UK: Health workers denounce attacks on Bournemouth Intermediate Care Service

Our reporters 1 April 2017

Bournemouth Intermediate Care Service (BICS) have expressed shock and anger at the move by their employers to wreck a well-functioning public health care team.

Thirteen local authority council community rehabilitation assistants (CRAs), from a team of 21, have received redundancy letters from Bournemouth council's Adult Social Services department. This is due to the Dorset Clinical Commissioning Group (DCCG) withdrawing funding.

The plan to axe the BICS workers—who are involved in facilitating discharges from hospitals, and avoiding hospital admissions by providing support in the community—refutes the DCCG's claim that their main aim in overhauling health services in the county of Dorset is to provide better care closer to home.

BICS, run by the Dorset Health Care University NHS Foundation Trust (DHUFT), looks after patients who need rehabilitation, or have acute illnesses, organising nearly 40,000 patient visits a year.

Facing a £158 million deficit by 2021, as result of savage funding cuts to the National Health Service (NHS) by the Conservative government, DCCG recently started a Clinical Service Review (CSR) into Dorset health services. This is part of the rolling out of government demanded Sustainability and Transformation Plans (STPs) nationally to expedite the privatisation process and rationing of health care.

Among the DCCG's proposals are:

- 1. Downsizing two Accident and Emergency Units out of three A&Es in the area.
 - 2. Closing a maternity unit in Poole.
- 3. Shutting the Special Baby Care Unit and Kingfisher children's ward in Dorset County Hospital.
- 4. Closing eight out of 13 community hospitals and replacing them with "hubs" without beds.

Under a separate Primary Care Commissioning Strategy, the DCCG is planning to significantly reduce the

number of GP surgeries across the county. All to bring "care closer to home"!

The attack on BICS shows that the slashing of services goes far beyond the proposals put forward by the DCCG during a bogus, but obligatory, consultation period that ended in February.

Many workers in BICS, Bournemouth Council and at Bournemouth and Poole hospitals responded enthusiastically to an article by the NHS FightBack campaign—published on the *World Socialist Web Site*—calling for a struggle against the redundancies. Some staff distributed copies of the article among fellow workers, relatives and friends. NHS FightBack supporters distributed the article in work places and spoke to many health workers, social care and council employees.

In order to curb opposition to their attacks on jobs and services, the trust management and the DCCG have launched a campaign of intimidation, invoking the DHUFT's policies. Workers told NHS FightBack that management had instructed them by letter that they should not speak to the media and other external organisations. Any grievance that workers had must instead go through three management appointed people. According to workers, one of the three is Cliff Kilgore, who is closely involved in DCCG plans to cut services.

One of the clinicians involved in the BICS team told NHS Fightback, "Bournemouth Intermediate Care team urgently requires your help. The proposed redundancies of 13 out of our 21 Community Rehabilitation Assistants (CRAs) has come completely out of the blue.

"We already are the service delivering exactly the care that the government wants. We already are a seven day week service; we already take patients out of the hospital setting as soon as they are classed as 'medically fit' and provide a rehabilitation programme for them at home, and we already prevent admission to the acute hospital setting by providing a full medical team assessment, often within two hours of referral.

"Our 21 CRAs are currently split between two teams, which together cover the whole of Bournemouth. The loss of 13 of them will mean one team loses seven out of 10 of its staff and the other team loses six out of 11. The remaining eight will be unable to provide the service from 8am until 9pm, seven days a week. To do so would mean no days off, no sick leave and no holidays. This obviously is not remotely realistic. Even allowing for no sick leave, days off or holidays, these remaining eight staff would still be unable to cover the day-to-day visits that we currently do.

"The reality of this loss is that the service would need to change immediately and drastically. As a member of the clinical staff, I can say that myself and my colleagues would be unable to carry all our roles. We cannot discuss and accept referrals, assess acutely unwell patients, plan interventions and goals, review, manage the team and write up all paperwork, whilst also carrying out all the daily visits that our current CRAs do. Whilst I recently spent one and three quarter hours assessing an acutely unwell patient in their home one afternoon, at the same time the CRAs working spent that one and three quarter hours visiting a number of other patients needing our support. It was only the intervention of our team that stopped that patient from being admitted to the acute service. I could not be in two places at once.

"This reality would mean that while the clinicians could still assess patients, we would be unable to provide the backup to carry out the necessary goal orientated rehabilitation, or care that would be required to keep that person at home. They would therefore still need to be admitted to Hospital.

"How can it even begin to make sense, that the very team that is providing exactly what the government and the Health Authority say that they want is the team about to lose that very ability to do just that?"

Staff nurse Michelle in nearby Poole hospital told NHS FightBack, "We are going to lose many of our services, including A&E department and maternity unit like the BICS team. I cannot understand why the unions are not doing anything about this. I joined Unison after leaving the RCN [Royal College of Nursing] as they were useless. Now I think Unison is no different. I am not happy that they are not doing anything to save the services. They did not organise for us to go to the big demonstration to save the NHS in London early this month."

An Adult Social Care worker based at Bournemouth Town Hall also criticised the plans to dismantle BICS. "As a social worker, I liaise with BICS quite often to find appropriate support for patients. When I heard the news that many BICS workers are going to be axed, I was really shocked. This would have a domino effect. We are already struggling because of underfunding. Hospitals are struggling to discharge patients because there is no social care available. It is clear that limited services available for all our vulnerable people now will not be available tomorrow."

An Occupational Therapist who had worked in the BICS team and now works for Royal Bournemouth Hospital (RBH) said, "It was shocking to hear this wonderful team is going to be crippled deliberately. I worked there and I know it is vital to avoid hospital admissions and to get patients out of hospitals. All the CRAs working in BICS are highly experienced and skilled. Who is going to give the necessary support to discharge patients from hospital? I cannot understand this and the whole thing does not make sense.

"I know another team in this hospital called BCHA [Bournemouth Church Housing Association], which helps with arranging care packages for patients before they are discharged. Their service is going to be disbanded as well. I heard that all five workers are going to be made redundant because the Dorset councils are withdrawing funds."

A senior nurse, working for the Medicine for the Elderly department in RBH, said scathingly, "They've got £800,000 to turn normal wards into luxurious private patient rooms in this hospital, but they are destroying the services thousands of patients depend on in the community. I have spoken to BICS several times to arrange necessary support for patients. It is a big loss for us and patients if they manage to end that service."

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