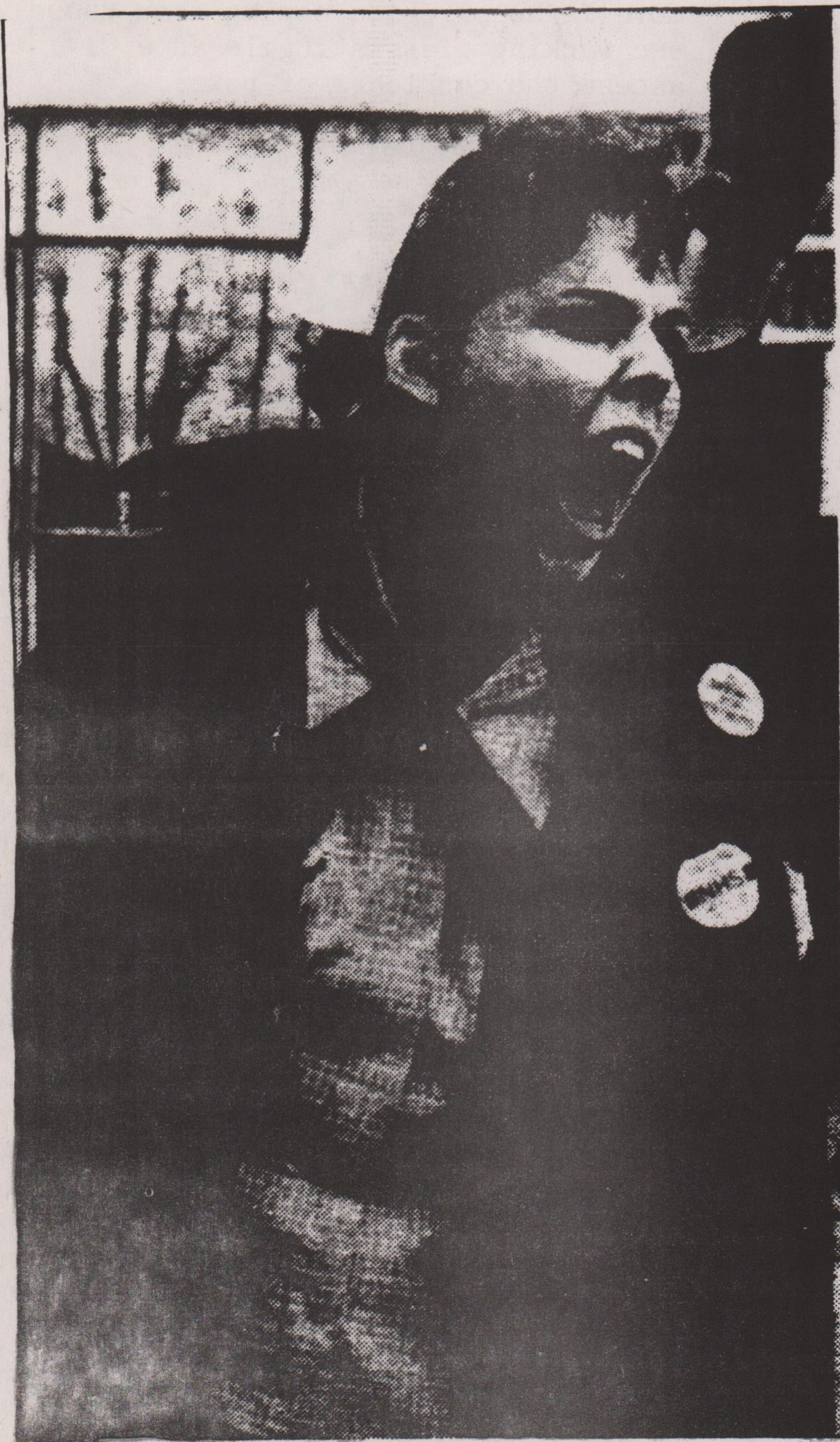


SHEFFIELD HEALTHWORKER

number one

april 1989

free



“HEALTH
WORKERS
UNITE!
DON'T LET
THEM
DIVIDE
US!”

