Curing a capital in crisis

Jackie O'Byrne investigates the dilemmas facing the Health Secretary and the unions, in the first of three articles on the Tomlinson Report.

When Health Secretary Virginia Bottomley unveiled the Tomlinson report on London's health services, she said a great deal about the need to rationalise services and strengthen primary care. But she was conspicuously silent about who will pay for the changes.

Even those groups that welcomed Sir Bernard's proposals were alarmed by the Health Secretary's failure to guarantee any extra cash for such a radical shake-up in the capital's healthcare system.

Mrs Bottomley promised there will be a decision on the report in the New Year, which gives her just two months to get to grips with the biggest challenge she has faced during her time as Health Secretary.

While her predecessors Kenneth Clarke and William Waldegrave had to tackle difficult issues like clinical grading and the NHS reforms, she has encountered few problems since her appointment in April. But the Tomlinson Report looks set to provoke greater conflict than almost any other issue on the healthcare agenda.

Closed watched

And the changes in London are likely to be closely watched by healthcare managers in other cities, which will experience similar problems, as changes in medical practice and population migration reduce the need for hospital beds.

The report, which will bring inevitable job losses among healthcare professionals, according to its own authors, was published only days after the Government came close to defeat over plans to make thousands of miners redundant.

The timing couldn't have been worse and the predicament of her front bench colleague, Michael Heseltine, whose handling of the miners led him to the brink of professional downfall, can hardly have escaped Mrs Bottomley as she examined proposals which unions claim could leave 20,000 health workers on the dole.

Her chances of winning extra cash to pay for the shake-up look grim as we are facing what it likely to be the tightest public spending round for some time. And she has already received a modest windfall from the cash-strapped Treasury to set up the new community care system next April. But everyone is agreed that this is not a 'do nothing' situation, and that the Government must intervene in some way to save London's struggling hospitals from the effects of its own internal market.

For health unions, as well as the Health Secretary, the issues are complex and while all agree that something needs to be done about healthcare in the capital, there are no easy solutions. The professional organisations, which have been arguing for years that there must be a radical shift in resources from hospitals to primary care, cannot now condemn a report which is founded on this principle.

But over the proposals hangs the impossible issue of relocating thousands of nurses and other staff whose jobs in the high-tech acute sector could be lost in the shift to primary care.

For these nurses, the options are to move into the community as more and more hospital beds are closed, or to look outside London for work in the acute sector. If they chose the first option, most will need extensive retraining, which is costly.

Few may be in a position to opt for a move outside the capital. Surveys have shown that most nurses are married, have mortgages and are unable to pack their bags and leave in search of work. And the idea of swapping a post in a high-tech unit for a job as a community nurse may simply not appeal.

COHSE General Secretary Hector MacKenzie warned 20,000 jobs could go if the Tomlinson report is implemented and drew parallels with the struggle to save pits from closure.

Welcoming the launch of a broad-based campaign to fight plans to close some of London's most famous hospitals, Mr MacKenzie said: 'There is a growing sense of popular outrage. People are angry at the contempt the Government is showing for hospital staff, for the miners and for other workers whose livelihoods are threatened.'

He added: 'The rest of the world will think we are mad to close world famous centres of excellence because a rigged market has diverted funds out of the capital.'

But the casualties of Tomlinson are not simply centres of research and excellence. The threatened teaching hospitals also provide a local service to thousands of Londoners, whose needs must be met elsewhere. Ruth Ashton, Royal College of Midwives General Secretary, warned the closures could leave serious gaps in service.

Biggest fear

She said: 'My biggest fear is we could end up having huge populations without local maternity services, inadequate neo-natal care and a significant reduction in other specialist services which save mothers and babies.'

About 12,000 women a year could be affected, Ms Ashton added, warning against the loss of any midwifery posts in the capital. 'Whatever the result of the consultation, the same number of women are going to need midwifery care.'

Those nurses already working in the community fear the proposals could bring them extra work, but no resources to deal with it. And the Health Visitors' Association points out the number of community nurses working in the capital has been steadily dwindling over recent years.

Acting General Secretary Margaret Buttigieg warned: 'There is every chance the real effect of hospital closures will be an increased workload for community nurses, but insubstantial extra funding – if any at all – to carry it out.'

The HVA is calling for guaranteed ringfenced funds to develop primary care before hospitals close down. But the report is vague about the amount that will be needed and where it does suggest a sum – £140
million to bring GP practices up to scratch – the amount is far too modest, according to calculations by the King’s Fund.

The King’s Fund said hospital rationalisation will also be costly, but agreed that the Tomlinson recommendations, despite their financial omissions, are of the ‘right order of radical magnitude’.

The Royal College of Nursing has already written to the Prime Minister to seek guaranteed resources for the proposals and to repeat its belief that funding for a five-year period is vital if Londoners are not to lose ‘precious health care resources’.

Thames Regional Secretary Heather Bond said: ‘We believe a centrally funded 18-month transition period is needed to clear London’s waiting lists, and ensure that any changes are managed properly, planned carefully and financed fully’.

Some groups are already accusing the Government of planning to use Tomlinson as a front for hospital closures. NUPE General Secretary Rodney Bickerstaffe described the report as a ‘charter for cuts, closures and cancellations’, while the Labour Party, which agrees rationalisation in London is overdue, attacked Virginia Bottomley for her failure to pledge any cash for the proposals.

**Set for a battle**

Those hospitals most directly affected by the proposals are now set for a battle to fend off the threat of closure, which cannot really begin until the Health Secretary announces her intentions next year.

But some have already made it clear the proposals are far from their liking. The Royal Marsden Hospital, which looks set to move to the Charing Cross Hospital site, could be badly damaged by the plans, according to Ian Smith, the director of its Department of Medicine.

He argued: ‘It has taken years to build up teams of specialist professionals fighting cancer on many fronts and it is something that cannot be moved and set up elsewhere.’ The Marsden has just opened a new wing at a cost of £25 million and it would be a ‘tragedy’ if this were knocked down or sold, Dr Smith said.

The neighbouring Royal Brompton Hospital, which is also set to join the Marsden at the Charing Cross site, dismissed the proposals as ‘economically unsound’.