



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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R18/11

From the Secretary of State for ~~Social Services~~ Health

Dominic Morris Esq
 Private Secretary
 10 Downing Street
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18 November 1988

Dear Dominic

WESTMINSTER AND CHELSEA HOSPITAL

I attach at Annex A a summary of the positive and negative points about the scheme. The negative points are those that have been raised over the months by objectors. Our answering arguments are in brackets.

Also attached are

- Annex B - a note covering who is "for" and who "against" the scheme;
- Annex C - our earlier note on the details of the scheme; and
- Annex D - a map in case that helps.

You also asked when a decision on the proposal would be taken and how it would be handled. Mr Clarke hopes to be able to announce his decision before the end of the coming session. He has in mind to do this by means of a press conference together with Bill Doughty, the RHA Chairman.

Yours ever

Flora

FLORA GOLDHILL
 Private Secretary

WESTMINSTER AND CHELSEA HOSPITAL

POSITIVE POINTS

- new hospital provides modern, up-to-date environment for health care and teaching;
- providing services on two instead of three main sites, with improved design and layout at the new site, helps staff recruitment and maximises use of scarce, qualified staff. Result is a more efficient use of resources;
- new hospital will have a new Academic Centre for Child Health (replacing existing Westminster Children's Hospital);
- services at present on separate sites (maternity at West London Hospital, paediatric at Children's Hospital) will be integrated with main hospital in line with our policy;
- revenue savings will be made totalling some £15m, most of which will be spent in the Shire districts (Hertfordshire and Bedfordshire) to improve services;
- a new health centre will be built in Pimlico which will provide gp care, out-patient clinics (so patients don't have to travel to the new hospital to be seen) and a minor casualty service; this will benefit the local community and the Palace of Westminster;
- long-stay patients cared for in St Mary Abbot's will be transferred to nursing-home style accommodation in the community;
- the new hospital demonstrates a radical solution to local health needs - it shows that the NHS can be innovative, and that imaginative solutions can be found. The hospital will be financed from land sales, although some bridging capital will have to be provided by the RHA and DoH;
- the intention is to have the new hospital ready in 1992, showing the NHS can handle modern building techniques and match the private sector for speed.

NEGATIVE POINTS

- well-loved Children's Hospital is closed as a separate entity [paediatric services continue in the new hospital, with the new Academic Centre]
- Westminster Hospital closes, disadvantaging local residents [the new hospital is under two miles away; the main concentration of population is near the new hospital; the new health centre will provide out-patients etc facilities near at hand];
- when the Westminster closes, there will be no local Accident & Emergency facilities [St Thomas' is nearby; the new health centre will cope with minor casualty care]
- the scheme costs a lot of money which could be better spent (eg the existing buildings could be refurbished) [the RHA looked at alternatives and concluded the best financial deal was to build a new hospital and maximise revenue savings; ultimately the costs will be met from land sales, although the health authority and DoH will need to provide some bridging capital until the sales come through]
- the new hospital will cause traffic congestion and will be a local eyesore [the RHA have adapted the scheme to meet local concern and it has now been given planning permission. The RHA did look at alternative sites but concluded that St Stephen's was the best option]
- services in Riverside will be reduced [the number of local acute beds will be reduced; but Riverside residents will not be disadvantaged, as increases in day treatment and greater efficiency will maintain the level of activity]
- there will be problems while the new hospital is built and St Stephen's is closed [the DHA have made plans to transfer in-patients and to ensure that services are available. This is equally true of AIDS treatment - which has been singled out for comment; the new Centre for AIDS out-patient care will remain open on the St Stephen's site throughout]

WESTMINSTER & CHELSEA HOSPITAL; PRESENTATIONAL ISSUES

1. Despite the letters to the press from vocal opponents, there is a significant silent majority in favour of the proposed new hospital. Those in favour have rarely written to their MPs or to Ministers, but make their views known by word of mouth.

2. The main groups in favour are:

- the consultants in the District. A small number of consultants have written to the press opposing the scheme, but the majority support it. The chairmen of the District Medical Committee and the Medical Executive Committee of the Westminster have written confirming this. This is significant because in previous years the consultants have been vehemently opposed to attempts to close the Westminster or even make service changes there. They now recognise the good service case for the new hospital, the benefits it will offer, and the major problems that would result should it prove necessary to keep three district general hospitals open in the District.
- the University and the Medical School. Lord Barber, the Vice Chairman of the School, has written in support.
- local MPs. We understand that Peter Brooke and Nicholas Scott are very supportive. Matthew Carrington is not directly affected and has expressed no view.
- 'Shire' MPs in Hertfordshire and Bedfordshire stand to gain from the Riverside changes as resources will be released for developments outside London. Tim Yeo and Robert Jones have written in support.

- Lord Whitelaw has expressed support privately and is happy to do so publicly when the outcome is clear. Other Lords have expressed support to the Regional Chairman. Lord Nugent has expressed his contentment with the future arrangements for the Palace of Westminster.