**INSIDE - NHS review
cynical grading
poll tax
and much more!**

CLINICAL CON

Nurses' clinical grading has now become of little interest to the media. Opposition from healthworkers has become isolated and sporadic, and virtually ignored by the national Unions, who are concentrating their efforts on individual appeals.

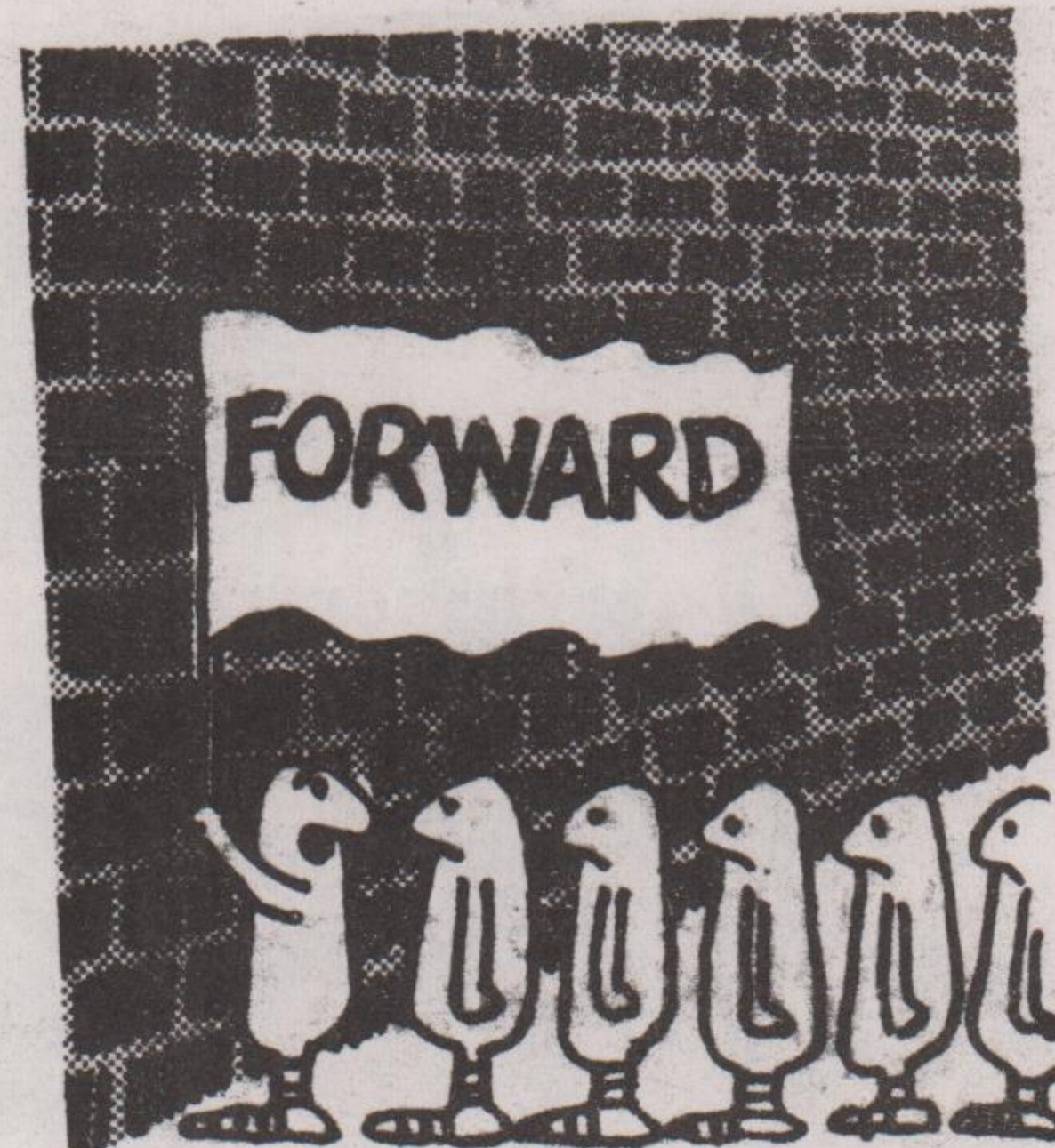
To date, in Sheffield, very few appeals have won. Certain "obvious" cases are being upgraded by Management without going to formal appeal, but these are few in number and involve recognition of blatant errors more than changes of principle. However, the fact remains that cases involving 'supervision' or 'continuing responsibility', where national agreements do not exist, do not have a chance of being upgraded through an appeals process which may take several years. So, for the large groups who have been mostly blanket graded, i.e. enrolled nurses, auxiliaries and midwives, going through the appeals procedure is a complete waste of time.

