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UNISON

PCT's £9.6 million cuts package – threat to Kingston

Health care services across the Kingston area are braced for yet another round of cutbacks as the local Primary Care Trust (PCT) has confirmed that it needs to slash spending by £9.6 million to balance the books before the end of this financial year.

£9.6 million, coming on top of last years cuts, is a massive sum to strip out of the local health service in the Kingston area and threatens us with yet another round of instability with potentially serious implications for patient care.

At this point the PCT have not clarified exactly what they are proposing to cut but amongst the proposals that will impact on Kingston Hospi-

tal are:



Hospital which provides high dependency care for patients with Alzheimers.

• Strict limits on certain operations including grommets and tonsillectomies.

• Community paediatric services to be shifted out of Kingston Hospital and into But if 21% of Accident and Emergency admissions are diverted away from Kingston to unspecified "care centres" that could have a serious impact in our bed numbers and, possibly, our staffing numbers.

UNISON is appalled at the idea of moving community paediatric services away from Kingston Hospital and we are angry at the way that our colleagues in the district nursing, health visiting and therapy services are being treated.

The idea that their jobs and the important work that they do should be knocked down to the lowest bidder is outrageous.

Nobody has properly explained why Kingston PCT, one of the smallest in London,



UNISON Kingston Hospital Branch

National demonstration in central London to celebrate and defend the NHS.

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Report: your

Help UNISON celebrate the fact that, after almost 60 years, the NHS is still largely owned and run by the public sector and send a strong message to the government that we want to keep it that way.

- There will be a march and rally in central London on Saturday 3 November 2007 – come along with colleagues, family and friends. Further details from
- www.unison.org.uk//healthcare/keepNHSworking To find out more about UNISON's NHS campaign, or to join UNISON call 0845 355 0845 (voice) 0800 0 967 968 (text)
- or visit www.unison.org.uk



● A 21% cut in A&E admissions at Kingston Hospital with patients redirected to unspecified "community" services. Ambulances will be instructed to take patients to their local "care centre" rather than A&E.

Closure of the Springboard Resource Centre – a sheltered work scheme based at Kingston Hospital providing vocational workshops for people with learning difficulties and mental health problems.

Relocation of the psychiatric liaison team and major changes to the psychiatric crisis team based at the A&E department at Kingston – these cuts are part of a £1 million cut in mental health services which also includes the closure of the Fuschia Ward at Tolworth "community settings" with a clear aim of achieving substantial savings.

• Privatising sexual health services, including the Wolverton Clinic at Kingston Hospital.

• Four hundred district nurses, health visitors, speech therapists and learning disability staff shunted over to the private/independent sector.

Whichever way you look at it, these are major cash-driven changes that would have a serious impact at Kingston and which could potentially leave some of the most vulnerable members of our community without the quality of care that they need.

The PCT don't seem very interested in the consequences of their actions.

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has ended up with, pound for pound, one of the biggest debts in the country.

Nobody appears to take responsibility for the failures of the PCT and instead they simply dump their debt onto Trusts like Kingston Hospital and expect us to lump it.

Last year Kingston Hospital UNISON worked with local MPs, councillors and other trade unions to fight a round of PCT cuts – with some success.

We are back into campaigning mode and we endorse the comments of Kingston and Surbiton MP Ed Davey who said: "I have never been as worried about the local health service with the financial situation and the impact on services for patients."



Nora says ... Comment from **UNISON** Kingston

Hospital branch secretary Nora Pearce

Private reservations

Another summer gone and as predictably as the leaves falling from the trees another massive package of financial cuts from the Kingston PCT thumps onto the desk

I think we're entitled to ask the simple question - where are these cuts coming from? The staff at Kingston Hospital have worked hard, often under difficult circumstances and facing constant re-organisation and upheaval, to make this Trust a suc-mputate? cess.

We can be rightly proud of what we do and of the high quality of services that we deliver.

But then just when you think things are nice and settled and we can get on with the job - BANG! - another wave of cuts is sent down the chute from an organisation that we have no control over but which appears to have the power to kick the stall from under us.

