Cameron’s betrayal on the NHS
David Cameron’s broken NHS promises

Introduction

Before the general election David Cameron said he could be trusted with our NHS. He said he would protect the frontline at all costs.

But we now know that was not true.

When he still needed your vote, David Cameron promised no more top-down reorganisations of the health service, and he wrote that pledge into the Coalition Agreement in black and white.

But he did not stand by his promise. As soon as David Cameron got into Government he launched the biggest top-down reorganisation in the history of the NHS. Independent estimates put the cost of this wasteful exercise at up to three billion pounds.

He did not keep his promise to protect the frontline either. He has laid off more than four thousand nurses since he got into Downing Street. And thousands more are set to lose their jobs in the coming years.

Before the election, David Cameron visited hospitals up and down the country promising not to close services. When he needed your vote that’s what he told you. But now services he pledged to keep open are set to shut down.

The NHS was created in Britain. It is something to be proud of, to protect. A service that should be there for all of us when we need it. And it is under threat.

Waiting times are going up whilst nurses are laid off.

And the promises David Cameron made to get elected are being broken one after another.
Broken Promise 1: No more top-down NHS reorganisations

• **Promise made:** Before the election David Cameron repeatedly promised that there would be no more top down reorganisations of the NHS. This was repeated in the Coalition Agreement.

  "So I make this commitment to the NHS and all who work in it. No more pointless reorganisations."
  *David Cameron, speech to Conservative Party conference, 4 October 2006*

  "The NHS needs no more pointless organisational upheaval. It needs no more top-down reorganisations."
  *Andrew Lansley, Conservative Party press release, 11 July 2007*

  "But first I want to tell you what we’re not going to do. There will be no more of those pointless re-organisations that aim for change but instead bring chaos."
  *David Cameron, speech to the Royal College of Nursing, 11 May 2009*

  "With the Conservatives there will be no more of the tiresome, meddlesome, top-down re-structures that have dominated the last decade of the NHS."
  *David Cameron, speech at the Royal College of Pathologists, 2 November 2009*

  "We will stop the top-down reorganisations of the NHS that have got in the way of patient care."
  *Coalition Agreement, 20 May 2010, p. 24*

• **Promise broken:** Despite opposition from health professionals, patients and the public, the Tory-led Government have imposed the biggest top-down reorganisation in NHS history.

• **One by one, professional bodies, Royal Colleges and patient organisations came out against the Health and Social Care Bill warning of the danger it posed to the NHS.**

  "the level of complexity and bureaucracy in the new NHS will be huge. It would be better to withdraw the Bill altogether and come up with a new plan – one that will actually improve care and make the NHS more efficient."

• David Cameron’s Health and Social Care Act is three-and-half times longer than the Act that set up the NHS in the first place. It introduces new layers of complexity and bureaucracy to the NHS.

• This reorganisation is wasting money which could be spent on the frontline. According to independent estimates, up to £3 billion is being spent on the top-down reorganisation. £169 million has already been spent on making staff redundant, with this figure set to rise to £852 million in the years to come.
Broken Promise 2: Protecting the frontline

• **Promise made**: David Cameron promised "I'll cut the deficit, not the NHS".

![Conservative election poster, January 2010](image)

• **Promise broken**: Official Treasury figures show that the Tory-led Government cut spending on the NHS in its first year. Spending on the NHS was cut in real terms from £102,751 million in 2009-10 to £101,985 million in 2010-11.4

• In last month’s Budget, David Cameron and George Osborne raided £500 million from the NHS budget,5 taking money away from patient care.

• Since the election over 4,000 nursing posts have been cut, and research by the Royal College of Nursing suggests the NHS is set to lose thousands more.6 Labour analysis suggests 6,000 could be lost by the next General Election.
Broken Promise 3: A&E and maternity services

- **Promise made:** David Cameron said hospital closures would be a key battleground for the election, promising a “bare-knuckle fight” with Gordon Brown.

