

# Changes to Inpatient Disability Services in Clyde

## Your chance to comment on the proposals

This document explains proposed new arrangements for providing specialist inpatient physical disability services, as well as community-based care, for adults living in Renfrewshire and Inverclyde.



## 1. Introduction

- 1.1. In August 2004, the former NHS Argyll and Clyde began work to review the adult inpatient physical disability rehabilitation service across Argyll and Clyde. This was part of wider work on the re-provisioning of all services on the Merchiston Hospital site. However prior to conclusions being reached for physical disability rehabilitation services, the NHS Argyll and Clyde Health Board was dissolved with the Clyde element joining Greater Glasgow under new NHS Greater Glasgow and Clyde (NHSGGC) arrangements.
- 1.2. In recognition of these new single board-wide arrangements the Rehabilitation and Assessment Directorate has taken the opportunity to consider issues for all areas of the Board's specialist adult physical disability inpatient services. This process has involved engagement with staff, users and carers, health and social care colleagues and voluntary organisations.
- 1.3. This paper is not a strategy for services for adults with a physical impairment but proposes changes to the small inpatient service that will release resource for investment in services developed by local planning groups in conjunction with their local populations

## 2. Purpose of Consultation Document

- 2.1 NHS Greater Glasgow and Clyde is consulting on the proposal to close the current inpatient disability ward at Merchiston Hospital and provide replacement beds at the Southern General Hospital.
- 2.2 This will mean that Merchiston Hospital is no longer in use for clinical services. There are no plans to redevelop the site for clinical use in future and as such it will be surplus to the Board's requirements and the Board will seek consent for its closure and disposal.
- 2.3 This document describes
  - the current inpatient service – section 3
  - the drivers for change and current service pressures – section 4
  - the future bed numbers – section 5
  - the options for future service location – section 6
  - the impact on patients – section 7
  - the financial impact of the proposed changes – section 8
  - the impact on the workforce – section 9
  - details on how to contact us with your views – section 10

## 3. Current Inpatient Physical Disability Services

- 3.1 The specialist adult physical disability inpatient service is a small service made up of three distinct areas:

**Inpatient Specialist Physical Disability Assessment and Rehabilitation** – multi disciplinary assessment and rehabilitation led by a Consultant in Rehabilitation Medicine.

**NHS Continuing Care** – for a small group of individuals with complex and rapidly changing needs there is a requirement for NHS continuing care. As NHS continuing care is a high cost and specialist resource which relies on inpatient admission and Consultant led care, it is critical it is only used for those patients whose needs cannot be met elsewhere.

**NHS Respite** – respite provision, where available, is normally provided within the community through Local Authority Social Care Services. However a small number of individuals with complex and rapidly changing needs are supported within the community through an arrangement of shared care that provides for regular planned short term admissions to NHS Continuing Care.

### 3.2

<b>Location</b>	<b>Number of beds</b>	<b>Type of beds</b>	<b>Average admissions per yr (2004-2007)</b>
Physical Disability Rehabilitation Unit (PDRU), Southern General Hospital	26	Assessment and Rehabilitation	140
Larkfield Unit PDRU, Inverclyde Royal Hospital	8	Assessment and Rehabilitation	65
Islay Cottage, Merchiston Hospital	16	5 - Assessment and Rehabilitation 11 - NHS Continuing Care	31
Ward 53, Southern General Hospital	24	18 – NHS Continuing Care 6 – Respite	55 (mainly for respite)

3.3 Specialist inpatient services form only one element of the whole system response for adults with moderate or severe physical impairment. Other elements are provided in the community by NHS, Local Authority and Voluntary Sector services. These can include district nursing, home care, personal assistance, community rehabilitation, day services, respite care and care home provision.

