

The attack on UK health care and the case of Leeds General Infirmary

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The debacle over the suspension of children's heart surgery at Leeds General Infirmary (LGI) in West Yorkshire, England, has all the hallmarks of a politically driven campaign to legitimise the running down of National Health Service (NHS) provision.

On March 27, a ruling was made in the High Court to quash the decision made in July 2012 by the Joint Committee of Primary Care Trusts (JCPCT) to close the children's heart unit at LGI. Justice Nicola Davies said aspects of the Leeds consultations were "ill judged", including a failure to make relevant information available to consultees.

The case, brought by the Leeds campaign organisation Save Our Surgery, ignited a strong response from Sir Neil McKay, chair of the JCPCT. Making clear his rejection of the ruling, he stated, "The NHS remains as determined as ever to reconfigure children's heart services. The expert view remains that the longer vested interests delay this process, the greater the risk of safety concerns manifesting in the units."

The reconfiguring McKay refers to is the slashing of the current ten national children's heart units into seven. Heart units set to close are at the Royal Brompton in Chelsea, west London, LGI and Glenfield Hospital in Leicester. The remaining seven will be two in London and one each in Southampton, Liverpool, Birmingham, Bristol and Newcastle.

On March 28, less than 24 hours after the high court ruling, heart surgery was suspended at LGI by Professor Sir Roger Boyle, following leaked data that suggested that death rates were double the national average. Boyle is the director of the National Institute of Clinical Outcomes Research (Nicor), which oversees mortality data across the NHS and was also responsible for advising that Leeds should close last July.

According to reports, Sir Bruce Keogh, medical director of the NHS, used this information, as well as comments from two heart surgeons from other hospitals, to personally march into the office of Maggie Boyle, chief executive of Leeds Teaching Hospitals Trust, and order her to suspend heart surgery on children.

Boyle told *The Independent* that the leaked data appeared "at a time when the service in Leeds was running on two junior locum heart surgeons. Social media had carried reports of a spate of deaths [at Leeds] and 15 families had complained to the Children's Heart Federation that they had not been given the opportunity to be treated elsewhere."

The shortage of qualified staff at the hospital is, in no small part, a consequence of the drive to close the unit. This has led to a running down of resources, of which the shortage of senior surgeons is only one aspect. Managers of the JCPCT are also utilising grievances developed between other heart units and parents to justify their decision making.

Dr John Gibbs, lead clinician for congenital heart disease at the Central Cardiac Audit Database (BCCA) complained, "This data was not fit to be looked at by anyone outside the committee. It was at a very preliminary stage and we are at the start of a long process to make sure the data was right and the methodology was correct. We would be irresponsible if we didn't put in every effort to get the data right."

In the week leading up to the decision, the NHS watchdog, the Care Quality Commission (CQC) issued a warning to LGI and ordered an "improvement in standards" following a series of spot inspections over a number of months. Staff shortages were cited as one of the main reasons for concern.

More broadly, the worrying state of affairs at LGI is

the outcome of a concerted attack on the NHS. Some £20 billion of “efficiency savings” are being imposed throughout the NHS—20 percent of its budget.

Meanwhile, the scandalous lack of resources that this is causing is being used to push through the closure of wards, units and hospitals and justify the privatisation of health care.

The original decision to close the paediatric heart units last July was made following an NHS “Safe and Sustainable” review.

This 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.”

The JCPCT was set up 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.”

These standards are flawed as they arose out of the Kennedy 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, this 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.

These events have led to the present situation in Leeds and other units and hospitals faced with closure. As the struggle for resources intensifies, hospital is

being pitted against hospital, which ultimately plays into the hands of those wielding the axe. This is being done on the false rationale that concentrating more specialised surgeons at fewer centres will bring about improvements and new inspection procedures will save lives.

Following the suspension of heart surgery at Leeds, a risk summit was held in which it was agreed that surgery would resume yesterday with assurances it is safe to do so. No announcements have been made regarding additional resources.

On Monday, it was announced that Leeds Teaching Hospitals have been given notice to cut substantially more from their budgets in order to gain Foundation Trust (FT) status. The establishment of Foundation Trusts removes hospitals from central government organisation, and is a step towards the complete privatisation of the NHS. For FT status to be achieved there has to be a surplus at the end of the financial year.

Trust finance director Neil Chapman recently told a meeting of hospital directors: targets were missed last year, “Operational performance can and will have a significant impact on financial targets in a way that’s never happened before.”

According to the *Yorkshire Post*, “Targets on patient experience, pressure ulcers and learning disabilities, as well as fewer patients being treated in neurosurgery because of short-staffing also affected the finances. A financial plan for the 12 months from April shows £24m worth of savings still need to be identified to achieve a £10.1m surplus.”



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