  Mr Cameron said the downgrading of services at district hospitals would be a key battleground at the next general election.
  “I can promise what I’ve called a bare-knuckle fight with the government over the future of district general hospitals.
  “We believe in them, we want to save them and we want them enhanced, and we will fight the government all the way.”
  *BBC News, 21 August 2007*

- Launching his “bare-knuckle fight”, the Tories published a list of 29 hospitals where they claimed that Accident & Emergency and maternity services were at risk of being closed.7 The Conservative manifesto pledged to stop the closure of A&E and maternity wards.

  “We will stop the centrally dictated closure of A&E and maternity wards, so that people have better access to local services, and give mothers real choice over where to have their baby, with NHS funding following their decisions.”
  *Conservative Party manifesto, April 2010, p. 47*

- In 2007, David Cameron put Chase Farm Hospital in Enfield at the centre of his campaign to stop hospital closures and included it on the list of 29 hospitals at risk. He visited the hospital and posed for photos promising to stop the cuts and closures there, saying “if you call an election on November 1 we’ll stop the closure of services at this hospital on November 2”8. In May 2010 the Government announced that “a moratorium is in place for future and on-going reconfiguration proposals.”9

  ![David Cameron with David Burrowes MP campaigning to stop cuts and closures at Chase Farm Hospital, 4 October 2007,](http://www.flickr.com/photos/southgateconservatives/3192489272/in/set-72157612495238996)
• **Promise broken**: In September 2011, Andrew Lansley approved the downgrade and closure of services at Chase Farm Hospital - which David Cameron had visited and personally pledged to protect.\(^{10}\)

• Queen Elizabeth II Hospital (QEII), Welwyn Garden City: The QEII was a hospital that was one the 29 identified by David Cameron as having both A&E and maternity services at risk. Despite this being part of David Cameron’s “bare-knuckle fight” he failed to stop the downgrade of A&E\(^{11}\) and the closure of maternity\(^{12}\) at the QEII.

• University Hospital Hartlepool: Again, this hospital was also one that David Cameron identified as having its A&E at risk and made part of his “bare-knuckle fight”. Yet despite this, Hartlepool’s Accident and Emergency Department closed on 2 August 2011.\(^{13}\)

• David Cameron’s moratorium was further been exposed as a sham when it was revealed that the Government didn’t even know which hospitals were covered by it or the outcome of any the planned reconfigurations.\(^{14}\)

• Since May 2010, the Government have taken a number of decisions that will lead to hospitals losing their Accident & Emergency Departments and maternity wards. More recently, there are reports that “A string of accident and emergency units are set to close in an NHS shake-up that will see some major London hospitals severely downgraded in status.”\(^{15}\)

• Maidstone provides a further example of a hospital facing closure of services under the Tories. In November 2010, Andrew Lansley described the decision he needs to make about whether to close maternity services at Maidstone Hospital as “not easy”.\(^{16}\) The following month Andrew Lansley confirmed that the centralisation of services in Kent will go ahead leading the closure of maternity services at Maidstone Hospital.\(^{17}\)
Broken Promise 4: 3,000 more midwives

• **Promise made:** In January 2010, David Cameron told the Sun newspaper, “We will increase the number of midwives by 3,000”.

  "Second, we are going to make our midwives' lives a lot easier. They are crucial to making a mum's experience of birth as good as it can possibly be, but today they are overworked and demoralised. So we will increase the number of midwives by 3,000"
  *David Cameron, The Sun, 21 January 2010*

• **Promise broken:** In November 2010, Cathy Warwick, General Secretary of the Royal College of Midwives, said “We've now had a meeting with Andrew Lansley the Secretary of State for Health and they are clearly not prepared to fulfil that commitment.” A Conservative Party spokesman confirmed that the pledge would not be met.¹⁸

• Since David Cameron broke his promise, the Royal College of Midwives have warned that “parts of England are facing a dangerous shortage of midwives.”¹⁹ Figures from the RCM showed that the East Midlands and East of England needed 41 per cent more midwives and the South East needed 1,015 more midwives. The RCM state that 4,700 more midwives will be needed across England to keep up with added pressures.²⁰
**Broken Promise 5: Keeping waiting times down**

- **Promise made**: David Cameron promised in June 2011 that NHS waiting times would be kept down.

