

UK: Dorset health services to be slashed to reduce deficit

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A major shakeup of National Health Service (NHS) facilities in Dorset, England is being planned in which two accident and emergency (A&E) units, a maternity unit, a children's ward and several community hospitals will be closed or downsized.

As is always the case with such cuts, the bitter pill is being sugar-coated by PR experts and presented as a golden opportunity to “deliver care closer to home,” “increase the number of people supported in the community as an alternative to major hospitals,” and “increase the range of services in the community.” The reorganisation is portrayed as fulfilling the Conservative government's pledge of providing “seven day services” in the NHS.

In a statement totally disconnected from the real world of austerity, budget cuts and privatisation, Dorset's Clinical Commissioning Group (CCG), one of 211 organisations responsible for organising the NHS in England, proclaims the proposed changes in its “Clinical Services Review” will ensure that the public will “continue to have high quality, safe and affordable care both now and in the future.”

What the CCG does not discuss is that the changes are driven by the government's policy of starving the NHS of funds in order to create favourable conditions for the privatisation of services. The 2010-2015 Conservative/Liberal-Democrat coalition granted the lowest ever funding increase for the NHS in its entire history, and imposed £20 billion in “efficiency savings” cuts.

The current Conservative government is demanding further cuts of £22 billion. As a result, one CCG after another is falling into deficit, with nine CCGs and five major hospital trusts recently forced by NHS bosses into “special measures,” under which they have to draw up an action plan to meet stringent budget targets.

Dorset CCG claims it is facing a £200 million deficit by 2021. Currently, it is seeking approval for its reactionary proposals, hatched behind closed doors over the past two years, from the Wessex Clinical Senate (a non-statutory advisory body

providing independent clinical advice for the Wessex area, including Dorset, Hampshire and the Isle of Wight) and from NHS England. Then the proposals will be put out for the obligatory, but bogus, “public consultation” exercise before the reorganisation begins in earnest next year.

The plans include:

- * The closure of three community hospitals—Alderney, Westhaven and St Leonards—and three others shut or downgraded to “community hubs” without beds to meet the CCG target of “7 strategically located sites with beds compared to 13 at present.”
- * The slimming down of A&E departments at Poole General Hospital and Dorset County Hospital in Dorchester and the concentration of A&E at Royal Bournemouth Hospital.
- * The possible closure of Paediatric and Neo-Natal care units at Poole General hospital as a result of the A&E downgrading.
- * The shutdown of St Mary's maternity unit in Poole.
- * The closure of the remaining day hospital and rehabilitation units at Christchurch hospital, which means that all wards, with the exception of the MacMillan cancer unit, will disappear.
- * A reduction in children's services in Dorset County Hospital with the threatened closure of Kingfisher ward and the Special Care Baby Unit. Stroke care and emergency surgery at the same hospital will be reduced from 24 hours to 14 hours a day.
- * Further privatisation of services, indicated by language such as “short-term beds in care homes could be used as an alternative to community hospitals in areas where the need is small,” and the recent closure of Ward 9 at Bournemouth Hospital, which had 35 beds, at the same time that beds available for private patients are increased.
- * Increased pressure on already struggling Mental Health Services, which has already included the 2013 closure of Kings

Park Hospital in Bournemouth with the loss of more than 40 beds, plus the elimination of day clinics and day hospitals that support individuals across the county. Recently shut down was the Chalbury unit in Weymouth, which looked after dementia patients with highly specialised needs.

* Making health workers redundant or redeployed to other places against their will under the “fit for the future” proposals.

On top of this are the disastrous implications of the threatened imposition by the Conservative government of an inferior contract on junior doctors. This is opposed by the doctors as being unsafe for patients and detrimental to pay, terms and conditions.

The closure or downgrading of community hospitals, which are often rehabilitation units closely integrated into their local communities, undermines the vital role they play in avoiding admissions to and facilitating early discharges from acute hospitals. The changes belie the CCG’s talk about “care closer to homes.”

The slashing of services at the already overwhelmed A&E departments in Poole and Dorset will put enormous pressures on the remaining one at Bournemouth, and cutting maternity units and children units will have a crippling effect on patient safety and care.

The concentration of services in the Bournemouth and Poole conurbation in the east of Dorset, home to 450,000 of the county’s 750,000 inhabitants, will involve longer journey times and inevitably lead to excessive deaths. People reliant on public transport are already facing difficulties, with many rural areas in the west having no proper services at all. This situation means that at some hospitals, staff are already unable to work early shifts or at weekend because of the lack of transport.

The CCG attempts to justify this “streamlining” on the grounds that well-resourced but fewer units would improve care and the longer ambulance transport times would be offset by the presence of trained professionals. However, in May, the South West Ambulance Trust, which operates across Dorset, was issued a Warning Notice by the Care Quality Commission for the inadequacy of its 111 call service and told to make “significant improvements to protect the safety of patients.”

The inspection found that “there were often not enough staff to take calls, or to give clinical advice when needed.” It added, “Staff reported working long hours, many feeling high levels of stress and fatigue. There was a high staff turnover and high sickness rates. Too many calls were abandoned, and patients were waiting too long for their calls to be answered and to be assessed, or to receive a callback with appropriate advice.”

Many clinicians are rightly outraged by the CCG plans, and the thousands of people who marched against the closure of the Kingfisher ward and Special Care Baby Unit at Dorset County Hospital this summer are just one expression of the opposition that is brewing.

Parliamentary petitions against the shutting of A&E departments have attracted nearly 50,000 signatures.

Dorset CCG is opposing criticisms of its proposals with the response that they are “the result of ongoing engagement with local clinicians” and the public during road shows.

The attack on health services in Dorset is not unique. CCGs across the country have started rationing vital services, including knee, cataract and hernia surgeries and IVF treatment, with the ultimate aim of expediting the privatisation process. The CCGs, with their control of £100 billion worth of NHS funding, are a goldmine waiting to be plundered.

According to a report published by the Unite trade union last year, more than a quarter of the 3,392 CCG board members have links to a private company involved in health care, including 513 company directors and 140 business owners.

Although Unite publishes such incriminating information about the destruction of the NHS, it, along with Unison, the largest public sector union, GBM and Royal College of Nursing are doing nothing to oppose the attacks on health services in Dorset. Given their record, there is no doubt that they will work to sabotage any struggles that erupt in opposition to the slashing of services in order to steer them into safe channels and not challenge the capitalist profit system that is responsible for these attacks.

Workers in the health service, in alliance with those relying on these critical services, must prevent this by mobilising independently of the unions and forming committees of action.

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