

Royal College of Nursing Inner South East London Branch Submission to the People's Inquiry into London's NHS

Royal College of Nursing members in South East London work with patients in a variety of acute hospital, mental health and community settings in the NHS, the independent and voluntary sectors. The major challenge of recent times has been the dissolution of South London Healthcare NHS Trust (SLHT) and the accompanying reorganisation of services. The successful campaign to save Lewisham's A&E is not only a tribute to the good care provided by health staff in the area, but shows the willingness of the local community to stand up and fight for their local health services.

Most of the problems arise from two unmanageable PFI contracts. Princess Royal University Hospital (PRUH) was built with PFI money on the site of Farnborough Hospital, 'taking in' hospitals in Orpington and Bromley. They got the contract completely wrong – it was for too long a period and was far too expensive. The local RCN and Union staff side warned the then Community Health Council that repayments would go on longer than the building would last (30 years). The main costs were astronomical, and the finances have been unravelling ever since 2000. The RCN branch / staff-side also wrote at the time to the then new Prime- Minister Tony Blair. Separately the Queen Elizabeth Hospital (QE) in Woolwich replaced Greenwich Hospital – again using a PFI scheme.

After the 2005 general election the local health-trusts' boards, plus the then regional health-board, agreed that the 2 PFI hospitals were costing far too much to maintain. But the subsequent merger of the two trusts quickly meant that these schemes began to swallow up most of the new trust's resources, with a big impact on staff and patient care. Putting both PFIs together meant that that Trust was in so much debt that it faced a situation of being in technical bankruptcy from the start.

The dissolution of SLHT provides some hope for a more stable future. Staff at PRUH say that 2013 has been cathartic in some way, with staff able to speak up and to say it as they see it. RCN officers and reps, together with other unions in South East London, have worked hard to support the affected staff and, while this is still an ongoing process, much progress has been made.

The major financial pressures in the local NHS have had knock on effects for services. The effects of the upheaval for staff and services have been, we suspect, similar to the strains seen elsewhere in London:

Staffing levels remain a worry. Lots of nurses work additional hours to their contracted hours. They feel a sense of duty to their colleagues and don't want to let them down. This adds to stress and sickness and is a particular issue when colleagues are often working 12hr shifts to start with.

One member working as an Out of Hours District Nurse and General Practice Nurse said: "As well as being a practicing nurse since 1966 I was recently a patient in Lewisham Hospital. I was well cared for but I saw how busy and stressed the nurses were and there seemed to me to be high sickness levels. In all the years of being a nurse I have never seen staffing problems like this. Nurses are working under extreme pressure and health and wellbeing are being put at risk."

With an increasing trend of services being transferred out of the NHS we also have concerns about access to private facilities, which may not have the accountability and coverage that the NHS has. One of our members working as a nurse at a Mental Health Trust told us: "A personal note. My dying mother needed to be rushed into a hospice to make her last few days comfortable. Because there was no driver available, we waited for 4 hours for a (private) ambulance, which was ordered by the hospice. This resulted in my dying mother being transported to the hospice in a small two-seater car by my sister. Even the hospice nurses believed that my mother would not make it from the car to her bed in the hospice."

Other particular concerns particularly relating to mental health services which were raised by RCN members working in south east London included:

1. Chronic shortage of beds, which in turn means that patients who need to be admitted are having to be referred to the private sector. This is ok in some respects but when the nearest bed is Manchester it's not really... or patients are offered bed and breakfast accommodation which is a failure of therapeutic responsibility and sub-standard care.
2. Staff are instructed to use public transport rather than taxis to deal with visits home or to other units so adding to the stress of the journey as well as the time being wasted by staff on travelling, when they are best used on the ward.
3. Restricting foods... now basic food levels only are being offered on a ward by ward basis and extra food can only be obtained using ward budgets. This means ward A may choose to offer extra foods from their budget whereas others may not be so keen. This will lead to a lottery on food...if you are on ward A you will get the little extras whereas if you were on ward B this would not be the case.
4. In mental health settings ward rounds are consuming a great deal of time in ward life, usually because the patients have very complicated mental, physical and social problems. More and more wards are being asked to provide staff for these ward rounds out of existing ward numbers which means that other patients do not get enough care.

5. Nursing staff are working longer hours for flat rate money. A lot of good will is exercised by ward and community staff without which the health service would crumble.
6. Industrial relations can be difficult. Staff often feel that they cannot speak their mind and that if you challenge your employer you are seen to be a problem. There is a lack of partnership working and staff complain of a blame culture adopted by some organisations.
7. Mental health patients are being treated as second class citizens by our general colleagues. Any patient with a psychiatric label almost automatically engenders fear and anxiety in our general colleagues. Have we really not moved that far in relation to stigma in mental health?
8. The setting of double standards and inconsistent management: some wards allow flexible working to the full and others restrict the practice. When challenged, the managers of the latter wards insist that the system is fair.

*For further information please contact Ewan Russell, RCN London,
ewan.russell@rcn.org.uk*