  “Waiting times really matter.
  "If your mum or dad needs an operation, you want it done quickly and effectively.
  "I refuse to go back to the days when people had to wait for hours on end to be seen in A&E, or months and months to have surgery done.
  "So let me be absolutely clear: we won’t.”
  David Cameron, speech on the future of the NHS, 7 June 2011

- **Promise broken**: In February 2012, David Flory, Deputy NHS Chief Executive, wrote to senior NHS managers warning that 47 Commissioners and 30 Trusts had missed the standard that 90 per cent of admitted patients should be treated within 18 weeks. He said that “It is unacceptable for performance to fall below the expected standards”\(^{(21)}\) and that “too many patients are still being reported to be waiting a long time”\(^{(22)}\) especially those waiting longer than a year for treatment.

  The latest official figures show that in January 2012, 25,823 patients waited longer than 18 weeks for treatment, this is 25 per cent more than in May 2010. The figures also show that in January 2012, 32 Trusts failed to meet the 90 per-cent target to treat patients within 18 weeks.\(^{(23)}\)

  More people are also waiting longer in Accident & Emergency departments. Shortly after taking office, Andrew Lansley downgraded the standard that the NHS should see 98% of A&E patients within four hours to 95 per cent.\(^{(24)}\) Despite the watering down of Labour’s targets to protect patients, the most recent figures show that major A&E units have missed even that weaker waiting time target for thirteen weeks out of the last fifteen.\(^{(25)}\)

  Latest figures also show that the number of cancelled urgent operations has increased by 42 per cent between February 2011 and February 2012.\(^{(26)}\)
**Broken Promise 6: Cutting NHS bureaucracy**

- **Promise made:** The Conservatives promised that they would cut bureaucracy in the NHS.

  "We will decentralise power, so that patients have a real choice. We will make doctors and nurses accountable to patients, not to endless layers of bureaucracy and management."

  *Conservative Party manifesto, April 2010, p. 45*

- **Promise broken:** The Health and Social Care Act introduce new layers of bureaucracy into the NHS. New quangos created by the Tories include: Public Health England, Health Education England, Clinical Commissioning Groups, National Commissioning Board, SHA Clusters, PCT Clusters, Healthwatch England, NHS Property Services and Commissioning Support Services. According to the Royal College of GPs, the reorganisation moves the NHS from having 163 statutory organisations to 521.27

- The NHS Confederation has said that the Government’s proposed new NHS structure is “more complex” and “could potentially lead to paralysis in the system”. And following Royal Assent, NHS Confederation chief executive Mike Farrar said, “We have to find our way through the considerable confusion and complexity that has been handed to us as we build and stress-test the new NHS system.”28
On the basis of the National Audit Office’s survey data, I estimate that the proposed NHS reorganisation will cost between £2bn and £3bn to implement, at a time of unprecedented financial austerity.  

Professor Kieran Walsh, BMJ, 16 July 2010, http://www.bmj.com/content/341/bmj.c3843.full

Andy Burnham: To ask the Secretary of State for Health what the cost to the public purse was of staff redundancies in each primary care trust area since April 2010. [95613]

Mr Simon Burns: The information is not collected in the format requested. The total resource cost of exit packages for primary care trust (PCT) staff leaving their organisation in 2010-11 was £168.7 million. A table breaking down this cost for each PCT has been placed in the Library. The total value of £168.7 million includes £60 million for compulsory redundancies and £108.7 million for other departures. The figure for other departures includes the cost of both early retirements (excluding those relating to ill-health) and voluntary redundancies. However, it is not possible to separately identify the value of either of these costs from the data collected. Figures for the 2011-12 financial year will be available in the summer, once the Department’s Annual Report and Accounts are laid before Parliament.

