



TF/8370p

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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refu

From the Parliamentary Under Secretary of State for Health

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Being re-done.

↓
C/E

Dear Dominic

WESTMINSTER AND CHELSEA HOSPITAL

Further to our telephone conversation yesterday, I attach a note on this which covers the presentational aspects in particular.

Dominic
To which case
does this relate please?
E 8/11

yours ever
Flora

FLORA GOLDHILL
Private Secretary

WESTMINSTER AND CHELSEA HOSPITAL PROJECT

BACKGROUND

So when's he going to decide

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 Authority 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

Your much?

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.

What advice have friends taken on this

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,

Where physically are all these

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.

By
car?
Ambulance
in heavy traffic?

Who
are?

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.

ANNEX

MAIN ELEMENTS OF THE PROJECT

- to provide two District General Hospitals in Riverside instead of the present three. these would be Charing Cross (as now) and the new Westminster and Chelsea Hospital, which would be built on the site of the present St Stephen's Hospital.
- to close one DGH -the Westminster Hospital- and the Westminster Children's Hospital, the West London Hospital, and St Mary Abbot's Hospital. St Stephen's Hospital would close while rebuilding work was carried out. The sites would ultimately be sold to pay for the new hospital.
- to provide local acute services in the district in line with estimated future needs. This will mean a reduction in beds, but there will be increased day care and a more efficient use of those beds. Specialist children's services will be provided in a unit at the new hospital linked to the Academic Department of Child Health at the Medical School. Maternity services will be provided at the new hospital. The Medical School would use both Charing Cross and the Westminster and Chelsea for teaching; they support the focusing of services on two rather than three sites.
- to move patients at present in St Mary Abbot's (primarily a long-stay hospital for elderly and mentally ill patients) into more appropriate nursing home - style care. The site of St Mary Abbot's will be sold and the proceeds used to finance the building of the new hospital.
- to save £15m revenue, which will be redistributed to the Shires to improve services there, in accordance with the Regional Strategy. A small sum will be transferred to pay for some patients who will in future be treated at St Thomas' when the Westminster closes.
- to provide a new health centre in South Westminster to cater for patients affected by the Westminster closure; and to maintain health links with the Palace of Westminster.
- to rebuild in order to provide new accommodation for services which are currently provided in poor-quality stock.

How many beds + ? when?

for how long

What does this mean?!

The same as before better/worse, what?

How/where

Summ's find but this what intend ? what

Means ?