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# The Government's Scandalous '40 New Hospitals' Pledge Exposed

Consultant David Oliver explains how Boris Johnson's lies continue to have a devastating impact on the infrastructure of healthcare in the UK

**David Oliver** 1 June 2023



Then Prime Minister Boris Johnson, Chancellor Rishi Sunak, and Health and Social Care Secretary Sajid Javid visit New Queen Elizabeth II Hospital in April 2022. Photo: Reuters/Alamy

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The Conservative Party's manifesto for their 2019 General Election victory pledged to “build and fund 40 new hospitals over the next ten years”. In 2020, the Department of Health and Social Care reiterated this pledge, adding that bids were invited for another 8 schemes, bringing the total of “new hospitals” to 48.

Fast forward to 17 May 2023 and the BBC Health Correspondent, Catherine Burns reported that building work had only commenced on 7 of the hospitals.

On 25 May, Steve Barclay – the Health and Social Care Secretary – gave a statement to the House of Commons saying that seven NHS hospitals in England had been built “wholly or in major part” using reinforced, autoclaved, aerated concrete – meaning they would be unsafe for use beyond 2030. Two were already included in the “40 new hospitals” programme but the other five would be invited to join, in effect taking some of the proposed capital expenditure away from originally chosen sites.

Barclay went on to tell MPs that the new build hospitals were divided into four cohorts and that while those in cohorts one and two were underway and would be finished on time, some of those in cohorts three and four had the go-ahead for construction to start (though in some cases with no immediate date) but seven hospitals would not be completed by 2030.

That same week, Barclay admitted to the *Guardian's* Peter Walker that 8 of the 40 hospitals (excluding the other 8 promised in 2020) would in fact not be

complete by 2030. And he admitted to Laura Kuenssberg on the BBC that some of the hospitals would not in fact be new builds at all but refurbishments and upgrades of existing sites – a major blow to those trusts and their local communities.

So there we have it. What started out as a bold eye-catching manifesto commitment turned out to be undeliverable if there was ever any serious commitment.

## ‘No Wonder Junior Doctors have Voted to Take Industrial Action’

David Oliver

### The Rot Continues

**W**hile new hospitals failed to get built, reports of hospitals around the NHS using emergency measures to cope with crumbling and dangerous infrastructure are multiplying.

At least one Trust said it could and would not wait for the funding and would have to start the rebuild anyway. The *Health Service Journal* reported that 123 NHS trusts had put in bids – doubtless at some considerable time and expense, only to be left disappointed and that none of the sites selected was a Mental Health Trust – which seems inequitable.

In 2020, the National Audit Office reported on the collapse of the Carillion PFI contracts to build new Hospitals at the Royal Liverpool and Birmingham City and which led to completion delays and some “rip it up and start again” activity due to the shoddy nature of the work before it had stopped abruptly.

This whole saga illustrates just how flawed our politics is right now, not least with respect to the NHS. The culture of performative empty soundbites is

designed to win voters but free of any credible, risk-assessed, adequately-funded delivery plan.

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Even at the time the original announcement was made, expert, apolitical health policy commentators pointed out the serious flaws and low prospect of delivery. By 2021, the Government's Independent Infrastructure and Projects Authority made it clear that the project was in no way on track to meet its stated objectives. It issued two separate red ratings, meaning that there were “major issues with project definition, schedule, budget, quality and/or benefits delivery, which at this stage do not appear to be manageable or resolvable”.

The decision to fund “40” or even “48” hospital builds was completely arbitrary and not based on any detailed, objective assessment of need – rather a headline number, like “40,000 nurses” that could be endlessly repeated in Parliament or the Media. Why not 100? Why not no new builds but plenty of refurbishments? The subsequent discovery of the hospitals with aerated autoclaved concrete illustrates this randomness and disconnect from the service's real requirements perfectly.

## The Playbook

**T**he new hospitals pledge was always disingenuous, as the Health Secretary revealed when he admitted that many new builds were no such thing. This was confirmed by the *Health Service Journal* Story 2021 when it leaked the Government's communications “playbook” to NHS England, instructing NHS managers to report any upgrade or add-on building on an existing site as a “new hospital” to help the government meet its target. This

was never convincingly denied – perhaps because too many people in the system knew this was the case.

Health policy commentary often focuses on the key issue of workforce gaps and pressures in the frontline clinical staff who are most visible to patients. In reality, we can't do our jobs without adequate capital investment in infrastructure from buildings, to diagnostic equipment to IT.

Yet a Health Foundation analysis has revealed that since 2010 the UK has spent a far lower proportion of its GDP On capital expenditure in healthcare than the OECD average, with capital budgets often being raided to prop up more immediate and emotive issues around clinical capacity, access and wait times.

Whilst understandable, ultimately this is a false economy – leaving clinical and operational staff in outdated buildings, with inadequate IT and diagnostic infrastructure which in turn compromises care for patients.

Empty, inadequately resourced or planned for and undelivered pledges won't solve those issues. And they have now been exposed as the vacuous nonsense they always were.

The next government will find itself picking up pieces and potentially attracting blame for promises that were never theirs.

WRITTEN BY **David Oliver**

David Oliver has been an NHS acute hospital doctor for 34 years, looked after a Covid ward throughout the pandemic waves and has played a variety of medical leadership and policy roles. He is a regular columnist in the British Medical Journal.

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