Hansard, 20 Feb 2012 : Column 713W

Robert Flello: To ask the Secretary of State for Health what estimate he has made of the redundancy costs of staff of primary care trusts and strategic health authorities eligible to be employed by GP commissioning consortia. [57811]

Mr Simon Burns: The impact assessment estimated that redundancies would cost £852 million for primary care trusts and strategic health authorities. It also explained how our proposals for modernising the national health service would save £1.7 billion a year in administration spending by 2014-15, to reinvest in front-line patient care.

Hansard, 7 Jun 2011 : Column 69W

The Treasury’s Public Expenditure Statistical Analyses (PESA) shows how much has been spent on public services: http://www.hm-treasury.gov.uk/pespub_index.htm. Official Treasury figures show that the Government cut spending on the NHS in its first year. Spending on the NHS was cut in real terms from £102,751 million in 2009-10 to £101,985 million in 2010-11.

The July 2011 release shows spending during the first year of the Tory-led Government. It reveals

Table 1.9 Total Departmental Expenditure Limits (1) in real terms (2), 2006-07 to 2010-11

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(1) Total DEL is given by resource DEL excluding depreciation (Table 1.3a) plus capital DEL (Table 1.6).
(2) Real terms figures are the cash figures adjusted to 2010-11 price levels using GDP deflators. The deflators are calculated from data released by the Office for National Statistics on 28th June 2011. The forecasts are consistent with Budget 2011.
(3) NHS (Health) includes Food Standards Agency, see Annex B.

The data are from Chapter 1 Departmental Budgets (http://www.hm-treasury.gov.uk/pesa_july_2011_section1.htm), table 1.9 (see tab 1.9: http://www.hm-treasury.gov.uk/d/pesa_july_2011_chapter1.xlsx).

Figures in the Budget Red Book show that £900m has been taken out of the NHS Budget for 2011/12. Taking into account the fact that £400m has been added to the NHS Budget for 2012/13, this means that Budget 2012 has taken £500m out of the NHS budget. Spending totals for 2013/14 and 2014/15 are unchanged since the last Budget.

Notes

1 On the basis of the National Audit Office’s survey data, I estimate that the proposed NHS reorganisation will cost between £2bn and £3bn to implement, at a time of unprecedented financial austerity. Professor Kieran Walsh, BMJ, 16 July 2010, http://www.bmj.com/content/341/bmj.c3843.full

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The July 2011 release shows spending during the first year of the Tory-led Government. It reveals
2011/12 NHS Budget
Spending Review 2010: £105.9bn
Budget 2011: £105.9bn
Budget 2012: £105.0bn

2012/13 NHS Budget
Spending Review 2010: £108.4bn
Budget 2011: £108.4bn
Budget 2012: £108.8bn

2013/14 NHS Budget
Spending Review 2010: £111.4bn
Budget 2011: £111.3bn
Budget 2012: £111.3bn

2014/15 NHS Budget
Spending Review 2010: £114.4bn
Budget 2011: £114.4bn
Budget 2012: £114.4bn

The figures above are taken from: Department of Health Total DEL, Table 2.2, Spending Review 2010: http://cdn.hm-treasury.gov.uk/sr2010_chapter2.pdf
Department of Health Total DEL, Table 2.4, Budget 2011: http://cdn.hm-treasury.gov.uk/2011budget_chapter2.pdf
Department of Health Total DEL, Table 2.4, Budget 2012: http://cdn.hm-treasury.gov.uk/budget2012_chapter2.pdf
These annual totals are derived by adding the values for NHS (Health) Resource DEL to the values for NHS (Health) Capital DEL.

The latest monthly NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England, published by the NHS Information Centre show that the NHS has lost 4,096 nurses since the election. In May 2010 there were 281,431 Full Time Equivalent (FTE) qualified nurses working in the NHS. In December 2011, this figure had fallen to 277,334. The figure refers to the change in ‘Qualified nursing, midwifery & health visiting staff’ net of changes in the numbers of midwives, health visitors and school nurses.