3. The main groups opposed are:

- Lord Ennals and others who are connected with the Westminster Hospitals Development Fund. The WHDF want a redevelopment on the site of the Westminster Hospital, and also want to retain the Children's Hospital. They are not widely supported by the consultant staff, but have presented a petition to the Prime Minister;
- a number of Lords have expressed some concern about the future of the Westminster during Questions, but without clearly opposing the scheme (including Lords Northfield, Wallace of Coslany, Winstanley, Wise, Arran, Kilmarnock Grimond, Underhill; Ladies Masham and Macleod). The Regional Chairman has taken pains to ensure that full information about the scheme was available to reduce concern. Some former Chief Whips wrote to the Prime Minister seeking reassurance on the future arrangements for handling major accidents or terrorist incidents;
- local residents in the St Stephen's area are concerned about environmental problems (traffic, contractor's vehicles, the design of the hospital). The main group is the Netherton Grove Residents Association led by Lord and Lady Carrick. The Chelsea Society is opposed on environmental but not health provision grounds;
- the Community Health Council are against any reduction of service in Riverside. This view is supported by CAMDOR (Campaign for the Defence of Riverside); Hammersmith and Fulham LB and Clive Soley MP. (A petition of 14,000 has been

presented to us). In fact there is no loss of local acute service for Riverside residents, although there is a reduction in beds, as day care and general efficiency will be improved;

- many individuals have written to oppose the closure of the Children's Hospital (including a petition of 12,000 or so);
- some consultants at St Stephen's favour redevelopment, but on a different site or in phases to avoid the temporary closure of St Stephen's. This is not considered practical by the health authority;
- Westminster Council Social Services Committee have objected to the closure of the Westminster on the grounds that local residents will be disadvantaged and will have difficulty reaching an A&E Department [in fact patients can go easily to St Thomas']

4. Kensington and Chelsea, who are the planning authority for the new hospital, have expressed no view about the merits of the scheme in health terms.

5. The arrangements for the Palace of Westminster have been discussed by the Regional Chairman with the relevant Palace Authorities. The Region are planning a new health centre in South Westminster which will offer gp services, minor casualty, out-patient clinics and some diagnostic work; this will be convenient for Members who do not need full hospital treatment. Where someone needs urgent admission to an Accident and Emergency Department, they would be taken by ambulance to St Thomas'. The journey time is only a minute longer than that to the Westminster Hospital itself.

CONCLUSION

6. Although there has been strong and vocal opposition to aspects of the scheme, informed opinion - including key Government

supporters - is generally in favour of the Health Authority's plans. The Regional Chairman is confident that the benefits to health services overall in the District and Region are recognised.

WESTMINSTER AND CHELSEA HOSPITAL PROJECT

BACKGROUND

1. Riverside Health Authority and North West Thames Regional Health Authority have put to Ministers for decision a proposal to change the pattern of services in the District and to build a new hospital - the Westminster and Chelsea Hospital. The proposal has been consulted on by Riverside; the Community Health Council have formally opposed it. The final decision on the overall project therefore rests with the Secretary of State. Ministerial approval is also required separately for the new hospital; any capital project over £25m needs the approval of the Secretary of State for Health and the Chief Secretary.

2. The elements of the project are summarised in the Annex; they centre on more efficient provision of hospital services in the district and the consequential release of resources to improve services in the Shire districts.

NEXT STEPS

3. We are completing our assessment of the capital project and are discussing with the Treasury whether the scheme is acceptable. The proposal scores well in terms of the overall financial appraisal. The Regional Health Authority consider that other options - eg to rebuild on the site of the Westminster, or to retain three district general hospitals, are not acceptable on service or financial grounds.

4. We are also discussing the arrangements for funding the scheme. The capital cost of the new hospital and associated schemes - around £120m - can be met from land sales but bridging has to be provided until the receipts are available. This is likely to be met partly by the Region itself from its capital allocation, but the details are yet to be finalised.

5. The Region need an early decision to enable them to finalise negotiations with the developer. They intend to have the new hospital completed by 1992.

PRESENTATION

6. The opposition to the scheme has centred on several distinct aspects:

- The Community Health Council, local pressure groups and Clive Soley MP are against any reduction in service, even though the district is relatively over-provided.
- Many individuals and pressure groups are against the closure of the Westminster Children's Hospital. Lord Ennals,

Chairman of the Westminster Hospitals Development Fund wishes to retain a separate children's hospital. The proposal retains the specialist children's unit linked to the support of a major general hospital, in line with our policy.

- there is concern that the accident and emergency arrangements for residents in Westminster will be inadequate if the Westminster Hospital closes. In fact St Thomas' Hospital is only one minute's travelling time further from the Palace of Westminster than the Westminster itself.
- local residents are opposed to the building of a new hospital at St Stephen's on grounds of size, traffic difficulties and inconvenience. The planning authority has postponed the committee meeting to 14 November to allow further local consultation. The health authority have adapted the scheme to meet criticism and hope to achieve planning permission.