## **4 Drivers for change and current service pressures**

- 4.1 It is estimated approximately 1 in 8 of the total adult population of NHSGGC has a physical impairment. This equates to approximately 100,000 people, of which approximately 65% will have a moderate or severe physical impairment. It is this group of people with moderate or severe physical impairment that specialist physical disability rehabilitation services are aimed at.
- 4.2 People will be admitted to hospital with a wide range of neurological conditions. More common diagnoses include multiple sclerosis, acquired brain injury and stroke, however there are number of less common mainly neurological conditions that make up a significant proportion of all inpatient admissions.
- 4.3 Over the past year we have had detailed discussion with a wide range of stakeholders. This discussion has highlighted a number of challenges that require to be addressed:
- The need to improve admission processes – currently there are varied and inconsistent pathways into and through services with no common definition of admission and discharge criteria. There are examples when admission to hospital could be better planned and coordinated across the multidisciplinary team
  - Achieving a more effective approach to discharge planning – over recent years there have been a number of people who have experienced significant delay in their discharge from hospital. In April 2007 there were 4 people at Islay Cottage whose discharge was delayed over six weeks. Through improved joint working arrangements between inpatient services and the Local Authorities this has now been addressed and there are now no longer any patients currently classed as having their discharge delayed
  - Having clear objectives for all interventions – identifying and agreeing clear goals with individuals for all stages of intervention is vital to ensure rehabilitation approaches address the key issues that support people to greater independence and self confidence
- 4.4 Further discussion with clinical colleagues has identified additional challenges:
- Having mixed provision within a single ward of assessment/rehabilitation and NHS Continuing Care - a separation of assessment/rehabilitation and Continuing Care is recognised as best practice within inpatient settings as the two patient groups have different needs and require a different type of care
  - The difficulties of working on an isolated site - Islay ward at Merchiston is now the only building in use on that site

- Single handed consultant in the Clyde area – although part of a wider Disability team, the Consultant works without readily available advice and support from colleagues in the same specialty He is also required to work on multiple sites given his role in North Clyde and Argyll and Bute.
- A small number of individuals who require prolonged periods of rehabilitation – whilst lengths of stay for assessment/rehabilitation are generally around 6 weeks, there are a small number of people who require longer periods of inpatient rehabilitation. For these particularly complex cases it is even more important to begin early discharge planning to ensure their discharge from hospital is not further delayed

## 5 **Future Bed Numbers:**

5.1 In order that our proposals for future bed numbers are robust we have undertaken a detailed analysis of the use of beds since April 2005. This analysis has included admission and discharge rates, occupancy levels, lengths of stay, pathways through inpatient beds and discharge destination. Our conclusions are as follows:

5.1.1 **Steady population levels** - inpatient specialist physical disability services, whilst not exclusively for adults under 65 years, do see most admissions falling within the 16-65 age range. Population projections estimate a 3% decrease in the 16 - 65 yr old population over the next 10 years

5.1.2 **Slight rise in admission rates for assessment and rehabilitation** – the numbers of people admitted for assessment/rehabilitation has shown some variation year on year across different sites, but overall figures demonstrate a trend towards slightly rising admissions (7% increase in admissions over the last three years)

5.1.3 **Decreasing admissions to NHS Continuing Care and NHS Respite** - the numbers of people assessed as requiring NHS Continuing Care is falling, as is the number of people requiring NHS respite facilities - a snapshot in 2004 identified 14 regular users of NHS respite facilities, in June 2007 this had reduced to just 9 regular users

5.1.4 **Bed occupancy levels of 80%** - bed occupancy rates across the four specialist physical disability rehabilitation wards have been between 70-80%. Given that most admissions to these services are planned admissions either from the community or from other hospital services it should be possible for all wards to achieve 80% occupancy rates, and 90% for NHS Continuing Care beds

5.1.5 **Average length of stay for assessment/rehabilitation of 6 weeks** – recognising the importance of balancing the need for intensive rehabilitation in hospital with the need to maintain people’s independence and confidence at home, length of stay for assessment/rehabilitation has been reducing over recent years and is generally now 5-6 weeks. Individual clinical needs mean a small number of people do however require significantly longer lengths of stay

5.1.6 **Reducing numbers of people experiencing delayed discharge** – as outlined at 4.3 above much progress has been made in multi-agency discharge planning. To ensure this is maintained will require continued clear multiagency admission, discharge planning and investment in local health and social services

5.1.7 **Unmet Need** – there is no accurate benchmarking data for specialist physical disability inpatient beds across Scotland, as each Health Board area approaches the needs of this client group in slightly different ways. Within NHSGGC the specialist physical disability inpatient service retains a good profile across the area and links with the health board wide specialist community physical disability rehabilitation services thereby reducing the likelihood of significant unmet needs.

