

UK: National Health Service cardiac units to be cut

Margot Miller
25 July 2016

In a major attack on the National Health Service, from April next year NHS England will no longer commission complex heart surgical procedures from three major hospitals. Non-surgical cardiac procedures will end at five other hospitals.

The axe will fall at the CHD (congenital heart disease) units at the Glenfield Hospital in Leicester, the Greater Manchester University Hospital NHS Trust and the Royal Brompton and Harefield Trust in London.

This will reduce the number of units in the country dealing with congenital heart disease—a condition that mainly affects children—from 13 to 10.

Only four units that deal with less invasive procedures will remain out of nine, with closures falling at Blackpool Teaching Hospital NHS Trusts, the University Hospital South Manchester, Papworth Hospital Cambridgeshire, Nottinghamshire University Hospitals Trusts and Imperial College Healthcare in London.

CHD affects nine out of every thousand children born in the UK, with conditions such as hole in the heart, narrowing of the aorta, restricted blood flow to the lungs and defects in heart valves. Four thousand such complex operations are performed a year. While the condition mainly affects children, some adults also require treatment.

The last attempt to cut these services collapsed three years ago amid lawsuits and judicial reviews, such was the outcry from hospital management, staff, parents and the public. NHS England, the body that oversees the budget, planning and day-to-day operation of the commissioning side of the NHS, as set out in the Health and Social Care Act 2012, was given the job of imposing the cuts.

In 2015, NHS England published new guidelines that CHD units had to meet in order for the organization to

continue commissioning their services. The new “standards” require each cardiac surgeon to perform 125 operations each year to remain sufficiently skilled, with each hospital team required to have at least four surgeons on the rota. Only two of the existing 13 CHD unit hospitals, the Birmingham Children’s Hospital and Great Ormond Street London, satisfy all the criteria.

Propagandising on behalf of the cuts, the right-wing *Daily Express* claimed the proposed closures were due to “concerns over standards of care.” It claimed the Manchester hospital does “not meet the standards and is assessed as not being able to in the foreseeable future,” due to having only one CHD surgeon. The *Telegraph* headlined its article, “One in three children’s heart surgery units to be cut due to safety fears,” while the BBC declared that the hospitals have been ordered to stop providing complex cardiac care “amid concerns over standards.”

NHS England standards are arbitrary and are being used to justify the closures. It admitted in its review that all the CHD units in England provided safe care and mortality rates were within acceptable limits. However, they claimed that some units saw too few cases to maintain standards! Surgeons could easily visit other hospitals to share expertise and maintain their skills.

NHS England presented the cuts as a positive “rationalization” that brings to a close a 15-year battle to centralize CHD services, following high death rates discovered at the Bristol Royal Infirmary (BRI) in the 1990s. Professor Ian Kennedy, chair of the public inquiry into the scandal at the BRI, stated, “[W]e have waited 15 years to arrive at a solution which delivers quality and consistency for current and future generations.”

What happened at the Bristol Hospital is an example

of how the NHS is first starved of funds, and then vilified when things go wrong to make way for privatization and more cuts under the pretext of rationalization.

In 1989, new consultant anaesthetist Stephen Bolsin, concerned about the high death rates of babies after surgery in the Bristol unit, embarked on a six-year comparative study that confirmed his fears. He eventually became a whistleblower.

The investigation into the scandal concluded that “in the period from 1991-1995 between 30 and 35 more children died after open heart surgery in the Bristol unit than might have been expected.”

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.

As a result of the inquiry, two doctors were struck off the medical register and one disciplined. For his pains, Dr. Stephen Bolsin was unable to work again in the UK and has since taken an appointment in Australia.

NHS England was immediately challenged over the decision to cut CHD services. John Adler, chief executive at the Glenfield, Leicester hospital, said, “Our most recent clinical outcomes place us alongside the best surgical centres in England.” He expressed his concern at the dire implications, stating, “It is not clear what will happen to around 300 staff who work at the unit if it closes or where patients will be treated.”

Chief Operating Officer Robert Craig, speaking for the Royal Brompton and Harefield Foundation Trust, condemned the threat of closure of “one of the largest and most successful centres in the country” as an “absurd approach.” He also pointed out that stopping CHD surgery at the hospital would put other ancillary services at risk, such as paediatric intensive care, respiratory care and other heart services.

Dr. Jonathan Fielden, the director of specialised commissioning at NHS England, dismissed the anxieties parents face, saying if they want high quality care, they will be prepared to travel for it.

Right-wing Blairite Labour MP for Leicester Liz

Kendall, who lost to Jeremy Corbyn in the 2015 Labour leadership contest, met the closures with a proposal to campaign to save the unit at Glenfield. As has been demonstrated countless times in the past, such localised campaigns only serve to pit hospital against hospital and NHS workers against each other.

By isolating workers on a hospital by hospital basis, the Labour Party and health trade unions paved the way for the closure of numerous NHS services over the last decade, including many Accident and Emergency departments. 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).

Junior doctors have rejected a union-backed attempt by the government to wind up their strike action and impose a new contract that will extend their hours and compromise patient safety. What is required is a coordinated response to defend all NHS Services. The defence of health care and every other basic social right can only be taken forward through a break from the unions and the Labour Party. Action committees must be formed by patients, hospital staff and the workers and youth whose lives and health are being jeopardised.

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