**Hospital plan collapses into chaos**

UNISON has been warning for years that the tug of war on the future of service between Epsom and St Helier Hospitals would end up with the worst of all worlds with both hospitals downgraded. Hospital bosses have now been forced to confirm that our worst fears have now come true:

- There will be no new critical care hospital
- There will be no network of ten supporting community hospitals
- There will be continued attacks on the services at Epsom
- There will be a “smash and grab” raid on the land assets at both Epsom and Sutton
- There will be no major re-building at St Helier: at best there will be a refurb of some of the existing buildings and, if funding allows, a possible new building on the Ferguson House site.

More than half our beds will be closed with over a thousand health worker jobs put at risk.

It is now clear that the policy known as Better Healthcare Closer to Home has been abandoned. That policy was based on a new critical care hospital at a cost of some £350 million and a network of ten new and existing community hospitals.

Patients and staff have been betrayed. Many millions of pounds that could have been used to pay off our debts and invest in staff and services have been squandered on management consultants, highly-paid project directors, spin doctors, publicists and architects’ fees for pie-in-the-sky schemes. UNISON is demanding to know just how much money has been wasted and who was responsible.

This is a scandal of massive proportions and we are calling for a full investigation.

The future of this NHS Trust has been wrecked by people who have been obsessed with grandiose, unaffordable and unworkable plans rather than getting on with the job of delivering and developing quality services from our two main sites and our community services.

We are now being told that—far from the £350 million for new development that we had been promised—the best that we could hope for is £143 million, and even that figure is likely to be whittled down even further. None of the figures stack up.

We are told that we might be able to scrape together the funds for a small new build on the Ferguson House site at St Helier with around 200 beds.

**With overall bed capacity slashed by over a half, it is clear that over a thousand jobs will be on the line—and yet health chiefs make no mention of this... Staff have been totally ignored.**

Epsom would be downgraded and stripped of all its main DGH services.

With overall bed capacity slashed by over a half, it is clear that over a thousand jobs will be on the line—and yet health chiefs make no mention of this, and the Joint Local Authority Scrutiny Committee refused to take questions from the unions.

Staff have been totally ignored. It is looking increasingly likely that the nightmare scenario that we have been warning about for many years, will now come true.

Both Epsom and St Helier will be downgraded to “care hospitals” with minor injuries units and with critical care diverted to other neighbouring hospitals.

That would be an unmitigated disaster for local people, and there is no doubt that lives would be put at risk.

Senior managers may come and go like ships in the night, but the rest of us, who have given a long-term commitment to Epsom and St Helier, are left to pick up the pieces.

We’ve been thanked by a policy of cutting services and jobs that has left many of us fearing for the future—that is no way to run a modern health service.

But UNISON, and our supporters in the community, have not given up this fight. We will not sit back and look on while our hospitals are ripped to shreds by bureaucrats and politicians who treat health care like some giant computer game.

The battle for Epsom and St Helier is not over yet. This issue has been going on for 10 years and during that time we have managed to defend the bulk of our services at both sites. We will fight on.
Collapse of “Better Healthcare” charade

Kevin O’Brien
Epsom/St Helier
UNISON Branch Secretary

So now we know. No new criti-
cal care hospital, no network of
ten community based hospi-
tals and no guarantees on the
money required to build any
additional facilities.

We warned repeatedly that
this would happen while the
politicians were arguing about
the site of the planned new criti-
cal care hospital.

We warned that all that wasted energy could
not be spent on a new hospital and that’s exactly
where we have wound up.

Health care services in this area have been
sold down the river – and at a massive financial
and personal cost. We’ve heard estimates that an
abyss up to £10 million has been wasted pur-
suing the abandoned hospital scheme – money
that could have been used to stave off job losses
and bed cuts across the Trust.

Staff have been left in limbo, and expected
to get on with the job against a backdrop of ru-
mour and speculation about your own futures
and the future of your services. It is a tribute to
our staff that they have got on with the job of
delivering services while our hospitals have been
kicked around like a political football at the very
highest level.

I am angry that we have been treated in this
shabby way, and I want to know how much time
and money has been wasted on pursuing gran-
diose schemes while our front line services have
been starved of the money and the security that they so des-
perately need.

And where are the bigwigs
responsible for landing us with Better Healthcare Closer
to Home, and its predecessor In-
 justices?

They have been paid off on
gold plated “early retirement”
deals – while the rest of us are
left to pick up the pieces. While
there’s a merry-go-round of
over-paid jobs for bureaucrats,
management consultants and
project directors, a thousand front line staff
could be out of work on the back of these plans.

