PE1105/G

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Greater Glasgow and Clyde

Mr Franck David,
Assistant Clerk to the Public
Petitions Committee,
The Scottish Parliament,
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Edinburgh, EH99 1SP

Date 29th July 2008
Your Ref Petition PE1105
Our Ref

Enquiries to Jim Whyteside
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Dear Mr David,

Consideration of Petition PE1105

Thank you very much for your letter dated 29th May 2008 in which you relayed the Public Petitions Committee's request for a further response on the subject of the St Margaret of Scotland Hospice.

Since I last responded to the Committee, Greater Glasgow and Clyde NHS Board has considered a paper recommending a reduction in frail elderly continuing care beds, including those provided via St Margaret's of Scotland. I have attached a copy of the Board Paper for your information. The paper clearly outlines the NHS Board's analysis of the position leading to the proposal to reduce beds.

The content of that paper was shared with St Margaret's of Scotland in March and an offer made to meet to discuss how both parties could work together to take forward the issues. Two options were suggested specifically: a migration towards St Margaret's becoming a care home provider in partnership with local authorities, and; a move towards providing care to older people with mental health problems on behalf of NHS Greater Glasgow and Clyde. Unfortunately, the lack of availability of key individuals meant that it was not possible for the meeting to take place before the Board Meeting held on 15th April.

The Chairman of NHS Greater Glasgow and Clyde and myself met with representatives of St Margaret's of Scotland on 2nd May to explore these issues and agreed to meet again and supply further information so that St Margaret's could consider the impact of the changes on their financial profile. A third option was also advanced which would see St Margaret's providing care home services with nursing beds and an outline of income that this, and the second option above, would attract was shared with representatives on 6th June.

Subsequently, a further meeting was held on 11th June. In the course of the meeting three pieces of work were agreed:

- A review of the apportionment of costs at St Margaret's of Scotland between palliative care and the frail elderly beds. This has been arranged for 5th August;
- A headline assessment of any future development implications associated with work underway both locally and nationally to expand provision for patients with terminal illnesses other than cancer, and;
- An assessment of the implications of a move to provision of care home services with a nursing service or NHS continuing care for older people with Dementia in terms of:
  - the necessary period of transition to an alternative model
  - the levels of staffing change involved in each of these options and the approach required to achieve this over a reasonable timescale

Continued

- the requirement for transitional funding to ensure that financial turbulence is avoided during the transitional period

The NHS Board has stated clearly that there is no intention to reduce the funding it has allocated to St Margaret's of Scotland for the provision of specialist palliative care services and this remains the case. Equally, the Board has stated publicly since 2005 that it plans to reduce the number of frail elderly continuing care beds provided. These statements are not contradictory as they relate to two entirely different types of care and two different funding and planning processes.

24th June was the date of the last meeting of Greater Glasgow and Clyde NHS Board. However, as there was no further material progress to discuss on the subject of St Margaret's of Scotland at that point, the matter was not raised at the meeting.

In addition to the meetings and correspondence outlined above, I have also written to Professor Leo Martin and Sister Rita Dawson on 15th July confirming the foregoing point and dealing with matters of logistics around the programme of work agreed.

Once the work is completed, and there has been further discussion with representatives of St Margaret's of Scotland, I would be pleased to provide the Committee with a further update on progress.

Yours sincerely,

T.A. Divers
Chief Executive

Board Meeting
Tuesday 15th April **Board Paper No. 08/18**

Chief Executive
Director of Rehabilitation and Assessment

REVIEW OF NHS CONTINUING CARE FOR FRAIL ELDERLY

Recommendation:

The Board is asked to:

- **Note the outcome of the review of planning for NHS Continuing Care for Frail Older people resident in NHS Glasgow**
- **Agree that the implementation of the shift in the balance of care be continued**

1. Background

1.1 In early 2005, NHS Greater Glasgow and Glasgow City Council agreed a "Review of Provision and Plans for Institutional Care for Older People in the City of Glasgow". This included a section of NHS Continuing Care for the former Health Board area. The report was approved by the Joint Community Care Committee and recommended that a further review be undertaken in 2008. The purpose of this paper is to present the review of the previous planning assumptions and to inform the implementation of further service change

2. The 2005 Plan

2.1 The plan recommended a reduction in NHS Continuing Care beds from the December, 2004 figure of 656 to a planned figure 312 beds, with the objective of achieving that shift in the balance of care by 2007.