Recent research by the Royal College of Nursing suggests that many more nursing posts may already have been earmarked for cuts (Frontline First: November 2011 update, Royal College of Nursing). The RCN analysis identified 5,000 nursing posts at risk, comprising both qualified nurses and healthcare assistants. Here we assume that half (2,500) of these 5,000 posts are qualified nurses. Added to the number already lost, that would take the overall total to over 6,000 nurses lost.

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<th>A&amp;E under threat?</th>
<th>Maternity Unit under threat?</th>
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"A moratorium is in place for future and on-going reconfiguration proposals."

Press Association, 4 October 2007

"Chase Farm hospital in Enfield, north London, is to lose its A&E and maternity units after the health secretary – who had previously supported campaigners' efforts to retain them – accepted recommendations from the Independent Reconfiguration Panel (IRP), which advises ministers on reshaping hospital services.

"Lansley's decision ends uncertainty surrounding the hospital's future stretching back to 2007, when the-then Labour government first asked the IRP for advice about what services it should offer.

"But Cameron indicated his support for Chase Farm in October that year when, as leader of the opposition, he visited the hospital and said: "What I would say to Gordon Brown is if you call an election on 1 November we'll stop the closure of services at this hospital on 2 November."

"The hospital's A&E unit will now be downgraded to a 12-hours-a-day urgent care centre and its maternity unit replaced by a midwife-led birth unit. They will change as part of a shakeup that will see A&E and childbirth services centralised at Barnet and North Middlesex hospitals."


Over the next few years emergency and inpatient services will be moving to the Lister hospital in nearby Stevenage, which is being transformed through around £170 million being invested in new facilities. Locally a new QEII hospital will be built, by 2014, which will have a full range of outpatient, diagnostic and ante/post natal services.


The QE2’s A&E department was always on course for closure ever since the East and North Herts NHS Trust decided, in 2008, to centralise major services at the Lister.

While full closure is not due to take place until at least next year, the reason for the overnight changes now is due to a lack of specialist staff based at the QE2.

James Quinn, the trust's medical director and consultant ENT surgeon, said plans to turn the Lister into the area's main hospital was now at the halfway stage.

He added: "Although better for patients in terms of improved clinical outcomes, we also knew these changes would have implications for the QE2’s A&E services.

"With fewer surgeons and other specialist doctors based at the hospital, especially overnight, this presented us with a clinical risk that needed to be addressed in advance of the 'local A&E' service the PCT will develop at the QE2 in 2014.

"This is why we have reorganised our services."

Welwyn Times, 9 January 2012, http://www.whtimes.co.uk/news/a_e_set_to_change_at_welwyn_garden_city_hospital_1_1172663

Maternity services will be shut at the WGC-based hospital and transferred over to Lister’s £16.4m unit in Stevenage on Tuesday morning, as the final stages of the development come together.

The QE2, which is due to be knocked down and rebuilt smaller – with downgraded services, first saw a maternity service back in the early 1960s.

The unit was then refurbished and given a facelift in 1998.

MP Grant Shapps led a campaign group to keep maternity services at the QE2 by creating a new midwife-led birthing unit, however it failed to receive the necessary backing of local GPs.

Welwyn Times, 14 October 2011, http://www.whtimes.co.uk/news/welwyn_garden_city_hospital_to_lose_maternity_service_1_1091261

"Does this mean accident and emergency at the University Hospital of Hartlepool is closing?

On 2 August 2011 the department is closing but patients will still be treated:

Your typical questions answered:
Following the closure of the University Hospital of Hartlepool's accident and emergency department last Tuesday, patients with minor injuries are seen at One Life Hartlepool, in Park Road.

Figures published by local health chiefs show that in the first week, 380 patients attended the minor injuries unit, part of One Life's urgent care centre. A further 84 patients, classed as seriously ill, have been taken to the emergency assessment unit at the University Hospital of Hartlepool after being assessed by paramedics responding to 999 calls.

