

# Many UK accident and emergency units closed or downgraded

Harvey Thompson, Barry Mason  
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Since 2010, over 60 towns and cities across England have had vital hospital services either closed down or downgraded (meaning extreme “rationalisation,” often linked to nearby closures).

The wrecking of Accident and Emergency (A&E) and maternity units has proceeded across all regions, with dozens more currently under threat with decisions pending.

A&E units downgraded since May 2010 include four in London: Queen Mary’s Hospital, Chase Farm, Hammersmith and Central Middlesex Hospital. A further two A&E units in London at Ealing London and Charing Cross are threatened with closure/downgrade.

The region of Greater Manchester, with a population of 2.7 million, has lost services with more closures and downgrades threatened. Rochdale Infirmary A&E was downgraded in 2011 and the closure of Trafford Hospital’s A&E was approved in 2013. Trafford Hospital was where the National Health Service (NHS) was founded in 1948.

North Manchester Hospital, Fairfield Hospital and Tameside Hospital could lose emergency surgery services. Another three of four hospitals—Wythenshawe in Manchester, Stepping Hill in Stockport, the Royal Bolton and the Royal Albert Edward Infirmary in Wigan—could also lose emergency surgery departments.

Every week brings news of more threatened hospital cuts and closures. Last week it was revealed that essential services (A&E, baby care unit, maternity and stroke unit) at the North Devon District Hospital could go. In response, more than 4,200 people signed a petition to the government demanding the protection of the services. The A&E unit at the North Devon District Hospital is some 50 miles from the units at the Royal Devon and Exeter Hospital or the hospital at Taunton. The petition notes, “This needs to be halted as this will

without doubt lead to deaths.”

The cases of the Calderdale Royal Hospital, in Halifax, and Huddersfield Royal Infirmary (HRI), both in West Yorkshire, are typical in terms of the impact of successive governments’ NHS privatisation policies and the strong opposition now developing.

In mid-January, the Calderdale and Huddersfield NHS Foundation Trust announced its plans to close the A&E department at the HRI in Huddersfield and concentrate A&E services in Halifax. Huddersfield is a concentrated urban area with a population of over 162,000; Halifax has a population of 95,000.

The proposals were marketed under the slogan “Right Care Right Time Right Place.”

On January 20, a panel meeting between the two clinical commissioning groups (CCGs) that cover Halifax and Huddersfield voted in favour of the proposal. CCGs were created under the Health and Social Care Act 2012 to speed up the privatisation process. Its members are drawn from local GP practices, and are responsible for commissioning health care services. They control around 60 percent of the total NHS budget.

Under the proposals, the current HRI building would be demolished, with a new “purpose built facility” constructed on the opposite side of the road. Both hospitals would have “urgent care centres,” but A&E would be concentrated at Halifax. The NHS Trust announced that following agreement of the two CCGs, there would be a 12-week consultation period beginning in February, and the trust would arrange meetings at which “members of the public will be invited to share their views.”

The January 20 meeting was informed of forecasts indicating Calderdale and Huddersfield NHS Foundation Trust would be £281 million in debt by

2020, but that by adopting the proposals to close the HRI A&E it would save £240 million.

Much of the accumulated debt is a result of the Private Finance Initiative (PFI) agreement used to build the current Halifax hospital. It was opened in 2001, but commissioned in 1998 under the auspices of the then Labour government of Tony Blair, which rapidly expanded the hospital building programme using PFI arrangements.

The new Halifax hospital, the Calderdale Royal Hospital, which was developed by the then Calderdale Healthcare Trust and private firm Catalyst Healthcare (Calderdale) plc, cost around £76 million to build. But the PFI will cost the present foundation hospital trust an astronomical £773 million over 60 years to finance.

In 2001, the Huddersfield and Halifax hospital trusts merged to form the current Calderdale and Huddersfield NHS Foundation Trust, which inherited the Halifax PFI debt burden. The decision to go for the closure of the Huddersfield A&E unit is related to the terms of the Calderdale Royal PFI agreement, which prohibits its sale or mothballing for another 42 years.

Following the announcement of proposals to close Huddersfield A&E, a local businessman, Karl Deitch, set up a Facebook page called “Let’s save Huddersfield A&E.” Within a few hours, more than 20,000 had signed up. This figure has more than doubled since, equivalent to almost a third of the entire town’s population.

Local MPs Barry Sheerman (Labour) and Jason McCartney (Conservative) also launched a petition campaign, which has been endorsed by the local *Huddersfield Examiner*, to get 100,000 names on the petition and prompt a nonbinding debate in Parliament.

A rally held in Huddersfield town centre January 23, organised by the Hands off HRI campaign, attracted around 1,000 people. The trade unions were conspicuous by their absence.

The political tone of the campaign was summed up by Deitch, who said, “We want as many people as possible to come down. ... It’s going to be a nice, calm rally ... It won’t be political—this is just about trying to save the A&E both here and in Calderdale ...”

In Lancashire, hundreds protested April 30 for the third week running to demand that Chorley Hospital’s A&E department be re-opened.

The Save Chorley Hospital group vowed to stage a

protest outside Chorley and South Ribble Hospital every Saturday until its A&E department reopens.

Lancashire Teaching Hospitals Trust announced three weeks ago that the department would be shutting from April 18 due to an acute staff shortage, particularly of junior doctors. Chorley Hospital has eight of the 14 doctors it needs and can therefore only staff less than half the hours required.

The downgrade means there is now an Urgent Care Centre, which cannot treat life-threatening conditions. The trust said there were “no other safe options” due to a shortage of doctors.

Ambulances will take emergency patients to other hospitals, including the Royal Preston Hospital, 14 miles away.

A parliamentary petition to keep the hospital’s A&E department open has since received over 18,000 signatures.

These myriad localised campaigns are an expression of the deep popular anger that exists in opposition to the destruction of the NHS. But as the junior doctors’ dispute demonstrates, left at this level and devoid of a political perspective on which to oppose the programme of the government, opposition will be suffocated by the trade unions and their allies in the Labour Party.

*For further information visit: [nhsfightback.org](http://nhsfightback.org)*



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