

Britain: Closure of hospital heart units will cost more children's lives

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A decision to close three paediatric heart hospital units was made in early July following a National Health Services (NHS) “Safe and Sustainable” review. It is estimated that there are more than 4,600 babies born with congenital heart disease in the UK each year.

Announcing the closure, Sir Neil McKay, chairman of the Joint Committee of Primary Care Trusts (JCPCT), claimed that the review had focused on “the needs of children, not the vested interests of hospitals,” as though keeping open a heart unit were a matter of institutional prestige rather than medical necessity.

The heart units set to close are at the Royal Brompton in Chelsea, west London, the Leeds General Infirmary, and Glenfield Hospital in Leicester. Seven heart units will remain—two in London and one each in Southampton, Liverpool, Birmingham, Bristol and Newcastle.

The Royal Brompton is the largest specialist heart and lung centre in the UK and one of the largest centres in Europe, performing more than 400 surgeries a year. The Leeds General Infirmary serves 5.5 million residents in West Yorkshire and Humberside and has three surgeons performing 360 operations a year. Glenfield Hospital in Leicester conducts nearly 250 child heart surgeries and provides services for more than 5 million people in eastern England.

The “Safe and Sustainable” review of cardiac services was initiated in 2008 by former Labour Party health minister Alan Johnson, who claimed to be responding to “longstanding concerns held by NHS clinicians, their professional associations and national parent groups around the sustainability of the current service configuration.” Johnson’s successor, Andy Burnham, set up the JCPCT in July 2010 to assess the heart units “against the standards by an independent expert panel, chaired by Professor Sir Ian Kennedy”

and propose “potential configuration options.”

However, the basis of the Kennedy standards is deeply flawed. They arose out of his inquiry, which the Labour government was forced to set up following the scandal that erupted after the tragic death of 18-month-old Joshua Loveday in 1995 at the Bristol Royal Infirmary.

From 1991 to 1995, the Kennedy inquiry revealed that up to 35 children who underwent heart surgery at the hospital died unnecessarily as a result of substandard care and flaws in hospital procedure and management. No intervention was made, even though concerns were raised over a number of years by medical professionals within the department and by outside experts. For a long period, both the Department of Health and the Welsh Office were aware of the situation at Bristol but refused to take any action.

Kennedy published his report in 2001, making 198 recommendations for improvements in the NHS—focusing on bureaucratic indifference and mismanagement—but had little to say about NHS resources. Yet it was clear that the lack of resources—and the struggle to acquire new ones in what, due to increasing “marketisation” and privatisation, was a highly competitive environment—played an essential role in events at Bristol.

The report explained that due to national pressure to reduce heart disease in adults, especially after the introduction of the market into health care in 1990 to increase the income generated by the numbers of adult patients, the care of child patients suffered. But the report stated that what went wrong at Bristol could not have been caused by a lack of resources, because other UK hospitals were in a similar position and did not have the same bad record.

The “Safe and Sustainable” review received an added

impetus following the election of the Conservative-Liberal Democrat government in May 2010. Within months, the Department of Health used the media frenzy over the death of four babies in the heart unit at the John Radcliffe hospital in Oxford to order its closure. An inquiry found that managers had been trying to increase the number of patients at the unit—the smallest in the country, treating only 100 patients a year—in an attempt to avoid its closure under the “Safe and Sustainable” review. A newly appointed consultant had been left alone on his second day in the post. When he complained about outdated equipment and poor working practices and asked for operations to be suspended, he was ignored.

The inquiry in fact found that the mortality rates in the unit were not unusually high, that one of the babies was never likely to survive and the other three were extremely ill.

The current government continues to justify closures by claiming that paediatric heart services are spread too thinly. It insists that concentrating surgeons in fewer cities will bring about better service. Needless to say, the opening up of more new regional units in addition to the existing ones, with investment in more specialist surgeons and equipment, has never been considered.

Last year, Teresa Moss, director of the NHS’s National Specialised Commissioning Team, let the cat out of the bag, declaring, “Many people will quite frankly find it astonishing that taxpayers’ money is being used so inappropriately at a time of financial austerity in the health service.”

To legitimise and rubberstamp closures is the *raison d’être* of committees like the JCPCT.

Following a sham consultation process on the proposed closures last year, the Royal Brompton sued the NHS when it became apparent that it was to be the “loser” in London, even before the consultation had officially delivered its verdict. The hospital alleged that the consultation process was unlawful and “a classic backroom stitch-up.” It won the High Court battle, with the consultation being ruled “unlawful and must therefore be quashed.” However, NHS bosses successfully appealed the decision, and it was overturned by the Court of Appeal in April.

Following this ruling, Royal Brompton chief executive Bob Bell declared that closing the surgical unit would mean the loss of all paediatric intensive

care, including a world-class paediatric respiratory service.

In Leeds, the JCPCT has ignored the concerns of the 600,000 people who signed a petition against closing the heart surgery unit at the Leeds General Infirmary.

The previous geographical coverage of cardiac services was poor even before the latest review, with the east side of the country particularly badly hit. Large areas including Yorkshire and Humberside, Norfolk and East Anglia, Wales and the East Midlands will become even more remote from paediatric heart treatment facilities, leading to increased stress, cost and travel time for patients and their families. Many patients and families will be forced to make a round trip of at least 200 miles to access services in Newcastle, Merseyside or Birmingham. This is no small matter considering that this type of surgery is carried out when time can be of the essence.

This closure of the three heart units gives the green light for private investors who already profit from the takeover of NHS hospitals like Hinchingsbrooke Hospital in Cambridgeshire, England, to fill the gap in paediatric heart surgery.



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