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10th May 2007

The Communication Team
Bolingbroke Consultation
Wandsworth Teaching PCT
Springfield Hospital
61 Glenburnie Road
London SW17 7BR

Dear Sirs,

I am writing to express my opposition to the proposals in the Bolingbroke Hospital consultation paper – *Options for the Future*. I attended both public meetings held by the Trusts and have therefore had the opportunity of listening to the presentations by Ann Radmore and David Astley. I have also consulted very widely with local people, including elected representatives, and researched the history of proposals about the Bolingbroke's future.

My opposition to the proposals can be summarised as follows:

1. I believe the current consultation process is, at best, flawed, at worst, a misleading sham.
2. I believe the proposals cannot be set apart from the short-term Government induced financial crisis affecting many NHS Trusts, but that these factors will inevitably lead to unwise short-term decision-making
3. I reject the intellectual arguments for the current Government policy on the physical location of new health services (referred to on page 12 of the consultation paper) as absurd in the context of the densely-settled, highly mixed urban area of Battersea/North Wandsworth
4. I believe it is utterly perverse not to make a detailed examination of the case, for which there is overwhelming public support, for the imaginative redevelopment of the Bolingbroke NHS hospital site.

Firstly, the consultation process is a logical mess. To consult about the future of the Bolingbroke before local people have any real idea about the shape of future health provision in this area makes no sense - unless, of course, you have already made a decision and are seeking the route of least resistance to rubber-stamping it. Having attended the public meetings and questioned both Ann and David I am afraid I came to the conclusion that a decision **had**

already been made and that of the four options put to the public only one was being actively considered. In which case, why have four? I also think the Trusts, who meet regularly to brief Battersea's current MP, have countenanced a large wave of publicity suggesting a replacement hospital for the Bolingbroke was 'in the pipeline'. To give Ann Radmore credit when questioned by me at the meeting on April 19th she made explicitly clear that no bids for funding for a new hospital had been made or were being actively contemplated. However, I think it has suited all concerned with the current consultation to let the suggestion that an old hospital in Battersea would be replaced with a new one go unchallenged in a further attempt to dissipate public anger and concern.

Local people should have been able to comment on the future of the Bolingbroke against the wider backdrop of local healthcare generally. Instead they were consulted in a derisory fashion without the 5th option, to keep the Bolingbroke site and bring forward plans for its redevelopment - even though the proposal document makes allowance for this being part of the next phase of consultation! The end result, given the overwhelming support for the Bolingbroke, will be greater public cynicism about a process that, at least in principle, is designed to increase engagement and participation. That is unless the current proposals are scrapped, but I am not optimistic about this.

My second objection is that, put simply, this proposal is more driven by the Chancellor's decision that Trusts must clear their deficits in short order than it is by objective assessment of clinical needs.

The Bolingbroke seems to be viewed as a challenge as a hospital but a great opportunity as a piece of real estate. In the last year the pace of NHS asset disposal nationwide has accelerated sharply and the Bolingbroke is caught up in this unwelcome trend. It is an irony that whilst, all over Wandsworth, people are restoring historic and/or disused buildings to bring them back into use because the cost of acquiring land is so high the local NHS is shying away from (or is being prevented from) assessing the relative cost of site retention and redevelopment versus disposal and acquisition.

Thirdly, as Ann Radmore's presentation made explicit, the pre-inclination against redevelopment of the Bolingbroke is underpinned by a current Government policy that says the NHS should not be investing in healthcare services sited in 'rich' areas. This is referred to in the 3rd paragraph of the page 12 of the consultation document. I think this policy is without intellectual merit and should be rejected.

The implication that the healthcare needs of the better off residents of Battersea who form the majority of local tax payers are of less interest and importance to our local NHS is of highly questionable morality in itself. However, the idea that wards like Northcote and Latchmere (separated by a cross-roads at Clapham Junction!) are so distinct and homogenous in their character and that people's ability to move between them is so restricted that NHS investment must be geographically focussed to "impact on health inequalities" is absurd. Having spent months on street stalls and out and

about talking to current users of the Bolingbroke it is clear that they are a very diverse group of people and there is no resistance to travelling from Queenstown or Latchmere wards to Wakehurst Road if the services being delivered are appropriate and efficient.

My last principle objection to the proposals is that they fail to make a realistic assessment of the costs of the 5th option - keeping the Bolingbroke open and redeveloping the site - against the total cost of providing new health services for this area likely to be incurred over the next 7-8 years. If the outcome of the second review is that a new community hospital is needed for Battersea/North Wandsworth the cost of acquiring land, consulting, professional fees, fitting out etc will make £16m to redevelop the Bolingbroke look like a bargain. A piece of land a quarter of the size needed for a new hospital was sold for £7.5m in an unfashionable part of Latchmere ward recently.

In my mind there are only two explanations for this refusal to look at the common-sense economics of it and actively contemplate site redevelopment as the Trusts did in 2004. The first is that there is no real intention to build a new hospital with the substantial costs associated with such a plan because the policy priorities I refer to above. The second is that the need to realise a valuable capital asset is the overweening influence on this decision.

I feel very strongly that we have missed a wonderful opportunity to investigate a creative and innovative way to remodel the possible health uses of the Bolingbroke site. The maintenance and enhancement of current services, and some of those that have been moved away already, could be allied with the provision of other health services - specialist clinics, extended GP facilities, testing facilities etc. There has been no attempt to explore the potential of the site to attract private health services or other related users to subsidise the redevelopment costs of the NHS facilities.

At the end of this consultation I am left feeling that, in a few years time, we will be looking back on years of uncertainty and upheaval and millions of pounds wasted. The residents of Battersea, who have supported the Bolingbroke in their thousands, will be left wondering why there was not a bold decision taken now, in 2007.

I believe this consultation should be set aside and that the local NHS Trusts should instead consult on retaining the Bolingbroke site and building and investing in it, being open to innovative plans for mixed use and funding. This would allow a greatly respected institution to continue its proud and uninterrupted record of service to the people of this area for years to come.

Yours faithfully

Jane Ellison
**Co-ordinator, 'Give us 5' campaign and Parliamentary Spokesman
Battersea, Balham and Wandsworth Conservatives**