractors run from West Berks deal

WEST BERKSHIRE health chiefs are contemplating the chaos after 18 months of negotiations on the privatisation of all their support services culminated in union-busting multinational P&O pulling out of the £7.5m contract.

The health authority had been eager to notch up a national first by handing over everything from gardening to telephone switchboards to a 'total facilities management' contract. But they also wanted to do it on the cheap, dodging any liability to pay redundancy money to the staff they were dumping.

It was for this reason that the DHA insisted P&O should sign a 'transfer of undertakings' deal giving them responsibility for all the NHS staff, with their existing pension and redundancy rights intact.

P&O, recognising that the redundancy costs alone could cost

them several years' profits, refused to comply.

The collapse of the total facilities management experiment won't stop West Berkshire's hard-line managers seeking to privatise, but has pleased health unions,

which had feared the impact the deal would have on jobs and services.

● Meanwhile the vicious face of privatisation has been seen in the 'double whammy' threat of redundancy and eviction that faces ancillary staff in Shetland, after health bosses took the lowest tender and handed the contract to Gardner Merchant.

COHSE fears ten percent of staff could face the axe, with others losing overtime pay, pensions and holidays. 94 staff have already received redundancy notices, six of whom, with up to 25 years of service, now face eviction from their NHS accommodation.



COHSE CYMRU WALES
National Executive Committee members
CATH JONES
PAT DWAN
Greetings to all COHSE members
Mewn undeb mae nerth

Cardiff Trades Union Council
DON'T MOURN,
ORGANISE!
Defend and extend our Health Service
Secretary Keith Evans (COHSE)

Dudley cuts
DUDLEY health authority, facing a huge £2.3m deficit, wrote in March to all members of staff asking them to give some of their wages back to "provide additional health care facilities for patients."
But even as they hold out the begging bowl, management are planning to axe jobs as part of their 'efficiency' package, designed to cut £150,000 a month from acute services spending.
Meanwhile Dudley's DHA Chair Dr Bob Guy has been given the boot for his outspoken opposition to the planned closure of Wordsley Hospital, Stourbridge in order to focus all District services on the single Russell Hall Hospital site.

Community care

Drifting towards disaster

PLANS to implement the government's far-reaching community care reforms from next April are in a complete shambles, to judge from a detailed report submitted to the May meeting of NW Thames Regional Health Authority.

Community Care chief David Pashley recounts a litany of unanswered questions and growing concerns as the deadline for action draws nearer without any hard information to go on.

Even the pilot schemes on client assessment "reflect a wide range in degree of preparedness between authorities ... few authorities have as yet a clear road to implementation next year."

Many GPs are completely in the dark over their key role in the new system, and FHSAs are urged to 'set up familiarisation programmes'. Better late than never, but many family doctors are (understandably) 'reluctant to be involved until their contractual position is clear.'

Matters are made worse by the fact that:

"Most discharge arrangements are recognised by health authorities and local authorities to be unsatisfactory ..."

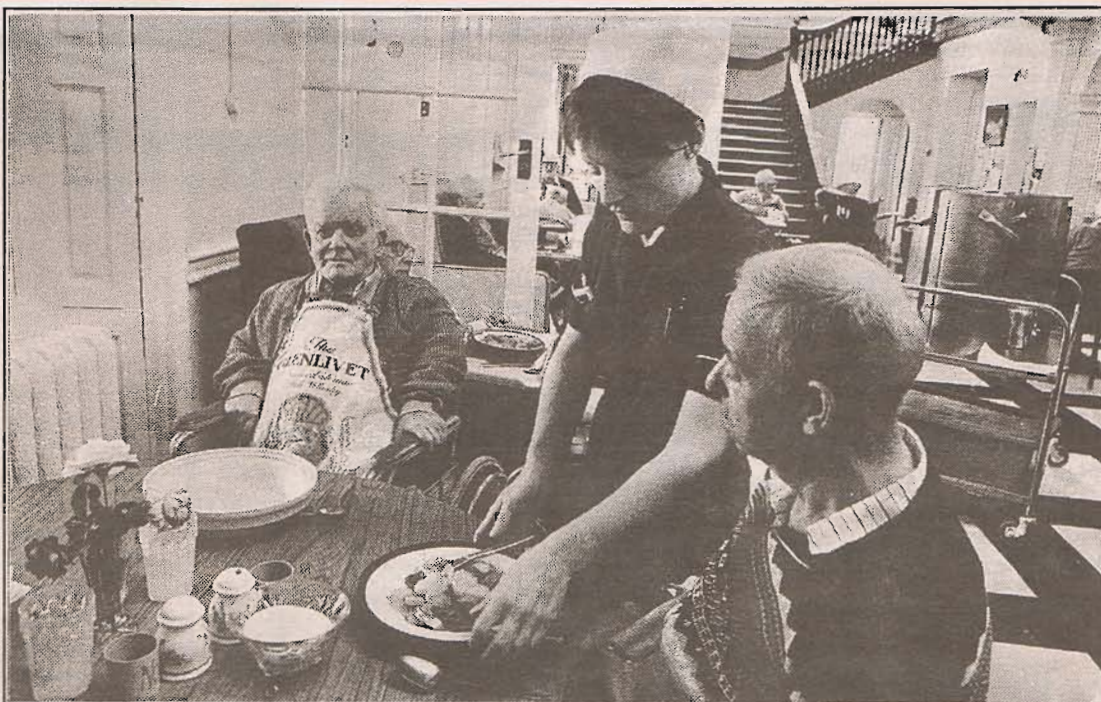
However the real disaster area is recognised to be the financial problems that are looming for those trying to run the new system. The government's stubborn refusal to give even the most basic guideline information is at the root of many difficulties:

"Most local authorities still have to quantify the volume of assessments, and the lack of information from the Government until the end of the year about the value of individual LA's social care grant volumes is a major blockage in encouraging thinking about this."