5.2 In conclusion, the data shows that, with some redesign of current practice and consistently achieving 80% bed occupancy levels, the specialist inpatient service now requires fewer NHS inpatient beds:

Type of bed	Current Bed Number	Future Bed Number
Assessment and Rehabilitation	39	38
NHS Continuing Care and Respite	35	26

**Appendix 1** shows further detail of how these numbers have been calculated

5.3 These changes had already been recognised in previous changes to beds within Clyde. 8 beds at Ravenscraig Hospital were closed in 2005 and 5 beds at Islay were closed in 2007. For some time more than 5 beds within Islay have been used for assessment and rehabilitation. However, the resources associated with the closed beds have remained within the inpatient service and the impact of these changes on health and social services provided in the community has not been resourced.

- 5.4 Taking all this into account we propose a model of future service provision that recognises the shift to community based care over recent years, with intensive assessment and rehabilitation provided through a specialist inpatient physical disability rehabilitation service, supported with physical disability rehabilitation services in the community. Community services will be further developed with health and social care colleagues to provide integrated multiagency services to adults with a physical impairment

## **6 Options for future service location:**

- 6.1 Our process, and work undertaken previously by Argyll and Clyde Health Board, considered a range of options for the future location of the service. This section explains these options and why we consider the Southern General to be the best option. We invite stakeholders, as part of this consultation, to comment on our proposal, our conclusions on the other options and whether they consider that there are other viable options we have not considered. These comments will be reported to the Board before it reaches a decision.

Our proposals for future service location have been considered through a pre-consultation process that has included engagement at all stages with a wide range of stakeholders including service users and their relatives. As our early work identified a potential movement of the service from Islay Cottage, we have commissioned an independent advocacy service that is now providing Islay Cottage inpatients and their relatives with appropriate support throughout this process. This has allowed their views to be expressed directly and taken into consideration. Independent advocacy has been provided to patients at the Southern General for some years.

### **6.2 Status Quo**

Our work has identified that fewer assessment / rehabilitation beds are required and that continuing care should not be provided in the same ward as rehabilitation / assessment. The transfer of continuing care beds would leave only 4 beds in use at Merchiston. This would require a high level of staffing and not release funds to invest in community services. In addition the isolation of the current service at Merchiston Hospital has led us to conclude that retaining inpatient beds there is not considered a viable option.

### **6.3 Larkfield Unit**

In generating options for the future it was not proposed that the service at the Larkfield Unit at Inverclyde Royal Hospital would change substantially other than through ongoing service redesign to improve efficiency and effectiveness of service provision. The unit is purpose built for the client group, unlikely to be suitable for reuse by another service given its bed numbers, layout and location within the site and serves a particularly deprived area of population with high levels of disability.

## 6.4 Previously suggested options

### 6.4.1 Beds at Inverclyde and Johnstone

This option required additional £500k revenue and £500k capital funding and continued a mix of assessment / rehabilitation and continuing care. There is no available additional revenue funding for Clyde services and it was recognised by stakeholders that a separation of the different types of care was best practice. In addition a current service proposal was the subject of independent review and would see, following public consultation, the closure of Johnstone hospital.

### 6.4.2 Beds on a single site

No site had been identified for this option, nor was capital funding identified. Current service proposals that are the subject of independent review would see, following public consultation, services in Clyde being concentrated on Inverclyde Royal, the Royal Alexandra and the Vale of Leven. Provision of beds on these sites were incorporated into the options considered during pre-consultation although vacating the beds at Larkfield was not for the reasons given at 6.3.

### 6.4.3 Two sites – one NHS and one a partnership with the independent sector

No NHS site was identified for this option, one potential care home provider was available in Inverclyde. This option would require additional revenue and capital funding, and either leave Larkfield empty or have all beds in Inverclyde. There is no available additional revenue funding for Clyde services and it was recognised by stakeholders that a separation of the different types of care was best practice.

## 6.5 Pre Consultation

As part of the pre-consultation process we suggested three possible locations for the transfer of the rehabilitation beds – the Southern General, the Vale of Leven and the Royal Alexandra Hospital and asked for comments on these and for other options to be suggested. The paper also proposed the provision of all NHS continuing care for the Board at the Southern General Hospital.

6.5.1 Comments received showed people were mainly supportive of the principles in the paper.

6.5.2 The separation of continuing care and rehabilitation was supported by respondents.

6.5.3 In terms of location of services, people generally supported the option that provided services closest to their own place of residence.