Surrey PCT have eff ectively abandoned
Epsom, even though it fits into their catchment area.
Epsom has been left to hang out to dry, with
neither Surrey PCT or NHS London remotely inter-
ested in its future.

We’ve been locked into this fi ght for the future
of Epsom and St Helier for over ten years now
and, despite repeated attempts to back track our key
units, we have managed to protect the bulk of
our services at both Epsom and St Helier. We are
gutting not giving up now.

The next battle is likely to be over maternity,
women’s and children’s services at Epsom. Then
probably the main accident and emergency serv-
es.

We will do everything in our power to win
those fi ghts.

We have already worked with the local com-
munity to ensure full public consultation on the
changes rather than allowing senior managers
to bundle the cuts in through the back door. We are
prepared for the fight ahead.

A raw deal on pay

Meanwhile on the pay front … As you will have
read, the pay award for this year has been settled
and, apart from winning a bit of extra money for
the very lowest paid and mak-
ing some advances on the pen-
sion issue, it still equates to a pay cut in real terms
if that wasn’t bad enough, Gordon Brown has made it
clear that public sector workers cannot expect “pay restraint” and
below infl ation increases for the foreseeable future.

In areas like Surrey and
south London, where the cost of
living has gone through the
roof, it is a miracle that anyone
can afford to live on basic NHS
wages – unless you’re a very
senior manager or consultant.

But at the same time as
we’re being told that we have to
accept pitiful pay increases, MPs
and their friends in big business
have never had it so good, and the sky’s the limit.

Ten years ago when New Labour were elected we
were promised a fairer society and we’re still
waiting. Are you listening Gordon? Or have you
got more important things on your mind than
looking after the people you expect to deliver your
“modern” health care services?

Private reservations

We’re now being promised that the private sector
will have an even greater role in the NHS, but
over the commissioning of primary care services.

The big American corporations are queuing up for
a piece of the action and the opportunity to
make a fast buck out of the sick.

Just look at the appalling state of the heath
service in the US, where tens of millions are de-
ned even basic care, and you’ll get a picture of
the future if this privatisation nonsense happens on.

Nobody has yet explained to me what would
happen if one of these big pri-
tive companies took over a
chunk of the NHS and then
went bust.

Don’t tell me it couldn’t hap-
pen, just look at Metronor on
the tube, and the utter chaos
that the collapse of a transpor-
tation company, responsible for life or
death track maintenance, has
caus.

So in this bulletin we up the
ante with a demand to kick the
private sector cowboys out of
the NHS once and for all and
get back to the idea of a service run for the ben-
ef of the public and not for profit. They are look-
ing at doing just that in Wales, so why not here
in south London and Surrey?

And fi nally – some good news!

The UNISON campaign over the cuts in medical
secretary provision has been a real success. With
the support of our clinical colleagues, the origi-
nal plans have been scrapped, and we are back
into negotiations on the future model of medical
secretary provision that meets the needs of the
service.

This is serious progress, and nearly all the
medical secretaries have now joined UNISON,
struggling our negotiating position even
more.

We’ve achieved similar results over the clini-
cal pathway and bed manager review, and rest
assured that UNISON will resist any other blunt-
instrument cuts in staffing and service provision.

I think that message has now been received, and
has been understood loud and clear in the board-
room.

Kevin O’Brien
Epsom/St Helier
UNISON Branch Secretary

Which leg would you like us to
amputate?

Epsom and St Helier have come
out tops of yet another league
table – for slashing back the
chaplaincy services across the
Trust.

A national survey has con-
fi rmed our status as the “Mean-
est Hospital in Britain”.

Looking at services across
the country, the think-tank
Theos found that the highest
loss was at Epsom and St Heli-
er University Hospitals NHS Trust, where 22 sessions a week – 77
hours – were lost, or more than
50% of the trust’s healthcare
chaplaincy, according to the
report.

The role of NHS chaplains
- who come from a range of
faiths and denominations in-
cluding Anglican, Roman Cath-
dolic, Jewish and Muslim - ranges
from visiting the sick, to admin-
istering sacraments and advis-
ing on ethical dilemmas.

They also help staff and rela-
tives cope with death and seri-
ous illness.

Paul Woolley, the director of
Theos, said doctors and nurses
are not able to cover the role
chaplains provide in all circum-
stances.

“The pressures that are on
them as medical staff simply
don’t allow for that,” he said.