If the Kingston PCT have got themselves into a mess then they should take responsibility for their own actions.

If they haven't got enough money to finance the services that they need they should get off their backsides and go and make a case to the Government for more cash.

If, on the other hand, the financial chaos is down to the PCT's mismanagement they should do the decent thing ... and get out now.

What makes me angry is that the idea that the PCT can simply dump their cuts on Trusts like Kingston and leave us to pick up the pieces. Frankly, that stinks, and leaves us playing the role of fall guys for somebody else's mistakes.

And once again it's privatisation that's being used as the hammer to drive down costs - from district nursing to the sexual health clinic at the Wolverton Centre to the Alzheimers service at Fuschia Ward – the common theme is bring in outside contractors and knock the services down to the lowest bidder.

Have these people learnt nothing? We are still picking up the pieces from the experiment to privatise hospital support services two decades ago. The collapse into chaos of Metronet on the tube, the disaster of rail privatisation.... do I need to go on?

Private obsession

That brings me nicely onto the other big news story in the Trust this month – the plan to bring



of Kingston Hospital to take over key services

They would be driven by profit, and would contaminate the principle of a National Health Service as a public service free at the point of need regardless of ability to pay.

that means a lurch towards a two-tier service.

wise move, why have they been so shy about telling us who their two preferred private partners are?

bases on their financial track records and the way that they treat their staff and we want to run the rule over them.

a Metronet and went bust?

The argument seems to be that a private company would bring management expertise to the Trust. But isn't that an admission of failure by our own managers?

private company would have anything to offer Kingston's Surgical Centre, and we will oppose the upheaval that swinging them in would bring to the Trust.

I got my equivalent of the gold watch for 25 years service at Kingston last month, a bundle of John Lewis vouchers and a framed certificate.

It was a lovely event as was the pre-retirement seminar organised by Nicky our pensions manager

40 of us from the escape committee, sorry, the older members of staff, attended the seminar and it was fantastic.

Thanks Nicky

in a private sector company to take over the bulk of the new surgical centre. Whv?

This would be a move that no other NHS Trust in the country has gone for, and is at odds with the messages coming out of the new government that they no longer see privatisation as the right way forward.

Yes, we've had all the assurances from the Trust that staff would be protected, terms and conditions would be ringfenced and not much would

change... But somehow it doesn't stack up.

A private company brought into the heart would undoubtedly cause upheaval.

They would look to expand private beds and

And if the Trust are so convinced this is a

We know about these guys, we have data

Could you imagine the utter chaos if they did

UNISON does not believe that a profit-driven

And finally....



ISS staff set to get Agenda for Change

The long and tortuous negotiations over bringing ISS staff at Kingston into line with Agenda for Change are nearly concluded, and we would hope that by the time you are reading this all outstanding issues will have been resolved.

In September ISS signed up to the joint agreement on Agenda for Change with the national trade unions.

The reason why this has taken so long to resolve is simply because we wanted to make sure we got it right. We wanted ISS staff to enjoy all the benefits of the Agenda for Change package - no opt-outs, no loopholes, no local deals - just the full deal from top to bottom.

Getting that agreement bolted down has taken time. We know that staff have been anxious but this was one negotiation where we couldn't afford to e rushed or we wouldn't have been doing our job properly. And now we press on with making sure that ISS staff are properly organised into the union. We have fought long and hard to bring you into Agenda for Change and we now need to know that you are there for us as part of the organised workforce. You will also need us at your side if you have any issues relating to the national agreement or disciplinary or grievance issues. You need to be in UNISON. Sign up today by using the form on this bulletin and drop it into the office or pass it to a rep. And if you're interested in becoming a rep yourself we can train you up and negotiate time off to allow you to carry out your trade union duties. Give us a shout if you'd like to find out more.



OtraVoz – independent voice of Colombia



Back in March we joined the nationwide fight against cuts. We may have to do it again.

