

June 20th 2013

# Deadline for Hospital Changes

Delayed proposals to reduce hospital services in Greater Manchester must be made public by December 16. The deadline was disclosed during a recent meeting of Stockport NHS's Clinical Commissioning Group.

CCGs in Greater Manchester are still trying to agree the proposals which should have been announced earlier this year by the CCGs' predecessors - the local Primary Care Trusts which retired on April 1. The CCGs this month moved to delegate decisions to a joint committee.

When the plan is published, a phase of formal consultation will begin. Some unions and NHS campaigners have been voicing opposition to likely proposals for a year.

The NHS in Greater Manchester began to prepare the public and staff for changes to hospitals by launching its Healthier Together review in February last year. A review document argued that the current pattern of NHS services in Greater Manchester was outdated and not fit for purpose.

At the time an article in the well informed Health Service Journal said the NHS in Greater Manchester was aiming for a reduction in full-blown A&E departments; the transfer of much hospital work to GP and community services; and concentrating particular surgical specialties at fewer hospitals.

The Greater Manchester strategy for change is not unique. Known as "reconfiguration", it is being spread across England at the instigation of the NHS nationally.

## Shrinking budgets

There is some consensus in the medical profession and among administrators about two key ideas: treating patients more effectively in the community before they reach the stage of needing hospital treatment; and concentrating some hospital services in "centres of excellence". Recently published national statistics about increased death rates at hospital at weekends dramatise the case for fewer, better staffed departments. But such worthy propositions are contaminated by a non-medical driver for change: the need to achieve centrally dictated cuts in NHS costs, mainly through cuts in hospital beds and jobs.

Admitting that saving money is a key aim, Greater Manchester NHS says: "Without the Healthier Together programme difficult decisions about the future of local services will have to be made in a piecemeal, uncoordinated way, locality by locality."

Greater Manchester has to achieve £1.3 billion of the £20 billion total savings that the NHS in England must make by 2015. At the same time demand for treatment at GPs' surgeries and A&E departments has been rising sharply.

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NHS leaders argue that they will be making smart changes – ones that improve patients' treatment while cutting costs. They have experience of a previous round of reconfiguration in Greater Manchester, completed last year, in which maternity units in the conurbation were cut from 12 to eight. But this time around, money is much tighter. Some hospitals are already in a precarious financial situation.

When Healthier Together was launched, the most controversial element appeared to be a threat to some A&E departments. A start has already been made outside the Healthier Together framework. Last year as part of a nationwide initiative, treatment of A&E patients with life-threatening injuries ("major trauma") was concentrated in only three out of eleven emergency departments in Greater Manchester. A further three, including Stepping Hill were designated as back up for major trauma. This leaves five A&E departments which are rumoured to be under threat of closure or downgrading.

Concentrating major trauma work has been promoted as a lifesaver. Similar bold claims will be made for the next stage of reconfiguration. At the same time reduced hospital beds and provision of some services raises concerns about the overall effect of the changes on patients.