

Finsbury Health Centre Under Threat: Ways Forward

Notes of public meeting

Thursday 6 November 2008

Holy Redeemer Hall, Exmouth Market, EC1

Organised by

Campaign to Save Finsbury Health Centre
18 Wilmington Square, London WC1X 0ER,
Tel: 020 7833 1395
www.savefhc.org.uk

Chair:

Barbara Jacobson, Campaign to Save Finsbury Health Centre

Speakers

Terry Luke: Unison

Wendy Savage: Keep our NHS Public

Barbara Jacobson, reading messages from people who could not attend

Tony Hoolaghan: Islington Primary Care Trust

Rachel Tyndall: Chief Executive, Islington Primary Care Trust

Comments from the floor (Approximately 90-100 people)

From conservationists & architects on the case for refurbishment rather than sale

From medical people on medical services

From local residents and patients on a variety of subjects

Note: a video was made of this meeting and will be available on the Campaign's website above, along with a graphical summary of the meeting.

BACKGROUND INFORMATION

Campaign to Save Finsbury Health Centre

Barbara Jacobson, chair, introduced the meeting by welcoming everyone and promising to be strict about time and respecting the different opinions in the room. The purpose of the meeting is to hear and comment on the Islington Primary Health Care Trust's proposal to sell Finsbury Health Centre (FHC), move existing specialised health services elsewhere in the borough and build a new building next door for the two GP practices currently housed in FHC.

Terry Luke, Unison, showed a chronological sequence of photographs of the Clerkenwell area and the creation of the health centre. His presentation began with an aerial view of the crowded neighbourhood in 1851, followed by a photograph of the site before the Finsbury Centre was built. There were also photographs of the Centre when it was first built and its use in propaganda during World War II, under the caption: "Your Britain: fight for it now". He concluded with two photographs, one celebrating the 70th birthday of the Centre, when a family of four generations who had used the Centre presented staff with a birthday cake on 21st October this year, and a final photograph of the FH Centre today.

Wendy Savage, Keep our NHS Public (www.keepournhspublic.com) said that her organisation had been started by NHS Consultants Association and the NHS Federation. They want the public to know about government policy decisions that are introducing more private sector participation in the delivery of health care in Britain. These policies can be dated to 2003 when the government set up a commercial directorate in the Department of Health to bring in health care companies. The argument given was that the increased efficiency of private management would create sufficient savings to pay

for corporate profits while also improving health care delivery. However, Frank Dobson, MP for Camden, believes these policies raised the cost of delivery while reducing available services. "It is like getting nine operations for the price of ten."

Wendy Savage also questioned a government policy announced in early 2008 to introduce primary care polyclinics. This policy did not go through proper consultation and included a request for all private care trusts to set out plans for polyclinics by March 2009. "What is the haste?" she asked. "Why do we rush these things?"

Wendy Savage also noted that she had a lot of sympathy with Islington's PCT managers who are directed by the Department of Health to do these things, believing they have no choice but to follow the direction. "They do have choice," she argued, "and need to stand up to government and ask for local consultations, proper consultations and decent data."

Wendy Savage concluded her remarks by asking for better information. "Where are the figures, Rachel [Tyndall, Chief Executive of the Islington PCT]? Where is the data? That is what we need!"

Barbara Jacobson: Emily Thornberry MP for Islington South, Chris Smith our former MP, Cllr. Paul Convery of Islington Council's Health and Well-Being Committee and Alec Forshaw, former Head of Conservation and Design at Islington Council and 20 others sent their apologies.

Here are some messages of support: Chris Smith offered strong support for the campaign, noting that FHC was the first purpose built health centre in the country. Emily Thornberry, the current Finsbury MP, said that she was shocked by the proposal and also supported the campaign. Councillor Paul Convery questioned whether the business case for selling the building had been made. John Allan, Avanti Architects said that the building was a leading example of the key ideals of public service and should continue to serve as such. Mr Pike, from N1 agreed that the Finsbury Health Centre symbolised what the NHS should be about and should continue as a model for others. Another local resident, Mary Rutter, N1, said that the site was easy to reach and she valued the podiatry services offered there. Robert O'Dell, of the Islington Society, commented on the distinguished architecture and also noted that the building is a 'monument to public health in Britain.' He thought that the PCT should re-use the old building, not build a new one.

Complete copies of the letters and emails quoted by Barbara Jacobson are on the website under 'Messages of Support'.

