



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: Regional Health Authorities  
Area Health Authorities  
Boards of Governors  
Family Practitioner Committees

October 1975

CLOSURE OR CHANGE OF USE OF HEALTH BUILDINGS

Summary

This Circular and Appendices set out the procedures which Health Authorities should follow in relation to the closure or change of use of Health Buildings.

Introduction

1. Following NHS reorganisation and the introduction of new procedures for planning in the NHS, the procedures for closures and changes of use of health buildings have been reviewed. The aim of the revised procedures is to enable resources to be redeployed with the maximum speed and simplicity consistent with adequate local (and, where relevant, national) consultations. Especially at a time of economic constraints it is essential that no unnecessary barriers should impede cost-effective use of the resources available to the NHS. Because local circumstances vary, the procedures should be worked out for each case in the light of individual circumstances at the time and reviewed if those circumstances change.

General

2. In general, responsibility for determining the closure or change of use of health buildings rests with the Area Health Authority, subject to the formal agreement of the Community Health Council. Where sufficient local agreement exists, it should be possible to move from a proposal to close (or change use) to actual closure or change of use within a period of six months.

3. A closure or change of use must be justified for one of the following reasons:-

- a. the service provided can more efficiently be undertaken elsewhere;
- b. the facility is no longer required because of new developments;
- c. redeployment of services is essential having regard to the resources of manpower and finance available;
- d. it is necessitated by developments outside the NHS, eg road proposals.

Links with planning procedures

4. The draft "Guide to Planning in the NHS" emphasises the need for early, informal consultations, especially on points of possible difficulty, between Districts, Areas and Regions, and describes the consultations on planning proposals that will need to be undertaken with a wide range of interests. Any foreseeable closure or change of use will clearly need to be dealt with in the exchanges and consultations described in the Guide. The attention of Community Health Councils, Local Authorities (including District Councils) through the Joint Consultative Committees, Family Practitioner Committees, Local Advisory Committees, Local Medical Committees, Joint Staff Consultative Committees and other bodies, as appropriate, should be drawn particularly to any closures or changes of use required by plans, and their general reaction to the proposals sought. A final commitment is not normally required at this stage since the plan as a whole will still be subject to review.

5. The integration of tentative proposals for closures and changes of use in the planning system as in Paragraph 4 above obviates the need for a separate process of informal consultation on these issues. Exceptionally, however, where a proposal has not been covered in plans because it arose from sudden and unexpected reasons, the AHA may, with the prior approval of the Regional Health Authority and the Department, proceed directly to formal consultations as in paragraph 6, without preliminary informal consultations.

#### Total closure or change of use

6. When the AHA considers that sufficient informal agreement has been reached on plans which include a proposed closure or change of use (but see paragraph 5 above) and a firm decision is required, formal consultation should be undertaken in accordance with the detailed procedures in Appendix 'A' to this Circular. If, despite disagreement, the AHA decides that the position is such as to justify moving to formal consultation they should inform the RHA that they are proposing to do so.

#### Other arrangements

7. Appendix 'B' to this Circular outlines some special circumstances in which it may be appropriate to vary the arrangements described in paragraph 8 below and in Appendix 'A'.

#### Transitional arrangements

8. There are at present a number of proposals for closure or change of use at varying stages of the procedures. It will be for the AHA to operate the above mentioned consultation process at the most appropriate point; and in particular to ensure that the proposal has been put to the bodies listed in paragraph 4, and any other relevant bodies, for their comments.

#### Guidance Superseded

9. This Circular supersedes the following documents -

- a. DS 111/74
- b. DS 168/72
- c. Secretary of State's letter to Hospital Board Chairmen dated 17 November 1969.

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Further copies of this circular may be obtained (by written request wherever possible please) from: Central Store  
DHSS Depot Primrose Mill Clitheroe Lancashire BB7 1BP



# PROCEDURES FOR CLOSURE OR CHANGE OF USE OF HEALTH BUILDINGS: FORMAL CONSULTATION PROCEDURE

1. Except where otherwise provided in Appendix B, a consultation document should be prepared. This should cover such matters as:-

- i. the reasons for the proposed closure or change of use;
- ii. evaluation of the possibilities of using the redundant facilities for other purposes, or disposal of the site;
- iii. proposals for alternative employment of staff;
- iv. the relationship between the closure or change of use and other developments in the plans - and
- v. implications for patients, eg travelling and transport.

