



# Lewisham Hospital Worker

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**A Workers' Liberty healthworkers' bulletin**

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## We win... again!

**On 30 October we beat the government in the High Court — again!**

Last July, the Save Lewisham Hospital Campaign and Lewisham Council fought a High Court battle against the government. The judge ruled that Kershaw and Hunt had acted beyond their powers, in trying to shut down Lewisham's acute services. They also ruled that it was unlawful for them to have overridden the objections of the Lewisham CCG. As we expected, the government appealed the outcome.

We were expecting that it would take some weeks for the three judges in the Court of Appeal to make a decision. But in court on the second day, just after 12pm, the judges announced in favour of the people of Lewisham. The government's case was so poor that the judges only needed minutes of discussion to come to that conclusion.

On Tuesday on every floor of Lewisham Hospital staff were whooping in joy, but then asking: "Is that it? Have we really won now? They're not going to come back again are they?"

The government may want to go to the "Supreme Court" which is the next level of appeal, in the House of

Lords, but it's not automatic that they'll be allowed to do this. The more real and pressing danger is that the government will rush through changes to the law.

The government still wants powers to cut the NHS and this court ruling puts a real limit on their ability to do that within current legislation. This ruling may, for example, help overturn damaging changes in Staffordshire.

"But how can they do that?" is another question that's been reverberating off the walls of Lewisham Hospital — it doesn't seem fair that the government can just decide to change a law if it doesn't suit them.

But they can, they can do this almost as quickly as they want when they decide to. This government is determined to shut us down. They are determined to destroy the NHS and they have the power to write the laws to do it. This doesn't mean we should give up.

**We need to try to campaign against this change in the law. There's a petition that was launched on the day of the court victory. There will be lobbies and letter-writing. Check out the campaign website ([savelewishamhospital.com](http://savelewishamhospital.com)) for details.**

**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. Email: [hospitalworkerbulletin@gmail.com](mailto:hospitalworkerbulletin@gmail.com)**



## How to stop your hospital from shutting down

**Right now, our hospital is safe. There are no plans to shut it down. The vibrant Save Lewisham Hospital community campaign has done a magnificent job of mobilising the community to defend us and the services we provide.**

This time, legal action has saved us. But this has only happened because of the large community campaign. The council have felt the people of Lewisham are demanding action from them. The campaign has only had legal advice because of the substantial funds that people have given in fundraising events.

But our enemy is formidable, and remains at large, plotting and planning how to defeat us. The campaign may yet fail.

If it does, what will we do? If the hospital's management is forced, or decides, or is sacked and replaced by others who decide, to shut us down — what will we do?

We could do what we're told, start referring our patients to other services, and incrementally dismantling ourselves. If we do that, we're likely to end up out of a job. But we would also have to think about what will happen to our patients, sitting in KCH or QEH, or maybe sitting at home unwell instead, unable to face the journey and the queues.

For these reasons, if we are told to shut ourselves down, we could decide to do something else. You might think, every day, that you're only doing what you're told by your manager. It might look that way, but, if you think about it, it's actually an illusion. Probably, for most of us, we know our manager doesn't really know how to do our job.

Maybe they did once, but chances are they've forgotten. As long as things are ticking over okay, they let us get on with it. Just out of habit, if the order comes to dismantle ourselves, we might just do as we're told. What choice do we have? It's not our decision?

But actually, it is. Instead of dismantling ourselves we could just carry on working. We know what we're doing anyway, don't we? Patients would be happy, we'd stay employed, everyone's a winner.

Obviously it's not that simple. After the initial shock, management, and all the other powers that be, would try to re-establish control, and we'd have to be very well organised. But it is possible and it has happened many times before in the NHS and elsewhere.

**If all else fails, it would be the only way of making sure that the catastrophic alternative of shutting down our hospital is avoided. For more on the practicalities, check out our next issue.**

# For real union negotiations on pay! Scrap the Pay Review Body!

**Jeremy Hunt's submission to the NHS Pay Review Body (PRB) has called on them to defer the promised 1% pay rise pending discussions on the pay structure.**

In other words he wants health workers not only to have yet another year of a pay freeze but also hold us to ransom over negotiating away incremental pay rises.

Jeremy Hunt's assertion that the miserly 1% will mean cuts in the NHS and risks to patients is an insult to health workers, from the man who is leading the service cuts and drive for privatisation. Even the treasury has said that 1% is affordable, the real issue here is that Hunt wants to drive and wedge between workers and patients and further attack our pay structure and national conditions to aid in the breaking up of the NHS.

Hunt wants to "modernise" the pay system to prevent automatic pay increases. But those allegedly "automatic" increases under the current system will be news to many health workers. The current Agenda for Change pay structure includes annual incremental rises, for those who have been in their jobs for less than 10 years. The large proportion of health workers who have worked in the service for more than that do not get the uplift. The true pay for the job is the top of the band, so these increments are about giving lower pay to newer workers not about automatic pay rises for all.

This threat on the pay structure follows last year's renegotiation of Agenda for Change, which reduced conditions, which Unison argued was necessary "for the sake of

preserving a national system". Unfortunately, the Unison leaders' response this time looks as if it might be similar, with recent activist briefings headlining the need to avoid regional pay. Unite have had a stronger response with their health committee passing a motion to prepare for national action.

Another issue thrown up by Hunt's high profile submission is the reality of the PRB. This supposed independent body takes "evidence" from the government, NHS organisations and unions and then recommend what the pay uplift for NHS workers should be.

The government then decides whether to implement this. There is no negotiation on pay in the NHS and more often than not the PRB have just done what the government wants. There are rising calls within the unions for a fight for a new system.

**Rank-and-file health workers' meeting to discuss organising the pay fight —  
Saturday 16 November, 12-5pm, Comfort Inn,  
Station Street, Birmingham**

**New rank-and-file initiative in Unison —  
Workers' Liberty members are supporting the  
formation of a new grassroots network in  
Unison. For our statement, see [bit.ly/uul-split](http://bit.ly/uul-split)**



**Nurse  
Karl**

**Our bearded  
band 5 with his  
finger on the  
pulse of  
industrial  
unrest**

## Can we "afford" a decent pay rise?

Dear Nurse Karl,

In one of the bulletins you called for an inflation-busting 12% pay rise. Even if we could force the government to give us this is there enough money for everyone to get a pay rise? Wouldn't this just mean more money being diverted from frontline care?

*Best wishes, Jenna*

Dear Jenna,

Jeremy Hunt has tried to claim that even a 1% pay rise (which is still below inflation and is an effective pay cut) would mean cuts to services elsewhere. He wants to blame "greedy nurses" for the cuts to the NHS.

But the amount of money available for the NHS is a political decision. The government could massively increase NHS spending. But instead it chooses to give tax breaks to the superrich.

The reason that the NHS has no money is that the government has decided choke off funding (£20 billion cuts by 2015) and push through the biggest reorganisation in NHS history (at a cost of £1.6 billion). The reorganisation will divert more money away from frontline services (the new bureaucracy will suck

up around 25% of NHS budget), will allow private corporations to cherry pick the most "profitable" bits of the NHS, and will put accountants (instead of clinicians) in charge of patient care.

The government choose to do these things because they serve the capitalist class. They don't care about patient care. They only care about turning healthcare into a commodity to be bought and sold for profit.

Any collective action over pay will also be collective action to defend the NHS. We need a movement of healthworkers that will stand up for the NHS against corporate profit-making. That movement could start with a mobilisation over pay.

*Solidarity, Nurse Karl*



**Will Unison fight the 1% pay insult?**