Action around the country taken by nurses has been most successful in Mental Illness and Handicap areas, where it has been easier to sustain collective working to grade and strike action, with some local victories being scored by groups of nursing assistants. In contrast, nurses at Beechcroft Mental Handicapped Unit in Rotherham recently voted to return to work after a week-long strike without success. They had managed to get the Management to take the dispute to ACAS, while NUPE and COHSE barely acknowledged their action. Midwives in London have shown that effective collective action can take many forms, and by threatening mass resignations have been successfully up-graded.

Even Government figures show that N/A's have, in the main, been placed on the lowest grade, A. Auxiliaries in Sheffield have been insulted not only by Management but also by the Unions who have, once again, failed to build effective action, and who they know are partly responsible for the Clinical Grading fiasco. COHSE auxiliaries are being balloted at the moment at the Northern General for strike action, this demand coming from the auxiliaries themselves at branch level. To be successful, this action has to be spread throughout Sheffield. Auxiliaries form the backbone of care on the wards, especially at night, and could by themselves force the Health Authority into submission. With support from all sections of staff, victory for the auxiliar-

Bob a Job?

We hear that Bob "I can be reached anywhere, anytime with my cellular telephone" Quick, COHSE's Regional Secretary, is doing the rounds begging support for his forthcoming candidature as Labour MP for Hillsborough. Quick Bob, as local Star readers will doubtlessly be aware, is usually known more for quotes than votes. But this careerist move is no surprise coming from those who use working class struggle as a C.V. to ascend the corridors of power.



This news might not please Keith Wood, NUPE's Area Officer. Bro' Keith tends to get very upset at Bob "I've got a megaphone and I'm gonna use it"'s knack of getting his name in the press more often than he does. Their relationship hit a particularly sticky patch recently, so sticky in fact that it was extremely hard to separate Keith's hands from Bob's throat. Brother Keith had better watch out now, because baby-face Bob is going to demand that Daddy Hector make Uncle Rodney teach naughty Keith a lesson he shan't forget. So there!

I telephoned R.J. in the hope of gaining some insight into these and other important matters, such as will Bob and Keith have separate offices if and when the two Unions merge, but sadly he was unavailable. Probably on the other phone...

****STOP PRESS**** R.J. QUICK RECENTLY ELECTED CHAIRMAN DISTRICT LABOUR PARTY...

ies will give other groups of healthworkers, e.g. ancillary staff, the confidence to initiate similar forms of collective action. With this year's Pay Awards at less than the rate of inflation, the anger of all healthworkers is unlikely to be silenced.

NHS Review

Healthworkers can be excused for feeling nothing but pessimism for the future of healthcare provision in Britain. I count myself among the depressed. For many of us, though, this is not a recent phenomenon, for the disgust we feel about private medicine also extends to abhorrence of the bureaucratic, hierarchical nature of the NHS, and the prevailing medical model of treatment, which combine to produce an oppressive system where patients become passive consumers of drugs and/or conveyor-belt surgery, with little or no choice about what happens to their bodies. Any alternative or holistic therapies are either ignored, ridiculed or only taken advantage of by an informed elite or those who can afford it. Meanwhile, we as workers within this system remain exploited through low pay and poor conditions. This state of affairs has essentially remained unchanged since the inception of the NHS, the only difference being that it is getting worse.

Any reasonable individual should assume that if anything they have paid for, use and need is under threat of being sold off by somebody else, then surely that individual should have some right as to what happens to their own concern. But politicians in power and bureaucrats are not always reasonable people. What right do they, who seldom, if ever, use a public health service because they can afford to pay for private treatment, have to carve up a community service according to their own political ends? Ironically, your vote (if you bothered) gave the Government carte-blanche to do whatever it liked,

And so it is with the secretive NHS Review. Known to have been developed over the past two years, but you can be sure that it's been on the Tory agenda for a lot longer.

