

Intermediate care beds review Consultation document

Introduction

NHS South West Essex has been working alongside local GPs to secure a future for our three community hospitals: Brentwood Community Hospital; Mayflower Community Hospital in Billericay; and Thurrock Community Hospital.

We have developed proposals which ensure that services are retained at all three sites. The proposals also provide an opportunity to bring a greater range of community services to these facilities in the future, if local doctors and their patients decide they are best placed there. To do this we need to reorganise some of the existing services now, so that we use the resources we have in the most appropriate way we can.

While continuing to admit the same number of patients, we now need fewer intermediate care beds for south west Essex. This is because over the last year a series of improvements have been introduced, which have shortened the time patients need to stay in hospital. This is preferable for patients and their care. It is also more cost effective, as each bed can be used more productively.

We are seeking your views on reducing the number of intermediate care beds at Brentwood and Mayflower Community Hospitals. In this document we have set out the case for change.

These changes are supported by GPs and match good practice elsewhere and ensure:

- the same number of inpatients cared for in the community hospitals
- the same care provided in the intermediate care beds
- the same quality of care and safety for patients
- intermediate care beds remain on the same sites, in the places where we need them
- the primary care trust would only pay for the beds that it needs, saving £1.36million a year.

These proposals create an opportunity to expand the range of services offered at the community hospitals in the future. Later in this document we explain some exciting new proposals being developed by the local GP commissioning consortia.

NHS South West Essex is the primary care trust that commissions – plans, develops and buys – health services for people living in Basildon, Billericay, Brentwood, Wickford and Thurrock. GPs, nurses and commissioners have been working on these proposals since last autumn, and we have been engaging with stakeholders over the past weeks.

Now we want to know what you think.

Current inpatient services

The Community Hospitals' intermediate care beds are for patients who are medically stable and have a specific nursing, medical or therapeutic need. This is usually in the form of rehabilitation, helping many patients to return home or avoiding them being admitted to an acute hospital. End of life care is also provided, providing pain and symptom control and supporting other end of life care needs and preferences.

There is also an eight bed stroke rehabilitation service at Brentwood Community Hospital. These services are nurse-led, with out of hours medical support provided by the GP out of hours service attending individual patients when required.

It is proposed to reduce the number of beds at Mayflower Community Hospital by eight and at Brentwood by a total of 25 (eight in addition to the 17 already closed in August 2010 to improve efficiency).

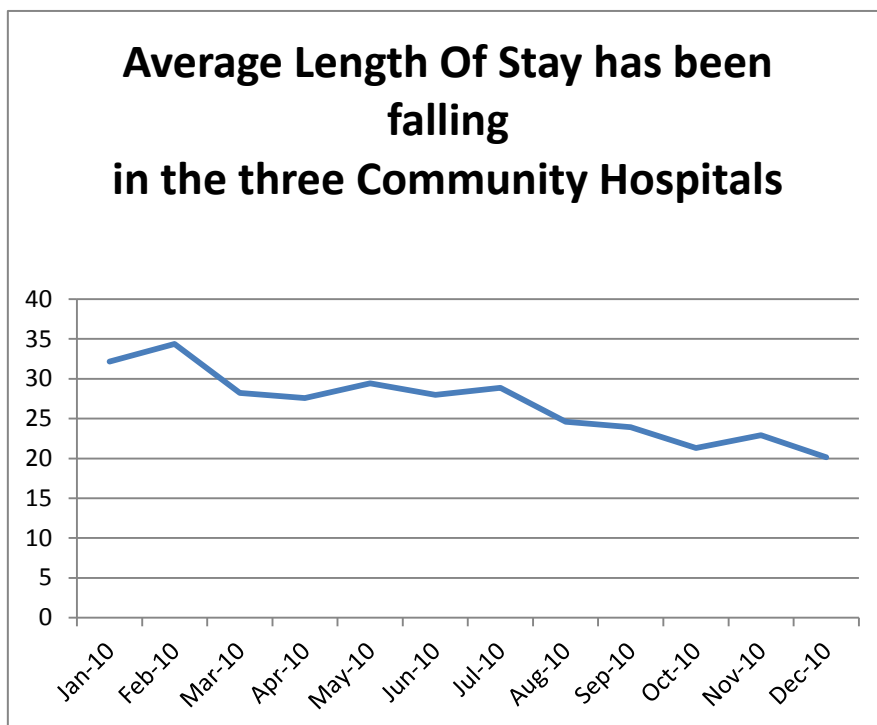
	Original Beds	Proposed Beds	Change
Brentwood Community Hospital	42 intermediate care beds 8 Stroke beds (Note: 17 intermediate care beds were closed in August 2010)	17 intermediate care beds 8 Stroke beds	-25 beds (net reduction of a further 8 beds over the 17 already closed).
Mayflower Community Hospital, Billericay	30 intermediate care	22 Intermediate care	-8 beds
Thurrock Community Hospital Alistair Farquharson Centre	32 Intermediate care	32 Intermediate care	No change
Total	112	79	-33 beds

The available space could be used to house a broader range of services in the local community. Along with local GPs we are actively looking at what these services might be (see page six) in the future.

