

Defend the Whittington Hospital Coalition

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Report of the united campaign (launch) planning meeting

Monday, 14th December 2009 @ The Whittington Community Centre,
Yerbury Road, N19

Attending: 48 people, including members and reps from: Islington TUC, Islington Carers, Camden Unison, Camden Keep Our NHS Public, University College Union, Haringey TUC, TPE, Defend Haringey's Health Services coalition, Whittington Hospital Unison, Public and Civil Services Union, Barnet TUC, Haringey Green Party, CP, Haringey Federation of Residents Associations, Better Local Healthcare Campaign, Liberal Democrats, Labour Party, Save Finsbury Health Centre campaign, Socialist Workers Party + many local residents. **Observers:** 3 local press journalists **Apologies:** Jeremy Corbyn MP + 3 members of the Defend Haringey's Health Services coalition. **Chair:** Gary Heather - President, Islington Trades Union Council **Minutes:** Sue Secher - Joint Secretary, Defend Haringey's Health Services coalition

1. Introductions and apologies Gary Heather, President of Islington Trades Union Council (and a member of the local Labour Party) introduced himself as the pro tem Chair of the meeting, pending selection of any permanent Chair(s) and Officers. He explained that Camden and Haringey's health campaigns/coalitions had called the meeting so that all boroughs and organisation could work together to save the Whittington. The purpose of the meeting was as a follow up from the public meeting called by Jeremy Corbyn held on 9th December which was extremely well attended (250+). The contributions and strength of feeling there clearly demonstrated the opposition from residents and healthcare workers to the proposed closure of the accident and emergency (A&E) department at the Whittington Hospital and at any North London hospitals. Today's meeting was to focus more on the practicalities of getting everyone to work together for a successful joint campaign.

2. Introductory background and campaign aims Candy Udwin of the Camden Keep Our NHS Public campaign gave a summary of the issues raised at the public meeting. She recapped the three options being considered by the local NHS executives, as outlined by the NHS local chief exec Rachel Tyndall at that meeting.

- a) 'Minor' changes
- b) Casualty service to remain but 'only if medical and not surgical emergency'
- c) No A&E but urgent care centre for walking wounded (GP led) [See Appendix below, at end]

Candy went on to explain that closing A&E departments goes hand in hand with downgrading of other departments which provide care for patients post

arrival at A&E which will inevitably lead to their closure and a threat to the long term survival of the hospital as a whole. These are departments which provide acute care services and the impact has to be understood in the context of the reconfiguration intentions for the whole of North Central London (North Central London comprises five boroughs; Islington, Camden, Haringey, Enfield and Barnet).

Lord Darzi in his Plan for London identified that there would be: 'Tier one' - 8 super hospitals with full acute service provision; 'Tier two' - Hospitals with casualty departments but no specialities; and 'Tier three' - Community services, ie all other services to be provided at a local, community level (e.g. out of polyclinics) and these are and will be put out to tender in bite size chunks opening up the market for private providers to cherry pick, enabling Primary Care Trusts to become commissioners, rather than providers, of services.

The message from the previous week's public meeting, as well as from the ongoing health campaigns over the last few years in local boroughs, is that we must fight to stop ALL closures, cuts and privatisation threats. As an example of what can be done, Cary outlined the successes that the Camden campaign had had in stopping the PCT from outsourcing health centres to the private multinational 'Care UK' by continuous protests and mounting a legal challenge. The PCT have been forced to drop these plans due to people power including petitioning and stalls in every shopping centre in Camden, conducting ward by ward meetings and door-to-door leafleting sessions, large public meetings and driving round with a loud speaker to explain and garner support.

The meeting tonight is to focus on what needs to be done to save the Whittington but must not be seen in isolation and an understanding what is happening in all the affected boroughs is essential. In the next few years, she said, we are all going to have to fight the current plans for billions of pounds of cuts across London.

Proposed Action - Hold a march to the Whittington in February involving all health campaigners, political parties, pensioners groups, unions, residents, carers and so on.

3. Contributions from the participants There were many points raised as part of an open discussion. These are just some of them...

Austin Hardy, Assistant Branch Secretary of Barnet TUC - Barnet TUC is affiliated to KONP but need to build nationwide trade union campaign to defend the NHS.

Zozi Goodman, local resident - Campaign must be non-party political to ensure freedom to decide on what is important and how campaign should be run. Would also like clarification on whether, for example, a heart attack patient would be treated ie at specialist unit, ditto stroke patient and ditto trauma victim ie three separate units.