- 6.5.4 One further option was proposed by nursing and Allied Health Professional ( AHP ) staff in the Clyde area to expand services at Inverclyde Royal Hospital.
  - 6.5.5 Comments from patients and their families identified the high quality of staff at Merchiston as the most significant factor in their and their family member's care.
- 6.6 Taking each location for assessment and rehabilitation beds in turn we have assessed its viability and ability to meet our key principles of shifting the balance of care and supporting people at home with improved community based services.
- 6.6.1 Royal Alexandra Hospital: the only suitable accommodation at the Royal Alexandra Hospital is a 30 bed ward some distance from the main hospital that would require capital investment for upgrading to meet the needs of people with a physical impairment. Providing just 4 beds within this stand alone ward would require staffing levels and associated budgets similar to those already seen in Islay Cottage and as such would release no savings to invest in community services.
  - 6.6.2 The Vale of Leven: this option would require either displacing medicine / medicine for the elderly activity from the Vale of Leven beds or a stand alone unit of 4 new beds. If a separate unit were to be opened this would require additional capital funding. A small unit of 4 beds would again require staffing levels similar to those already seen in Islay Cottage and as such would release no savings to invest in community services. In addition the Vale of Leven is some distance from where the majority of patients and their families live.
  - 6.6.3 Inverclyde Royal Hospital: the Larkfield Unit PDRU forms part of a purpose built building on the Inverclyde Royal Hospital site. It is not possible to extend this ward and there is currently no spare accommodation on the Inverclyde Royal site to transfer expanded services onto a single ward. In addition given the 8 bedded PDRU ward was purpose built for the client group, it is unlikely that any vacated accommodation would be suitable for re-use by another service given its small bed numbers and location.
  - 6.6.4 Southern General Hospital: Admissions to Merchiston come from a wide catchment area, the Southern General is nine miles from Merchiston so for the vast majority of patients and families this would be a minor change. There is a 4 bedded area within PDRU currently used as a therapy area rather than inpatient beds, however a longstanding capital scheme to extend PDRU is about to commence in 2008 providing a new therapy unit and better facilities for day patients. This releases 4 beds which could be opened to provide the additional capacity for assessment and rehabilitation. This option would see the inpatient service for assessment and rehabilitation provided over two sites (Southern General Hospital and Inverclyde Royal Hospital) giving the benefit of maximizing the use of the

specialist staff and the expensive infrastructure of beds, and provides a clear focus for training and staff development in these specialist areas.

- 6.7 Given we are proposing to transfer just 2 NHS Continuing Care beds, the only viable option is to increase capacity within the current NHS Continuing Care facility within Ward 53 at the Southern General Hospital. Future capacity requirements can be met by reassessing the balance of NHS Continuing Care beds with NHS Respite beds, and opening an additional 2 NHS Continuing Care beds within the current ward. Discussion with the Consultant in charge of Ward 53 has indicated this option is achievable with a continuation of the current flexible approach to the use of beds.
- 6.8 We recognize the importance of developing community services and reflecting the impact of changes in practice that have already taken place and do not consider it appropriate to propose a service model that continues multiple sites for such a small inpatient service and continue to tie up resources in multiple staff teams and infrastructure costs. This change will affect approximately 31 admissions a year.
- 6.9 Future Service: it is therefore proposed to consult on the transfer of services from Merchiston Hospital to the Southern General with future bed numbers as follows:

<b>Location</b>	<b>Number of beds</b>	<b>Type of beds</b>
Physical Disability Rehabilitation Unit, Southern General Hospital	30	Assessment and Rehabilitation
Larkfield Unit PDRU, Inverclyde Royal Hospital	8	Assessment and Rehabilitation
Ward 53, Southern General Hospital	26	23 – NHS Continuing Care 3 – Respite

## 7. **Impact on Patients**

- 7.1 There are 5 current continuing care patients at Merchiston Hospital. Each patient will have an individual plan agreed for their future care which meets their and their families' needs. Additional support throughout this process is being made available from an independent advocacy service.
- 7.2 The change will also impact on about 31 admissions a year of patients requiring assessment and rehabilitation. These patients will be admitted in future to either Inverclyde Royal or the Southern General, depending on which is nearer.
- 7.3 In 2006/7 one patient resident in East Renfrewshire was admitted to Islay Cottage and patient from West Dunbartonshire.