If we reduce the number of beds we will continue to monitor the use of (and demand for) intermediate care beds so that we can respond to any changing needs, demands or changes in productivity, such as the length of stay for patients.

How can the same number of patients be admitted to fewer beds?

The time that patients stay in the community hospitals' beds has been reducing, particularly in the last six months, as shown in the graph below. As each patient stays a shorter time, fewer beds are needed.



Examples of measures taken to reduce unnecessary periods in hospital include:

- Team work identifying common problems which lead to delays, and finding solutions.
- Installing a Patient Status at a Glance board, so everyone on the ward knows exactly where each patient is on their journey home, and highlighting key actions required.
- Ensuring very good communication with patients, relatives and carers.
- Setting expectations at the outset - for example the Nurse Consultant talks to patients or relatives before admission, and the nurses set an expected date of discharge on day one.
- Introducing new Discharge Care Plans, highlighting all the actions needed for a patient to be ready to go home
- Regularly bring together staff from all disciplines to focus on actions for each patient.
- Better identification of patients, ensuring they will benefit from this type of care
- Increased availability of social workers, and new schemes to support people settle in at home.

How many beds are needed, to keep admitting the same number of patients?

In 2009/10 a total of 1216 patients were admitted to the three hospitals.

With an average length of stay of 21 days, and the recommended 90% occupancy level, a total of 78 beds would be needed to admit 1216 patients:

$$1216 \text{ patients} \times 21 \text{ days} / 90\% \text{ occupancy} / 365 \text{ days} = 78 \text{ beds required}$$

For practical reasons, 79 beds are proposed for the future, rather than 78.

The table below compares the proposal with keeping the original number of beds:

	Beds	Same Admissions as in 2009/10	Average Length of Stay	Bed days needed	Bed days available	Occupancy level resulting
Original bed numbers	112	1216	21 days	25,536	40,880	62%
Proposed bed numbers	79	1216	21 days	25,536	28,835	89%

If we did not act, and maintained the original 112 beds while continuing to admit the same number of patients, then this would leave the beds running at just 62% occupancy. This is not sustainable, as it would waste taxpayers' money by paying for empty beds which are not fully used.

What is the current situation?

The average length of stay has now fallen to 20 days in December, and 21 in January 2011.

Over this winter, when 17 of the beds were already closed, an average of 13 beds remained available at the Community Hospitals, despite the acute hospitals being under severe pressure.

Essentially, the type of care being provided in the intermediate care beds is not sufficiently intense to support transferring more acute patients out from the general hospitals, nor to divert new patients from being admitted to the acute hospitals.

The number of patients admitted has not fallen, despite having fewer beds open – for example, 14% more patients have been admitted in Nov-Jan 2011 compared to the average for 2009/10.

This all demonstrates that with the 79 beds proposed, the same number of patients can continue to receive their care, in the same three community hospitals.

The PCT is confident that future demand for this type of bed will be able to be met, because:

- there is scope to continue reducing length of stay further at the community hospitals,
- there are other initiatives in other parts of the health system which will reduce the demand for unplanned care,
- the use of re-ablement funds with the local authorities will continue to reduce delays in patients being discharged home.

How does SW Essex compare with other primary care trusts?

NHS South West Essex has considerably more intermediate care beds than many other primary care trusts. Benchmarking information shows that the average number of intermediate care beds per 1000 people over 65 is 0.8 beds. The figure for south west Essex is 1.4 beds, showing a much higher provision. With these proposals, this would become 1.0, still above average.

Why have Brentwood and Mayflower been chosen for these reductions?

These proposals have been developed with the support of local GPs, including the leads of the GP Commissioning Consortia most affected (Brentwood and Arterial which includes Billericay), and the primary care trust's Clinical Executive Committee.

- Reducing beds in Thurrock was rejected, as this would move resources away from the population with the highest need, and also because staffing patterns and the building layout would lead to fewer savings.
- Spreading the reductions across Brentwood and Mayflower preserves services on both sites.
- The GPs and the primary care trust intend to maintain and develop services at both these community hospitals.
- Reducing beds in acute hospitals was seen as being less secure, and less within the control of the primary care trust and local GPs, though it remains an option for the longer term.

How much money would be saved?

The community hospitals' inpatient services cost about £5.8million per year. Reducing the number of beds would save a total of £1.36million: £509,000 from 8 Brentwood beds, £619,000 from 17 Brentwood beds already closed, and £233,000 from 8 Mayflower beds.

The GPs and the primary care trust making this proposal are confident that by reducing the time people stay in hospital, and matching the number of beds more appropriately, this money can be better spent on other badly needed services.

For example, NHS South West Essex will pass a considerable amount of money to Essex County Council and Thurrock Council, to support their initiatives to develop re-ablement services, which support people to live at home, maximising their independence.

It is not expected that there would be any redundancies arising from the bed reductions, as there will be a reduction in the number of bank and agency staff, and all permanent staff would be redeployed to other services.