2.2 This reduction was based on a number of factors

- A declining number of admissions to continuing care as a wider range of community services became available
- A declining length of stay in the beds as patients were generally admitted in the last months of their lives
- A reduction in the number of patients awaiting discharge who were inappropriately in continuing care beds

The planned number of beds is shown below, along with the annual changes which have taken place since 1997. A detailed schedule is attached at Appendix 1 which shows the change in bed complement since 2002.

3.1 The table below shows that the number of beds has been reducing since the late 1990s and shows a reduction of 240 beds since the plan was agreed.(Appendix 1)

The final phase of reduction has not yet been implemented.

NHS Continuing Care Beds: 1997-2007												
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Planned
North sector	658	613	484	435	386	386	386	356	206	206	206	180
South Sector	400	400	402	402	372	312	312	282	252	252	192	132
Other	36	20	20	20	14	14	14	14	14	4	4	0
Total	1094	1033	906	857	772	712	712	652	472	462	402	312

3.2 The " Other" beds are in Newark Lodge where individual patients have been placed and funded by the Board for NHS continuing care. A previous arrangement with Erskine Hospital is no longer in operation with these beds now being used for social care.

The planned final reductions were to close 60 beds in the South of the city and 26 beds at St Margaret's in the West of the city.

This would lead to the provision of NHS Continuing Care on three sites in the North of the city and three in the south of the city. The majority of beds would be provided in units of 60 to provide critical mass for clinical staff and in particular to facilitate cover by medical staff.

4. Review of Planning Assumptions

4.1 The updated "Balance of Care" study has included a review of each of the key elements of the planning assumptions which are relevant to this exercise. In turn, they comprise a review of admissions; of the pattern in average length of stay; and the impact on future service requirements of the changing demographics among the elderly population over the next ten years.

4.2 In order to identify the number of true continuing care admissions the number of discharges has been subtracted from the number of total admissions. The discharges will have been of patients temporarily occupying the beds whilst awaiting a place in another type of care as part of their planned discharge.

	2002/3	2003/4	2004/5	2005/6	2006/7
" True " Admissions	690	598	601	478	509

4.3 The overall length of stay has continued to fall with the average length of stay of patients who died falling in a similar way. The mean length of stay is higher than the median due to the continuing presence of patients who were admitted before the current criteria for the use of continuing care were agreed. In 2006/7 the maximum length of stay before death was 14 years.

Notwithstanding this, average length of stay has fallen substantially (by 40%) over the past six years.

Average Length of Stay	
2000/1	201
2002/3	177
2006/7	116

4.4 For completeness, the mean and median lengths of stay before death are shown below:

	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8 to Nov
Mean length of stay before death	138	199	182	215	187	186
Median length of stay before death	47	58	49	39	42	43

4.5 In December 2007 all continuing care providers were asked to complete a 'snapshot audit' of current patients and their date of admission is profiled below.

	1993-1999	2000 - 2005	2006	2007
Number of current patients by year of admission	18	98	58	95

*date of admission not entered for one patient

At the point of this snapshot (17th December, 2007) only 270 of the available 416 beds were being used for continuing care patients. A similar snapshot undertaken on 25th September showed 282 beds in use. This equates to an average occupancy of 65 - 68% by patients meeting the criteria for NHS Continuing Care. We would expect an average occupancy of 95%.

5. Population Profile and Projections

5.1 The average age of admission to NHS continuing care continues to be 82. From 2008 to 2018 a 25% increase in the number of people over the age of 80 can be expected, as the table below sets out.