Particularly when a patient
has died, there’s a sense where

the medical staff have to move
on to the next patient but the
chaplain is there to support
the relatives who are going
through the trauma of bereave-
ment.

This is another accolade that
Epsom and St Helier could do
without. Our chaplaincy staff
are UNISON members and we
know very well the valuable
service that they are able to
offer patients and their friends
and relatives.

The survey confirms that
when there’s a corner to be cut
or a penny to be pinched the
management of Epsom and St
Helier will be right there in the
front of the queue.

The NHS has paid out a massive £38m in
redundancy and retirement packages for
managers who took the money and ran
during the NHS cash crisis last year. Average
settlements for top managers running at
£308,000 last fi nancial year have not even
ensured that the NHS has got rid of failed
managers: many have simply walked into
another NHS managerial job.
If you thought that all the cuts in staff and beds over the past two years had solved the financial crisis at Epsom and St Helier, think again … and take a look at the Trust’s annual report.

The report confirms that that Trust has moved from a net surplus in March 2006 to a net deficit of £5.543 million at the end of March this year.

In addition, the Trust has borrowed a further £14 million to help balance the books this year, money that will have to be paid back over the next three years, leaving the Trust in the red to the tune of nearly £20 million, despite two years of heavy duty cuts.

Some members of the Trust Board seem to think that this is quite a healthy position … but then again it’s not their jobs and services that are being lined up for the axe.

What this means for staff is that the sharp end is more of the same.

More cuts in beds, staff numbers and capacity, and more pressure from line managers, pressure that can all too easily spill over into bullying.

UNISON is receiving regular reports from our members that the cuts have already gone too far. We are dangerously short of capacity, and there is a daily juggling act to free up beds and resources to maintain patient care.

Many staff fear for what could happen here if we were hit by a severe cold snap or a flu epidemic this winter.

We cannot take any more cuts, and we need to re-open some of our closed capacity. But the Trust is under pressure to pay back its £14 million debts and wipe out the £5 million deficit on the current account. That can only mean more cuts.

UNISON does not accept that we have to take this lying down. It was our campaign that forced the Government to cough up the loan that helped get us through the last year without a total collapse of our services.

Our campaign now is to get that loan, and the deficit, written off, to give us financial stability and a level playing field as we move into discussions about the future pattern of health services in London.

We will be raising that demand with politicians of all parties.

What the London Darzi Report all about?

Ara Darzi was commissioned by NHS London to put together a team to look at the future framework of NHS services in London. His team is made up of clinicians and managers and they have tried to come up with a holistic overview of services across the Capital.

What does the London report recommend?

Amongst the key recommendations that one that most people have focused on is the idea of setting up polyclinics run by groups of GPs and shifting services out of hospitals and into the polyclinics.

Lord Darzi has suggested that the days of the District General Hospital – hospitals like Epsom and St Helier – will be numbered, and that London and the rest of the country needs fewer DGHs as we know them.

One thing that the Darzi report does NOT mention is expanding the use of private sector companies in areas like surgery, although our neighbouring Kingston Hospital has suggested that it does.

One thing that the Darzi report on London does NOT mention is expanding the use of private sector companies in areas like surgery.

What’s the way forward?

Campaign groups like London Health Emergency have said that no major changes, like the creation of polyclinics, should be driven through until pilot schemes have been set up and properly evaluated.

LHNE have also called for a moratorium on any cuts to services until staff and patients have had a proper chance to evaluate the Darzi proposals.

At Epsom and St Helier we have been the victims of chaotic health planning for a decade – there should be no further changes to any of our services until we the detailed consultation on Darzi has been completed.

What’s the Darzi London Report all about?

In fact there are now two Darzi Reports – one issued back in August when he was still plain old Professor Darzi looking at London’s NHS and a second report issued in early October looking at the whole of the country and after he became Lord Darzi and joined the government.

What are the problems?

Darzi is light on detail. Many of the changes driven through in London and the South East in recent years, and this includes our area, have been cash led. It makes common sense to suspend piecemeal local changes and cuts to service until the consultation has been completed.

What’s the national report?

Darzi’s national report follows on from his London work. It talks about extending GP hours and takes forward the idea of polyclinics and walk in centres nationally.

It also refers to listening more to staff, which, if it turned out to be true, would be a welcome step forward.