THE PCT CASE **Tony Hoolaghan, PCT**

Tony Hoolaghan, Islington Primary Care Trust presented the case for selling off Finsbury Health Centre. His remarks included a long list of thanks to people for organising the meeting and attending, as well as to his own staff for their preparation. More substantially, his comments on the PCT's proposals can be grouped under two headings:

- PCT reasons for moving services from Finsbury Health Centre
- PCT reasons for selling Finsbury Health Centre

PCT Reasons for Moving Services

Islington as a whole will benefit because:

1. Health workers will be able to work together;
2. Wheelchair access will be available to all in the new locations;
3. Services provided closer to patients in **all of** Islington & not concentrated in one area;
4. Services currently offered at Finsbury Health Centre (podiatry, family planning, orthotics, biomechanics (foot health); contraceptive service; speech & language therapy; community

dental services; physiotherapy) will not be reduced, stopped, privatised or centralised services; instead, the same services will be offered in different local locations.

5. More room will be provided for services, like physiotherapy, which are currently cramped in FHC;
6. FHC cannot be a polyclinic because it is too small.

Finsbury services will not suffer because:

1. There will be a new home for GP practices in Finsbury, in a new building next door, built to modern standards
2. Podiatry, dentistry, speech, physiotherapy will be kept local (2 chairs)
3. Other services will be available at a new health centre at Hornsey St.

PCT reasons for Selling the Building

1. This is a Grade 1 listed building which leads to high costs.
2. The building is expensive to refurbish & maintain, when compared to the cost of refurbishing other buildings the PCT has renovated.
3. The building is difficult to work in.
4. The building is no longer fit for purpose.
5. To pay for the cost of refurbishment, the PCT will need a private finance partner who will need to be repaid.
6. The rent this partner will require is £1million rent, while other buildings, with comparable space, would only cost £600,000 to rent. The additional £400,000 due to Grade 1 listing.
7. This rent will be £1million per year over 25 years.
8. The costs of refurbishment were independently verified and are therefore trustworthy.
9. The PCT looked for other sources of funding to pay for the building's renovation – such as Heritage Lottery Funding – but were told they were not eligible because they wanted to provide services in the building. Heritage Lottery Funding, they were told, was only available if the building was turned into a museum.
10. The PCT needs to use taxpayers money efficiently & effectively.
11. Therefore, it made sense to move services out of Finsbury.
12. The Conservation Management Plan used to develop costings, another reason to trust the figures.

COMMENTS FROM THE FLOOR

Comments from the floor on reasons for selling the building

Barbara Jacobson, as chair, asked first for comments from any architects or conservation experts in the room, who could comment on the PCT's case for selling the building. The following comments were made:

Hugh Edmundson, Assistant Conservation Officer for Epping Council: You say the building is too expensive to maintain, but lower cost alternatives are available and were already allowed in late 1990s. What is the problem now? You have neglected the building and allowed it to fall into disrepair. Why?

Dorian Crone, English Heritage made the following points:

1. Conservation Management Plans are a vehicle for those running the building and for the local authority & conservation. They provide liberal and positive provisions for adapting and protecting buildings. For example, a notice board would not require consent, although the PCT has said it would.

2. We can only estimate the costs based on the scheme, but we have not seen the scheme.
3. We want buildings to be accessible. The building was designed for flexibility & adaptability, but we haven't had the opportunity to see a scheme and say whether proposed changes are acceptable or not.
4. The building is not in the best condition. Its Grade 1 listing is not what is stopping things, but flags it up as requiring attention because it is important to the community in this area and important nationally and internationally. That does not preclude advancement and change, but only provides vehicle for management. We would like to be involved, but have not seen a scheme and cannot comment on costs or whether easily convertible or not.
5. The building next door is in a conservation area, and therefore we need to consider whether it can be demolished and replaced by a new building. Because it is in good condition, is sound, and not beyond reasonable economic repair, and because there is no national benefit if demolished, it is not certain that a new building could be built on that site. In summer we got the costs, but not the scheme. The PCT's assumption that building would be demolished is not valid, as it has not gone before the local authority. New use has to be of national benefit before demolition is allowed.
6. There are a number of confusing points in the PCT case, including the fact that demolition of neighbouring building is not a foregone conclusion, and that English Heritage cannot verify the costs without having seen the scheme.

David Sulkin, Amwell Society noted the Heritage Lottery Fund has been used to restore building that are still in active use. He gave several examples of working buildings which had received such funds: Royal Opera House, Turkish Baths in Manchester, Liverpool Anglican Cathedral, St Pancras station.

