The London bombings of 7 July 2005

The London bombings of 7 July 2005: what is the main lesson?

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The bombings in London last year cast their shadow over the whole country, with repercussions around the world. The true impact on victims and rescuers, as well as their loved ones and friends, will never be really known. The scars may fade but are unlikely to vanish.

At the time, the impression was that the response of all emergency services was wonderful; apart from anything else it showed to the world that Britain was well on the way to being ready to host the Olympic Games in 2012, following the announcement of the successful bid the previous day. The London Assembly, in a preliminary 151 page report released in June, begs to differ.¹

The Assembly comprises 25 members, elected at the same time as the Mayor of London. Fourteen constituencies each have a member; a further 11 members are elected from party lists to ensure that the numbers from each party are proportional to the votes cast for that party across the whole of London. The Assembly members thus have a mandate to represent the views of Londoners; they are powerful and influential.

The Assembly has nothing but the highest of praise for individuals, the unsung heroes, both amateur and professional, who responded on that nightmare of a day. It was London "at its humane best". Its criticisms are left for the systemic aspects of the response.

The Assembly reports on organisational failings, poor communication

between different emergency services, and their failure to plan together and in a coordinated way. Emergency services were focused inwards and not outwards, concerned primarily with their own point of view. There was a stronger focus on incidents and processes rather than individuals and people. A remarkable figure is quoted: more than 75% of the 4000 people affected by the bombings are still unknown to the authorities. Communication underground on the day was substandard. The London Ambulance Service had a lack of capacity to deliver equipment and medical supplies to the scene of a major incident at multiple sites. There was a lack of basic equipment, such as stretchers, triage cards, and fluids. There was also a general failure to maintain good records of the emergency services' response to the bombings. There are 54 recommendations with no finger pointing. The Assembly plans a follow up report in November of this year.

It is hard for those of us not directly affected to know what the murdered victims' relatives and friends, the survivors, or rescuers will be thinking as they reflect on the media coverage of this report. Who knows what questions they now have. Have any of their pre-existing questions been answered? Do they now have new questions? Is their grief compounded or assuaged? Do the rescuers feel let down by their masters and mistresses? Do the rescuers feel that their careful attention to learning about disaster planning, their attendance at MIMS courses or similar, and their

dedication and preparedness to respond have been undermined?

The fragmentation in planning, with each agency thinking inwards rather than outwards, with each agency declaring a major incident individually rather than collectively, is where the real lesson lies. Is it symptomatic of something far bigger and deeper? What is the lesson for the NHS?

The NHS is being broken up. The establishment of PFI hospitals, foundation trusts, independent treatment centres, and the contracting models of primary care provision, with private investment in the latter, ultimately means that the key concern of all these organisations will be to their shareholders. These are developments that do not leave us with confidence that true coordination of regional and national planning will be at the top of any agenda in the new and reconfigured NHS. It will be every man and woman for him and herself.

By planning we do not just mean emergency and disaster planning, we also mean the planning and coordination of most facets of health care delivery and its infrastructure, from public health and acute care, right through to long term care of the elderly and the chronically sick. PFI hospitals, foundation trusts, and the like will have a mentality similar to that of the emergency services who responded on 7 July: inward rather than outward thinking, and individualism over collective responsibility will be the norm. There will be too many cooks in the kitchen spoiling the broth.

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