7. The District Medical Committee favour the proposal, and the Medical School and University are also in favour of the changed pattern of service and the new hospital. MPs in the Shire districts are keen to see the redistribution of resources which the proposal makes possible.

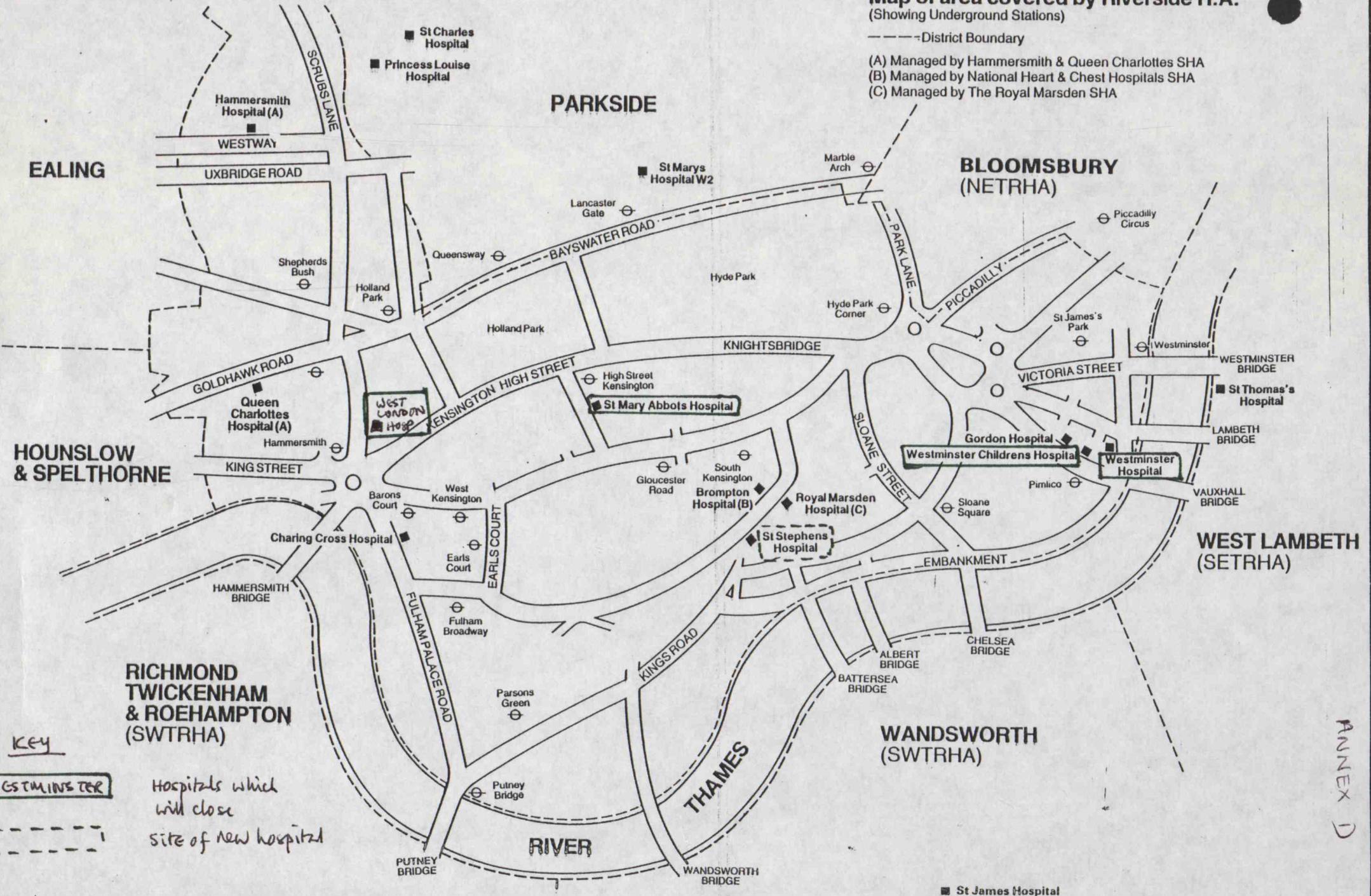
8. If the scheme is approved, it will be necessary to stress the overall benefits which will result from a new hospital and reassure fears about particular service aspects. The benefits to residents of the Shire districts are also significant.

Transport routes and health authority boundaries

ANNEX D

Map of area covered by Riverside H.A.
(Showing Underground Stations)

- District Boundary
- (A) Managed by Hammersmith & Queen Charlottes SHA
- (B) Managed by National Heart & Chest Hospitals SHA
- (C) Managed by The Royal Marsden SHA



KEY

WESTMINSTER Hospitals which will close

 site of new hospital

ANNEX D

■ St James Hospital