However, again there are no costings, no real detail and no reference to the pressures which are still driving cash-led cuts in many areas like Sutton, Merton and Ealing.
While savers with Northern Rock have been through a traumatic few weeks recently, no such worries apply to the Building Society sponsored by UNISON, Britannia. Unlike most banks these days, Britannia is not run in the interests of profit-seeking shareholders, but a mutual fund owned by its members. To get you the latest update, In Touch contacted Britannia’s Press Office and spoke to Emma Tatton-Young, who was keen to pass on the following statement: “We are happy to reassure all our savers and borrowers that it’s business as usual at Britannia as we do not have the funding problems currently affecting some British banks. “Because we are owned by our members, our only concern is giving them a fair deal – we don’t have to look after city shareholders at their expense. “Britannia has a very different business model from Northern Rock. We do not lend 125% of the value of a property (we never lend more than 95%) and we do not lend six times salary. No building society investor has ever lost their money. “Like all building societies, the rules on where we raise our money are different too – we do not have to borrow so much from other banks because most of our funds come from cash invested by our 2.5 million savers. “We are happy to reassure all our savers and borrowers that it’s business as usual at Britannia as we do not have the funding problems currently affecting some British banks. “Because we are owned by our members, our only concern is giving them a fair deal – we don’t have to look after city shareholders at their expense. “Britannia has a very different business model from Northern Rock. We do not lend 125% of the value of a property (we never lend more than 95%) and we do not lend six times salary. No building society investor has ever lost their money. “Like all building societies, the rules on where we raise our money are different too – we do not have to borrow so much from other banks because most of our funds come from cash invested by our 2.5 million savers. “At Britannia 60% of the funds used for our mortgage lending are derived from the balances of our savers. A further 25% is obtained from securitisation. This means that Britannia just 15% of our lending is funded by buying money on the markets. “While it’s impossible to say whether other banks will face similar problems to Northern Rock, we can say with confidence that Britannia’s business model allows us to continue to be financially strong.” Britannia rides the waves

Avoiding the Northern Rocks

Low cost insurance... it’s a matter of principle.

UNISON members and their families get the best of both worlds with UIA. Solid principles together with insurance premiums that will really suit your pocket.

Home insurance  Travel insurance  Pet insurance

For immediate cover, further information or your no-obligation quotation call FREE now on the number below quoting reference DBN

0800 66 88 55*

or save 15%** online at

UNISONSafes.co.uk

Lines are open Mon-Fri 8:30am - 8:00pm and Sat 9:00am - 1:00pm

*For quality and protection your call will be recorded. We exchange information with other insurance companies and the police to prevent fraud. Compared to the standard price you would have paid if you called us. This only applies to home buildings and contents. Some limited exceptions. **REBATES TO UNISON members. Contact TEUL (UIA member services) at your local UNISON Branch to obtain registration details and claim your rebate. To make a claim on your Pet Insurance policy you must contact Tel: 0800 668 8855 to obtain a Claim Form. The insurance is underwritten by General Accident and is administered by UIA. The policies are underwritten by and administered by General Accident Insurance Company London. The Union Insurance Company Limited is authorised by the Financial Services Authority. 26/02/2007

Building a fairer society

Britannia BUILDING SOCIETY

Special offer to UNISON members £150 Cashback on completion of your mortgage

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE

Call free today 0808 156 1883

Visit your local branch or britannia.co.uk/unison

Lines are open seven days working. Non-118 numbers. Calls from landline phones are free, however, mobile providers may charge.

Upon completion of your mortgage you will receive £150 payable into a UNISON Loan & Support Account. This money will be credited to your UNISON Loan & Support Account. Payment will be made according to your agreement with UNISON Loan & Support Account and will be completed as part of the mortgage application process.

Your chance to join Britain’s biggest health care union

APPLICATION FORM Please fill in this form in BLOCK CAPITALS, and send it to the Union Office, Ferguson House, St Helier Hospital, Wrythe Lane, Carshalton, Surrey SM5 1AA

YOUR DETAILS

Mrs  Mr  Miss  Ms  Mrs  Mr  OTHER NAME .......... Other initial(s) .........

SURNAME ............... Other Surname(s) ..............

ADDRESS ............... Postcode ...............

WORKPLACE ADDRESS (if different from above) ............... Postcode ...............

JOB TITLE/OCCUPATION ............... ...

Signed .................. Date ...............

For UNISON use: Please tick the appropriate box to indicate how often you paid Weekly  Fortnightly  Four Weekly  Monthly

The union for all health workers

Published by UNISON Epsom/St Helier Branch, Union Office, St Helier Hospital. Printed by Scottish County Press, Bonnyrigg Midlothian, Designed by John Lister, 07774 264112.