

# British Clinical Commissioning Group to slash health services in Dorset

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Disregarding the wider opposition to slashing of health services in the southern English county of Dorset, the Clinical Commissioning Group (CCG) has announced adamantly it will implement its initial proposals with only a few changes.

The heads of Dorset CCG took their decision at a meeting in Dorchester last month, as angry protesters demonstrated outside.

The CCG claim that their aim is to deliver sustainable and affordable “care closer to home.” The truth is that their main aim in attacking services is cutting a deficit which would amount to £158 million by 2021 and to encourage the private sector to step into the massive gaps in patient care created by slashing existing services in the county.

All three major hospitals in the county have already set up private patient care units and are encouraging those who have money and insurance to jump queues and access private treatment.

Earlier this year, under a Clinical Service Review (CSR), Dorset CCG unveiled their plans to overhaul National Health Service (NHS) facilities in the county. As part of this, they held a bogus, but obligatory, consultation.

This process is part of the Conservative government’s strategy to squeeze another £26 billion of “efficiency” savings from the NHS budget under their Sustainability and Transformation Plan (STP). The STPs divide England health services into 44 regions to achieve this target and accelerate the privatisation of the NHS at the expense of patient care services.

As a result of the plan, Dorset’s population of 765,680 will lose St. Leonards, Alderney and Westhaven community hospitals and the Accident and Emergency unit and maternity unit in Poole General Hospital.

The Royal Bournemouth Hospital, situated in east Dorset, is to become the Major Emergency Hospital while Poole General Hospital will be turned into a major planned care hospital. The changes mean that many people in the Poole conurbation will face increased travel times to reach the emergency unit in Bournemouth.

The CCG claims that increased travel times are safe, without any evidence to substantiate their claim.

Many community hospitals, which function as patient rehabilitation units, and act as a buffer for the ongoing available beds crisis in acute hospitals, will be turned into hubs with or without beds. The consequences of the closure of community beds are enormous, as Tory-led fund cuts to local authorities are already having a crippling effect on social care.

The Kingfisher children care unit and the Accident and Emergency unit in Dorset County Hospital in Dorchester, which faced being downsizing by the CSR proposal, have been reprieved. However, the CCG governing body is seeking to merge maternity and paediatric services in the hospital with the Yeovil District Hospital which operates under Somerset CCG.

Yet again, a fraudulent consultation—with evidence showing that any opposition to their unpopular plans will be disregarded—is being organised by Dorset CCG. It stated that the “proposed changes to services in either hospital would be subject to further local public consultation by both Dorset and Somerset CCGs as appropriate.”

Dorset CCG has decided to maintain a community hub with beds in Shaftesbury Hospital, which was earmarked for closure in the CSR. However, this is only “until a sustainable model for future services based on the health and care needs of this locality is established, possibly at a different site to the existing hospital.”

It proclaimed, “before making final decisions, the Governing Body considered recommendations and feedback from clinicians, the public and local organisations.”

This is a barefaced lie.

More than 75,000 people signed petitions against the CSR, with many thousands across the county participating in protest marches, meetings and gatherings held in Dorchester, Poole and Bournemouth. Many health workers, including clinicians, took part in the protests. Only a handful of well-paid or CCG-hired clinicians worked as mouthpieces of the CSR.

Many emergency consultants, acute medicine consultants, obstetricians and gynaecologists, gynaecological oncologists, senior midwives and consultant anaesthetists opposed the proposals.

In a written submission to the CCG consultation, emergency consultants and consultants in Acute Medicine at Poole Hospital pointed out that a single site model for emergency care “will create an emergency workload of patients that cannot be managed safely or efficiently.” They proposed to have the “two emergency departments in east Dorset [Poole and Bournemouth]” until the community services and primary care can reduce admissions by 25 percent.

During the public consultation held between December 2016 and February 2017, more than 18,500 people gave their views. The majority raised concerns about lengthy travel times between hospitals if they were to lose nearby hospitals.

The CCG’s slogan of delivering “care closer to home” is a fraud.

In January, the CCG disbanded the Bournemouth’s community palliative care services and redeployed the staff in busy district nursing services. In March, they withdrew the funds for community rehabilitation assistants employed by Bournemouth Borough Council, and who worked for Bournemouth Intermediate Care Service (BICS). This was run by the Dorset Health Care University NHS Foundation Trust.

From last month, functioning daytime hours of Intermediate Care Services were reduced by 1-2 hours, with the aim of cutting down enhancement payments of workers without increasing night services. Many vulnerable patients in the community who relied on the support from intermediate care services to go to bed, to prepare their evening meals or to have their medicines taken are left without care as a result. These services play a vital role in the community in avoiding hospital admissions, rehabilitation and in facilitating discharges from acute hospitals.

Even more attacks are being readied. In its separate Primary Care Commissioning Strategy, the Dorset CCG has devised a draconian plan to shut down two dozen GP surgeries across the county.

What is happening in Dorset is replicated nationally.

The combined deficit of NHS trusts in England has reached more than £2.5 billion as result of the lowest ever funding increase for the NHS over the last seven years. Many STPs are setting up their own plans to cut deficits at the expense of patient care and vital services. There are numerous reports on rationing of vital services by the CCGs across the country.

The scale of attacks on the NHS being imposed is highly detrimental to patient care and safety.

One in six of the UK’s 175 A&E (Accident and Emergency) units face closure or downgrade in the next four years.

Over the last period, 66 Accident and Emergency/Maternity units and 14,966 NHS beds have already closed. Nineteen more hospitals and 51 more NHS walk-in centres are to close.

Larger STPs are now turning themselves to Accountable Care Systems (ACS), which would allow commissioners and providers to bypass tendering and competition rules.

ACS or ACO (Accountable Care Organisations) are vehicles for accelerating the privatisation and introduction of an insurance-based system like in the US. Dorset is one of the first eight ACSs launched.

NHS England announced that “national bodies will provide these areas with more freedom to make decisions over how the health system in their area operates.”

Nottinghamshire and Nottingham STP, that aims to save £628 million by 2021, has already handed over a £2.7 million contract to private firm Capita to develop them into an ACS. Centene UK, which is part of the major US private healthcare insurer, Centene Corporation, has been given large part of the contract by Capita to draw up the plan for ACS.

This summer, NHS England chief Simon Stevens cynically claimed that ACSs would provide “better joined up services in place of what has often been a fragmented system that passes people from pillar to post.” But he did not explain how the NHS, which was named as the best value for money health system in the developed world by the Common Wealth Forum a few years ago, became fragmented.

NHS was deliberately starved of funds and fragmented as a critical means to achieve the ultimate aim of the ruling elite: to privatise the NHS and turn it into a profitmaking business.



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