Previously, they would have been taken by ambulance to the accident and emergency department then transferred to the emergency assessment unit if necessary.

Hartlepool Times, 12 August 2011, [http://www.hartlepoolmail.co.uk/news/local/happy_with_a_e_changeover_1_3666465](http://www.hartlepoolmail.co.uk/news/local/happy_with_a_e_changeover_1_3666465)

14 Mr Jim Cunningham: To ask the Secretary of State for Health which service reconfigurations (1) were covered by the Department's moratorium on future and on-going reconfiguration proposals; and what the outcome was for each of these reconfigurations, [93660] (2) have been approved since May 2010; and which of these reconfigurations involved changes to (a) accident and emergency and (b) maternity services, [93661]

Mr Simon Burns: This information is not collected centrally. The reconfiguration of local health services including accident and emergency and maternity services is a local matter. The Secretary of State for Health set out four key tests for service change in May 2010. The tests were set out in the revised Operating Framework for 2010-11, requiring existing and future reconfiguration proposals to demonstrate:

- support from general practitioners commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

Processes to review schemes against the four tests were locally determined as schemes were at different points in their lifecycle. Strategic health authorities were then required to assess whether or not the tests were met and if schemes could proceed.

Hansard, 7 Feb 2012 : Column 202W

15 A string of accident and emergency units are set to close in an NHS shake-up that will see some major London hospitals severely downgraded in status.

Millions of Londoners will have to travel further to casualty departments as specialist units are concentrated at fewer sites, in what Hammersmith and Fulham council leader Stephen Greenhalgh branded a "piecemeal dismantling of hospital services".

Plans drawn up by NHS North West London suggest half the A&E units there will go. Central Middlesex Hospital, Park Royal, is to be severely downgraded to "local hospital" status, losing its A&E. Sources say Hammersmith, Ealing and Charing Cross Hospitals are also being strongly considered for downgrading. Charing Cross has one London's busiest A&Es with 69,300 cases last year.

The disclosure came as a bombshell to local authority leaders and MPs. Mr Greenhalgh said residents in Ealing, Hounslow and Hammersmith could be stripped of local emergency services, meaning long journeys for treatment. "The piecemeal dismantling of hospital services is set to continue across west London without a long-term vision and site strategy for specialist services being in place," he said.


16 "I have to make a decision, it's not an easy one, between what people might have agreed if they went back to 2004 and what we have to do in 2010 in the light of what has already happened."

Andrew Lansley. BBC, 24 November 2010

17 "In a letter, Health Secretary Mr Lansley said: "Going forward I have asked the local NHS to ensure they continue to engage with all stakeholders as is appropriate [...] as changes to services continue to be implemented at the Pembury Hospital and the midwife led unit at Maidstone is developed."
"I am asking the Strategic Health Authority, Primary Care Trust and NHS Trust to reconsider the level of paediatric input to the A&E and engage with GPs as the future commissioners of services regarding the appropriate level of specialist input.

“This should not prejudice the centralisation of inpatient services as scheduled.

Kent Online, 22 December 2010,

18 “Cathy Warwick, general secretary of the RCM, said the service is at 'cracking point' but the government had reneged on its promise to create more midwifery posts.

“She told BBC Radio 4’s Today programme: ‘Before the election both David Cameron and Nick Clegg pledged more midwives. As recently as January David Cameron had an article in the The Sun where he talked about the importance of midwives to mothers and said that if he was in power he would give us 3,000 more midwives.’

“She explained: ‘We’ve now had a meeting with Andrew Lansley the Secretary of State for Health and they are clearly not prepared to fulfil that commitment.’

Daily Telegraph, 17 November 2010

“However, a Conservative party spokesman said there would be no increase in the number of posts due to a recent levelling off of the birth rate.

“He said: ‘There must of course be enough midwives to meet the demands arising from the number of births. The commitment to 3000 midwives made in Opposition was dependent on the birthrate increasing as it has done in the recent past. It was not in the coalition agreement because predictions now suggest the birthrate will be stable over the next few years.’”

