

Occupational therapist and service user condemn attack on Bournemouth Intermediate Care Team

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Bournemouth Intermediate Care Service (BICS) is a Dorset Health University NHS Foundation Trust (DHUFT) operated service. Its objectives include avoiding hospital admissions, providing rehabilitation, addressing acute care needs and facilitating discharges from acute hospitals.

Last month, 13 out of 21 BICs community rehabilitation assistants (CRAs), who are employed by Bournemouth Council received redundancy letters after the Dorset Clinical Commissioning Group (DCCG) withdrew funding. This is part of the slashing of services under Conservative government-instigated Sustainability and Transformation Plans (STPs).

The aim of the 44 STPs in England is to squeeze out another £22 billion in NHS cuts and to accelerate the privatisation process. Bournemouth Private Clinic, which opened a luxurious ward for private patients in the NHS-run Royal Bournemouth Hospital last month, publicly embraces the DCCG's plans.

This assault on a well functioning service comes immediately after a "public consultation," aimed at dismantling local health services, ended in February. The DCCG plans are published in its Clinical Service Review and supported by all three Tory dominated councils in Bournemouth, Poole and Dorchester.

In response to two NHS FightBack articles, "Bournemouth Intermediate Care Services axes staff" and "Health workers denounce attacks on Bournemouth Intermediate Care Service" and a campaign in the area, Dave Sparrowe , a BICS service user, and a Bournemouth rotational occupational therapist, sent statements to the WSW.

Another worker wrote to an NHS FightBack supporter, "My partner wondered if you would mind if

they distributed your statement on health workers denounce attacks on BICS around our neighbourhood as obviously they feel very strongly about all of the problems!"

Many BICS workers told us that they have been abandoned by the GMB and Unison trade unions, despite the fact that they have been paying membership fees for years. DHUFT management has started a campaign of intimidation to prevent BICs workers fighting to defend their livelihoods.

The two statements published below highlight the disastrous consequences of the government/management attacks on NHS services.

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I am writing in response to the news that the Intermediate Care Services is set to axe staff.

This team is a medical rehabilitation team and my father has been lucky enough to have been supported by this team twice in the last year. On both those occasions, he would have needed to be admitted to hospital if it wasn't for their involvement, and the support they provided to both he and my mum was invaluable.

I was horrified to hear that this team is facing redundancies. They appear to already be doing the job that the government wants them to do. They visited my father every day during their involvement, including at weekends and they stopped him from being admitted to hospital. Under their care and with their rehabilitation he improved so that he could walk around his home again independently. They provided this care and rehabilitation with warmth, humour and dedication. The loss of this team should be of grave concern to everybody in Bournemouth and I am interested to know

what the local Health Trusts are doing to prevent this from happening.

Dave, Bournemouth

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I am a rotational Occupational Therapist at the Royal Bournemouth Hospital. I have worked on the Care of the Elderly wards, Acute, Orthopaedic, Acute Medical, Emergency Department and Stroke wards. Therefore, I have used this valuable service many times for supported discharge to ensure a safe and timely discharge for the patient.

This service provides therapists at the hospital with a safe discharge home option for those patients who are medically fit, but not quite 'therapy fit'. Using this service allows patients to be discharged home rather than remain in a hospital bed when medically fit. This is not only beneficial to the hospital in increasing patient flow, but also is a patient centred approach, allowing patients to rehabilitate in their own home environment. This also reduces the risk of the patient developing hospital acquired infections such as pneumonia.

As part of my rotations I have worked for six months in the Bournemouth Intermediate Care Team. During these six months I worked with team members who are being made redundant and I can honestly say that these staff members were some of the most skilled, caring and compassionate people I have met, dedicated to patient care. I feel this will be a huge loss to the team. This decision seems very difficult to understand as it will have a massive impact on the team's ability to function effectively, and will result in patients who are in hospital having a delayed discharge which will really impact on patient flow.

The Bournemouth Intermediate Care Team receives referrals from GPs for patients that require support to remain at home. These 'Admission Avoidance' patients without this service would have to be admitted to hospital, which is often not wanted by the patient and not in their best interests and will fill much needed hospital beds.

I was also surprised to find out that the hospitals BCHA [Bournemouth Church Housing Association] service has also been cut. Staff have all been informed they are being made redundant, along with another leaving hospital service, 'Home from Hospital.' This will greatly impact on timely discharge and patient

flow will be disrupted.

I feel that this has been very short-sighted as the focus is on 'care closer to home'—managing patients at home reducing the impact on hospitals. However, they are cutting services that can provide this and as a result there will be even more pressure on hospitals due to greater demand on hospital beds, adding further to the NHS crisis.

For more information visit NHSFightBack.org



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