



Lewisham Hospital Worker

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A Workers' Liberty healthworkers' bulletin

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The fight must go on

Several hundred people attended the "Victory Parade" on Saturday 14 September to celebrate the victory for Lewisham when the plans to close much of our hospital were ruled unlawful in July.

Despite the cold and rain, a colourful parade, supported by many bands and dancers, went past the hospital to Ladywell Fields, where many stayed on for several hours to hear the speakers from NHS campaigns around the country, and listen to the acts on stage.

Everyone there knew the fight must go on, but the court victory was significant — not just for Lewisham, but in the war to keep the NHS alive.

Although the government's chances of winning its legal appeal are not thought to be good, they have a number of reasons for pursuing this. They are now trying to use the TSA process to rush through changes to more than one trust in Staffordshire. This could also be found to be illegal if the current precedent is allowed to stand. This shows that this really is a significant defeat for the government, but also how our struggle here is directly beneficial to fights against NHS cuts and privatisation in other parts of the country.

The significance is such that if the government do lose they may very well proceed again to the Supreme Court. Lewisham remains a thorny problem for the government which they cannot ignore. Lewisham is the key battleground in the ConDems' assault on the NHS. We are beginning to see how powerful we are; we must continue to use every tool to hand against the government, and save the NHS!

The dates for the government's appeal are 28 and 29 October. For more information on activities around this, see savelewishamhospital.com

LHW provides a forum for staff at the hospital to tell their stories and air their views. If you have a story to tell or an opinion to share then get in touch. The bulletin is edited by healthcare professionals. All articles are published anonymously and we will ensure confidentiality is upheld.

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End zero-hours contracts!

Those on Agenda for Change terms and conditions may be shocked to learn that some of our colleagues are on the notorious "zero-hours" contracts, where workers have no guaranteed hours (and therefore no guaranteed income).

Some of the most crucial services for our hospital, including catering, portering, and cleaning, were contracted out to a few years ago. We know at least some of those working in these areas are employed on zero-hours contracts.

Bank work is "zero-hours" by nature, and for those who use it as a top up to guaranteed hours in an existing post, that may be acceptable.

But for our colleagues whose only job is bank, or a contracted-out job, income is constantly uncertain. It is harder to be clear about the holiday and sick leave entitlements, and without any guaranteed minimum hours there's no real security. For "permanent" bank workers working in the same place every week, we should be demanding that the Trust create permanent posts with guaranteed hours. They're wasting money in administration by keeping these posts as bank, and giving no security to the people working in posts. The Trust should take all services back in house and employ people directly.

We know we're always going to need porters, cleaners, and for our patients to be fed! There's no excuse for zero-hours contracts in a hospital.

The issue of zero-hours contracts has become more prominent recently. Official figures show over 200,000 workers employed on such contracts, but research by Unite suggests it could be in the millions. But workers can beat them: a strike by bakery workers in a Hovis factory in Wigan succeeded in forcing management to end its use of zero-hours contracts and guarantee minimum hours.

If guaranteed-hours and zero-hours workers stand together, we can win.

Mental health at crisis point

As austerity Britain puts the squeeze on the most vulnerable, many more people are lurching into mental health crisis. Services are stretched to breaking point. The mentally unwell are having to fend for themselves. A mental health nurse analyses the crisis.



No beds

Between 2002-3 and 2007-8 there was a 17% reduction in mental health inpatient beds from 32,753 to 26,928.

A *Panorama* investigation found that there had been a further reduction of 17% since 2008, meaning that we have lost a third of inpatient capacity in just 10 years¹. The evidence is all

over the Ladywell with its mothballed wards.

At the same time, people needing inpatient services is increasing. From 2008/9 to 2011/12 there was a 33% increase in the number of people detained under the MHA at the same time as the number of inpatient beds has decreased. In 2008/9, 32,649 people were detained under the Mental Health Act². This rose to 48,631 in 2011/12³.

Figures for the private sector, however, are booming. The number of patients detained in private hospitals (paid for by the NHS) has risen by 21% in 2011/12 alone.

Many of the private hospitals are also at capacity and finding a private overspill bed has not been easy. South Londoners experiencing acute psychotic crisis have found themselves shipped many hundreds of miles to private beds in Brighton, Wales, even Newcastle. Meanwhile there are wards that stand empty in the Ladywell unit.

Cygnat Healthcare, with whom SLaM does a lot of business, has seen a 30% increase in the number of NHS patients on its wards in the last year alone. SLaM now has a team dedicated to policing our private sector "partners" to make sure they aren't detaining our patients unnecessarily or bumping up their profits with excessive close obs.

You don't need to be paranoid to be suspicious of the intentions of a for-profit mental health hospital!

No community care

The cuts in inpatient wards are mirrored by similar pressures in the Community Mental Health Teams. Increasingly CMHTs are having to discharge patients to their GPs due to pressure from new referrals.

Many people who experience psychosis will notice relapse indicators several weeks before they enter crisis. It is at this point that they are most likely to seek help and intervention at this stage can avert a full-blown episode. However, the rising number of well-known service users who are being picked up by the police suggests that this community support is not there.

The Association of Chief Police Officers claim that 20% of police time is now taken up with dealing with people in mental health crisis. In 2011/12 there were 23,569 uses of section 136 (the police section used to bring people in for MHA assessment). 37% (8,667) of these people were assessed in a police cell rather than a hospital. The number of people detained under section 136 has more than doubled since records began in 2007/8 and yet the

number of 136 suites has flatlined.

Is "Payment by Results" the answer?

Mental health services are generally funded by block grants, which makes them easy to cut. For this reason many NHS bosses want to move to "Payment by Results" (PbR), where you get paid per patient. Ex-SLaM boss Stuart Bell was a big fan of PbR.

But how to attach a price tag onto a mental health problem? Diagnosis in mental health is notoriously difficult. Treatment is also quite hit and miss. And what exactly are the "results"?

Brushing these problems aside, NHS bosses have insisted that frontline clinicians use the Orwellian titled "Health of the Nation Outcome Scale" (HoNOS) to provide them with data that they hope they can later translate into cash sums.

Unsurprisingly, the HoNOS data doesn't make much sense. PbR was supposed to be implemented in April 2013 but has been delayed into the distant future. The advocates of PbR believe that they just need "better" data. To this end, SLaM has introduced an annoying popup question on EPjS — "Can you cluster this patient?"

But SLaM psychiatrist Emma Stanton identified the fundamental problem: "Real life is not connected to what the data shows". While it is obvious to most of us that people's experience of mental distress cannot be measured in pounds and pence, this delusion continues to dominate in the minds of NHS bosses.

It is the agenda of city accountants, who wish to introduce cash payments to every part of human existence.

We should stop wasting our time filling out the clinically-useless HoNOS assessments and demand we are given the resources we need to do our jobs.

¹<http://www.bbc.co.uk/news/uk-23965479>

²<http://bit.ly/community-care>

³<http://bit.ly/mh-report>



Demonstrate for the NHS at Labour Party conference

Meet: 10.30am, Sunday 22 September, the Level, Brighton BN1

On Sunday 22 September, Save Lewisham Hospital campaign and other NHS campaigners will be outside Labour Party conference on the demonstration organised by Brighton People's Assembly and Brighton Benefits campaign.

We'll be demanding a clear commitment that Labour will reverse the Tory policies that are destroying our health service. Join us!

For more information, including about transport from South London, ring Jill Mountford on 07904 944 771 or email jillmountford@rocketmail.com