HEALTH AUTHORITIES

According to their proposals in the White Paper, each District Health Authority will have to buy the best service it can from its own hospitals, from other Authorities' hospitals, from self-governing hospitals or from the private sector. This new "internal market" will lead to

more bureaucracy as hospitals try to cost each service, work out bills and chase up payment.

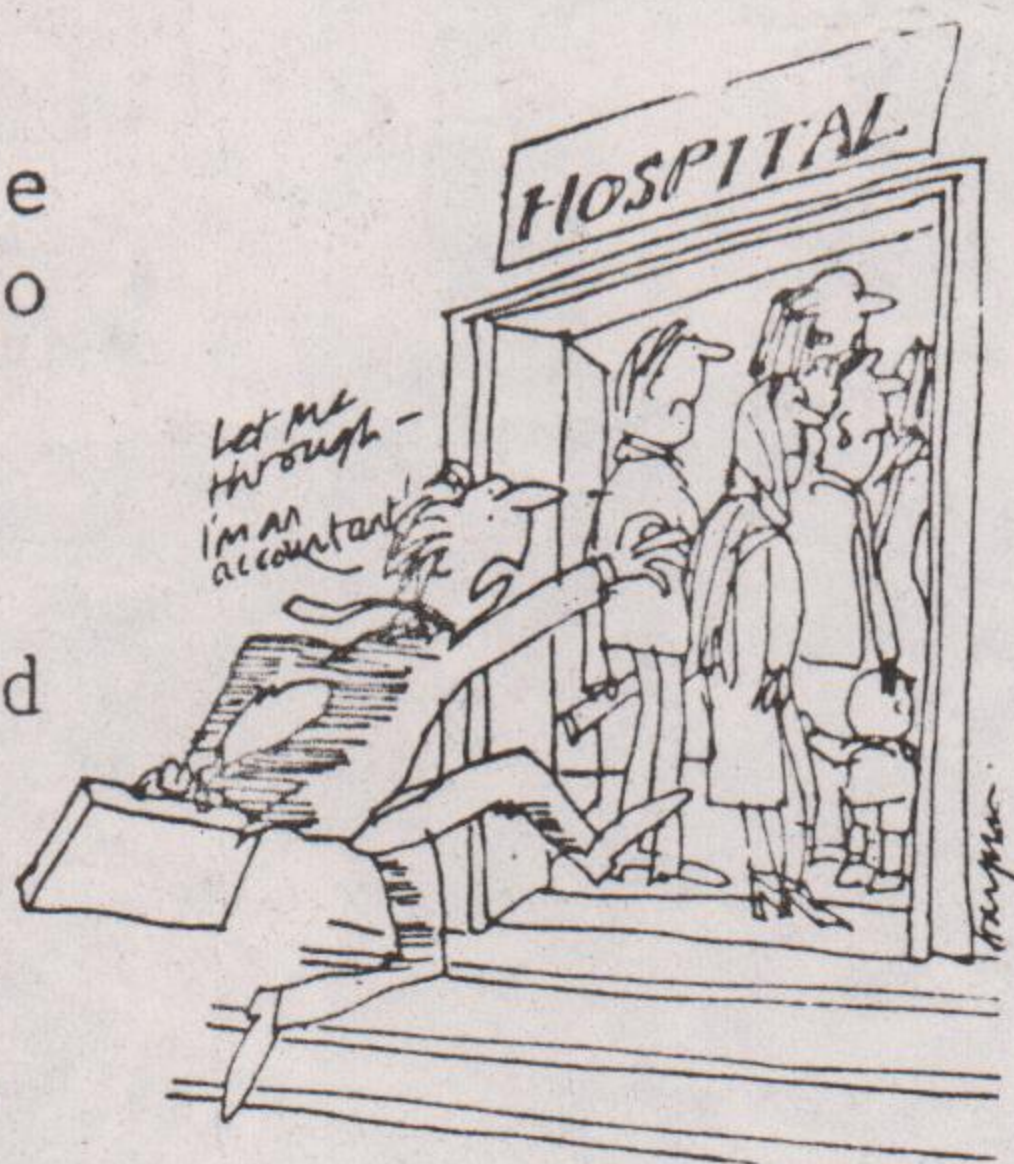
Regional and District Health Authorities will be reduced from 16-19 members to five non-executive and up to five executive members, plus a non-executive chairman. Thus local council and Trade Union nominees will be removed from Authorities. Though those individuals, Labour Councils and Trade Unions will lament this, the fact remains that their presence was at best token, at worst complicit in not preventing round after round of cuts in services. The talk of an end to democracy and accountability in local health provision is absurd when there was never any real democracy or accountability in the first place. What we will see, though, is an even more exclusive club, comprised of managers more suited to selling hamburgers than providing health care and with a vested interest in the complete privatisation of the NHS.

