

UK: Hospitals across Greater Manchester under threat of closure

By Tony Robson
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Accident and emergency (A&E) units and a range of other departments at National Health Service (NHS) district general hospitals (DGHs) across Greater Manchester in North West England are confronted with the threat of closure.

NHS Greater Manchester is conducting a review of health and care provision titled “Healthier Together”, aimed at reducing the number of A&E units and concentrating them on fewer sites, dubbed “centres of excellence”. A similar downsizing process is planned among eight other services currently provided across the network of DGHs.

The downsizing of local hospitals and the transfer of more treatment to general practitioners (GPs), medical centres and others forms of primary health care is in line with plans to dismantle much of the NHS contained within the Health and Social Care Act, which takes effect beginning in April 2013.

“Healthier Together” is the joint work of 12 shadow Clinical Commissioning Groups (CCGs) and NHS Greater Manchester, which they will succeed. On a national level, some 200 GP-led CCG’s will take over the commissioning of health provision from Primary Care Trusts. The CCGs will be handed over around 60 percent of the NHS budget and oversee outsourcing to the private sector.

Healthier Together does not specify which A&E units would close or how many. However, the future of only five of the eleven A&E units in Greater Manchester that provide major trauma care has been guaranteed. Those directly threatened had trauma care removed recently—Fairfield hospital in Bury, Tameside General, Trafford General and Royal Bolton. Other A&E units are also at risk, such as Wigan and North Manchester General. Rochdale Infirmary had its A&E unit downgraded in 2011 to an Urgent Care Centre, which cannot treat a number of life-threatening conditions. A similar fate confronts Trafford General.

The closure of A&E units is part of a policy aimed at the running down of entire hospitals. A&E units provide the access point to a range of other services that would be withdrawn over time.

NHS Greater Manchester medical director Dr. Raj Patel

has played down the consequences of the overhaul, stating that no decisions have been made prior to a process of public consultation. But the experience with the consultation process around the country has exposed it as rubberstamping exercise. Rochdale Infirmary’s A&E unit was downgraded in the face of popular opposition and Trafford General has just been put through a bogus consultation exercise which ended October 31. All opposition to the Trafford General cuts has been ignored, with the Trafford Strategic Programme Board recommending that the cuts go ahead.

North-west London faces the closure of four of its nine A&E units. Local health bosses have stated that the proposals have been endorsed based upon the return of just 17,000 response forms out of a population of 2 million. This figure is dwarfed by the 66,000 people who signed a petition in opposition.

Throughout the country, the closure of A&E units has been dressed up as an exercise driven by clinicians, without any connection to the £20 billion cuts to the NHS budget demanded by the coalition government by 2015. Figures compiled in November revealed that the number of emergency departments closed or facing closure stood at 32 since the coalition took office.

Greater Manchester has to make £1.3 billion worth of cuts to its NHS budget by 2015. The claim that Healthier Together is not a cost savings exercise is belied in its own documents. Its main paper, “The Greater Manchester Case for Change”, describes the current level of expenditure on health and social care as “unsustainable” and positions itself squarely within the framework of the cuts to NHS and local government budgets.

“Our current models of public services are not fit for the coming challenge of delivering growth, particularly given the scale of planned reductions in public spending,” the paper states. “We need a transformational reduction in demand and dependency, with people and places becoming more resilient and self-reliant.”

The document claims that up to 25 percent of current attendees at A&E units in Greater Manchester were victims

of neither accidents nor emergencies. Even based upon these figures, the vast majority of cases are dependent on accessing emergency care, which it intends to provide at fewer sites, spread further apart. Based on its own figures, one million people attended A&E in Greater Manchester last year.

While it claims that the specialist centres would provide better resources and staffing for major trauma cases, the paper fails to address the inevitable delays resulting from transferring patients over longer distances and how this could compromise timely life-saving treatment.

Healthier Together claims that up to 40 percent of A&E attendees could be treated by a general practitioner (GP) or pharmacist. Given the magnitude of such a shift, it remains vague on how such specialised and quality care can be transferred in this way when doctors surgeries are filled to overflowing and appointments can take days to book.

The model for its restructuring is the “Making it Better” review of maternity provision, initiated under the Labour government in 2007, which resulted in the closure of a third of all maternity units in Greater Manchester—from 12 to 8. The burden this has placed on the remaining hospitals is evidenced at St Mary's, which was closed to admissions on numerous occasions up until December 2010. At Trafford General it was mooted that a midwife-led unit might replace the maternity hospital, but this was dropped after the closure went ahead in 2010.

Fay Selvan, ex-chair of Trafford NHS Trust, originally supported the restructuring but has subsequently been critical of its impact. She explained, “I supported the Greater Manchester ‘Making it Better’ reconfiguration of maternity services because I believed it when we were told it would be better for women. Although we wouldn’t have inpatient maternity services at our trust, NHS Trafford would explore setting up a midwife-led unit and we would be able to expand the options open to women, including increasing the number of home births.

“The reality was that the commissioners decided there was not a case for a midwife-led unit soon after our maternity service closed. Despite a new £20m maternity unit being built at one of the neighbouring trusts, it was closed for deliveries nearly every other day in the first year as it was full. The local supervisor of midwives described to me walking into the reception of one maternity hospital and seeing women in labour waiting to be found somewhere to go. Now I am not so ready to believe it when I am told closing a service and concentrating in a smaller number of larger hospitals will provide the quality of care, or care closer to home, or even the financial savings that are promised.”

The threat to the A&E unit in Bolton has been heightened

by the announcement in November of 500 job losses at the hospital—12.5 percent of staff. This is aimed at implementing £38 million of cuts over the next two years. Opposition to these attacks is being curtailed by the Save Bolton A&E campaign, dominated by the health trade unions, principally Unison. A leading spokesperson for the campaign is Karen Reissman, a member of the pseudo-left Socialist Worker Party and a national executive council member of Unison.

Save Bolton A&E advocates petitioning the Secretary of State for Health to insist he intervene to stop the closures, a demand that has been advanced around the country and led every struggle against closure into a dead end. Such a threadbare protest is aimed at preventing a general mobilisation against the coalition government, which is dictating the cuts and the dismantling of the NHS.

Under conditions in which Bolton announced they would fire 1,600 staff and re-engage them on inferior terms and conditions, the unions have signalled their willingness to collaborate with management. Unison regional manager Steve Stott stated, “Unison is committed to working with management to minimise job losses, but at the same time will consult its members on all available options open to them up to including industrial action in order to oppose compulsory redundancies”—a pledge of loyalty followed by a toothless threat.

This is why management has agreed to restart the 90-day period of consultation on the basis of providing further information to the unions. More than a dozen temporary contract workers have already lost their jobs, told before Christmas that their contract would not be renewed next year.

It is because of collaboration with the health unions that the coalition has been able to cut 28,500 jobs in the NHS since it came to power.

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