

**IN CELEBRATION OF 50 YEARS OF THE
NATIONAL HEALTH SERVICE**

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SAVE OUR STANDISH

The Campaign to retain the Standish Hospital Site as a Health Care Facility.

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A PRESENTATION

BY THE

SAVE OUR STANDISH ACTION GROUP

STANDISH HOSPITAL

AND

ITS CONTINUED USE AS A HEALTH CARE FACILITY

NOVEMBER 1996

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FOREWORD

This pamphlet is intended to provide information and promote discussion on the future of Standish Hospital.

It was the decision of the then Secretary of State for Health, Virginia Bottomley, that the hospital should close and that the facilities should be transferred to the Gloucester Royal Hospital. The date for closure has not been set and the hospital is still in use by both the Gloucester Royal Hospital National Health Service Trust and by a tenant, Sportability.

In today's world, there is scant regard for sentimentality, especially where money is involved and the "Save Our Standish" campaign does not use sentiment as part of its argument. There are other, and more valid, reasons why the site should be retained as a health care facility and these are ably set out for you in this pamphlet.

Once the Standish Hospital site is sold, it will be lost to the National Health Service for all time.

It is regrettable that the present Government requires that trusts seeking funds for redevelopment should investigate the PFI option first. This means that the Gloucester Royal Hospital Trust must still base its plans on a method of deferring government spending which has proved almost impossible elsewhere.

We do not know of any initiatives on the scale proposed by Gloucester, which have borne fruit. The delays elsewhere beggar belief and the costs of preparing the documents is currently running at over £500,000 for each initiative, much of this being swallowed up in legal fees. We think that sort of money should be spent on patients.

You are urged to read the following pages and consider how you could and should ensure good patient care in our area. You have a voice. Why not make it heard?

2. INTRODUCTION

The "Save Our Standish" Action Group (SOS) was formed when it was publicly announced that this hospital was scheduled for closure. For several years the group has had official meetings and informal discussions with the various authorities and interested parties and individuals. A local petition in 1993 produced over 41,000 signatures. The group is determined to continue its protest.

3. A BRIEF HISTORY OF STANDISH HOSPITAL AND THE CURRENT STATUS

- 3.1 The site was a private residence until the Great War of 1914 - 1918 when it was offered by the owner and then used as a military hospital with up to 130 beds. After the war, it continued to be used as a hospital, primarily as a sanatorium.

Using funds provided by:-

The Gloucestershire Branch of the British Red Cross Society,
The Joint Council of the British Red Cross Society and the order of St John,
The Gloucester City,
The Gloucestershire County Council,

the site, including some adjoining property, was acquired as part payment of death duties on the death of Lord Sherborne. Other parts of the surrounding area were acquired by the National Trust. The hospital was used as a TB sanatorium and then as a hospital mainly for Respiratory and Orthopaedic cases.

- 3.2 Both before and during the Second World War of 1939 - 1945, the hospital continued to expand its services with consequent buildings and facilities being added. Long stay children, selected for the correction of orthopaedic problems, or for the treatment of bronchitic/asthmatic conditions, were cared for in a 40 bed unit. Their education either on the wards, or in the hospital children's school, continued with specialist staff being provided by the Local Education Authority. Some children were admitted to Ward A for respite care. Such care is now provided by the Social Services.
- 3.3 In recent years, and before any official announcement of intended closure was made, it became obvious that the hospital was underfunded. The buildings and grounds were not maintained and this provoked adverse comment in the local press.
- 3.4 Following the formation of SOS, there has been defensive action by Gloucestershire Royal NHS Trust (GRH Trust). The Trust has used the intended closure of Standish as part of its plans to rebuild the Gloucester Royal Hospital. The argument has been that the services which were provided at Standish can be more economically and conveniently provided in Gloucester. None of these facilities, or expanded facilities, has yet gone beyond anything other than a tenuous planning stage.
- 3.5 The Trust had also stated that the funds raised by the Pied Piper Appeal would be used for purposes other than that for which the money had been raised. The Charity Commission had not known of this intended change of use. An enquiry by the Charity Commission showed that the Pied Piper trustees also had been unaware of this intended change of use. Enquiries by the Charity Commission continue.

