Greater Manchester, Britain hospitals face downsizing

By Jean Gibney
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National Health Service (NHS) district general hospitals across the Greater Manchester region of England are facing an unprecedented overhaul of Accident and Emergency (A&E) units and eight other services currently provided across the network.

The public consultation process over the proposals contained within the review Healthier Together has now been postponed to late summer. Local health chiefs and clinicians backing the plans have not specified the A&E units to be closed or which hospitals are to have their services withdrawn. However, the intent is signalled in the paper, “The Greater Manchester Case for Change.” It dismisses district general hospitals as a hangover from the past.

It is clearly framed within the context of the £20 billion of NHS cuts, with the current level of expenditure on health and social care in the region described as “unsustainable”, and calls for a “transformational reduction in demand and dependency.” All but 5 out of 11 existing A&E units across Greater Manchester are at risk.

Earlier in the year, local health chiefs approved the closure of Trafford General A&E unit following a bogus consultation. Backing the closure, Dr. Nigel Guest, chair of Trafford Clinical Commissioning Group (CCG), referred to it as the first stage of Healthier Together. The Trafford CCG is one of 12 CCGs involved in the restructuring plans for hospital services across Greater Manchester.

The model for Healthier Together is the previous review of maternity hospitals in the region, “Making it Better” (MiB). This was the largest restructuring of hospitals in Greater Manchester to date and was undertaken by the previous Labour government. In 2007, Labour health minister Alan Johnson approved the plans, which led to the loss of a third of consultant-led maternity units, reducing the total from 12 to 8. The units closed were Trafford General, Bury (Fairfield), Rochdale and Salford.

This was part of a downsizing operation carried out nationwide. In 2006, the government of Prime Minister Tony Blair appointed Sir David Nicholson to the post of NHS chief executive. He described his mission as to complete 60 “reconfigurations” of NHS services, stating, “The wicked issue of maternity services had to be tackled.”

Then, as now, the closure programme was justified on the pretext that concentrating services at fewer locations would improve health provision through more centralised specialised care. “Services will be safer by concentrating staff and expertise into fewer, bigger, centres of excellence for overnight maternity, neonatal and children’s care,” MiB stated.

The growth in birth rates was also underestimated. The Office for National Statistics (ONS) had projected that live birth rates in Greater Manchester will increase to 33,642 by 2015, compared to 33,544 in 2005. In 2010, there were in fact 37,876 live birth rates in the region. The biggest rise took place in the cities of Manchester and Salford.

Sarah Davies, senior lecturer in Midwifery at the University of Salford, and Heather Rawlinson, a midwife and Salford resident, stated, “The proposal to retain only a stand-alone Midwifery Unit will result in only the healthiest, low risk women able to give birth in Salford, while women with complications will have to travel further.”

This was despite 39.2 percent of Salford residents not having cars and Salford’s notoriously bad public transport links. “Ill health is higher in more deprived populations such as Salford therefore the reconfiguration will result in perpetuation of the
‘inverse care law’—those who need it most have the poorest care,” the authors declared.

The axing of maternity units met with widespread opposition. In Salford, 60,000 people signed a petition against the closure of Hope Maternity Hospital, and there were numerous protests and lobbies.

But the trade unions refused to organise any action against the attacks and instead promoted the review process as a means to reverse the closure plans. This was bound up with dividing the opposition to the closures along local lines. Following the closure of Trafford General maternity unit in February 2010, the incoming Conservative/Liberal Democrat government offered a stay of execution for Bury, Rochdale and Salford. By early 2011, the review process ratified the closures of all three, which were implemented by March 2012.

Salford Labour MP Hazel Blears was allowed to pass herself off as an opponent of the closure of the local maternity unit, while ensuring that this was reduced to accepting a downgraded service—substituting consultant-led maternity units with a stand-alone midwife-led units (MLUs). Hope maternity unit was closed in late 2011 and replaced by an MLU.

Promoting this as a significant concession smoothed the path for the bulk of the cuts to proceed. It ignores the fact that mothers with complicated pregnancies will need to go outside of the area, or the risk posed by those who develop problems in labour having to be transferred in an emergency. Salford Royal hospital itself faces the loss of 750 jobs by 2015.

Expectant mothers in the Bury area will not even have a stand-alone MLU, but will have to travel up to 9.5 miles to Royal Bolton or North Manchester Hospital to receive overnight consultant-led maternity and neonatal care. Royal Bolton, one of the three maternity units dubbed “super centres”, is in the process of cutting 500 jobs, including 149 nursing and midwife posts.

The seamless nature of the assault on the NHS carried out by Labour and the Tories is personified in the figure of Nicholson, who has been retained as NHS chief executive by the coalition. The government has stood by Nicholson against calls for his resignation for his part in the scandal at Stafford Hospital, in Staffordshire, England, in which poor care resulted in the unnecessary deaths of up to 1,200 patients between 2005 and 2009.

Nicholson was a regional health boss at the Trust running the hospital, which was found to have “put corporate self-interest and cost control ahead of patients and their safety” by an official inquiry. Nicholson was there for one year before being promoted to his £270,000 job as head of the NHS. He was on the panel that appointed the chief executive of the hospital who was to order a deep round of cuts, which caused standards to plummet. Nicholson was viewed as a safe pair of hands to oversee the dismantling of the NHS and the £20 billion package of cuts by 2015 that he drew up in collaboration with the previous Labour government.

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