

# PRESS RELEASE



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## Government's case for hospital closures may be based on 'dodgy dossier'

The Government's attempt to sell hospital closures to the public has been dealt a blow by a new report indicating that evidence published in support of the policy was used in a selective and misleading way.

The report by policy academics, published today by the Keep Our NHS Public campaign, puts the spotlight on the Government's close relationship with its favourite think-tank – the **Institute for Public Policy Research (IPPR)** – and commercial organisations standing to benefit from hospital closures.

Arguments in the IPPR publication, *The Future Hospital: The Progressive Case for Change*, appear also in Department of Health reports as well as in a widely covered speech given by Tony Blair. The danger is that government may be basing its policy on hospital reconfiguration on a misleading appraisal of the evidence, the academic authors say.

Hospital reconfigurations are expected to include the downgrading of A&E, paediatric and maternity departments in at least 60 areas. But close analysis shows there is no conclusive evidence of the overall clinical benefit of centralisation to fewer hospitals, meaning the IPPR's conclusions cannot be substantiated.

In a widely quoted speech on December 5th, **Tony Blair** used figures issued simultaneously in an IPPR press release and a department of health report. These figures claimed that hundreds of lives could be saved through service specialisation in the NHS. However, the analysis containing the evidence behind the figures was not released by the IPPR until January 7th – making it impossible for it to be scrutinised at the time.

The IPPR publication was part-funded by a commercial organisation with a potential vested interest in hospital reconfiguration – raising serious questions about the incestuous relationship between the IPPR, New Labour and commercial interests.

The Keep Our NHS Public report, authored by Professor David Byrne of Durham University and Dr Sally Ruane of the Health Policy Research Unit, De Montfort University, reveals:

- The evidence base for reconfiguration is not as convincing as might have been thought at the time of Mr Blair's speech. It is "at best inconclusive"
- A&E services are highly valued by the public and contribute both to patient empowerment and to reducing inequities
- The IPPR provides insufficient evidence to substantiate the key assertion that hospital configurations must be made more flexible to respond to patient expectations
- Major systematic reviews have been omitted from the IPPR's analysis. These reviews conclude that no general relationship exists between volumes of procedures and outcomes
- Bigger hospitals rarely result in cost savings
- The IPPR's study has been sponsored in part by Prime PLC – a commercial organisation with a potential vested interest in hospital reconfiguration through its business investing in healthcare buildings for integrated primary and intermediate care services.

**Sally Ruane**, one of the authors of the report, said: "**Clearly the Government is worried by the unprecedented level of opposition to hospital closures. It seems to be trying to present the clinical arguments as clear-cut and backed up by evidence. But this is not the case.**"

"In trying to persuade the public to swallow this unpopular policy, the Prime Minister may have relied on a study from his favourite think-tank that was misleading and selective in its use of evidence. Ironically, spinning it in this way has weakened rather than strengthened the case for hospital reconfigurations. Local communities campaigning to defend services will continue to distrust policy makers not only because reconfigurations smack of cost-cutting but also because they conveniently create business opportunities for powerful interests."

**An executive summary and the full report are attached.**

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