David Gibson, Islington Society said that the best way to use a building we care for is to use it, especially for the purpose for which it was designed. He added that there were three fallacies in the PCT's case for selling Finsbury Health Centre:

- First Fallacy: "Listed building cannot be adapted." It can be, especially this building which was designed for adaptation
- Second Fallacy: Faults in listed buildings are expensive to repair, especially Grade 1 listed buildings. This is not always true.
- Third Fallacy: Once repaired, old buildings are expensive to maintain. Does that mean that new buildings require no maintenance? In fact, old buildings may be easier to repair and maintain because their troubles are known.

John Allan, Avanti Architects, knew Lubetkin & did 1990s restoration project. His experience in that project was that they undertook every conservation task & established feasibility of doing so. He also mentioned the question of access, stating, "we undertook a planning exercise which included introduction of a lift for which there is listed building consent."

Local resident: What is future for building if it were sold?

Local resident: Why were we not consulted on the option of refurbishing the building? The only choice offered in the consultation was where to move services after the building was sold.

Local resident: It is quite patronising to say that change is difficult for people. That is always the excuse. People welcome change. This is a nonsense consultation.

Ivor Kenna, Compton St: On the 22 Aug 2008, PCT Tony Hoolaghan wrote in the Islington Tribune that it would cost 1.5 million to maintain FHC every year. But, he asked, where did this money go? He said he went to look at the building and saw that the metal frames around the windows were all rusting. "Some of that £1.5 million could have been spent on removing rust and repainting. What are the detailed maintenance figures? Where has £1.5 million annual maintenance gone?"

A Camden resident, Bourne Estate, pointed out that there was no mention of Carbon costs in these proposals. What are they? she asked. The carbon costs of new build are not mentioned, but we know they are higher than refurbishment. We are told to reuse and recycle. Nor is there any mention of the carbon costs of the extra travel miles for patients. This proposal does not address the real problems we face. There is no financial audit or carbon audit.

John Dunnet, architect reported that he had visited a health centre in Barcelona, built in the same year as FHC. It had been renovated and was still in use. Why could the same not be done here?

Jon Wright, The Twentieth Century Society, commented that they had been involved in a series of consultations with the PCT over a long period to continue using building. He reported that they "were nearly there, as John Allan said." Planning consent had been given for a lift, and other points had been agreed. After so long consulting and coming up with complex document, PCT have now abandoned the scheme that had nearly been agreed. Why?

Barbara Jacobson, Chair, then asked if there were any comments from the medical profession on selling the building. Three comments were made, but most concerned the larger issue of moving services and are therefore included in residents reactions to moving services away from Finsbury Health Centre.

Comments from the floor on reasons for moving services

1. Finsbury Health Centre is shabby, but a friendly place, close to people, and people were happy there.
2. Where are other services going?
3. I work in family planning. It was not mentioned in the consultation document. Where will family planning go? City girls have nowhere else to go.
4. What about access on the bus?
5. I would rather walk down the corridor than walk up to Hornsey.
6. I have lived locally 30 odd years. Everyone is very content with the services here. GPs can talk to people doing other services. Splitting up will dilute the services across the board.
7. We are 4th generation Finsbury people. There may not be enough facilities in North London, but they have closed Barts Hospital built by public subscription, in the same way that Finsbury Town Hall, also built with public subscription, was sold.
8. I am a resident of Islington, but was brought up in Clerkenwell and used the Centre as a child. My question is: what will happen to building when it is sold? What will happen to it?
9. Are there staffing implications involved in this? Will there be reductions in jobs?
10. Finsbury Health Centre is ours. It is a public building. Who are these private sector partners and where does the cost of £1million rent a year come from? Why are we renting a building that is ours?
11. **Paul Brandon, Islington Trades Council:** The battle to save this starts now. It is the policy of the Islington Trades Council to oppose this sale and you have our support. What underlies this is the financing of it and the allocation of the funds. It seems barbaric that £400,000 is what causes the trouble here. Funds should be found. I am chairing a meeting on 'public services not private property' on 11 November. Everyone should come.
12. **Helen Cagnoni, Wilmington Square:** All 7 services will be moved out of Finsbury H Centre, but where will they go? They cannot go to St Lukes, because if they don't build new flats there, they don't get the health centre; Amwell St is fully booked. We have 22,000 users, plus 14,000 GP

patients. They cannot all go into proposed local places. Podiatry service has gone from 10-14 weeks for an appointment, that is a cut. Those appointment times will only get longer if patients go to some other service provider's queue.