Year	80-84	85-89	90 & over	total > 80	% incr on 2008
2008	37314	20413	8398	66125	
2009	37951	21092	8285	67328	1.82%
2010	38778	20937	8960	68675	3.86%
2011	39400	21302	9447	70149	6.09%
2012	40459	21491	9832	71782	8.56%
2013	41187	21817	10073	73077	10.51%
2014	41627	22485	10455	74567	12.77%
2015	42402	23251	10808	76461	15.63%
2016	43117	23945	11313	78375	18.53%
2017	43743	24877	11682	80302	21.44%
2018	44,780	25,588	12,029	82,397	24.61%

5.2 For the reasons set out in the final section of this paper, we are confident that the increase in admissions which will flow from this change in demography can be met within the complement of 312 Continuing Care beds.

6. Conclusions

6.1 Each of the key data assumptions used in the original review of continuing care has remained valid and the planned reduction in bed numbers will continue to allow sufficient capacity both for the current level of demand at the current average length of stay and for a material, future increase in admissions. From the utilisation pattern seen in 2006\07, the total of annual admissions was 509, with a mean length of stay of 187 days. This gives a total of 95183 bed days, which requires 274 beds at a 95% level of occupancy.

6.2 The planned numbers of 312 beds also allow for a 15% increase in admissions should that occur over the next decade. It is appropriate to assume that there will be an increase in admissions to continuing care as the population over 80 rises although the continued development of community services will mean that there will not be a proportionate 25 % increase. Further, as the patient profile continues to change to reflect the current admission profile this will also generate capacity by reducing the mean average length of stay further .

6.3 There remains a key risk however regarding the current numbers of patients awaiting discharge. Whilst it is planned that there will be no patients waiting over six weeks for discharge from April 2008 there will remain a significant number of patients who are occupying continuing care beds whilst complex procedures regarding Adults with Incapacity are completed. At the last monthly census in March there were 30 of these patients occupying NHS continuing care beds. To close further continuing care beds to the level of para 4.5 in the short term would mean that these patients would stay in rehabilitation beds both blocking access for patients requiring rehabilitation and reducing the overall bed capacity of the acute division.

6.4 It is therefore recommended that the Board continue to implement its planned shift in the balance of care and no longer purchase a continuing care service from St Margaret's from April 2009 and close 30 beds in South Glasgow in the same timescale. A further 30 beds would close in South Glasgow the following year.

6.5 It is recommended that further discussions be taken forward with St Margaret's to agree a detailed implementation plan for this change and to continue to encourage them to shift the type of care provided there to a social care model in partnership with our local authority colleagues. There is a clear demand for this type of service in that area. It is not intended that current continuing care patients at St Margaret's will be moved to another ward and this will form part of the implementation discussions.

Appendix 1

GREATER GLASGOW **FRAIL ELDERLY CONTIUING CARE**

BED COMPLEMENT

Hospital	2002	2003	2004	2005	2006	2007	Jan-08	Planned
Greenfield Park Nursing Home	120	120	120	60	60	60	60	**60**
Fourhills Nursing Home	120	120	120	60	60	60	60	**60**
Blawarthill	90	90	60	60	60	60	60	**60**
Almond View Nursing Home	30	30	30	0	0	0	0	
St Margaret's	26	26	26	26	26	26	26	
Total North G	**386**	**386**	**356**	**206**	**206**	**206**	**206**	**180**
Mearnskirk House	72	72	72	72	72	72	72	**72**
Mansionhouse Unit	60	60	60	60	60	60	60	
Rowantree Nursing Home	60	60	60	60	60	30	30	**30**
Rodgerpark Nursing Home	30	30	0	0	0	0	0	
Southern General	30	30	30	0	0	0	0	
Darnley Court Nursing Home	60	60	60	60	60	30	30	**30**
Total South	**312**	**312**	**282**	**252**	**252**	**192**	**192**	**132**
Total	**698**	**698**	**638**	**458**	**458**	**398**	**398**	**312**

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