Keith Flett, Chair of Haringey TUC - Neo-liberalism policies pushed by the government and adopted by the NHS have led to current crisis where Trusts are encouraged to be relentless in pursuit of goals to close A&E departments, using consultations to pretend to listen to users and staff whilst simultaneously wearing them down. We must be clear this campaign's long-term objective is to keep all North London's Accident and Emergency departments open however long that takes.

Monica Schwarz, Better Archway Forum - There is a very active campaign, with over 1000 members in the local area, to regenerate Archway. The hospital is a key part of the area and they have already raised concerns over this issue.

Dave Emmett, local resident - Re-iterated that the Dept of Health aim is to split up services. Is involved in organising a public meeting about such matters in Friends meeting house to which all welcome.

Contributor - Encouraged campaigners to use the local LINKs (health monitoring organisations) to obtain information as LINKs have a statutory right to this information and probably quicker than usual Freedom of Information route.

Bernard Behrman - The government has opened up all public services to private competition from Post Offices, underground and now hospitals. Suggested that candidates views on this issue should be sought and people should make it clear that votes will go to candidates opposed to privatisation of public services. Should also canvas opinion at GP surgeries in all affected boroughs.

Shirley Franklin, former chair of Islington Carers Centre, and current Vice Chair of London Region HE Committee of Universities and Colleges Union (UCU) - Huge opposition to closure of A&E departments in all these areas of North London (eg Chase Farm, Enfield) so important to take opportunity to tap into the local outrage by establishing an umbrella organisation (coalition) and link up with groups including carers, pensioners etc. We will gain support and weight to the campaign through a mass

Jan Pollock, formerly of Islington Community Health Council and Islington Health Watch - both organisations have been abolished, together with any real patient say over their services. Own personal experience of life-saving care at the Whittington has been fantastic and vital as an insulin dependant diabetic with complex health problems. Could have emergency needs but under new proposals they could be at any one of several places or could need services at a number of hospitals! In other words, splitting services doesn't make sense.

Reps from Whittington Unison - It has to be understood that cutting front line services means downgrading the whole hospital via the backdoor. Staff at the Whittington are utterly opposed to the closure of the A&E as will see

paediatrics, ICU, many other services will be lost as a result. Staff at the Whittington have organised their own petition which will continue to be circulated. They are very keen to back a broad-based campaign/coalition.

Contributor, Camden KONP Campaign - Need to work to undermine credibility of proposals by canvassing residents, working with trades unions at local level, using Freedom of Information Act requests to obtain information. For example, why has Whittington recently had such an expensive upgrade if hospital is now to be downgraded?

Mick Gilgunn, Islington TUC - Not uncommon story. Barts Hospital undertook very expensive refurbishment and then planned to close. Must work with Unison workers in hospital and NUJ to raise campaign profile.

Jo Shaw, Lib Dems - Have joined in the campaigning to save A&E at Whittington by doing their own petition. She alerted all present to a health scrutiny meeting scheduled for January where there will be a presentation on the merger of the Royal Free and Whittington Trusts.

Pete McAskie, Haringey Green Party candidate - Has been an active member of the Defend Haringey's Health Services coalition which has been campaigning for the last 3 years against cuts etc. Local opposition has managed to stop the plans to force most GP surgeries into 6 new polyclinics. It should be noted that Haringey has no general hospital within its borders and the increased pressure on the North Middx and Barnet General is already taking its toll following the decision to downgrade Chase Farm Hospital.

Some additional points were made including....

- * NHS bosses at the Whittington are trying (and failing!) to bring in a scandalous gagging order to prevent staff from expressing their views about the proposals at public meetings.
- * We need to mobilise Councillors especially those on health scrutiny committees as they do have clout
- * Meetings at which local NHS boss Rachel Tyndall speaks are carefully orchestrated to minimise questions from the audience
- * Islington campaigners fought hard against the closure of Finsbury Health Centre. We should lobby Islington NHS committee members (including the so-called 'community representatives') responsible for that closure and call for a special meeting for them to explain their position
- * Agreed to refer to Rachel Tyndall as Dr Tyndall as more formal
- * People with mental health problems will be seriously affected by closure of A&E as many attend when they are experiencing crises
- * Social workers support this campaign but do not want the focus to be too narrow

4. Actions proposed:

Shirley Franklin proposed a hard hitting visual campaign. Plans should include a mass demo, petitioning local people, door stepping outside the hospital and

in local high streets. Suggested march from Upper Street, along Holloway Road and ending at Whittington.

5. Campaign Guidelines:

Dave Morris of the Defend Haringey's Health Services Coalition explained that the organisers of this meeting had drafted some basic campaign guidelines to ensure a broad, inclusive, transparent and well organised campaign with minimum bureaucracy and maximum involvement. They were circulated on paper to all present, and put to the meeting point by point for discussion and approval. The guidelines were overwhelmingly approved following some debate, with the only amendment being to call the organisation the Defend the Whittington Hospital Coalition (rather than 'Campaign').