PCT REPLY & FINAL DISCUSSION, INCLUDING OPTIONS FOR MOVING FORWARD

People were keen to continue commenting on the proposal, but the Chair, Barbara Jacobson, asked instead for Rachel Tyndall, Chief Executive of the Islington PCT, to respond to what she had heard. These are her replies and the exchange that attended them, where captured

Rachel Tyndall's replies:

You have asked: where will services go?

1. Podiatry will go into Amwell Practice, St. Lukes at Central St.
2. Orthotics is for all of Islington and will go into middle of Islington. (Hornsey St)
3. Speech & language will move to the Moreland Street Children's Centre
4. There will be two dental chairs in St. Lukes, when it is built.
5. Health visiting services will be in Moreland Street
6. Contraceptive services will be at St. Lukes

What options exist?

Barbara Jacobson asked people in the room to propose alternatives to the current proposals from the PCT. The following suggestions were made:

1. We need proper figures and help from architectural community and EH etc.
2. PCT July minutes say building has to be sold to Camden & Islington Solutions Ltd in order to have a lift installed. So that means we have to sell the building to get a lift and it will then cost £25 million to repay over 25 years.
3. Doctor: PCT have to sell the building in order to refurbish it. That means rental, etc. The PCT has a contract with the LIFT scheme to do this, and that is where the costs come from. So how can we get out of the contract?
4. Question: the building was built in 1938 and disabled people have been using it all that time, so how have they been seen?
5. Answer from a FHC doctor: We usually make arrangements to see people in wheelchairs in a consulting room on the ground floor. It is quite satisfactory.

Rachel Tyndall replies to options:

1. We believe that to refurbish and maintain FHC will be expensive = £400,000/year in extra rent. Clearly we haven't provided enough evidence for you to believe these figures.
2. We believe it is better to spend £400,000 on delivering services than maintaining the building.
3. We do need to provide better evidence that modern buildings are better and I will provide that.
4. I was told we had provided both the scheme & costs to English Heritage and I will get back to them.
5. We do work with private sector company. If we wish to invest in building we are required by government to take out a mortgage.
6. I have to work within the rules the government has set.
7. Future of the building: what we would need to do, if we go ahead, we would need to apply for change in planning permission and then we would seek to sell it.
(From the floor: how much are you going to sell us for?)
8. We are consulting about the relocation of services.
(From the floor: Why not consulting on refurbishment?)
9. Our work says that the costs of refurbishment are higher than costs of a new building.
(from the Chair: but what are the figures?)

10. These figures are commercially confidential. We went back to our LIFT partners and they have said they are not happy for us to release their figures. We employed an independent company of surveyors and we can release their figures.

(From the floor: A new build is responsible for 30% of carbon costs)

11. I suspect you are right about that and we have not considered it.

12. We are not consulting on refurbishment because we are consulting about services because that is what we provide.

Further comments from the floor and final exchange of views:

From the floor: If you are approaching this question from the perspective that services must be moved, you will get a different answer than if you begin with perspective of refurbishment.

From the floor: You are the temporary custodian of the buildings you do not own it.

David Sulkin, Amwell Society: You must recognise the strength of feeling here. This building is like St. Paul's Cathedral. It is not some shabby old prefab, so please look at this differently and work with us to save this building.

From the floor: Will you allow transport for local people once the services move?

Rachel Tyndall: services that are relocated more distantly.

Architect: If the building were to come up with the extra capital costs would that £400,000 extra be required? Would you still need to mortgage the building?

Rachel Tyndall: From our work, we have failed to attract the capital funds required. We have tried because we wanted to make it work. We are consulting because we are where we are. Honestly we have tried.

Richard Sykes: I chaired the trust which worked on saving the De La Warr Pavilion at Bexhill on Sea in East Sussex. One route forward might be to break from the government PFI scheme. In that case, we created a social enterprise under a 99 year lease. I would advise keeping the building, putting it in a similar trust, and getting the capital out of English Heritage and others. I think in the atmosphere now you would get political support for that.

Chair: would you commit to working on that suggestion?

Rachel Tyndall: I cannot commit to that. It would have to be reasonable.

John Allen: There is a project at Priory Green, Lubetkin's scheme after FHC. We were involved in the refurbishment of that estate, which was not listed, but because of its importance, we got heritage lottery funding.

CLOSE

Barbara Jacobson closed the meeting shortly after 9pm. She thanked all those who came and the PCT who had accepted the challenge of discussing their plans with the community.

The Campaign would also like to thank Father Paul Baggott and Janet, for all their help and for allowing us to use the Holy Redeemer Hall, and to thank Unison and the Islington Trades Council for their financial support.