OPTING OUT

The Government wants every major acute hospital in the UK (i.e. those with more than 250 beds, over 320 hospitals) to have full, self-governing status. This means changing one set of managers for a board of directors known as an NHS Hospital Trust, accountable only to themselves. Hospitals will be in competition with each other to sell services, and so they will concentrate on profitable rather than socially-necessary treatment. Hospitals attempting to provide a full range of services would probably go bankrupt.

The Government makes no secret of the fact that it doesn't want the wider community to have a say over whether their hospitals opt out. Hospital Management simply have "an obligation to inform the public of their intentions".

The Government wants to make it extremely easy for Hospital Trusts to be set up. In theory, anybody could step in and run a hospital, e.g. the Health Authority, hospital managers, staff groups; Macdonalds or local people. In reality, only those with sufficient influence, power and capitalist inclinations could take over, such as a group of senior managers and consultants, despite opposition from staff, local people or even the Health Authority themselves.



GENERAL PRACTITIONERS

GP practices with lists of at least 11,000 patients will be encouraged to apply for their own NHS budgets, and then buy services from NHS or private hospitals. Any GPs who overspend will lose the right to hold their budget, thus putting pressure on GPs to cut back on expensive treatments, long-term care and preventative medicine. Patients will be sent all over the country to wherever the treatment is cheapest. Smaller GP practices will be forced to merge, reducing access, especially in rural areas and for those relying on public transport.

The support of GPs is essential if the main White Paper proposals are to succeed. To date, opposition from GPs is widespread and gaining momentum. The Medical Committee representing Sheffield GPs recently voted unanimously to reject "budget holding". The BMA has also strongly criticised the NHS Review. And apart from one or two, local hospitals are becoming less enthusiastic about showing interest in opting out. There must be something to worry about when even such conservative bodies as the BMA

criticise Government proposals. This opposition has certainly irritated Kenneth Clarke, who has reacted in a suitably arrogant and patronising manner, infuriating GPs even more.

STAFF CONDITIONS

Hospital Trusts will be free to employ whoever and how many staff they consider necessary. They will also be free to settle pay and conditions locally, ignoring national pay agreements and refusing to recognise the unions or negotiate with them. We can look forward to more cuts in staff, poorer conditions and lower pay in all but the most "profitable" services, as hospitals compete to cut costs.

However, this could prove to be a double-edged sword for both workers and bosses. Local pay negotiations will tend to take power away from the Union bureaucracies and put it into the hands of the workers themselves, making organised action by the workers that much more likely. Local managers would also no longer be able to get away with saying "yes, we know you're badly paid but our hands are tied". Instead, of course, they'll use the blackmail of cuts in services.

PLONKER!

With this, the first issue of SHEFFIELD HEALTHWORKER, we have decided to institute a prestigious award: THE GOLDEN BEDPAN - for outstanding service to stupidity.

Its first proud owner is F. BARDSLEY, Branch Secretary of COHSE 308 Christie Branch, Manchester, for his/her letter in the February issue of COHSE's national paper, HEALTH SERVICES.

There has been a lot of talk for some time about union amalgamation in the Health Service (as in other areas), with NUPE and NALGO set to merge, and NUPE wanting to merge with COHSE. Today's developing "super unions", like MSF (formerly TASS and ASTMS), are being created, not through a rank and file desire for unity but, rather, by the bureaucrats worried about falling memberships (and subs!).

We believe that all the existing unions are rotten and that workers' unity will not be brought about by or through those unions, amalgamated or otherwise. So, we've got no axe to grind in favour of a NUPE/COHSE merger, but this letter against merger takes

the biscuit

"Why should members consider amalgamation? Have they no faith in their union?"

Answer: NO, WE DON'T!