Daily Telegraph, 17 November 2010

19 “Parts of England are facing a dangerous shortage of midwives as Britain's birthrate climbs, the Royal College of Midwives has warned.

While there are shortfalls across the country, some areas are worse than others, putting mothers and babies at risk.

Midwife numbers have not kept pace with the birthrate in England, which has risen 22% in the past two decades, and the RCM has urged David Cameron to honour a pre-election pledge to recruit more midwives. The RCM report said 4,700 more midwives were needed across England to keep up with added pressures, including growing numbers of obese and older pregnant women.

Figures showed that the north-east and north-west had a shortfall of less than 10%, while the east Midlands and east of England needed 41% more midwives. The south-east was said to be more than one-third short of staff. While the north-east needed 91 extra midwives, the south-east required 1,015 more.

A medium-sized maternity unit delivering 3,000 babies a year would need around 91 midwives, according to the RCM.


21 “However, in November 2011, 47 commissioners and 30 acute trusts failed to meet the 90 per cent admitted standard. Performance in some treatment functions also needs to improve – most notably in Trauma and orthopaedics where the largest numbers of patients continue to wait longer than 18 weeks.”

Department of Health, Gateway reference: 17134, 2 February 2012, p. 2

22 “Waiting times are a key part of patients’ perceptions of the NHS and their care and can impact on patient outcomes. It is unacceptable for performance to fall below the expected standards. The contractual operational standards should be achieved in each specialty by every organisation and this will be monitored monthly.”

Department of Health, Gateway reference: 17134, 2 February 2012, p. 2
The latest 'Referral to Treatment Times' published by the Department of Health show that in January 2012, 25,823 patients waited longer than 18 weeks for treatment. This is an increase of 25% from May 2010, when 20,662 patients waited longer than 18 weeks for treatment. The figures also show that in January 2012, 32 Trusts failed to meet the 90% target to treat patients within 18 weeks.

The revised Operating Framework also sets out for the first time changes to the use of targets in the NHS. These include:
- removal of targets around access to primary care;
- removal of top-down performance management of the 18 weeks referral to treatment target; and
- reduction of the 4 hour A&E target threshold from 98 per cent to 95 per cent.


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"The bureaucracy with the new Bill, post-pause, means that we have gone—we have calculated this—from 163 statutory organisations to a proposed 521, not counting the commissioning support organisations. Clearly, we have massively increased the bureaucracy, if one calls it that, within the new, post-pause NHS. With respect to the national commissioning board and whatever, the current, post-pause Bill seems to be very incoherent. No matter what one felt about the pre-pause Bill, it was coherent. This is not. It is neither liberating nor controlling. It neither allows for GPs to be innovative, nor does it give them tight restraints."

Dr Clare Gerada, Royal College of GPs, evidence to Health and Social Care Bill Committee, 28 June 2011
The NHS Confederation says that the Government’s proposed new NHS structure is “more complex” and could potentially lead to paralysis in the system.


NHS Confederation chief executive Mike Farrar said: “This is the beginning, not the end. NHS leaders now have to make sense of the hand they have been dealt.

“Let there be no doubt that this will be among the toughest projects the NHS has ever taken on.

Confusion and complexity

“We have to find our way through the considerable confusion and complexity that has been handed to us as we build and stress-test the new NHS system.

Heal rifts

“We need to heal the rifts that have opened as many of our clinical staff have debated the merits of the Bill. The Government should start by giving them a compelling narrative for implementing these reforms.

Need to redesign NHS services

“We need to completely redesign NHS services against a backdrop of unprecedented financial pressure, bringing the public and staff with us.

“We have to do all this with significantly reduced management capacity.

Strong leaders needed

“The NHS is at its best when it is under pressure. But it will need strong leaders to step forward. The Government will need to encourage their drive and innovation, rather than snuff it out with a system that generates cautious and overly-zealous bureaucracy.”
