

UK: Closure of Trafford General A&E part of larger plan to close hospitals

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The threatened closure of the A&E (Accident and Emergency) unit at Trafford General Hospital is part of a far wider plan to close entire local hospitals throughout Greater Manchester, according to an internal National Health Service (NHS) report obtained by the *Manchester Evening News* (MEN).

The report entitled “The Case for Change” is based upon a review of a wide range of services currently provided by district general hospitals and their replacement with treatment provided by General Practitioners (GPs) and supported by specialist regional hospitals.

As has become routine in the arguments advanced for hospital and departmental closures these measures are dressed up as providing better outcomes for patients. However, in defending the proposals NHS Greater Manchester Chief Executive Dr. Mike Burrows stated, “This is a hugely important piece of work for the NHS in Greater Manchester, to make sure that within the context of the economic downturn we can continue to provide the best possible care for the people of the region.

“It is as much about developing high quality care, more cost effective services closer to people’s homes as it is about developing centres of excellence.”

Terminology such as “economic downturn” and “cost effective” signify that what are being proposed are cuts by any other name. While existing local hospital services are described as inadequate, the one option ruled out is improving them.

According to the MEN, the report suggests that more A&E units could close as a consequence of the centralisation of casualty departments, on fewer sites. Trafford General is referred to in the article as one of the four hospitals faced with losing their A&E. These include Fairfield Hospital in Bury, Tameside General and the Royal Bolton.

Emergency surgery could be removed at some of the ten

hospitals and cancer care, mental health and heart care is also under review. According to the report, 12 district hospitals are at risk of closure.

These proposals are entirely in line with the £20 billion in cuts (around 20 percent) to the national health budget being made by the Conservative/Liberal government and the complete dismantling of the NHS through the Health and Social Care Act 2012 (HSCA). For the first time this legislation overturns the “duty to provide” a comprehensive health system from the government via the Secretary of State for Health. The provision of universal free health care will be supplanted by a user pays system, with massive portions of health provision hived off to the private sector.

The downsizing of local hospitals in Greater Manchester is part of a major restructuring of the NHS being prepared nationwide. Only last month Professor Tim Evans of the Royal College of Physicians called for the shutting of a third of all hospitals. Evans is the spokesperson for the Future Hospital Commission inquiry into reshaping health care.

The *Guardian* recently reported that the NHS commissioning board, which, based on the HSCA takes over next April, has decided to cut the number of dedicated teams of experts treating cancer, heart disease and strokes. These illnesses account for six in every 10 deaths. Instead of 28 cancer networks and 28 combined heart and stroke networks, they will be reduced to 12 each while the number of staff could be reduced from 700 to fewer than 100.

The number of A&E units threatened with closure across England and Wales now stands at 26. This may not be a complete figure, due to the fact that the Department of Health does not even produce national figures, such is the level of fragmentation in the NHS.

There is no part of the country that remains unscathed by this attack. In London, seven A&E units are

threatened—with north-west London alone facing the loss of four of its nine casualty departments. The axing of the Central Middlesex, Ealing, Charing Cross and Hammersmith hospital would leave three of the capital's boroughs, with a population of at least 700,000, without an A&E unit.

The devastation caused by this national closure programme has led growing numbers of doctors and medical experts to challenge as baseless the assertion that fewer, better resourced specialist centres would be an improvement.

An open letter written by 140 senior doctors addressed to the Prime Minister warns, “Not only do many people in some of the country's most deprived areas face longer journeys to hospital, but those in rural areas face longer waiting times for ambulances and crowded A&E departments when they arrive. We have yet to see the evidence that such changes are beneficial for patients.”

These claims are also backed up by research conducted into 10,000 serious emergency service 999 calls by Professor Jon Nicholl. It discovered that for each ten miles travelled the number of patients who died increased by 20 percent.

The assault on A&E units has provoked widespread protests around the country with mass petitions and thousands taking part in demonstrations. In north-west London a petition of 50,000 people was handed into the headquarters of the NHS. In Trafford, 1,000 people demonstrated in July and over 11,000 have signed a petition.

However, these locally-based protests are dominated by the perspective of gaining the ear of the political establishment rather than a fight against it. Their claim that the defence of the NHS stands above politics offers a reprieve to those political parties responsible for its ruination. The governing parties stand for its abolition while the Labour Party has brought it to the brink through extending the privatisation process during its 13 years in office.

Through such campaigns, local councillors and MPs of the main political parties are provided a platform to pay lip service to hospitals in their wards and constituencies. This is under conditions in which the £20 billion cuts programme responsible for the A&E closures now being imposed, was initiated by the previous Labour government.

These campaigns are now claiming that the new Health secretary Jeremy Hunt is “intervening” as if the government did not stand behind this closure programme

in the first place. The *Independent* reported September 20 that Hunt has agreed to conduct a political review of planned national A&E closures. The article states, that Hunt “...has been charged by the Prime Minister with drawing some of the political sting from the NHS...” It continued, “A source close to him said: ‘There will be a new approach to this issue. Trusts still need to cut costs, but it doesn't have to be through closures’”.

Hunt's review is being utilised to dissipate opposition, with the reality being that the revision of any closure would be conditional on sacrificing other services.

The Save Trafford General campaign is presenting these manoeuvres as a means to halt the closure. Matthew Finnegan—campaign chair—has asked NHS Greater Manchester to reconsider based upon the Health Secretary's review.

Finnegan's response to the news that NHS Greater Manchester intends even wider hospital closures has not been to oppose it but to call for the decision on Trafford General to be put back, so it can be included in the overall closure plan. He told the MEN, “It seems ridiculous for it to be treated separately, Trafford needs to be in the mix. It does not make any sense for it not to be included.”

In the framework of the review “in the mix” can only mean that Trafford General would be pitted against other threatened hospitals. That such a position can be presented as resembling any kind of opposition is an admission of bankruptcy. Finnegan is a long time Labour Party member. In Trafford the local Labour MPs and Unison—the largest union in the health service—far from feigning opposition to the closure of the A&E unit, have in fact backed it.

This underlines the importance of forming an action committee of rank and file hospital workers along with local residents to extend the fight. At the centre of such a struggle must be a rejection of the austerity measures which are aimed at making the working class pay for the economic crisis created by the financial elite. This requires the mobilisation of the working class to bring down the coalition government and the formation of a workers' government to implement socialist policies.



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