COHSE is "'The Health Service Union'. There is no other union that cares for the Health Service. The others just want to jump on our bandwagon".

MORE INTERESTED IN COMPETING FOR MEMBERS THAN FIGHTING FOR DECENT PAY AND A DECENT HEALTH SERVICE.

But best of all: "If we were to 'join-up' with NUPE what about our leadership? Hector Mackenzie. Can you see Rodney Bickerstaffe stepping to one side and saying, "After you, Hector"?. If people want to be led by Rodney Bickerstaffe they should join NUPE. If they want Trevor Clay let them join the RCN. We want Hector Mackenzie."

If you don't want to be led by anyone, and think the only support Bickerstaffe, Mackenzie and the rest of the sell-outs should get is from the end of a rope, why not join SHEFFIELD INDEPENDENT HEALTHWORKERS GROUP?

NO POLL TAX!

Without going into the details, the Poll Tax will severely hit the pocket of many working-class people (at the same time as greatly benefiting the rich).

Given that we oppose it, what do we do? Wait for a future Labour Government to maybe repeal it? Write to your MP? Sign petitions?

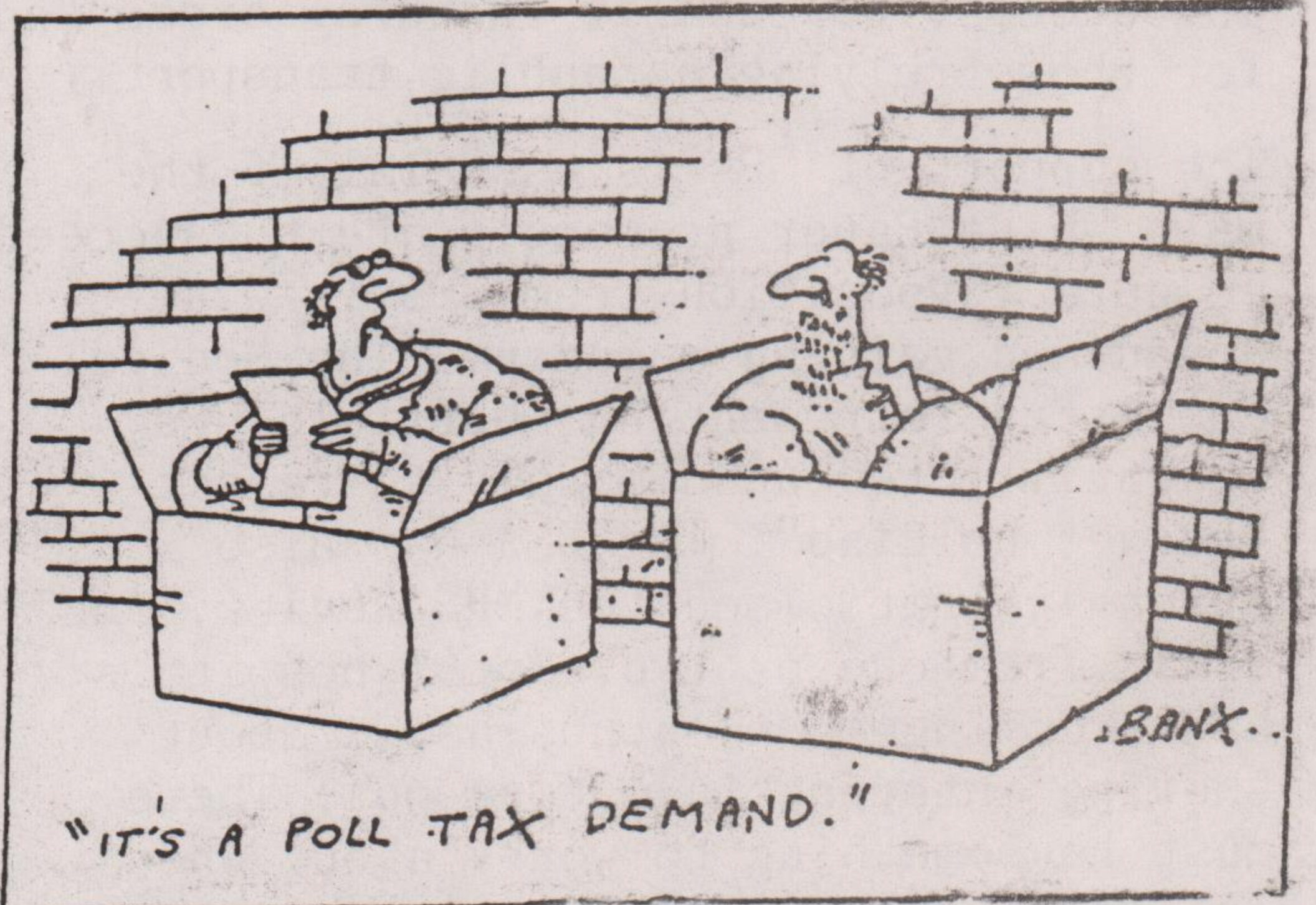
If we really want to defeat the Poll Tax (and not just score political points against the Tories) the answer is simple. Don't register for it, don't pay it and, if you're a council worker, don't collect it. Few of us are willing to stick our necks and do this in isolation (and risk fines or a prison sentence), but if we stick together in our communities, in our workplaces, we can do anything!

