

Ms Carol Ackroyd comments

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The Naylor report on NHS estate recommends a massive sale of NHS land and facilities that are 'underused' or no longer required. But Naylor's definition of 'underused' is critically flawed and, equally, he recommends sale of NHS land in the absence of any overall strategy for NHS estate and before there has been any consideration of future NHS and associated needs. For these reasons, any current designation of NHS estate or properties is unwarranted and unsafe, and current NHS estate must not be included in any plans for alternative use.

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London needs to retain GP and community health services that are close to where people live, so they are convenient and easily accessed, particularly by people with young children, elderly people and disabled people. Our NHS needs to be assessed in terms of ease and equality of access as well as clinical excellence. However this is not recognised in current plans for NHS services.

The NHSE / Government Plan for (UK-wide) NHS services envisages a reduction in annual spending of £26bn pa by 2021 compared with 2015 levels of spending. The main way this level of reduced spending can be achieved is through a massive reduction in the number of local GPs and community healthcare sites as well as closure of hospitals, beds and A&E services. Reduction of sites will mean longer, problematic journeys involving great inconvenience or hardship particularly for people with young children, elderly and disabled people, who often need to make regular visits to surgeries. Although a small number of procedures of course require specialist facilities, the vast majority of helathcare appointments can be carried out in local, non-specialist sites. The London Plan must ensure that London retains local healthcare services, and that convenience of access to healthcare and travel to facilities are given a high priority in all planning.

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The London Plan must reject the use of NHS sites for housing as proposed in the Government's Naylor Report. The Naylor report recommends that up to £5.7bn of NHS sites (the most valuable being in London) be sold and much of the space used for new housing development.

However the proposals represent a scandalous firesale of precious NHS property and sites. The definition of 'underused' (set out in the Carter report on efficiency) is based on a meaningless measure – such that, for instance, laboratory space or play space for children can result in a building being designated 'inefficient' and categorised for sale. Most importantly, the sale of NHS estate is **proposed in the complete absence of any national or local NHS estate strategy**.

Local authorities are encouraged to support the sale of NHS land through the promise of land for housing. The London Plan must stand out strongly against this proposals.

NHS campaigners including Keep Our NHS Public (KONP) and the umbrella group Health Campaigns Together (HCT) have proposed the following strategy for use of NHS land. We hope this approach will be adopted within the London Plan.

WE WANT THE FOLLOWING BENEFICIAL USES OF NHS LAND

Any NHS land that is not in clinical use at present should be used for health and wellbeing purposes, to be considered in priority order, as follows:

1. The NHS should consult fully and agree plans with local people. It should identify any land that may be required for expansion or rebuilding of existing hospitals or clinics, or needed for publicly-provided shared health and social care. This land cannot be sold.
2. The NHS should build “step-down care” and rehabilitation centres to care temporarily for the 6,000 patients who are medically fit, but still need care and are occupying expensive acute care beds. Figures show that this would pay for itself in only one or two years, and is far better value for money than selling land.
3. Land not needed for NHS care should be considered for publicly-provided social care, or used to build low rent housing for NHS employees. This would improve recruitment, reduce length of journeys to work, and reduce fatigue for NHS staff, so improving patient safety, and releasing the housing presently occupied by the rehoused staff.
4. Publicly-owned supported accommodation for elderly and vulnerable people should be developed on remaining NHS land, near to medical facilities, to meet the acute need for such homes. This would also free up housing occupied by vulnerable people for use by others.
5. Any remaining NHS sites should be used for social housing, provided at genuinely affordable rents. The destructive “right-to-buy” policy that has depleted the affordable public housing stock since the Thatcher era should not apply, and in any case should be abolished by legislation.
6. Any NHS land that is not suitable for the purposes above should be included in a local public land bank, to be considered for land swaps under the direction of the local planning authorities to improve the quality and allocation of public land.

Only after full consideration of all these uses (in priority order) should NHS land be released for commercial sale. All money from sales should be paid into NHS capital accounts and used for buildings and maintenance, not to compensate for NHS revenue underfunding.

STOP ALL SALES OF NHS LAND UNTIL NATIONAL AND LOCAL ESTATE STRATEGIES ARE AGREED WITH FULL PUBLIC CONSULTATION AND A VOTE IN PARLIAMENT.

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A vital element of a healthy city is ensuring that everyone, particularly the most vulnerable, have easy access to GPs and other primary healthcare facilities. People with young children, elderly and disabled people especially need access to GPs and other routine primary healthcare that is nearby and does not involve lengthy and inconvenient journeys. However the Government's plans for healthcare involve a massive reduction in local NHS sites (in order to reduce NHS spending by £26bn p.a. by 2021 compared with 2015 levels). This reduction of local sites will mean great hardship for the most vulnerable and huge inconvenience for most people. Long journeys to GPs and clinics will mean that many of the most vulnerable people will simply 'do without' the healthcare they need.

Government justifies the policy by pointing to the need to create larger hubs with specialist facilities. Of course specialist facilities are needed - but not at the expense of convenient local care. Ease of access to health is as important a criterion of good healthcare as clinical excellence.

The London Plan must tackle this by ensuring that ease of access to GPs and primary care - as well as to hospitals and A&E, including length and complexity of journey, must be given a high priority in any planning consultation and local decisions.

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Excellence in healthcare depends as much on people's ability to access healthcare as it does on clinical excellence. However the Government's plans for health as set out in NHSE's 5YFV pay little or no attention to the need for local services. ('Care nearer home' simply means moving care out of hospitals and into community settings. It does not mean locally available services).

Current government proposals for NHS services involve a massive reduction in the number of local GP and NHS community sites (with proposed sell-off of this valuable NHS land), and involve development of much larger, but many fewer community sites. This will mean much longer journeys and greatly increased travelling times to access GPs and other community facilities which will make it extremely hard for many vulnerable elderly and disabled people, or those with young children, to access primary and community care services.

Government justifies this by talking about the need for community hubs that can deliver specialised services. We accept this. However the great majority of healthcare can be delivered appropriately and safely in local non-specialist settings. The real reason is that Government intends to underfund the NHS by £26bn per year by 2021 compared with 2015 funding levels, and cutting the number of healthcare sites is the main way they intend to achieve this reduction (as well as providing a one-off windfall through the sale of lucrative NHS buildings and sites). We cannot accept that patients will be expected to make long and inconvenient journeys in future. Local GPs and healthcare facilities must remain a very high priority.

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A major aim of the Government's Sustainability and Transformation Plans / Partnerships is to reduce the NHS budget by £26bn per year by 2021 compared with 2016 levels. A major way they intend to achieve this is through making a massive reduction in the number of local sites at which NHS care is provided. Plans set out in the Government's Naylor report involve proposed sale of £5.7bn of NHS property and sites (in part to fund revenue gaps and with profits from sale shared by private developers). The UK already spends far less on healthcare than comparable economies, and these proposals will massively degrade our NHS. The London Plan must stand out against this proposed destruction of the NHS in London and nationally. Whilst it cannot directly affect Government funding for the NHS, the Plan can highlight the destructive nature of Government proposals and encourage people to challenge these.

The proposed sell-off of NHS sites will result in people expected to make lengthy and very time-consuming journeys to access GPs and other community healthcare. This will be hard for everyone, but exceptionally difficult for those with small children, elderly people and disabled people - who are generally high users of GP and community healthcare services.

The London Plan and local plans must ensure that any proposals to change sites for healthcare take account of the impact this will have on journey times and access, particularly for the most vulnerable people.