South west London trade union activists have taken the lead in a new international trade union project OtraVoz (Another Voice) which provides a digest of news on-line from Voz, the only opposition newspaper in Colombia.

Our colleagues were inspired to kick off the project after seeing Voz editor Carlos Lozaro speak at the Left Field stage at this year's Glastonbury Festival.

Colombia remains one of the most dangerous places in the world to be a trade unionist and since 2002 over 500 trade unionists have been assassinated by government and paramilitary forces.

When the Colombian government decided to privatise healthcare they launched night time military raids on four hospitals and simply threw all the staff out and secured the units for private takeover.



Kingston UNISON has raised money for Justice for Colombia by pulling pints at festivals for the Workers Beer Company.

Freedom and justice for the Colombian people remains a branch international priority.

You can find independent news from Colombia by going to www. otravoz.org



UNISON has apparently lost its campaign to have the new surgical block named the Langan Wing.

Instead the Trust have opted for the dynamic 'Kingston Surgical Cente leaving it open to have a sponsor's name slapped over the top if it is privatised as the Trust is planning.

Two companies looking to expand into healthcare are Rentokil Initial and Tesco, so we have projected forward what it could look like in the not to distant future.

Staff Side were told that the wing couldn't be named after a person because it would confuse the public – shortly after they named new cancer unit after Willie Rouse....



Kingston Trust set to gamble on private sector take-over of surgery

In July the Trust dropped the bombshell that they are looking for a private sector partner to take over all the elective surgical activity currently carried out at Kingston Hospital.

This is a move that no other NHS Trust has considered, and as a result Kingston found themselves hitting the national headlines.

The Trust have claimed that their proposals fit in with the Darzi report for the future of healthcare services in London: but when challenged on this point, members of the Darzi

where in the Darzi report on London's NHS does it mention expanding the use of private companies in elective surgery - let alone right at the heart of an NHS hospital.

In fact, the new Government team under Gordon Brown have sent out clear signals that they no longer believe that the private sector has all the answers and they have scrapped a planned wave of Independent Sector Treatment Centres - including the one that was due to be built at St George's.

So, Kingston Hospital appear

generate profits for their shareholders, into the middle of a highly successful NHS hospital.

Why? What is it that the private sector can offer that the NHS can't? Our managers have suggested that they need the "expertise" of a private company, but isn't that an admission of their own failings and lack of experience and ability?

It has also been suggested that we need the ruthless methods of the private sector if we are to win a dog-eat-dog fight for survival with neigha private sector partner would seek to expand private beds at Kingston to maximise their profits. But private beds mean a two-tier service, in which if you can afford to pay, you can come in for your op tomorrow ... but if you can't, you can sit on the waiting list.

And what would happen if the private partner went bust? The Trust can't pretend it won't happen: just look at Metronet on the tube. Imagine the utter chaos that we would be plunged into! At this stage the Trust won't

tell us who their preferred pri-

How to contact your **Kingston UNISON Reps**

vate sector partners are on the grounds of "commercial confidentiality" – UNISON believes we have a right to know who's in the frame before the deal is signed off.

One of the reasons why private health companies are looking to muscle in on the NHS is because their own businesses are in trouble, so why are we offering these failures a lifeboat?

If they do move in on elective surgery, we don't believe it would stop there. Like double-glazing salesmen, once they've got the foot in the door you won't get rid of them until they've milked you for all you're worth.

So we are opposing these plans because we think they are wrong and because they could cause the Trust untold disruption. Decisions are due to be made late this year or early next year. Watch this space.

team were reported to be angry that their work had been misrepresented in this way. Noto be going out on a limb in a dash to bring a private company, driven by the need to



bouring hospitals.

But is that what the NHS has come to? A battle to the death with other NHS providers?

Whatever happened to the spirit of co-operation and collective strength that used to be the cornerstone of the NHS?

The Trust have given an assurance that staff working in the privatised surgical centre will retain their NHS terms and conditions – but that begs the question of who will manage the staff?