Another advantage is that space freed up can then be used for new and improved services.

What opportunities are there for new services at the Community Hospitals?

Freeing up space at the Brentwood and Mayflower Community Hospitals, would provide opportunities for new and improved services. The local GPs and the primary care trust are keen to develop proposals for more services at the community hospitals. We want to hear your views on the following early ideas:

- **More diagnostic testing available closer to patients' homes**
 - enabling patients to have tests to diagnose or detect illness, such as blood tests and monitoring, closer to home, instead of travelling to general hospitals.
- **A more comprehensive Community Diagnostic and Assessment Service**
 - expanding the role of the day hospitals at Brentwood and Thurrock to include patients needing assessment rapidly. This would reduce travelling to acute hospitals like Basildon Hospital or Queens Hospital, and also help reduce admissions to hospital.
- **“Step-up” beds**
 - an inpatient service designed to avoid admissions to acute hospitals like Basildon or Queens Hospitals, by providing short stays overseen by GPs and nurses. This could operate in a joined up way with the Community Diagnostic and Assessment Service to provide more options for quick access to care.
- **Expanding stroke rehabilitation beds**
 - building on the current stroke rehabilitation beds at Brentwood Community Hospital, bringing more of this specialised care into a community setting from acute hospitals.
- **Neuro-rehabilitation beds and Vascular-rehabilitation beds**
 - bringing these specialist services out from an acute hospital setting.
- **More outpatient clinics**
 - including clinics led by consultants and by GPs and nurses.

GP consortia are looking to develop new services in the community very quickly, but more work will need to be done before plans are finalised. We are seeking views now, to build them into the planning stage, and to involve a wide range of stakeholders in these exciting new opportunities.

Consultation process

We want to know your views, and would like to hear your response to these four questions:

1. Do you agree that we should reduce the intermediate care beds, now that patients are staying for shorter periods?
2. If you don't agree, would you tell us why?
3. What do you think of the ideas for developing new services at the community hospitals?
4. Do you have other suggestions for new services at the Community Hospitals?

Please include the following details in your response:

- Your name.
- Your address, or the area where you live.
- Your contact details, particularly if you would like us to keep you informed about the outcome of the consultation (email address or postal address).
- Please tell us if you are responding on behalf of a group or an organisation.
- Please tell us if you, a friend or a member of your family has been a patient in an intermediate care bed.

Key dates

- The consultation **closes on Friday 13 May 2011**.
- We need to receive your comments **by 12 noon on Friday 13 May**.
- The Board of NHS South West Essex will reconsider the proposals, including the consultation feedback, at its meeting in public on Wednesday 25 May 2011.

Who we are consulting

- Patient groups
- Patients and relatives at the community hospitals
- Affected staff and representatives
- Community groups
- Health Overview & Scrutiny Committees
- Local GPs and health professionals
- Members of the public
- MPs and Councillors
- Partner organisations

Your feedback

You can give us your views in a variety of ways:

- By email: communications@swessex.nhs.uk
- By letter: Intermediate care bed review, Communications team, South West Essex Primary Care Trust, FREEPOST NAT15410, Christopher Martin Road, Basildon SS14 3HG
- By phone: Contact the Patient Advice and Liaison Service on 0800 5879159
- In meetings: If it would be helpful to you and your colleagues, we would welcome the opportunity to discuss the proposals with you in more detail. If you would like to arrange a briefing with a member of the project team, or if you would like us to attend a meeting that you already have planned, please email communications@swessex.nhs.uk so that we can organise this with you. We would like to meet with you as soon as possible, preferably by the end of March, so that you have as much information as you need as early in the consultation process as possible.

Drop-in sessions: If you would like more information, to give us your feedback or to ask a question, come and meet the project team at one of the following consultation drop-in sessions. These will be very informal – please come and find out more at any point during the times specified. We will be in the reception areas.

Date	Time (call in at any time during these hours)	Place
Tuesday 15 March 2011	2-4pm	Mayflower Community Hospital
Wednesday 16 March 2011	2-4pm	Mayflower Community Hospital
Thursday 17 March 2011	10-12pm	Mayflower Community Hospital
Tuesday 22 March 2011	2.30-4.30pm	Brentwood Community Hospital
Wednesday 23 March 2011	12-2pm	Brentwood Community Hospital
Thursday 24 March 2011	9-11am	Brentwood Community Hospital

This consultation document is also available on our website at www.swessex.nhs.uk/get-involved/consultations.

Our feedback to you: We will inform all participants of the outcome of this consultation. There are some suggestions that we will not be able to pursue because they may be inappropriate to deliver from a community hospital, or be too costly, or be a duplication of what is already provided in the community. We will make this clear in the consultation response.

The outcome to the consultation will be made public. It will be discussed by our Board, in public, on 25 May 2011 and posted on our website. If you wish to receive a paper copy in the post or an email, please provide these details when you respond.

If you would like this information in a different format, for example large print, Braille or a different language, please contact our Patient Advice and Liaison Service (PALS) on freephone **0800 587 9159** or email **pals@swessex.nhs.uk**