- 7.3 The beds at Merchiston currently serve a wide catchment area and a review of the last three years admissions ( Appendix 2 ) shows that an average of 13 patients a year would require to travel further if the service changes were implemented.
- 7.4 Patients from East Renfrewshire and West Dunbartonshire mainly lived closer to the Southern General. Patients from Inverclyde would in future be admitted to the Larkfield Unit. For all these patients the proposal would reduce the distance for them and their families to travel.
- 7.5 For the small numbers of requiring to travel further, the additional distance is small and the public transport links good. The Southern General is 9 miles from Merchiston Hospital and is well served by public transport including a bus route from Paisley.

## **8. Finance**

- 8.1 Although a number of beds have been closed over recent years within Clyde disability services, the associated budgets have not been removed nor has additional funding been given to local authority colleagues to recognise the impact that this shift to community based care has had on their services.
- 8.2 The current service at Merchiston Hospital, including the medical staff and AHP service, has a budget of £1,200,000. The medical staffing and AHP budgets of £281,000 will still be required.
- 8.3 There is a requirement for all Clyde service redesigns to contribute to the Clyde recovery plan and a contribution of £50,000 will be made from this service.
- 8.4 £368,000 will be required to support the additional service at the Southern General Hospital.
- 8.5 An allowance of £17,000 has been made to meet the costs of the additional travel for staff
- 8.6 To bring staffing in the community physical disability service in Clyde in line with the equivalent teams in the former Greater Glasgow Health Board area would require £101,000. This includes an allocation to serve the residents of West Dunbartonshire formerly covered by NHS Argyll and Clyde. The strengthening of the community service would see the appointment of a full-time nurse, a seven session a week dietician and one and a half support workers.
- 8.7 The balance of £441,000 would be allocated to local authorities as follows:

Renfrew	£238,140 (54%)
Inverclyde	£141,120 (32%)
West Dunbartonshire	£48,510 (11 %)

East Renfrewshire                      £13,230 (3 %)

This has been allocated on the basis of the residency profile of recent admissions to Clyde inpatient units.

8.8 Full details of the financial profile is attached at Appendix 3

## **9. Workforce**

9.1 There are 23.5 nursing staff at Islay Cottage, Merchiston Hospital

9.2 An additional 7.33 nursing staff will be required to staff the additional beds at the Southern General Hospital. An additional nursing post will also be available within the specialist community service. In addition there are a substantial number of vacancies within the specialist physical disability inpatient services at the Southern General Hospital which would allow all staff currently employed at Merchiston Hospital to transfer to the equivalent services, if that is their wish. We are conscious that our staff are a specialist and scarce resource and clinical staff have been given the undertaking that they can all continue working within disability services if that is their wish.

9.3 Allied Health Professional staff at Islay Cottage currently cover both inpatient and community services. This proposal will see staff no longer cover both areas but work either within inpatient services or community services. This will require to be quantified and reflected in individual job plans however, as with nursing staff, there will be posts available for all AHP staff.

9.4 The full implications for all staff will be discussed with them individually and will include partnership and professional representatives. The Organisational Change Policy will apply and the overarching principle in managing change will be security of employment for existing staff.

## **10. Consultation Process**

10.1 Public Consultation about our proposals was launched on Monday, 18<sup>th</sup> February 2008 and is due to end on **Monday, 5<sup>th</sup> May**.

10.2 A leaflet summarising the proposals and the information contained in this document has been widely distributed. If you would like a copy of this, you can either download it directly from our website at [www.nhsggc.org.uk/clydeinpatientdisability](http://www.nhsggc.org.uk/clydeinpatientdisability) or you can call **0800 027 7246** during normal working hours for it to be posted out to you.

10.3 If you would like copies of this document, or the summary leaflet, in alternative formats such as audio tape, British Sign Language or Braille or would like translations of the documents into languages other than English please call 0141 201 4461.

10.4 In the course of the consultation period we will be arranging one-to-one meetings and briefings with individual stakeholders.