As SHEFFIELD HEALTHWORKER hits the streets the Council will be starting to compile their Poll Tax register. They will be sending out forms and going door to door. Ignore them! Bin their forms (you can deny you ever got them), and if they come to your door don't answer and certainly never fill in the form. Say you're busy and get them to leave it.

Non-registration in Scotland (which is

a year ahead of us in introducing the Tax) has severely slowed down its introduction. It would be nice if we could go one better and stop it at this, the first stage.

There are anti-Poll Tax groups all over Sheffield. Some are better than others. So get involved or start your own, or just get talking to your mates, your family, your neighbours.



If you want to know what your local anti-Poll Tax group is contact: SHEFFIELD AGAINST THE POLL TAX, c/o SCCAU, 73 West Street, Sheffield S1. Also, if you want further information about the Poll Tax you can write to us at the address on the back page.

FEEDBACK

We want to know what you think about SHEFFIELD HEALTHWORKER. Write and tell us, even if it's just to say that it's the biggest load of rubbish you've ever set eyes on.



If you've got any information or ideas you want to set down for the next issue, we will be very happy to receive articles (although we cannot guarantee to publish stuff we really strongly disagree with). Also, drop us a line if you are interested in getting involved with the SHEFFIELD INDEPENDENT HEALTH-

WORKERS GROUP, or would like more information about us. At present, being a new and small group, our main activity is producing this paper, but there are many things we would like to do. We believe that it is absolutely essential for workers to get away from the straightjackets of the Unions. Our destiny lies in our own hands, and this is what we are doing, even if only in a small way, by forming the Independent Healthworkers Group.

Finally - have you just won the pools? Does giving money to worthy causes make you feel a better person? Or have you, perhaps, a guilty secret you would rather we didn't reveal? Then, why not put a few bob our way, to help us get this paper out more often and bigger. An even better investment than BUPA health insurance!

Sheffield Independent Healthworkers Group: Aims & Principles

1. Sheffield Independent Healthworkers Group is open to all healthworkers: ancillaries, nurses, doctors, care assistants, technicians, clerical staff etc., N.H.S. or not.

2. Our aim is a self-managed health care system, run by healthworkers and the community, within a free and classless society, based on the satisfaction of human needs not profits for a few.

3. To this end, we encourage all healthworkers to unite together to fight for their immediate needs and for the transformation of health services and the society within which they operate. Unity needs to be achieved across all the divisions created: departments, skills, grades, unions, workplaces etc.

4. We want to create a truly participatory, non-hierarchical organisation, without elites or committees deciding everything.

5. The union bureaucracies, far from serving the interests of the working class, in fact serve the interests of the ruling class. They attempt to calm the waves of militancy among workers and contain our dissatisfaction and anger in ineffective action such as carrying torches around the country, holding birthday parties for the NHS, one-day strikes etc., effective tools for demoralising us.

6. Calling for action from union leaders or politicians (elected or self-appointed) is a waste of time. Meaningful action comes from grass-roots activity, not the posturing of leaders. This group is open to all healthworkers but we are not prepared to be used as a platform for party-liners (Militant, SWP, etc.).

7. We seek to establish links with other groups with similar aims and principles, within and outside of health care.



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