

# Scrapping of the ambulance car in Dorset as NHS services slashed across UK

Rory Woods  
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Dorset Clinical Commissioning Group's (CCG) decision to remove the ambulance car in Purbeck peninsula reveals the callous indifference of health authorities to the lives of patients.

The privatization of the National Health Service (NHS) and slashing of vitally needed health provision has leapt during the pandemic as the Conservative government, using its emergency coronavirus legislative powers, dispensed with nominal consultative processes, competitive tendering and public scrutiny.

People living on the Isle of Purbeck in Dorset, located on England's south coast, were told last year that their ambulance car was going to be scrapped. The paramedic car, along with a trained crew, was introduced in 2008 following the closure of the minor injuries unit in Swanage, Purbeck's main town.

The service is provided by the South Western Ambulance Service Foundation Trust (SWAST) in collaboration with Dorset CCG. The purpose of the service was to reach remote areas quickly, carry out initial assessment of patients, and attend time critical calls promptly. Those attending could then seek further assistance from a ground or air paramedic crew to avoid unnecessary deaths and suffering.

Removal of this vital service will have catastrophic consequences for patients who will have to wait longer to access ambulance services. More than 45,000 people live in the area and each year three million tourists visit the Isle of Purbeck.

A freedom of information request submitted by the Defend Dorset NHS group found that there were 996 callouts, with the majority dealt with by 999 emergency calls in 2019. A significant number of patients called emergency services with life threatening conditions like heart attacks.

The imminent withdrawal of the ambulance car from Purbeck is all the more criminal as the emergency department, paediatric services, maternity and emergency stroke services in the relatively closer Poole General Hospital are being shut down. Patients in remote villages in Purbeck will have to be transported nearly 30 miles to access

these crucial services either at The Dorset County Hospital in Dorchester or The Royal Bournemouth Hospital (RBH) in Bournemouth. Longer journeys to access emergency care and treatment will inevitably lead to excess deaths.

Residents opposing the removal of the ambulance rapid response service have gathered nearly 8,000 signatures.

The Dorset CCG and the SWAST issued a joint statement to placate opposition, claiming, "No changes will be made to the existing service until we've had the opportunity to engage and work with local stakeholders and representatives."

This is part of an ongoing slashing of services in the county. In 2016, the Dorset CCG launched the Clinical Service Review (CSR) to streamline, i.e., reduce services.

CCGs across the country have been forced to make massive savings through rationing and slashing services, while Tory-led governments kept yearly funding increases for the NHS at historically low levels over the last decade. Dorset CCG forecasted a £19.3 million budget deficit in July 2020.

Embarking on the CSR, Dorset CCG claimed that their aim was to deliver "care closer to home." Well paid PR experts for the CCG presented this as a golden opportunity to "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 CCG's claimed during the CSR consultation that longer ambulance transport times would be offset by the presence of trained professionals. The real objective of the CSR, however, was not only to cover a £158 million budget shortfall in the CCG created by years of underfunding but to accelerate the privatisation process. All three major hospitals in the county set up private patient units, creating a two-tier system with preferential treatment.

As a result of the CCGs plan, Dorset's population of 765,680 have already lost St. Leonards Community Hospital and two other community hospitals, Alderney and Westhaven, are earmarked for closure.

The Royal Bournemouth Hospital (RBH), in east Dorset, is

to become the Major Emergency Hospital while Poole General Hospital (PGH) will be turned into a major planned care hospital. These two hospitals merged last October to become University Hospitals Dorset. The changes mean that many people in the Poole conurbation will face increased travel times to reach the emergency services and treatment in Bournemouth.

The pandemic has proved that the destruction of NHS services costs lives. Health workers of RBH and PGH who spoke out during the first and second surge of COVID-19 cases pointed out the perilous conditions facing health workers and the terrible impact on patients due to the rundown of services.

Nationally, over the last decade dozens of Accident and Emergency (A&E) units, NHS walk in centres, sexual health clinics, mental health facilities and GP surgeries were downsized or totally shut down. Substantial parts of NHS provision have been handed over to private companies such as Virgin Healthcare, Circle and Serco who are piling up profits.

NHS Trust leaders, with the blessings of the government, carried out temporary closures or downsizing of A&E departments, Intensive Care Units, paediatric wards and community hospitals during the pandemic. Many such shutdowns and downsizing will be made permanent.

Using the pretext of maintaining a COVID-free hospital, United Lincolnshire Hospitals Trust (ULHT) dress rehearsed its previous long hatched plan to downsize its A&E unit at Grantham Hospital in Lincolnshire last summer. ULHT indicated that they would “restore” the services at the Grantham hospital. Campaigners opposed to the plans have raised concern that the A&E department will not be fully restored and that the “restoration plan” includes a reduction of medical beds.

Lancashire Teaching Hospitals NHS Foundation Trust (LTH) closed the doors of Chorley and South Ribble Hospital’s part time A&E department at the end of March 2020. Well before the pandemic broke out, the CCG planned to convert the Chorley A&E into an urgent treatment centre which can treat minor cases like boils and grazes. In April 2016, the 24-hour department closed due to staff shortages. It was only reopened in January 2017 as a 12-hour service.

In March 2020, Birmingham and Solihull CCG announced the temporary closure of the Children’s A&E at Good Hope Hospital.

During the first wave of the pandemic, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) in London closed the children’s ward at King George Hospital saying that the measure was temporary.

In May last year, Leicestershire Partnership Trust shut down its Lutterworth Community Hospital saying it could

not maintain a COVID secure environment. Over the last five years, the closure of hospital was prevented as people in the area fought against it.

These cuts are the tip of an iceberg. In March, documents accompany the budget revealed a planned cut of £30 billion in day-to-day in health and social care spending from April this year. Spending will fall from £199.2 billion to £169.1 billion. This is under conditions in which an estimated 4.7 million people were waiting for routine operations and procedures in England in February, the most since 2007.

The White Paper launched by Health Secretary Matt Hancock in February is based on an “overhaul” of the NHS to streamline privatisation.

All experiences over the last decade shows that health workers and the wider public who are confronted with escalating attacks on the pay, terms and conditions and loss of vital health services cannot rely on the pro-capitalist trade unions and Labour Party to defend them.

To successfully oppose the onslaught of the ruling elite, the working class needs fighting organisations. The Socialist Equality Party established the NHS FightBack campaign, which calls for the creation of rank-and-file safety committees of healthcare workers, to fight for better pay, terms, and conditions, and to safeguard health and safety at work. These committees must take up a political struggle to secure the resources needed for a fully funded and resourced health care system as part of the fight for a workers government based on a socialist programme.

*For further information visit NHS FightBack*



To contact the WSWS and the  
Socialist Equality Party visit:

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