4. PRIVATE FINANCE INITIATIVE

- 4.1 To carry out the proposed rebuilding in Gloucester, the GRH Trust was required to research a Private Finance Initiative (PFI), but elected for an extraordinary 60 year lease-back. There were only two viable bidders.
- 4.2 Whilst the PFI must legally be investigated, it is not necessarily to be implemented. Treasury or the Secretary of State for Health may decide that a PFI fails either because of its unsuitability or cost or both. If the PFI proposal is not accepted, the NHS will provide funding for any approved works. Additionally, there is now a decided reluctance to invest in large hospitals. It is significant that, at the time of writing, not one PFI contract with a value of over £10,000,000 has been signed. The furthest towards that goal is the PFI for Coventry and Warwickshire, which was scheduled to be signed late summer but the contract is yet to be completed.
- 4.3 This inordinate time scale reflects not only the complexity of preparing a PFI, but also the reluctance of the NHS to lock itself into the past to the detriment of future changes in the methods of providing health care.
- 4.4 The case for keeping the Standish Site is now inextricably linked to the future of the GRH through PFI. The GRH Trust is in the process of negotiating a £70m deal for a completely new hospital on the site of GRH with a consortium led by Taylor Woodrow.
- 4.5 The PFI has come under attack from a variety of sources and the scheme being proposed has received considerable public criticism. This is likely to delay any conclusion of negotiations.
- 4.6 The PFI is now less assured than it was some months back. There appear to be delays in obtaining Treasury approval for new PFI schemes. This is reputed to be because of the excessive costs of PFI and the uncertain future of revenue/capital relationships.
- 4.7 Developers, particularly the large building firms, are now less sanguine about PFI. They fear becoming over extended and also because the rates of return may not be as beneficial as they once hoped.
- 4.8 For these reasons the future of Standish would seem to be assured to at least the turn of the century. Indeed it is significant that the PFI scheme entered into by the GRH Trust was entitled GRH 2000. This once again extends the lease of life of Standish.

5. REASONS FOR THE RETENTION OF STANDISH HOSPITAL AS A HEALTH CARE FACILITY

- 5.1 The Standish site is designated as a site for health related use. No change of purpose has been agreed by Stroud District Council.
- 5.2 Throughout the SOS campaign in response to the closure plans, the reasons for keeping Standish open were well made.
- The environmental benefits of the site.
 - The quality of the medical staff. This quality will not be and cannot be replaced. The team will be dispersed. Some will not transfer. New working practices will change the team operational flow. Concentration of recruitment in a smaller catchment area will diminish the quality.
 - Standish has potential to serve any increase in the population in the area.
 - The respiratory facility will be replaced but the Standish reputation for its long term chest bed provision will be lost.
 - Infection rates will increase resulting from the proposed reduction in designated cold orthopaedic bed provision. There is a need for cold orthopaedic beds to avoid cross infection. Reluctance to send trauma cases home may cause hip operation cancellations. Fewer beds will not do the same job.
 - There is no replacement hydrotherapy unit.
 - According to the users, the arrangements for respite care are not satisfactory.
- 5.3 A case can be made for keeping alternatives to a District Hospital i.e. overspill, emergencies, epidemics and demographic changes in demand. Transfer of patients is a continuous process. The use of Cheltenham Hospital and the private Winfield Hospital to supplement treatment or to deal with lack of beds, is increasing.
- 5.4 Standish Hospital could easily, and economically, be up-graded to a modern "cottage" hospital in the context of the area actively considered for a new settlement and still subject to considerable development pressures.
- 5.5 West Gloucestershire is currently underprovided with health care facilities. The anticipated dramatic increase in the local population, including the proposed new settlements to the north and south of Gloucester, will require Polyclinics in the immediate residential areas and the resultant Hospital and Rehabilitation Hotel could easily be sited at Standish Hospital. In this context, it must be noted that there is still a lot of local opposition to a new settlement in the area. Nevertheless, new housing is inevitable. There must be provision for modern methods of delivering Health Care. A rebuild at Gloucester is only part of what should be an overall plan arrived at with the consent of the population, the health care providers and the regulatory and advisory bodies.

6. SPECIALTIES AT STANDISH

6.1 There are three specialties at Standish

- Chest
- Orthopaedic care
- Rheumatology

In addition Standish is still used to a limited extent by the Severn NHS Community Trust for X-Ray, Physiotherapy and Hydrotherapy. Sportability was granted a two year lease to use the old Nurses' Home. The lease has been extended and Sportability has taken over A Block. This is dealt with under separate cover.

6.2 Chest medicine has been the discipline under most pressure to move to the GRH site. There are reasons for this but the most important is the need for ITU services to be on call. SOS would agree that serious acute cases be moved to the Gloucester Royal site but chronic rheumatology ought to remain at Standish.

6.3 We have recently learned of the threat posed by new virulent forms of tuberculosis. Between the wars, Standish's first function was as a TB isolation hospital. It would be ironic if the demand for TB beds were to save Standish. Opinions expressed by experts indicate that this cannot be ruled out. It is doubtful if the in-Patient care of open Pulmonary Tuberculosis could be accomplished totally within the GRH, or within community hospitals or even by the use of drugs at home. We need to look to the future as well as the past and present when predicting what will be required in 10 - 15 years time. This should be a vital factor in getting medical opinion to back the potential of the hospital.

