Editorial

Bishop Auckland General Hospital; fond farewell and a new beginning

Peter Trewby

October 2009 sees the final demise of Bishop Auckland General Hospital (BAGH). A new specialised hospital for cold surgery, rehabilitation and outpatient facilities has been born but the General Hospital, open to all comers, is no more. There has been no obituary; no wake, no tender words in the press, nothing on the hospital intranet and nothing on our frequent hospital bulletins to mark the occasion; nothing to help the grieving process. There was not even mention of the closure in the speeches at the consultants' dinner held on October 1st which was the date of the closure. The staff at Bishop Auckland Hospital may be too upset, or perhaps too modest to speak out. So let me use this editorial to do so on their behalf. We must mark the occasion. We must mark it by saying thank you to the nurses, doctors, cleaners, caterers, porters, administrators and everyone who made Bishop Auckland General Hospital so successful and special for the 142 years of its life.

The start of the decline of BAGH came about not so much because of management or government directives but because of Royal College strategies. The Colleges, perhaps correctly, perhaps not, felt that small units no matter how good and how strong their track record were not suitable for modern medical practice and education. They glossed over the fact that at the time of the initial critical surgical review, surgical registrars were enjoying more supervised training and more "cutting" experience in Bishop Auckland than in Newcastle. However the Colleges had pronounced and the ball started rolling and indeed gathered speed with fears surrounding the impending European Working Time Directive (EWTD). One by one services moved from BAGH to Darlington Memorial Hospital (DMH); acute surgery, the special-care baby unit, gynaecology and paediatrics all moved their in patient services to DMH. Acute medicine remained, hanging on by a thread but with an inadequate number of beds, and there were worries about back-up ITU and surgical facilities. The future of acute medicine was bleak - untenable most said - and this week acute medicine also closed marking the final end of the General Hospital.

Some good will come from the change. There will be a larger critical mass of doctors and nurses in DMH and the University Hospital of North Durham (UHND) with the possibility of more speciality development. In theory it will be easier for junior doctors to be EWTD compliant. But there will be collateral damage (or opportunity costs depending on your point of view). DMH and UHND patients will need to be moved to Bishop Auckland to free up beds on the acute sites. More in-patients will be in a hospital away from home, and their relatives will find it difficult to visit - in this respect, the announcement of a new shuttle bus service to Bishop Auckland is welcome. Patients well known in Darlington and Durham will be moved to Bishop Auckland for rehabilitation where a new team of doctors, unaware of their history, must get to know them. Some patients when unwell will need rapid transfer back to DMH or UHND - we have already seen a confused 95 year lady old moved to and fro twice. In addition there seem to be insufficient doctors and nurses in Darlington to cope with an almost doubling of the medical work load in DMH as Bishop Auckland Hospital still needs staffing and there has been no overall increase in workforce. Co-operation, communication, a sharp focus on the patient's needs and a keen sense of humour will be critical in the coming months.

BAGH has a proud past serving the needs of the ill and disadvantaged. The hospital started life in 1877 as "The Infirmary" attached - as so many provincial hospitals were - to the work house. In 1894 the BMJ, as part of a campaign to improve work house infirmaries, conducted a site visit - a pre-cursor of the quality care commission perhaps? Their comments were very positive. There were 115 beds. The wards were

reported as cheerful to the visitors, adorned with pictures, plants, flowers and newspapers. There was a fireplace in the middle of each ward, an ample supply of blankets and spring mattresses "all quite clean". The patients were under the care of one trained nurse who was also the midwife. The single doctor lived at some distance and if required in the night was fetched by one of the paupers from the work house. Dying patients were assigned to one of the work house residents to "watch". The food was good with boiled beef and potatoes "properly cooked" and matron made lemonade for those who could take it.

There were recommendations arising from the visit. There always are. Two more nurses were to be appointed. An infectious block was to be built in a more suitable situation and the existing isolation block be taken for some other purpose "for the use of the feeble minded for instance". Overall, it was a good report: "we were pleased with the humanity and care evident in the management of the house." Today, the flowers have gone (this perhaps the biggest and certainly most visible casualty of MRSA); the open fires have gone and matron seldom makes lemonade, but the principles of humanity and care were sustained and built on for the next 115 years. The hospital in the First World War provided beds for sick and wounded military personnel, and again during the Second World War, and in 1942 was re-named Bishop Auckland Emergency Hospital. From 1944 to 1947 huts were built on the site to accommodate German prisoners of war. It was re-named the Oaklands Institution in 1930 - probably a reference to the derivation of Auckland from Oakland. In 1948 it became the Bishop Auckland General Hospital that we know today or at least knew until this October. With time the former work house buildings were pulled down and in the summer of 1997 a PFI was approved for the building of a new hospital which was finally opened in 2002 with space for 286 beds.

So what of the future? It has been a long, slow, unpleasant and lingering death for BAGH over ten years. Assuming the hospital building is to stay how do we re-establish the current Bishop Auckland Hospital as a centre of excellence? Can it survive at all in our current NHS where the market is king and where the financial squeeze is on and where the care and humanity praised in the 1894 report are no longer considered the prime driving forces of a modern health service? Would a change of name help? For once I believe it would. We need a name to reflect the hospital's role in serving the needs of all the people of Durham, not just Bishop Auckland. Suggestions please; but how about The County Rehabilitation and Surgical Centre? Or the Royal County Rehabilitation and Surgical Centre, abbreviated to The Royal? For the patient "I am just being transferred to The Royal" trips easily off the tongue and could be some consolation for the 2 hour bus journey for relatives. Suggestions to the editor or chief executive - Royal readers and those with connections please help.

There have been many tears shed in recent weeks as professional teams from BAGH are broken up and moved to other hospitals and as we all struggle with unfamiliar models of caring for ill patients. Whatever the future it behoves us to say a heartfelt thank you to those who have given their professional lives in Bishop Auckland General Hospital to care for the dying, the diseased, the injured and mothers and children over the past 140 years.

"Humanity and care" personified, (even if not totally appreciated!) on BAGH children's ward 1951.

Courtesy of medical illustration department DMH