



PRIME MINISTER

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Prime Minister ①

This was mentioned at the
 Liverpool meetings - Agree X?

AT 13/3

Yes not

LIVERPOOL HEALTH STRATEGY

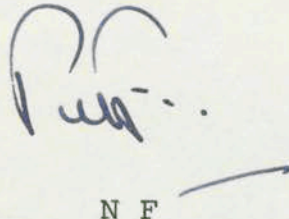
In view of the sensitivity of the general position in Liverpool, you will wish to be aware that we are now ready to confirm a strategy for the rationalisation of health services in the city. The strategy has been prepared by Liverpool District Health Authority to change the balance of its services in the light of a reducing population in the city itself and the fact that health services in surrounding areas are being built up and will need to depend on Liverpool less in the future.

The strategy has as its objectives to achieve a better balance of service. Liverpool has historically been over-dependant on acute hospitals, which have achieved substantially lower levels of performance than those in many other parts of the country, while community services have been less than adequate. The strategy will aim to reduce, and make more effective, acute services while building up services in the community for the elderly (particularly the elderly severely mentally infirm), the mentally ill and the mentally handicapped. This strategy, which is very much in line with national policy, will require major capital investment but will mean that Liverpool can live within the reduced resource allocation which, because of the demographic changes, it can expect over the next few years. As well as new developments, the strategy will require the eventual closure of two out-of-date hospitals.

X) The strategy has been the subject of prolonged consultation in Liverpool which did not arouse excessive controversy. It has been approved by the RHA and Kenneth Clarke and I are convinced that it should go ahead. The DHA has been awaiting final approval for some months now and I think we should go ahead as soon as possible. If we delay further we run the risk of demoralising one of our more enterprising DHAs who, having tackled their difficulties and drawn up

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a policy, are beginning to see themselves as being thwarted by Ministerial indecision. It would also begin to appear that we were delaying a decision precisely because of the position of the City Council. Kenneth Clarke has discussed this with Patrick Jenkin who has agreed that we should go ahead. In presenting the decision, however, I believe it is important that the lead should be taken by the local health authorities rather than by Ministers. Don Wilson and Leslie Pocock are fully conscious of the need for sensitive handling and for emphasising the positive aspects of the strategy - they would base their approach on the attached press notice which was originally drafted for a Ministerial announcement. I am confident that they will handle this well and circumspectly.



12 March 1984

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£30 MILLION INVESTMENT IN LIVERPOOL'S HEALTH SERVICES

The Chairman of the Liverpool District Health Authority today announced that the authority's plans to achieve major improvements in Liverpool health services over the next five years had been approved. Mr Pocock said:

"Our plans provide the opportunity to move towards a health care service for Liverpool based on up-to-date hospital facilities and strong community services which will give a better service to patients. Our main objectives are:

- a major capital investment of £30 million to make significant improvements in patient care;
- transferring resources from the acute hospital sector to community nursing, day hospitals and primary care services;
- siting of hospital beds, particularly for the elderly, nearer to the community to minimise travelling and transport costs for both patients and relatives who want to see them;
- major improvements for the elderly severely mentally ill;
- an increase in expenditure per head of population from £174 in 1982/3 to £180 in 1988/89.

"The strategic plan is based on a sensible and soundly-based reappraisal of Liverpool's needs because of its falling population. It means that by 1988/89 £5½ million a year can be switched to new developments elsewhere in the Mersey Region. The new plan for Liverpool means that there can be a major

rebuilding and upgrading work at Broadgreen Hospital and Alder Hey Children's Hospital which, with the new Royal Liverpool Hospital, will provide a more up-to-date base for the city's acute hospital services. Major improvements will be made for geriatric patients. There will be new day hospitals for the elderly and elderly mentally ill at Broadgreen, Mossley Hill and Park Hospitals, and a community unit for the mentally handicapped at Olive Mount Hospital.

"There will be a redistribution of beds. The number of beds for elderly mentally ill patients will increase from 30 beds to 210 by 1988/89 and in trauma and orthopaedics the increase is from 248 to 280 beds. Mental illness and mental handicap beds allocated to Liverpool patients will decrease as developments in community care take place. There will be reductions in general medical beds (from 634 to 369) but this will be balanced by better geriatric services and community services. Other reductions will take place in general surgery (442 beds to 331) and paediatrics (447 beds to 372) reflecting the general trend to shorter lengths of stay in hospital by patients in these specialities and falling population.

"Regrettably, two out-of-date hospitals, Newsham General and Princes Park, will have to close over the next few years. Both these hospitals are old and would require substantial sums spent on them if they were to continue to provide a satisfactory environment for patient care and their closure will help fund improvements.

"Inevitably in such a comprehensive re-think of health care priorities detailed adjustments to the plans may be needed in the light of experience. But I endorse the general policy aims of Liverpool's proposals towards a more balanced spread of health services, with the special emphasis on community services and provision for priority groups such as the elderly, the mentally handicapped and the mentally ill."

NOTE FOR EDITORS

In detail, the strategy includes:-

- Major developments and rebuilding at Alder Hey Children's Hospital, including the provision of improved facilities for children's heart surgery (capital cost: £10 million +)

- Replacement of five structurally unsound wards at Broadgreen Hospital together with a new dermatology unit - to replace that at Newsham General Hospital - new outpatient facilities and x-ray rooms (£7.3 million)
- Provision of 95 geriatric in-patient beds and a 50 place geriatric day unit at Broadgreen Hospital (£2.9 million)
- Provision of 60 mental illness beds and 25 beds for the elderly mentally ill at Broadgreen Hospital plus a 45 place day unit for the mentally ill (£2.5 million)
- New 50-place day unit for the elderly mentally ill at Park Hospital (£750,000)
- Modernisation of four geriatric wards and provision of a minimal care unit at Sefton General Hospital (£650,000)
- Provision of 30 in-patient beds and a 50 place day unit for elderly mentally ill patients at Mossley Hill Hospital plus a 30 place experimental long-stay community unit nearby (£2.4 million)
- Upgrading existing accommodation at Park Hospital (£200,000)
- A new 25-place community unit for the mentally handicapped at Olive Mount Hospital (£100,000)
- Closure of Newsham General Hospital (480 beds - mainly general medicine and geriatric) by 1990 and the transfer of some services to Broadgreen, Mossley Hill and Rathbone Hospitals and the rundown of others
- Closure of Princes Park Hospital (100 geriatric beds) in 1985/6 and transfer of patients to Sefton General Hospital.

CONFIDENTIAL

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14 March 1984

LIVERPOOL HEALTH STRATEGY

Your Secretary of State raised the question of the strategy prepared by the Liverpool District Health Authority at the meeting of Ministers yesterday on Liverpool. The Prime Minister has now seen his minute of 12 March and agrees that he should approve it.

Andrew Turnbull

Steve Godber, Esq.,
Department of Health and Social Security.

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