6.4 Orthopaedic care has been more controversial. Though there may be points in favour of some centralisation of the specialty, the different requirements of acute and cold orthopaedic surgery remain extant. The dangers of cross infection cannot be ignored. The pressure on beds would inevitably lead to a reduction in the capacity for elective orthopaedic work. This is still the view of at least one of the consultants and other medical staff. Standish retains its reputation as a centre of excellence and could provide excellent cold orthopaedic facilities for the whole of the region if a proper pricing structure and accessibility were put in place.

6.5 Rheumatology is the least controversial of the specialties. Where rheumatology is concerned, the great advantages of Standish are the quality of the facility (D Ward was re-built in the late 1980s), the presence of an assessment flat which almost certainly would be lost if the service were re-located and the accessibility to the hydrotherapy pool which is in surprisingly good condition. As the age of the population increases with the inevitable consequences upon rheumatics, such a use for Standish is easy to defend and this would overcome one key argument for its closure i.e. the lack of an ITU on site.

6.6 Standish has always had an important community function. Though it is not a Community Hospital, local people in particular have been able to call upon various facilities available at Standish. The parcelling up of the NHS has made it more difficult to exploit the opportunities at Standish. This has caused the Severn NHS Trust to invest much more on the site of Stroud Hospital in particular extending X-ray and Physiotherapy to meet what would be lost from Standish. With the other developments that have taken place at Stroud, including the re-location of Cashes Green Hospital, it has been put by people within the medical service, that the Stroud site is unduly congested and incapable of further expansion.

7. SPORTABILITY AND THE CASE FOR A SPINAL UNIT AT STANDISH

- 7.1 When Sportability moved to the Standish site, this was seen as a temporary venture by a small charitable institution which provides help to paraplegics and tetraplegics. It is now clear that Sportability has a long term future. It has attracted patients from several other countries as far afield as India and improvements have been achieved in cases given up as hopeless elsewhere. The premises it is now occupying are far from ideal. It is the concept of the Dikul principle and its implementation by the supporting staff that make it what it is and, with greater co-ordination and possible integration within the NHS and Standish especially, it should have a bright future. By giving Sportability a home the GRH Trust has shown initiative and imagination. This is just the type of alternative use of the site for which SOS is campaigning and demonstrates what will be possible when the site is retained as a health care facility.
- 7.2 More recently following the intervention of a local paraplegic, David Winsor from Cam, considerable interest has been shown in the siting of a paraplegic/tetraplegic centre at Standish. Patients with spinal problems currently travel to Odstock, Stoke Mandeville or Cardiff to receive treatment. They argue that there should be a more local centre. With the space available at Standish and given the growing recognition accorded to Sportability, the patients feel the centre should be at Standish. Mr Winsor has written to Parish/Town Councils in the vicinity and has so far received overwhelming support for his idea. An emergency resolution, moved by Cam Parish Council (D. Winsor) re the future use of Standish Hospital for a Paraplegic Unit, received unanimous support at the recent Annual General Meeting of the Gloucestershire Association of Parish and Town Councils.

8 A RECOVERY AND REHABILITATION CENTRE - RESPITE CARE

- 8.1 We recognise there is validity in the medical argument for centralising at least some of the chest care currently provided at Standish. This still leaves the door open for patients recovering from chest and other illnesses. The therapeutic nature of the site and the care delivered by the staff should be enough for its continuance. Then Standish would be seen as an ideal location and facility. It is time that this phase of treatment be re-examined. Standish provides an ideal place for what used to be called convalescence. There is growing awareness that this is a vital phase in the return of patients to the community and it reduces the re-admission rates. Newspaper reports state that these rates are currently high because a shortage of acute beds pressurises clinicians into discharging patients prematurely.
- 8.2 There is a continuing and growing need for respite care facilities. Children's respite was removed from Standish when A Block was closed. This has still not been properly re-provided and as demands increase this potential needs to be fully explored. There is evidence that facilities for respite care are in short supply in the whole of Gloucestershire and the Stroud District in particular. A new assessment of the needs should be made of how, by enhancing the site, Standish Hospital could be a centre for Respite Care.
- 8.3 Whether Standish could be re-established as a place where children are catered for over longer periods of time is again worth consideration. It is interesting that enormous sums are possibly being invested in a new children's hospital at GRH when for much smaller financial sums an effective children's unit could be re-provided at Standish. The potential for parental involvement in that care would be just as valid at Standish as at GRH.

- 8.4 With the need for more facilities for respite care there is a desperate need for a Carers Service Centre in the area. Some outline research has already been carried out into what is required. This would not cut across existing facilities such as provided by the Alzheimer's Society at Stroud and Dursley. A Standish Centre might be provided on an "out of hours" basis which these cannot service. This is another composite use making the best community use that can be obtained from the site.
- 8.5 Local doctors are alarmed at the lack of provision in the County to deal with the need for an Adolescent Psychology Service. In the past, similar services have been provided very successfully at Standish Hospital and it would be appropriate to provide a unit there for the prolonged and painstaking course leading to recovery from these difficult conditions.