Without knowing how much cash is on the table, the discussions between DHAs and councils have inevitably been vague and evasive:

"Financial data in community care plans is of variable quality, and particularly poor on the health side. There appears to have been little 'talking turkey' about who pays for what ... There is acceptance in principle ... that neither side should reduce a service without the approval of the other

John Harris



NHS care for the frail elderly: a thing of the past?

and a transfer of resources, but this has no validity in the face of imposed budget cuts (by LAs)."

Even the health authorities are being coy about the money side of things:

"So far as we know, HAs have not identified how much they will spend on 'top up' of independent sector homes ..." (No doubt one reason for this reticence is because

according to the DoH they are not supposed to make such payments).

The debates so far have been futile because:

"In the absence of information from the Department on social care grant volume, it is impossible to discuss with LAs whether they will continue to pay social care grant for these places when their present residents leave, or whether they

will find additional places in future ..."

Towering above every other concern is the real nagging doubt affecting health and social service chiefs:

"There remains universal concern that the resources available for *Caring for People* will be inadequate for the task ... especially in London."

One conclusion of the document is to urge the government to publish the necessary information, including "at least in draft form, information on the value of income support and housing benefit after April 1993 for people in residential care, and the rules on means-testing for this and for social care grant."

The RHA asks for further help in explaining the policy:

"The means-testing guidance should cover the issue of free care in continuing care NHS beds and charged-for care in LA-funded homes for people with, to the layman's eye, similar conditions."

New junior health minister Baroness Cumberlege, former chair of SW Thames Region, is getting ready to blame local management for any disasters on community care.

It is up to HAs and social services to sort out between them who pays for residential and nursing care for people leaving long-stay hospitals, she told a management conference in March. If not, the consequences would be "dire".

"There won't be a smooth take off if there's ambivalence around ... We could head for a pretty spectacular nose-dive."

Affiliate to LHE!



London Health Emergency has been running since 1984, and is the best-known watchdog and pressure group providing information and arguments to defend all aspects of London's health services.

We have over 250 affiliates in London and across the country, including national, regional and branch level support from COHSE and regions and branches of NALGO, NUPE, MSF and TGWU as well as many non-health trade union bodies, pensioners' groups and community organisations.

A year's affiliation is still only £15 (basic) or £25 for organisations with over 500 members. **Make sure your organisation affiliates for 1992!**

Please affiliate our organisation to London Health Emergency. I enclose a cheque for £... (£15 minimum, £25 for over 500 members), plus a donation of £....

Please send me ... extra copies of Health Emergency newspaper (50 copies £5 per issue, 100 copies £7.50, 200 copies £10)

Name.....

Organisation.....

Address for mailings.....

Position held..... Signature.....

Please return to London Health Emergency, 446, Uxbridge Rd, London W12 0NS. 081-749-2525

Affiliate now to Hands Off Our NHS!

The biggest campaign against opting out and the effects of the NHS Act now has over 120 affiliates all over the country. But Hands Off Our NHS still needs your support to continue the fight after the election.

Organisations are urged to affiliate (£20 per year minimum, plus any donation you can afford) and individuals to subscribe (£10 per year, pensioners £5).

PUBLICATIONS AND CAMPAIGNING MATERIALS

The leaflet *Ten Good Reasons Why Your Hospital Should Not Opt Out* is still available, and updated versions will be produced for the third wave of opt-outs. Customised versions can be produced by arrangement for local campaigns. We can also supply copies of our leaflet on Trust finances (*Assessing the Finances*) (25p each, bulk rates on application).

Hands Off supporters can also get 50% reductions on two LHE surveys - on the second wave London opt-outs (*Opting for Chaos*), on community care for the mentally ill (*Where's The Care?*) and on the Tomlinson inquiry (*Countdown to Crisis*). These are available for just £5 each if ordered by affiliates.

Also available are 3-colour **Stop Hospitals Opting out** stickers, Hands Off Our NHS campaign badges and balloons.

Equip your organisation for the battle to save the NHS: get affiliated, and get those orders in!

Please **affiliate** our organisation to Hands Off Our NHS. I enclose a cheque for £... (£20 minimum).

Please add my name to the Hands Off subscribers' list. I enclose a cheque for £... (£10/£5 for OAPs)

Name.....

Organisation.....

Address for mailings.....

Position held..... Signature.....

Please send me

... Anti opt-out stickers at £5 per 100: £...

... Badges at £2.50 for 10: £...

... Balloons at £2.50 for 10: £...

... Opting for Chaos at £5 each: £...

... Where's The Care? at £5 each: £...

... Ten Good Reasons leaflets at £2.50 per 100: £...

... Assessing the Finances at 25p each: £...

Total enclosed: £.....

Make all cheques to Hands Off Our NHS

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