Britain's "Healthier Together" sets agenda for health cuts in Manchester

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Restructuring plans for district general hospitals across Greater Manchester contained within the "Healthier Together" review are going through a three-month consultation process from July 8 to September 30.

"Healthier Together" is an agenda for cuts to the network of hospitals serving a population of 2.8 million people. It is the joint work of 12 local Clinical Commissioning Groups (CCG's), which replaced Primary Care Trusts nationally in 2013. They were handed a large chunk of the National Health Service budget, as well as ten local authorities across Greater Manchester.

Its Pre-Consultation Business Case states:

"In the light of future growth in demand and actual or relative reductions in budget, the current health and social care system is unaffordable. Current projections estimate a £742 million funding gap across Health and a further £333 million gap in social care, a total gap of more than £1 billion out of a current spend of £6 billion across GM.

"A radical change is required to deliver a reduction in demand for services…"

The central aim of the review is to replace the existing network of 12 district hospitals across Greater Manchester with a two-tier system in which only those defined as Specialist Hospitals will retain the full range of services currently provided. Those classified as local General Hospitals will be scaled back.

The review points to alarming examples of current failures, such as the fact that some of the sickest patients in need of emergency general surgery in Greater Manchester are twice as likely to die at some hospitals as compared to others, and that only one-third of hospitals can ensure that a consultant surgeon can operate on the sickest patients every time. It raises the shortage of clinicians and doctors, but does not address the underlying reason for this as it would require reversing the cuts.

Instead, what it advocates is reconfiguring the hospital system to accommodate the shortage of hospital staff and depleted resources. The basic assumption is that by concentrating specialists in fewer super-hospitals this will provide better care for the most complex and life threatening conditions. However, the outcome of such a reorganisation is that the most ill patients will have to travel greater distances to receive treatment in facilities which will be overwhelmed by demand.

Three hospitals have already been designated specialist hospitals, Manchester Royal Infirmary (MRI), Salford Royal Hospital and Royal Oldham Hospital. Another three have been downgraded to the status of local general hospitals, North Manchester General Hospital, Fairfield General Hospital (Bury) and Tameside General Hospital. Within the single-service model, two general hospitals will function as satellites of a specialist hospital—becoming essentially day surgery and outpatient hospitals.

The only "option" being made available to the public through the consultation process is to decide which hospitals are to have their services taken away, pitting one against another. Healthier Together presents eight options based upon a possibility of one or two additional district general hospitals being made Specialist Hospitals from of a total of four—Royal Bolton, Royal Albert Edward Infirmary (Wigan), Stepping Hill (Stockport) and Wythenshawe.

Rochdale Infirmary and Trafford General, both outside the scope of the review, had their Accident & Emergency (A&E) units downgraded despite local opposition. The downgrading of the A&E unit last

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November at Trafford General led to routine operations having to be cancelled at Wythenshawe Hospital because of the shortage of beds due to the volume of transferred A&E patients.

The assurances by Healthier Together that the review will not lead to any A&E units being closed are misleading. The new local general hospitals will only have a consultant on hand for 12 hours instead of the 16 hours per day of the specialist hospitals.

The removal of the full range of emergency treatment means that these will be A&E units in name only, while withdrawing emergency and high risk elective surgery will be the precursor of other services to follow.

The downgrading and closure of A&E units is being undertaken nationally. In November 2013, NHS Medical Director Bruce Keogh outlined plans to create a two-tier system of A&E units over the next five years, in which 70 A&E units will become Major Emergency Centres while the remaining 70-100 units will be downgraded to non-specialist Emergency Centres. The Urgent & Emergency Clinical Champion for Healthier Together, Dr. Darren Kilroy, has stated that the plans for Greater Manchester "echo" Keogh's recommendations.

In the south east Midlands a similar Healthier Together review is considering the prospect of downgrading A&E units in Bedford and Milton Keynes with a combined population of half a million people. This would leave the nearest available A&E departments in Kettering, Northampton or Luton and Dunstable—all located over 20 miles away. Even if one of the A&E units was to be retained, it would still mean patients being transferred 17 miles between the towns in a region experiencing one of the highest population growth rates in the UK.

The Manchester Healthier Together review asserts without any proof that as many as 40 percent of A&E visits are unnecessary and that attendees could have been treated by GPs or pharmacists. It does not explain how these services can be provided under conditions in which GP surgeries are notoriously overcrowded and booked out and walk-in centres have been closed. By claiming such widespread inappropriate use of A&E units, the authors of the review are merely seeking to browbeat the public and make them responsible for overstretched and underfunded resources.

Dr. Nick Flatt, a consultant anaesthetist at Royal Albert Edward Infirmary, Wigan, sent out a survey to all Greater Manchester hospital trusts who forwarded them to clinicians, of which 523 responded. The Healthier Together proposals enjoyed the support of only one-in-three clinicians, with 45 percent against and a further 25 percent undecided. As many as one in five believed they could result in hospital closures, Flatt told the *Manchester Evening News.* Labour MPs in those constituencies with district general hospitals under threat are seeking to distance themselves from the fallout of Healthier Together , calling for meetings with the Health Secretary Jeremy Hunt and seeking assurances over the future of individual hospitals. Labour MP Graham Stringer called for decisions to wait until after the general election next year, stating that "The NHS is at a crossroads and big decisions on national and local financing—as well competition and privatisation—will be taken by the party who wins the next election."

This is cold comfort. The Conservative Liberal Democrat government has taken major steps towards dismantling the NHS through the Health and Social Act, which included handing over the commissioning of health care to the CCG's who are enforcing the cuts and downgrading hospitals services while hiving off greater sections to for-profit companies. But the foundations for this were set by 13 years of a Labour government which enabled major inroads of the private sector into the NHS and initiated the £20 billion cuts now being implemented.

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