- 10.5 A meeting with patients, relatives and carers is also being organised and this will take place in Islay Cottage. It will be independently facilitated by the Advocacy Project. Stakeholders will be contacted by us directly but if you feel that you should be included in this meeting, or a one-to-one session, please call 0800 027 7246.
- 10.6 Staff meetings and briefings are also being organised and staff will be notified of these directly
- 10.7 If you would wish to attend a public meeting based on workshop discussions about these proposals, please let us know by calling 0800 027 7246. We are flexible as to the date, time and format of such an event and will base the arrangements on the requests we receive.
- 10.8 In order to put your views forward before **5<sup>th</sup> May 2008**, you can:

Write to -

Inpatient Disability Services  
c/o John Hamilton  
Head of Board Administration  
NHS Greater Glasgow and Clyde  
Dalian House  
350 St Vincent Street  
Glasgow G3 8YZ

Or -

Visit our website at [www.nhsggc.org.uk/clydeinpatientdisability](http://www.nhsggc.org.uk/clydeinpatientdisability) where you will be able to make an e-mail submission.

**CONSULTATION SUBMISSIONS MUST BE RECEIVED NO LATER THAN MONDAY, 5<sup>th</sup> MAY 2008.**

## **11. What Next?**

- 11.1 Once we have received comments from all interested parties, we will take stock of what we have been told. Our aim is to then take a final proposal to the NHS Board for approval. If approval is given, our proposal would then go to the Cabinet Secretary for a final decision.

## NHSGGC Physical Disability Rehabilitation Services

### Adult Inpatient Bed Numbers

#### 1. Assessment and Rehabilitation Beds:

##### PDRU, Southern General Hospital:

	2004/5	2005/6	2006/7	2007/8 to 31/09/07
Total admissions	124	125	145	87
% Occupancy	78%	70%	77%	
Average length of stay	9 weeks	7 weeks	6 weeks	6 weeks

In the Clyde area a number of people move between the two wards – Larkfield Unit and Islay Cottage – in a single episode of inpatient admission. Looking at a 31 month period from 1 April 2005 to 31 October 2007 shows 17 people having transferred between the two wards in a single inpatient episode.

For the purposes of analysing admissions for bed numbers these have been counted as a single inpatient admission allocated against the ward an individual was first admitted to. If we can plan on this basis that should prevent patients having to move during their rehabilitation

##### Larkfield Unit, Inverclyde Royal Hospital:

	2004/5	2005/6	2006/7	2007/8 to 31/10/07
Total admissions	70	54	59	48
% Occupancy	85%	84%	73%	

##### Islay Cottage, Merchiston Hospital:

	2004/5	2005/6	2006/7	2007/8 to 31/10/07
Total admissions	30	26	21	9
% Occupancy (16 beds)	79%	79%	79%	

#### Length of Stay within Larkfield Unit and Islay Cottage:

As current practice has seen patients move between the two inpatient sites in a single episode of admission, it has been important to analyse length of stay taking this into account. A 31 month period from 01/04/05 to 31/10/07 has been analysed in depth. The accuracy of this data has been confirmed by undertaking a comparison across 12 months of data produced by the Consultant in Rehabilitation Medicine for the Clyde area. Each admission has been reviewed individually.

	<b>Range of length of stay</b>	<b>Average length of stay</b>
Admission to Larkfield Unit only	1 - 193 days	5 weeks
Admission to Islay Cottage only	7 - 190 days	7 weeks

Admissions to Larkfield and Islay Cottage in a single episode of care: this approach has generally been used in the management of more complex patients who have required admission over much longer periods of time. Lengths of stay have varied from 6 weeks to over 3 years, with the longer lengths of stay occurring in Islay Cottage where there is a mix of assessment/rehabilitation beds and NHS Continuing Care beds.

A proportion of these patients have seen their length of stay extended longer than is desirable due to some delays in discharge arrangements being put in place. Improved joint working between hospital and Local Authority social work departments has seen a change in practice over recent months with no patients currently experiencing such delays. The resource transfer proposed by this paper will further help embed this practice. This joint working will impact on future lengths of stay but it is recognised that there will always be a small but significant proportion of people who require prolonged periods of time in hospital extending over many months.

