

# UK: Further National Health Service hospital closures and cuts to be imposed

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National Health Service (NHS) chiefs are drawing up plans to close hospitals and slash many services in England, in response to the £30 billion funding deficit projected by the year 2020-21.

An investigation by the *Guardian* and the 38 Degrees online campaign group declared that “quietly” behind the backs of the public, NHS management will begin to implement drastic cuts as early as next month.

To facilitate these closures and cuts, NHS England has divided England into 44 areas, each of which has to submit cost cutting Sustainability and Transformation Plans (STPs) that cover England.

In July, every hospital trust was sent a letter by Bob Alexander, director of resources at NHS Improvement, the health services’ financial monitoring department. This instructed trusts to identify departments, with a deadline of July 31, which could be “re-provided” by other institutions. The submitted plans must include a list of services that are “not clinically and financially sustainable”. A department being “re-provided” is a euphemism for its privatisation.

STPs were first announced in NHS planning guidance published in December. They flow from the NHS “efficiency savings” of £22 billion demanded by former Conservative Chancellor George Osborne, as critical to cutting the national budget deficit. The rest of the deficit was to be covered by £8 billion from the government, but half of this would be diverted from other vital areas of public spending. These cuts follow the £15 billion in NHS cuts already carried out between 2010-2015.

38 Degrees has obtained information from some of the STPs that outline in detail how the cuts will be met. Among these are plans to reduce the number of hospitals in the East Midlands, which includes Leicester, Leicestershire and Rutland, from three to two.

In West Yorkshire, there are proposals to close the equivalent of five wards in the Leeds Teaching Hospitals

Trust and a “major reconfiguration” of frontline NHS services in Wakefield, North Kirklees, Calderdale and Huddersfield.

In the West Midlands region there are plans for major changes to frontline services at Midland Metropolitan Hospital, including the closure of the hospital’s Accident and Emergency (A&E) unit and the closure of two District General Hospitals as part of a planned merger.

Two local authorities in London, Hammersmith and Fulham and Ealing, have reportedly refused to sign up to the draft plans because of concerns about cuts to local hospitals. Council leaders in the authorities, according to the *Guardian*, claim they were pressured to sign up without having the chance to read the documents outlining where the cuts would fall. Residents fear that Ealing and Charing Cross hospitals could be downgraded and lose their A&E units and other vital services.

A&E and maternity units are particularly vulnerable, as these are seen by NHS administrators as services in which immediate savings can be made.

This year has seen the NHS accumulate a £2.5 billion deficit, the largest aggregate deficit in its history. A number of NHS trusts fear that consequently the health service is at the breaking point.

Chris Hopson, the chief executive of NHS Providers, which represents trusts, said, “Our guys are saying to us we’re really struggling to make this work at the moment and we can’t see ... how can we do it in a year of 1.3% and 0.4% [NHS budget] increases? Either put more money in or ... we’ve got to make a conscious decision of what we’re going to deliver as a result”, he said, adding, “We simply can’t go on doing everything we’re being asked to do”.

A recent House of Commons Select Committee report, which found the NHS in a state of near collapse, hinted that in the future patients might have to pay for services.

Stephen Dalton, chief executive of the NHS

Confederation, the membership body for organisations that commission and provide NHS services, attempted to sugarcoat these further moves towards privatisation. “These local plans are being made when funding is very tight but they are not about cuts”, he claimed. “They are about modernising services to match people’s changing care needs”.

The Five Year Forward View strategy document published by NHS England in 2014 outlined projected savings to deal with a looming £30 billion deficit. It put forward improved preventative medicine as a means to achieve savings, despite the fact that the preventative medicine budget is being cut by nearly £500 million to £3 billion by 2020-21.

Health Select Committee chair, Conservative MP Sarah Wollaston, noted that money to implement the Five Year Strategy was increasingly finding its way into the hands of private care providers.

“The trouble is”, she said, “the money that was put into this so-called sustainability and transformation programme is mostly being sucked into plugging the provider deficits, and relatively a very, very small amount of it is left for the so-called transformation—that’s to say, investing in new premises in the community that allow you to make those change”.

The reality is that the provider deficits Wollaston is speaking about are due to the myriad of private health care companies the NHS is increasingly forced to rely upon. One of these private companies, Virgin Care, “Provides over 230 services to the NHS”, according to its web site. Care UK, another private provider, now receives over £350 million income per year from the NHS and Circle, which is now targeting large community care contracts, and in 2014 won a contract to run musculoskeletal services in Bedfordshire.

A spokeswoman for NHS England said, “It is hardly a secret that the NHS is looking to make major efficiencies and the best way of doing so is for local doctors, hospitals and councils to work together to decide the way forward in consultation with local communities”.

Talk of consultation is bluff. As already disclosed, devastating cuts will be implemented as early as October and only consulted on later. In virtually every instance of proposed closures, the so-called public consultation is a paper exercise. Since 2010, over 60 towns and cities across England have had vital hospital services either closed down or “downgraded” (meaning extreme “rationalisation”, and often linked to nearby closures).

Moreover, NHS services are already being forced to

close due to staffing shortages. Last month County Hospital in Stafford suspended A&E services for under-18s, with the Trust running the hospital explaining this was due to a lack of “professionally trained and experienced staff”.

Another hospital, Fairfield General in Bury, Greater Manchester was forced to request ambulances take children elsewhere, after inspectors found no paediatric doctors at the unit. NHS A&E services in Grantham in Lincolnshire and Chorley in Lancashire have also been restricted due to staff shortages.

Growing concern about hospital closures was voiced by Chris Ham, chief executive of the Kings Fund charity, who said, “There are concerns that some areas are focusing on plans to reorganise acute hospital services, despite evidence that major reconfigurations of hospital services rarely save money and do not necessarily improve care”.

According to Denis Campbell, health editor of the *Guardian*, “NHS England advised the boards of acute hospital trusts to discuss the plans in the private session of their monthly meetings”. He adds, “That deliberate hiding from public view of plans for significant changes to how and where patients are cared for is now over, earlier than NHS England planned. The public debate about what NHS services need to look like in order for the country’s most cherished institution to survive is now under way, and not before time”.

This standpoint exposes the *Guardian’s* claim to be working to report the closure plans more fully. Under the guise of a “public debate”, a narrative is being developed to justify the wholesale restructuring of the NHS demanded by the ruling elite.

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