Will we have two sets of managers, one from the private company and one from the NHS and, if so, won't that be a recipe for chaos?

The private sector partner will be driven by profit, not by the ethos of partnership and patient care which is the spirit of the NHS.

There is no doubt at all that

SECRETARY Nora Pearce Maternity CHAIR Helen Martin ITU

STEWARDS:

Jim Chalmers c/o Admissions Jerry Rivera Day Surgery Albert Ampofu Main Theatres Shirley Walker Claygate ward **Ricky Allen Phlebotomy** Danny Winson ITU lan Betteridge A&E/CDU Louise Ray OT Dept Queen Mary's

HEALTH & SAFETY Jean Poulton Maternity

Cathy Rooms Back Care Coordinator

UNISON OFFICE

The UNISON Office is located just inside the left main entrance to Esher Wing. Although the office is not manned every day, please drop us a line or come in when any of us are around - or give us a call on ext 3119.



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

The Darzi Report in 60 Seconds

What is the Darzi Report?

In fact there are now two Darzi Reports - one issued back in July 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, after he became Lord Darzi and a member of Gordon Brown's reshuffled government.

What's the London **Darzi Report all** about?

Sir 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 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 Kingston – may well be numbered and that London needs fewer DGH's as we know them.

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



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 25 GPs, minor injuries units, diagnostics, outpatients and therapists co-located.

What are the problems?

Darzi is light on detail. Many of the changes driven through in London in recent years, and this includes Kingston, have been

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

Healthcare for London

A FRAMEWORK FOR ACTION

evaluate the Darzi proposals.

What next?

closures to services until

staff and patients have

had a proper chance to

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 Darzi report about?

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 cashled cuts in many areas like Kingston.

The national report also, unlike the London report, makes a number of favourable references to increased involvement of the private sector.

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Quality NHS nurseries are good news for all concerned

Staff Nursery on the move - Now's the time to expand childcare

As part of the re-shuffle on the Kingston site the staff nursery is on the move and has been relocated in the old physio unit.

Staff side expect this to be a temporary arrangement. Since 2003 we have been promised a new, expanded nursery on the Kingston Hospital site and more than four years ago the Trust was successful in a bid to the London NHS programme office for an additional £360,000.

The bid was agreed on the basis that the Trust would create an additional 60 nursery places. As it stands, the current temporary nursery only has space for 24 childcare places for children aged 12 months to 5 years.

Staff side have pointed out that this means that we only have childcare capacity for less than 1% of our workforce, despite the fact that the majority are women of "parenting" age.

Childcare costs are very high locally, so many staff who want to return to work after maternity leave cannot afford to do so. The on site nursery offers the full salary sacrifice scheme which not only has financial benefits for the staff but also for the Trust.

The funding for the nursery expansion agreed by NHS London over four years ago was made available because of the recognised

benefits in service delivery when staff can access quality affordable childcare.

It also makes a big difference to the retention of experienced staff following maternity leave saving a fortune on recruitment and retraining.

Nursery provision is also a key part of the Improving Working Lives agenda, flexible working lives and putting into practice much of the theory behind modern healthcare workforce planning

But we are concerned at the delays and bringing on stream the new, expanded on-site nursery.

The current shuffling around on site gives us an ideal opportunity to identify a site big enough to build the new facility with the funds that have been sitting on standby for over four years.

We understand that the nursery expansion plans have been agreed and finalised several times, but on each occasion a last minute change of mind has occurred that has prevented completion.

The benefit to our staff, and consequently to service delivery, of an expanded onsite nursery is incalculable.

We will continue to press the Trust to put the agreed funds into action and get the facility and the capacity that everyone agrees we badly need.

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BLACK INK, and return to us at the UNISON Office, Esher

cash-led. Our PCT is still looking at making a further £10 million cuts, and the future of neighbouring hospitals like Epsom and St Helier and St Peter's at Chertsey are uncertain because of the financial problems. The Darzi London report fails to address this. 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

LHE have also called for a

properly evaluated.

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