#### **NHSGGC assessment/rehabilitation beds:**

##### **Future bed number assumptions:**

- Bed occupancy levels of 80%
- Admissions increased by 10% on 2006/7 levels to 248 admissions pa
- An average length of stay of 6 weeks for 241 admissions
- 7 admissions requiring an average length of stay of 7 months

Total beds days required pa = admissions x avge length of stay:

At 100% occupancy this requires 32 assess/rehab beds

At 80% occupancy this requires **38 assess/rehab beds**

#### **NHSGGC Continuing Care and Respite Beds:**

##### **Ward 53, Southern General Hospital:**

	<b>2004/5</b>	<b>2005/6</b>	<b>2006/7</b>
Total admissions	N/A	51	61
% Occupancy	N/A	80%	81%
Regular respite users	14	12	9

Patients who are placed in NHS Continuing Care continue to receive rehabilitation as appropriate; however the intensity will be at a lower level than is experienced in an assessment/rehabilitation bed. A small number of people will continue to move slowly through rehabilitation towards placements in the community. It is recognised this can take a period of 1-2 years to achieve.

## **NHS Continuing Care beds:**

### **Future bed number assumptions:**

- A continuation of current referral patterns into longer term beds
- As at December 2007 there are 24 beds occupied by long term patients (19 in Ward 53; 5 in Islay Cottage)
- It is predicted a review of individual needs in Islay cottage will identify patients whose needs could appropriately be met within an alternative care setting

Max NHS Continuing beds required = **23**

## **NHS Respite beds:**

### **Future bed number assumptions:**

- No regular use of respite/shared care in Islay Cottage
- A reducing use of NHS respite/shared care facilities and a need to provide respite within the community rather than in a hospital setting

Ward 53 shared care bed use: **avge 2 weeks in every 6-8 weeks**

Current numbers using Ward 53 shared care: **9**

Respite beds required = **2-3**

**January 2008**



### **Postcode Analysis of Admissions to Islay Cottage, Merchiston**

#### **Admissions to Islay Cottage, Merchiston Hospital in 2005/6:**

25% of people lived closer to the Southern General Hospital than to Merchiston.

All people admitted from West Dunbartonshire and East Renfrewshire lived closer to the Southern General Hospital.

75% of people lived closer to Merchiston than to the Southern General Hospital. The additional distance from home to the Southern General as opposed to home to Merchiston ranged from 0.4 miles to 8.2 miles. The average additional distance from home to the Southern General was 5.2 miles.

Of those people who lived closer to Merchiston, 43% lived in the Inverclyde area and 57% lived in the Renfrewshire area.

It is assumed that those living in Inverclyde would be admitted there in future. Those living in Renfrewshire lived an average of 2.6 miles further from the Southern General than Merchiston.

The change would therefore require 11 people to travel further if their care was provided at the Southern General

#### **Admissions to Islay Cottage, Merchiston Hospital in 2006/7:**

17% of people lived closer to the Southern General Hospital than to Merchiston.

All people admitted from West Dunbartonshire and East Renfrewshire lived closer to the Southern General Hospital.

83% of people lived closer to Merchiston than to the Southern General Hospital. The additional distance from home to the Southern General as opposed to home to Merchiston ranged from 0.4 miles to 8.8 miles. The average additional distance from home to the Southern General was 5.4 miles.

Of those people who lived closer to Merchiston, 5% lived in the Inverclyde area and 95% lived in the Renfrewshire area.

It is assumed that those living in Inverclyde would be admitted there in future. Those living in Renfrewshire lived an average of 5.3 miles further from the Southern General than Merchiston.

The change would therefore require 16 people to travel further if their care was provided at the Southern General

**Admissions to Islay Cottage, Merchiston Hospital April to Dec 2007 inclusive:**

29% of people lived closer to the Southern General Hospital than to Merchiston.

All people admitted from East Renfrewshire lived closer to the Southern General Hospital.

71% of people lived closer to Merchiston than to the Southern General Hospital. The additional distance from home to the Southern General as opposed to home to Merchiston ranged from 0.4 miles to 8.6 miles. The average additional distance from home to the Southern General was 3.9 miles.

Of those people who lived closer to Merchiston, 20% lived in the Inverclyde area, 10% lived in West Dunbartonshire and 70% lived in the Renfrewshire area.

It is assumed that those living in Inverclyde would be admitted there in future. Those living in Renfrewshire/West Dunbartonshire lived an average of 3.1 miles further from the Southern General than Merchiston.

