

Why Jeremy Hunt's plans for Lewisham hospital are unlawful

The Save Lewisham hospital campaign is challenging Hunt's cuts at the high court. This is pivotal in the fight for all hospitals



Shannon Hawthorne

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Demonstrators in south-east London protest against the proposed closure of the A&E and maternity units at Lewisham hospital. Photograph: Leon Neal/AFP/Getty Images

As a resident of the south London borough of Lewisham, for me, today is a very significant day. [After months of fundraising, protesting and petitioning](#), the community-led [Save Lewisham hospital campaign](#) is heading to the high court. The aim? To challenge plans to close the successful, solvent hospital's existing A&E, maternity, adults' and children's acute wards, and critical care unit, all to [bail out a failing neighbouring NHS trust](#). I almost feel sorry for Jeremy Hunt. Who would have thought that community campaigners from a small deprived area of south-east London could mount such a high-profile, co-ordinated and relentless campaign in defence of their local hospital?

So relentless, in fact, that back in January, Hunt was forced to [feign a U-turn](#) on one of the more widely-criticised proposals: the replacement of Lewisham's A&E (which sees 120,000 patients a year) with an urgent care centre. Instead, he claimed, Lewisham would "retain a smaller A&E".

And it might have worked too, if people hadn't cottoned on to the fact that this new unit wouldn't be able to treat or admit patients with serious injuries or illnesses, meaning that patients would have to travel to the already-full-to-bursting Queen Elizabeth hospital six miles away (in inner London traffic, mind) for emergency care. Even the [College of Emergency Medicine has stated](#) that the so-called "smaller A&E" does not meet their definition of an emergency department.

NHS medical director Professor Sir Bruce Keogh advised that the downgraded unit could still see up to 75% of patients, which in theory should have been of some comfort to those opposed to the plans. Yet

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when pushed for evidence by local clinicians to support his claim, [Keogh said](#): "It's not an exact science." I filed a freedom of information request to the Department of Health a few days after Hunt's announced his decision on Lewisham, asking for the clinical data Keogh used to arrive at the 75% figure. Over three months later, [the DoH admitted](#) that it had no information on how he reached that figure.

Similarly, Hunt continues to claim that the changes would save 100 lives a year, an extension of the argument that by having fewer, bigger specialist medical centres, clinical outcomes can be improved. But while this is widely agreed to be true for strokes and heart attacks (and south-east London already has specialist centres for both), there is no clinical evidence that the same is true for other emergency admissions. Only a few years ago [Hunt, in a speech about the importance of a "locally delivered NHS"](#), bemoaned the fact that "the people running the health service are always thinking: 'By centralising, we do things more efficiently.'" Then again, it was only a few weeks before announcing his decision on Lewisham that he pledged to use the government's four tests for NHS reconfigurations to inform his decision: GP support, public engagement, clear clinical evidence and improved patient choice. But plans to close services at Lewisham failed all four.

By approving the cuts at Lewisham, the health secretary sent out a clear message: any hospital, regardless of quality or financial solvency, can be subject to closures if it fits with the government's wider agenda. Indeed, it seems like every week we hear of plans for yet more cuts to hospital services. Ealing, in west London, Trafford General, in Manchester, and St Helier in Surrey are just a few examples of other hospitals whose A&E departments are under threat, with the latter also set to lose its maternity unit. And all too often concerns are raised that these changes are based on flimsy clinical evidence and little or no genuine public consultation.

That is why the Save Lewisham hospital campaign is challenging the health secretary's decision. We believe that the plans are wrong on the grounds that: the public consultation was flawed; the government's own four tests have not been met; and by using the administration process for the failing [South London Healthcare Trust](#) to justify cuts at Lewisham, Hunt has misunderstood his own legal powers. As such, we in Lewisham are asking for this abuse of process to be called what it is: unlawful.

So today is not only a significant day for the residents of Lewisham. The fight for Lewisham hospital marks a pivotal moment in the fight for all hospitals. And who knows? We might just win.

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Gerbetticus

02 July 2013 9:10am

this is a battle that has to be won Well done

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MacDent Gerbetticus

02 July 2013 9:18am

They may or may not win a battle, but for them to win the war they need at least one political party that does not on to profit from selling of the NHS or cashing in on its outsourcing.

As there are none, perhaps the 'Save Lewisham hospital' campaigners should form a party nationally. If they added youth unemployment to the campaign, they would be hard to beat.

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Huples

02 July 2013 9:15am

Closing hospitals or bits of them is always unpopular.

From the article it seems that this closure is purely designed to transfer funds elsewhere from a successful, good, and needed hospital. If that is the case I wish you luck and success.

Perhaps closing the ailing trust and transferring its money to your area would be a better idea?

I would, if I was a Hunt, likely get some better funding into the ailing area and ask your area if there is any capacity you can offer to help improve the other area.

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MichaelBulley

02 July 2013 9:20am

I've made this point with some other articles and so apologize to those who may already have come across me doing it. It is the unnecessary, and irritating, "why" at the beginning of the headline. Without it, the proposition would be stated fully and clearly and we would assume the author was going to argue for it in the article.

This superfluous "why" is a tradition in Guardian headlines and it is time, I think, to make a break with it. Occasionally an initial, non-interrogative, "why" is correct, as in the recent "Why Millwall said no to QuickQuid", but mostly, as here, it just takes up space pointlessly.

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Alarming

02 July 2013 9:20am

"By approving the cuts at Lewisham, the health secretary sent out a clear message: any hospital, regardless of quality or financial solvency, can be subject to closures if it fits with the government's wider agenda."

This is the problem with this government over all of its departments.

As others have mentioned their choice of a fixed 5 year term is very canny as it allows them ample time to smear the public sector by fair means or (usually) foul and then start dismantling it to a degree that cannot be easily undone by the government that follows them.

Good luck with this.

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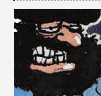


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