2. The AHA should require comments, *within a period of three months*, from:

- Community Health Councils <sup>7</sup>
- Local Authorities through the appropriate Joint Consultative Committees.
- Joint Staff Consultative Committees and any other recognised Staff Organisation not represented on the committee.
- Family Practitioner Committees (which will wish to consider the position of the tenancy agreements of general practitioners and others in proposals for closure or change of use of a health centre).
- Appropriate Local Advisory Committees, including the statutory Medical Advisory Committee for the Area concerned.
- Local Medical Committees etc.
- Any other body or person not covered by the above which the AHA considers should be consulted. (eg voluntary organisations).

At the same time local MPs, the RHA and the Department should be informed, and a press statement issued. If the Secretary of State's approval is required before the final decision is taken, in view of the national importance of the proposal or for any other reason, the AHA and RHA will be so informed by the Department.

3. The AHA should seek the CHC's views on the comments received and the AHA's own observations on those comments. The AHA should then reconsider the proposed closure or change of use in the light of all the comments received, particularly those of the CHCs in view of their special responsibility in relation to closures referred to in paragraph 23(e) of the Consultative Paper 'Democracy in the National Health Service'. If the CHC agrees, and the Secretary of State has not asked to be consulted further before approval, the AHA can proceed with the closure or change of use, notifying the RHA and the Department of such decision. The aim should be to reach this point *no later than 6 months* from the issue of the consultation document as in paragraph 2.

4. If the CHC wishes to object to a closure or change of use, it should submit to the AHA a constructive and detailed counter-proposal; paying full regard to the factors, including restraints on resources, which have led the AHA to make the original proposal. The AHA should extend to the CHC all reasonable information and help they may require in formulating a counter-proposal. The AHA should consider the counter-proposal and refer the matter with recommendations to the RHA. If the RHA is unable to accept the views of the CHC and proposes to proceed with the closure or change of use, it should seek the Secretary of State's approval before announcing its decisions.

<sup>7</sup> When more than one CHC is involved, possibly in different areas, consultations should take place between the relevant CHCs and AHAs concerned, or their agreed representatives, and their views fully discussed before final agreement is reached.

PROCEDURES FOR CLOSURE OR CHANGE OF USE OF HEALTH BUILDINGS:  
VARIATION OF PROCEDURES IN CERTAIN SPECIAL CASES

PARTIAL CLOSURES OR CHANGES OF USE

1. Proposals for partial closure or change of use which amount to 'any substantial variation in the provision' of the health service within the meaning of Regulation 20(1) of the CHC Regulations should be discussed with the CHCs, LAs (through JCCs), FPCs, appropriate LACs, LMCs, the Joint Staff Consultative Committees and any other recognised staff organisation not represented on the Committees. In most cases it should be possible for local agreement to be reached on restricted consultation but, if not, the procedures in Appendix A should be followed.

TEMPORARY CLOSURE OR CHANGES OF USE

2. Temporary closure or changes of use should continue to be part of day to day management of the resources within the health district and will generally lie outside the procedures in Appendix A. The CHC should however be informed of substantial temporary closures as soon as possible. If it is necessary to translate temporary closure or changes of use into permanent closure or changes of use, the detailed procedures in Appendix A should be applied.

BUILDINGS USED FOR NHS PURPOSES UNDER CONTRACT

3. In the case of buildings used for NHS purposes under contract the procedures in Appendix A apply only to proposals for withdrawing from substantial and long-standing contractual arrangements with private hospitals etc for the provision of services to NHS patients.

SPECIAL ARRANGEMENTS FOR BUILDINGS SERVING NO GIVEN AREA

4. Special arrangements are necessary for closures or changes of use affecting health buildings which do not draw their patients from any given area (usually hospitals managed by Boards of Governors of Post Graduate Hospitals). In such cases consultation on proposals for closure or change of use will be on an ad hoc basis - including, and subject to the approval of, the Secretary of State. The consultations will take account of the national as well as the local interests concerned and will have regard to the possibility of alternative use for health purposes.

CLOSURE OR CHANGE OF USE INITIATED BY THE DEPARTMENT

5. Consultation on closures or changes of use initiated by the Department should follow the pattern appropriate to the actual proposals, but reference need be made to the Department only if there is substantial disagreement with the proposal.

HEALTH CENTRES

6. Where it is proposed to close or change the use of a health centre, the AHA must obtain the full agreement of the general practitioners and provide suitable alternative accommodation before including the proposal in its plans.