The change would therefore require 8 people, or 11 in a full year, to travel further if their care was provided at the Southern General

**29 January  
2008**

3

<b>Current Budget</b>	<b>(£)</b>
	<b>1,260,352</b>

<b><u>Budget not affected by service move</u></b>		
	<b>(£)</b>	
Medical	<b>35,900</b>	
Existing AHP team	<b>245,700</b>	
<b><u>SGH Investment</u></b>		
<b><u>Pay:</u></b>		<b><u>Note</u></b>
Nursing	154462	1
Allied Health Professionals	48485	2
Facilities	50000	3
	<b>252,947</b>	
<b><u>Non Pay:</u></b>		
Clinical	10,499	
Non Clinical	52,740	
	<b>63,239</b>	
<b><u>Other Charges:</u></b>		
Capital Charges (including Depreciation)	52,567	
Clyde Savings Requirement	50,000	
Excess Travel	17,715	
	<b>120,282</b>	
<b>Additional Resource Required for SGH</b>	<b>436,467</b>	

<b><u>Community Team</u></b>		
<b><u>Pay:</u></b>		<b><u>Note</u></b>
Additional posts	98,385	4
<b><u>Non Pay:</u></b>		
Misc	2,900	
<b>Community Team Investment</b>	<b>101,285</b>	

<b>Resource Transfer</b>	<b>441,000</b>
Renfrewshire	238,140
Inverclyde	141,120
West Dunbartonshire	48,510
East Renfrewshire	13,230

**Notes:**

- 1 2.38 whole time equivalent (wte) Band 2 + 1.95wte Band 5  
 - for PDRU, 1.4wte Band 2 + 1.6wte Band 5 for Wd 53  
 2 1wte Band 3 + 0.2wte Band 6 for 53 + 1wte Band 4 for  
 - PDRU  
 3  
 - Domestic and portering staff  
 4 1wte Nurse, 0.7wte Dietician, 1.5wte  
 - support posts

**CURRENT BUDGET FOR ISLAY****COTTAGE**

<b><u>Direct Pay Costs</u></b>	<b><u>w.t.e.</u></b>	<b><u>(£)</u></b>
Medical Staff	0.54	35,900
Nursing	26.67	639,700
Admin (Speech Therapy)	0.14	2,500
Occupational Therapy	2.17	61,800
Physiotherapy	3.53	121,300
Speech and Language Therapy	1.20	60,100

<b>Sub-Total</b>	<b>34.25</b>	<b>921,300</b>
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**Non-Direct Pay Costs**

Catering	1.51	25900
Domestic	4.27	66700
Laundry	0.22	4414
Porter	0.50	9959

<b>Sub-Total</b>	<b>6.49</b>	<b>106,972</b>
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<b>Total Pays</b>	<b>40.74</b>	<b>1,028,272</b>
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**Direct Non-Pay Costs**

Drugs & Dressing	-	19,000
Instruments & Sundries		15,800
CSSD		1,200
Physio Materials		1,900
OT Materials		1,000
Uniforms		100
Bedding & Linen/Disposables		200
Bed Pans		300
Travel		13,800
Misc		14,600

<b>Sub-Total</b>		<b>67,900</b>
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**Non-Direct Non-Pay Costs**

Estates	-	61,000
Postages/Phones etc.		24,500
Domestic Supplies		6,000
Laundry & Linen Supplies		717
Portering Supplies		166
Transport		7,890
Catering Supplies		19,600

<b>Sub-Total</b>		<b>119,872</b>
<b>Total Non-Pays</b>		<b>187,772</b>
<b>Total Pay and Non-Pay Budgets</b>		<b>1,216,045</b>
<b>Cost of Capital (Incl. Depreciation)</b>		<b>44,307</b>
<b>Overall Current Budget for Release from Islay Ward</b>		<b>1,260,352</b>

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**Ma tha sibh ag iarraidh an fhiosrachaidh seo ann an cànan eile, cuiribh fios gu:**

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اگر این اطلاعات را به زبانی دیگر میخواهید لطفاً با این آدرس تماس بگیرید:

إذا رغبت في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال بـ:

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی رابطہ کریں:

**Eğer bu bilgiyi bir başka dilde istiyorsanız lütfen bağlantı kurunuz:**

**Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:**

**0141 201 4461**