

# British NHS director promotes restructuring of accident and emergency departments

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In November, medical director of National Health Service (NHS) England, Professor Sir Bruce Keogh, published the first of a two-part report, “Urgent and Emergency Care Review,” recommending the restructuring of hospital Accident and Emergency (A&E) departments.

The review declares there is “intense, growing and unsustainable pressure” on A&E departments, with attendances increasing by more than 2 million to 16 million over the last decade. To overcome the immediate crisis, the government will have to provide more money and some services will have to be outsourced to the private sector, Keogh declared, but the whole health care system will need to be “redesigned.”

Keogh wants to implement a two-tier system of A&E services within five years. Up to 70 A&E units will become Major Emergency Centres, while the remaining 70-100 units will be downgraded to ordinary non-specialist Emergency Centres. At the same time, Keogh says people should be encouraged to get help from alternative sources—the NHS 111 emergency number, NHS web sites, pharmacies, GPs and community-based organisations.

The review claims that “these proposals are not about cutting existing urgent and emergency care services,” but will lead to the most seriously ill being “treated in centres with the very best expertise and facilities.” The less ill will receive a “highly responsive, effective and personalised services outside of hospital” that will “deliver care in or as close to people’s homes as possible, minimising disruption and inconvenience for patients and their families.”

All of which is untrue.

Many of Keogh’s proposals are already happening and are merely intensifying and formalising the process

of closure and downgrading, which has already affected one in ten A&E units in England. Some have already been downgraded to places where only bruises and bumps are treated.

Conservative Party health secretary Jeremy Hunt, who recently approved plans to downgrade and close the A&E unit at Trafford General in Manchester—the birthplace of the NHS—hailed Keogh’s report. So too did Labour Party shadow health secretary Andy Burnham, whom the trade unions promote as the saviour of the NHS.

It was the previous Labour government that drew up proposals for an unprecedented £20 billion cut to the NHS budget. This equates to one fifth of the £108 billion annually spent on the NHS and is now being ruthlessly implemented by the Conservative-Liberal Democrat government. Closed-door talks are taking place discussing ways to increase these cuts to £30 billion by 2021.

Keogh was chosen by the government to carry out the A&E review because he is an ardent supporter of NHS restructuring, famously declaring that he would like to see the health service run like street retailer PC World. Last March, he ordered Maggie Boyle, chief executive of Leeds Teaching Hospitals Trust, to suspend children’s heart surgery, using his authority as NHS medical director, the day after a high court ruled that the unit should be kept open.

Keogh has been NHS medical director since 2007 and has overseen the colossal attacks of both the previous Labour government and the current government. Naturally, there is not a single reference in his “authoritative” and “comprehensive” report to the cutbacks, restructurings, fragmentation and outsourcing that have forced people to turn to A&E departments as a last resort. Instead, the “intense, growing and

unsustainable pressure” on A&E departments is treated as if it has come out of the blue and is blamed on the population for seeking treatment there in increasing numbers, for getting old, or becoming “confused” about existing services.

The Keogh report deliberately ignores staff shortages, bed shortages and lack of resources created as a result of constant attacks on the NHS. There are a third fewer general and acute beds now than 25 years ago.

At the same time, slashing of funds to local councils has generated a crisis in home care services for the elderly and vulnerable.

More than 500,000 elderly people were admitted to A&E last year because of failures in care, most of which is provided by the private sector. The Care Quality Commission found that there has been a 40 percent increase in the number admitted in the last five years—a major cause for the increased pressure on A&E units.

Age UK director Caroline Abrahams explained: “The numbers of older people being admitted to hospital when with the right care they could stay at home is distressing and a sad consequence of a social care system that so often fails to help the people who need it.

“However cuts to social care budgets have forced local authorities to increasingly restrict access to social care support leaving many older people to struggle on until they reach breaking point and have a serious health crisis or an accident and end up in hospital. This is not only morally wrong but makes no financial sense.”

Local council budget cuts have also led to many councils slashing the support needed for patients when they leave hospital—with NHS England missing out on nearly 80,000 bed-days last month because they were being taken up by patients who were well enough to be discharged.

Malnutrition, depression, suicides and some other mental and physical health problems are on the rise due to poverty, unemployment and social deprivation.

Keogh’s review puts much emphasis on the NHS 111 help-line being able to cut A&E visits, but since the service was set up earlier this year, it has been beset by technical failures and inadequate staffing levels. People have been waiting hours to get connected—and more visits to A&E department have resulted. The service is

run by a mish-mash of private companies, local ambulance services (many now outsourced) and the former help-line, NHS Direct, which is split into nearly 50 different contracts.

Keogh also thinks GPs will be able to prevent people going to A&E, but Dr. Clare Gerada, chair of the Royal College of GPs, said, “Many of us are routinely working 11-hour days in surgery, carrying out as many as 60 patient contacts in a single day—this is not sustainable or safe for patients or GPs.”

It is clear the “Urgent and Emergency Care Review” is using the crisis in A&E as the pretext to further accelerate privatisation of the NHS, causing unimaginable misery to the working people who depend on these services.



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