9. A CENTRE FOR THE TERMINALLY ILL - A HOSPICE CENTRE

- 9.1 There has been a dramatic increase in the nursing and medical requirements of Terminal Care. There is certainly a case for greater co-ordination in Gloucestershire and this could be provided by Standish backing up what is currently available through the Community Trust.
- 9.2 AIDS related illnesses are currently not the problem first feared. When the closure of Standish was first being debated, an idea was floated that Standish could become a Hospice. The idea was not followed up, which is a pity as this could be a valuable additional use for the site. A survey is needed to assess the current and future needs in the region and what such use would cost. SOS believes that given the nature of care already provided at Standish, this development could be added without excessive effort and expense.

10 A MEDICAL RESEARCH CENTRE AND MEDIPARK

- 10.1 Research is generally favoured by companies on a large hospital site. The GRH site is cluttered and will always be insufficient for the pressures being placed on it.
- 10.2 In the O'Rourke proposals, which are the only ones existing for the re-development of the site, the idea of converting to high tech use was paramount. This has been strongly opposed by SOS and others because it is contrary to medical use of the site. However, some suitable and appropriate high technology work might be done at Standish. Research on advanced Mobility Aids could be very suitable there.
- 10.3 SOS has never been against development on the Standish site and intensive use being made if this permitted its continuance for medical purposes within a strong NHS context. None of the Regulatory Authorities with which SOS has had discussion has attempted to look at what better medical uses might be made of the site.

11. A POLYCLINIC ON THE SITE?

- 11.1 Recent conversations with both a Chief Administrator and a local GP have confirmed that the Stonehouse area is under-provided in terms of medical facilities. Despite the tremendous population growth that has occurred, the Stonehouse district lacks basic features such as a Health Centre commensurate with the size and requirements of the area.
- 11.2 GPs are assessing how they can supplement primary care with some secondary care. Polyclinics, which allow them to 'hire out' hospital and other services, are of growing interest. It has been put to SOS that the Standish site or something very like it is just what is needed in the area. Its use would not be restricted to the immediate locale and it could be a real resource to all in the area around as population increases and ages.

12. WHAT IS LOST IF STANDISH CLOSES?

- 12.1 The site is a very valuable asset. The greatest tragedy is that it would be impossible to re-create Standish as no comparable site could be found or even afforded.
- 12.2 The staff issue will continue to be a pertinent one. Though there appears to be less staff resistance to moving over to GRH, this is not the same as support and it is clear that many of the staff will leave rather than transfer.
- 12.3 Staff morale is surprisingly high though pressures intensify and the uncertainty is damaging. There are no guarantees for the future of the non-core staff because of financial difficulties within the Trust.
- 12.4 GRH would be hard put to contain any internal or external disaster situation without satellite facilities to accept the usual numbers of patients whilst itself coping with the disaster or epidemic or other mass casualty situations.
- 12.5 The reluctance of the medical profession to become involved in these discussions is understandable although disappointing. We are hoping that discussion between patients and doctors on this subject will cause a change of attitude.

13. RECOMMENDATIONS

- 13.1 That SOS continues to oppose and expose the implications of PFI particularly emphasising the impact on Standish.
- 13.2 That an environmental impact assessment is carried out into the value of the Standish site for medical purposes.
- 13.3 That the impact on staff of re-locating away from Standish is re-examined.
- 13.4 That the value of Standish for cold orthopaedic work is re-evaluated.
- 13.5 That an investigation into the continuing use of Standish for rheumatology be carried out against the background of the demand for more community facilities.
- 13.6 That the use of Standish for Chest complaints, especially Tuberculosis, be examined.
- 13.7 That uprating the site for greater community use is considered.
- 13.8 That the possibility of establishing a Spinal Unit is assessed.
- 13.9 That the merits of centering on Standish "Recovery, "Respite Care", "Rehabilitation" and "Spinal and Head Injuries" be examined.
- 13.10 That the idea of a Hospice Care Centre for the Terminally Ill be investigated.
- 13.11 That a unit at Standish for the treatment of Adolescent Psychology be investigated as a matter of urgency.
- 13.12 That the potential for High Tech Orthopaedic Medical Research on the site is properly studied and appropriate business and industrial links are explored.
- 13.13 That the ethos of Polyclinics is properly investigated and the potential of the Standish site be borne in mind when this is undertaken.
- 13.14 That X-Ray and Physiotherapy Departments be retained and so obviate car journeys to Stroud and Gloucester.