

# Britain's Mid Staffordshire NHS foundation to be dissolved

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Earlier this month, officials overseeing the Mid Staffordshire National Health Service (NHS) foundation trust declared their intention to dissolve it and hand over its two hospitals to two neighboring trusts.

Stafford Hospital will be managed by University Hospital of North Staffordshire NHS Trust in Stoke on Trent, whilst Cannock Chase Hospital will become part of The Royal Wolverhampton Hospitals NHS Trust.

The administrators are also proposing to close down virtually all paediatrics services, including emergency care for new-born babies to 19-year-olds. Maternity services are to be abolished, as well as “major emergency surgery and most trauma care”. Critical care facilities will be reduced to “a small critical area to stabilise very unwell patients who arrive at A&E or inpatients who become very ill before an urgent transfer to a larger hospital.”

The trust administration's proposals are now in public consultation, which will end on October 1. The trust went into administration in April.

That month, as many as 50,000 people marched to Stafford Hospital protesting plans by government-appointed administrators to close a number of departments. Part of the Mid Staffordshire NHS hospital trust, Stafford Hospital serves a population of 320,000 people.

The scale of the demonstration testified to the determination of local residents and hospital staff to protect services despite the Stafford Hospital scandal that blew up after reports claimed up to 1,200 patients died as a result of the poor care they received between January 2005 and March 2009.

After the march, Sue Hawkins, the co-founder of the Support Stafford Hospital (SSH) campaign and former physiotherapist at the hospital, declared, “The turnout

exceeded our wildest dreams and just shows the strength of feeling about what could happen to the hospital. Local people spoke in a very loud communal voice and the administrators must listen to them.”

The administrators, as the NHS Fightback campaign predicted at the time, have done no such thing.

The closures will mean additional journeys of up to 15 miles on one of the most congested motorways in Britain and increase pressure on already stretched Accident & Emergency units (A&Es), in particular Wolverhampton New Cross, where July 2013 was the busiest month in its history. There are plans to build a new A&E centre there, but it will not be ready until 2015.

Whether this will be built as originally planned or on time is open to doubt. Despite all the administrators' cuts, the Trust's £21 million “overspend” will only be reduced by just over half. Some £8.5 million will remain leaving the door open to further cuts.

The administrators have attempted to downplay the impact on health care in Staffordshire by claiming that most patients will be unaffected. Professor Hugo Mascie-Taylor, one of the Joint Trust Administrators, declared, “Under our recommendations the vast majority of present patient visits to Stafford and Cannock Chase hospitals will be in the same place with nine out of ten of such visits unaffected. In some instances patients will have better services, for example, access to certain specialists locally for the first time. We believe safety and quality may be enhanced.”

Mascie-Taylor's claim that only one in ten visits will be affected is a half-truth. It may prove to be correct if the period between now and two to three years later is considered. However, the figure is closer to four out of ten if one goes back to 2003. Since then, health services

have been gradually “closed by stealth”. A case in point is the November 2011 announcement by the then-chief executive, Lynn Hill-Trout, who said of the night closure of the A&E department, “There is no intention for this to be a permanent closure”. Nearly two years on, the night closures are still in effect, and the administrators have stated that this will not change.

The demise of Mid Stafford NHS Trust epitomises the tragic consequences as successive governments have marketised and privatised public provision of health services.

Under the 1997-2010 Labour government, Stafford was pressured to transform into a Foundation Trust—an initiative aimed at making hospitals semi-independent of the Department of Health by “freeing” them to find private funding sources. In the process, £10 million was cut from the Trust’s budget and 150 jobs lost leading to nursing staff shortages, overwork and the inability to provide a high-quality service to vulnerable patients.

Any excess deaths at the hospital must be attributed to this shift. In February 2013, the report of a public inquiry into the scandal chaired by Robert Francis QC was released, concluding that relatives “were failed by a system which ignored the warning signs and put corporate self-interest and cost control ahead of patients and their safety.”

The much-repeated claim of 1,200 excess deaths appears to have been exaggerated due to cuts elsewhere. Many palliative care patients (receiving end-of life care for terminal illnesses) had been declared dead on arrival. But they were recorded as having died under the care of Stafford Hospital due to the closure of 14 care homes, meaning that they had died somewhere other than a care home but were not recorded as having died in a place other than Stafford Hospital.

Many of Francis’s 300 recommendations for improvement are likely to be rejected. Cuts of £20 billion in the NHS budget by 2015—one fifth of the overall total—are already forcing the closure of dozens of departments and the reduction of staff levels by up to 20 percent, with remaining staff made to work on new contracts on lower wages with larger workloads. In addition, the government’s Health and Social Care Act, which came into effect in April, assures the takeover of the NHS by the private sector, which will be reluctant to reduce profits by implementing the recommendations.

Stafford Hospital was the first to feel the full force of the regime created by the new Act. It was the newly created regulatory body, Monitor, that appointed administrators to run the Trust after it was declared “neither clinically nor financially sustainable in its current form” and “likely to become unable to pay its debts.”

The SSH’s insistence on its campaign being non-political while lining up behind Stafford’s Conservative MP Jeremy Lefroy and his so-called alternative working party have proved to be a dead-end. Stafford Hospital demonstrates that decent health care is incompatible with the drive for profitability and the carving up of the NHS by the corporations. It points to the need for an independent political movement, outside of the control of the trade unions and any of the bourgeois parties, in the fight for a workers’ government and the nationalisation of health provision—including the vast pharmaceutical companies—under the democratic control of working people.



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