Some basic campaign guidelines (as discussed and approved by show of hands):

- * **Name:** Defend The Whittington Hospital Coalition
- * **Membership:** Open to all individuals living or working in the affected boroughs, and all concerned organisations.
- * **Aims:** To prevent the run down, closure or privatisation of A&E or any other key services at the Whittington, or at any other North London hospitals.
- * **Methods:** The coalition will be inclusive, independent and non-sectarian - promoting communication, co-ordination and solidarity among all those concerned
- * **Tactics:** The coalition will encourage and support a wide range of tactics and initiatives towards achieving the long term aim.
- * **Organisation:** Joint chairs, joint secretaries (responsible for minutes and membership) and treasurer to be elected; other posts to be co-opted and sub-groups set up as needed - all accountable to the general meetings.
- * **Meetings:** general meetings to be held regularly; will be chaired and minuted (to be circulated); atmosphere of respect; friendly but efficient; focused on practical activities towards achieving the aim; open to all; decisions by consensus where possible (voting if necessary), with particular acknowledgement to be given to the views of staff and patients' organisations.
- * **Mandate:** Only those mandated by a general meeting to do so can speak on behalf of the coalition, as mandated.
- * **Contacts:** Secretaries to maintain membership and contacts lists for use of the coalition only.
- * **Communication:** An updates/announcements e-list to be set up which anyone can subscribe to. All supporting organisations urged to cascade the coalition updates to their own members. Efforts will be made to provide updates to those with no email.
- * **Co-ordination:** An internal co-ordination e-list to be set up to which those actively involved can be added.
- * **Affiliations:** All organisations agreeing with the aims are urged to affiliate (by informing an elected officer).
- * **Finances:** All money raised will be used for the achievement of the aims. Records will be maintained and made available to a general meeting on

request. Affiliated organisations will be asked to donate £10 for up to 50 members, £50 for 50-500 members, and £100 for over 500 members. Individuals free, but donations welcome. Fundraising efforts encouraged.

It was pointed out that the suggested donations might need refining at a later date, and other organisational matters not dealt with above can be proposed for discussion at future general meetings.

6. Co-ordinating and taking forward the campaign

It was stated that everyone was welcome, indeed urged to get actively involved in any way they felt able. Volunteers or nominations were sought for two Chairs, two Secretaries and one Treasurer, plus any co-optees as required.

- Shirley Franklin was elected as one of the joint Chairs, with any other volunteers welcome to come forward.
- There were no immediate volunteers to be the joint Secretaries, but in the meantime (until the next meeting) Dave Morris and Candy Udwin agreed to act as pro tem Secretaries.
- Sue Secher elected as Treasurer.

After the meeting a number of participants came forward to offer their services.

7. Action points

- Draft petition wording and circulate to individual campaign members for dissemination. *Person responsible:* Shirley and Candy
- Stalls roster to be drawn up.
- Petitions should be placed in every GP practice and surgery in a prominent place for residents to sign.
- Prepare a short summary of service cuts, closures and reconfiguration plans for all boroughs in North Central London and provide some national context
- Demonstration planned for Saturday February 27th February. Further plans to be made at the next meeting.
- Vigil @ Whittington Hospital to be discussed/planned at next meeting

8. Date of next meeting: Monday 7th January, at 7pm at The Whittington Community Centre, Yerbury Road, N19. Everyone urged to attend and get actively involved.

Appendix

Hospital reconfiguration options being considered by NHS for North Central London sector

a) Barnet and North Middlesex designated Major Acutes, Royal Free designated a major acute with specialist services, UCLH designated a specialist provider, **Whittington designated a local hospital but with no emergency**

take and Chase Farm congruent with the BEH clinical strategy

b) Barnet and North Middlesex designated Major Acutes, UCLH designated a major acute with specialist services, Royal Free designated a specialist provider, **Whittington designated a local hospital but with no emergency take** and Chase Farm congruent with the BEH clinical strategy designated a Major Acute

c) UCLH designated major acute with specialist services, North Middx designated a local hospital with an A&E and medical take, **Whittington designated a local hospital but with no emergency take** and Chase Farm congruent with the BEH clinical strategy

d) North Middlesex designated a Major Acute, UCLH and Royal Free designated major acutes with specialist services, Barnet designated a local hospital with an A&E and medical take, **Whittington designated a local hospital but with no emergency take** and Chase Farm congruent with the BEH clinical strategy