

UNISON IN TOUCH

● Bulletin of UNISON Epsom & St Helier Branch ● No. 23. November 2007 ●

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Hospital plan collapses into chaos



Ultimately futile: the consultation document that led us on a wild goose chase for a new hospital



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



UNISON has been at the centre of the fight to keep both hospitals open to meet local health needs

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 deliv-



"Give it to us straight. How long have we got?"

ering 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.

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COMMENT

Kevin O'Brien
Epsom/St Helier
UNISON Branch Secretary



Collapse of "Better Healthcare" charade

So now we know. No new critical care hospital, no network of ten community based hospitals 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 critical care hospital.

We warned that all that wasted energy could easily result in no 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 anything up to £10 million has been wasted on pursuing 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 background of rumour 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 grandiose schemes while our front line services have been starved of the money and the security that they so desperately need.

And where are the bigwigs responsible for landing us with Better Healthcare Closer to Home, and its predecessor Investing in Excellence, now?

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, over a thousand front line staff could be out of work on the back of these plans.

Surrey PCT have effectively 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 interested in it's future.

We've been locked into this fight for the future of Epsom and St Helier for over ten years now and, despite repeated attempts to hack back our key units, we have managed to protect the bulk of our services at both Epsom and St Helier. We are 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 service. We will do everything in our power to win those fights.

We have already worked with the local community to ensure a 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



Which leg would you like us to amputate?

the very lowest paid and making some advances on the pension 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 can expect "pay restraint" and below inflation 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, taking 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 health service in the US, where tens of millions are denied even basic care, and you'll get a picture of the future if this privatisation nonsense rumbles on.

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

Don't tell me it couldn't happen, just look at Metronet on the tube, and the utter chaos that the collapse of that company, responsible for life or death track maintenance, has caused.

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 benefit of the public and not for profit. They are looking at doing just that in Wales, so why not here in south London and Surrey?

And finally – 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 original 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, strengthening our negotiating position even more.

We've achieved similar results over the clinical 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 boardroom.



Trust that doesn't have a prayer ...

Epsom/St Helier tops NHS league ... for cutbacks in chaplaincy services

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

A national survey has confirmed our status as the "Meanest Hospital in Britain".

Looking at services across the country, the think-tank Theos found that the highest loss was at Epsom and St Helier 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 including Anglican, Roman Catholic, Jewish and Muslim - ranges from visiting the sick, to administering sacraments and advising on ethical dilemmas.

They also help staff and relatives cope with death and serious illness.

Paul Wooley, the director of Theos, said doctors and nurses are not able to cover the role chaplains provide in all circumstances.

"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 bereavement."

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 financial year have not even ensured that the NHS has got rid of failed managers: many have simply walked into another NHS managerial job.

Too busy to read 150 pages? UNISON brings you the facts

The Darzi Report: all you need to know ... in 60 seconds!



Trust AGM confirms multi-million hole in budget

If you thought that all the cuts in staffing 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 at 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.

Despite how these figures have been dressed up in some quarters they are very bad news.

If we as individuals were able to balance our household budget one year, only to find ourselves plunged in to massive debt the next, we would know that something was very badly wrong and we would either find ourselves in the bankruptcy court or starring in a reality TV show on personal debt.



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 is the Darzi Report?

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 country and after he became Lord Darzi and joined the government.

What's 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?

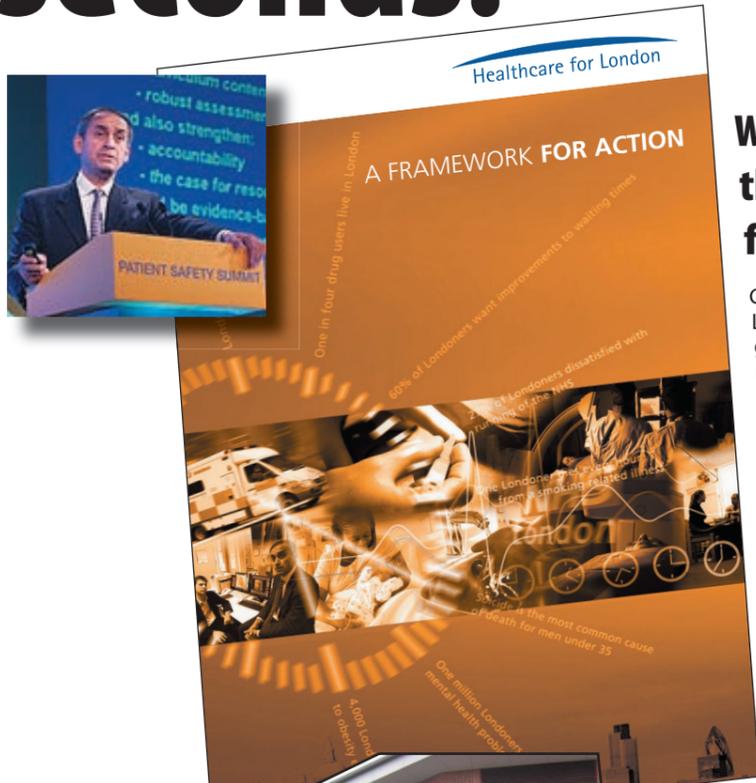
Amongst the key recommendations the one that most people have focussed on is the idea of setting up polyclinics run by groups of GP's and shifting services out of hospitals and into the polyclinics.

Lord Darzi has suggested that the days of the District General Hospital – hospitals like Epsom and St Helier – may well be numbered, and that London and the rest of the country needs fewer DGH's 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 have suggested that it does.

What would the Polyclinics do?

Good question. There is a real lack of clarity here and intensive debate amongst clinicians. They could effectively become care hospitals with groups of up to 20 GP's, minor injuries units, diagnostics, outpatients and therapists co-located.



Darzi (above) singles out the South West London Elective Orthopaedic Centre (SWLEOC) (right) at Epsom Hospital as a model for NHS-funded treatment centres



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.

LHE have also called for a moratorium on any cuts and closures 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 next?

The Darzi London Report will be tuned up and sent out for public consultation in November, the consultation will conclude in March next year and is likely to then be followed by a series of more detailed local consultations.

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 financial pressures which are still driving cash-led cuts in many areas like Sutton, Merton and Surrey.

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.

Our Trust is still looking at making a further £18 million of cuts to balance and the books and pay back loans and the future of neighbouring hospitals, like Kingston and the Royal Surrey, is uncertain because of the financial problems. The Darzi London report fails to address this.

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

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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 Taynton-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.

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by our members, our only concern is giving them a fair deal - we don't have to look after city shareholders at their expense.

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funds come from cash invested by our 2.5million savers. .

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£38.48-£96.16	£2,001-£5,000	£0.81	£3.50	B
£96.17-£153.84	£5,001-£8,000	£1.22	£5.30	C
£153.85-£211.53	£8,001-£11,000	£1.52	£6.60	D
£211.54-£269.23	£11,001-£14,000	£1.81	£7.85	E
£269.24-£326.92	£14,001-£17,000	£2.24	£9.70	F
£326.93-£384.61	£17,001-£20,000	£2.65	£11.50	G
£384.62-£480.76	£20,001-£25,000	£3.23	£14.00	H
£480.77-£576.92	£25,001-£30,000	£3.98	£17.25	I
£576.93-£673.08	£30,001-£35,000	£4.68	£20.30	J
£673.08+	over £35,000	£5.19	£22.50	K

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