

Call for more local powers to keep hospitals open

Ministers should not decide closures

Public faith lacking, think-tank says

By Nicholas Timmins

Ministers should be stripped of the power to decide local hospital closures, in order to rebuild public confidence, the Institute for Public Policy Research said yesterday.

Instead, the left-of-centre think-tank said, local authorities should be allowed to call directly on the Independent Reconfiguration Panel to examine decisions

such as closures. At present the panel may be called in only by Patricia Hewitt, secretary of state for health.

Medical evidence for reorganisation was so strong, the IPPR said, that "people should be out on the streets campaigning for changes to NHS services to protect the health of their families, not to keep services the way they are."

But the public had little faith that consultations were genuine, it said. People believed the government had made up its mind about which services to close.

"At the moment, vital hospital changes are being opposed because the public believe they are politically motivated, or driven by cost-cutting," said Richard Brookes, head of public services at IPPR. "We do need the government, in partnership with clinicians, to set the policy framework. But then ministers should have

no say in the final decision."

To date, 23 decisions have been referred by local authorities to Ms Hewitt, but only four have been referred to the reconfiguration panel. In one case, Ms Hewitt overturned the local NHS decision in south London over the location of a new hospital and accusations of political bias followed. Allowing councils to go direct to the panel would overcome that, the IPPR said.

More than 1,000 deaths a year could be avoided if some services now provided in district general hospitals were supplied by specialist centres, according to medical research cited by the think-tank. An example was the use of angioplasty rather than just clot-busting drugs to treat heart attacks.

Seriously injured people were more likely to survive if treated in trauma centres, even though they would have to travel further.

Specialist units for a range of treatments needed a certain number of patients a year to maintain skills. So even if cash was unlimited there were safety reasons for centralising some services, the IPPR said.

"Hospital change will always involve some degree of controversy," the institute said, and "genuine trade-offs" had to be made. But a better decision-making process was needed to resolve such controversies.

● A pioneering unit solely devoted to cancer prevention and screening has started operating. Several clinical trials have begun at the new Cancer Research UK facility, part of Queen Mary, University of London.

The charity said: "A trials unit whose single focus is cancer prevention and screening will help increase the pace of research."

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