

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 24<sup>th</sup> February 2009

Board Paper No. 2009/02

Chief Executive  
Director of Rehabilitation and Assessment

## REVIEW OF NHS CONTINUING CARE FOR FRAIL ELDERLY

### Recommendations:

#### The Board is asked to:

- agree that the implementation of the shift in the balance of care be continued;
- reaffirm the Board's commitment to the redevelopment of Blawarthill Hospital site;
- note the outcome of the recent discussions with St Margaret of Scotland Hospice Board;
- issue formal notice to St Margaret's that the Board will not require St Margaret's to provide NHS continuing care once the new wards at Blawarthill Hospital are open, targeted for early 2012;
- note that the issue of St Margaret's expanded provision of palliative care within the 30 beds currently designated for continuing care should be considered by the Managed Clinical Network for Palliative Care as part of the Board's ongoing response to "Living and Dying Well".

### 1. Background

- 1.1 At its meeting in April 2008 the Board received a paper describing the outcome of the review of planning for frail older people.
- 1.2 NHS continuing care is provided for patients who need regular ongoing specialist supervision due to their complex clinical needs and remain under NHS consultant care.
- 1.3 Bed numbers have reduced considerably over the last ten years due to:
- investment in community care;
  - reduction in use of the beds by patients awaiting discharge;
  - a shorter length of stay of those patients remaining.
- 1.4 At that meeting in April 2008, the Board noted the outcome of the review which had recommended a further reduction in beds including those at St Margaret of Scotland Hospice, but deferred a decision on the final stage of implementation pending further discussions with St Margaret of Scotland Hospice.

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- 1.5 St Margaret of Scotland Hospice provides NHS continuing care in one ward, which is funded 100% by the Health Board. The other ward provides specialist palliative care funded 50% by the Health Board in line with the five other Hospices in the Board area.

## 2. Implementation

- 2.1 The table below shows the reduction in bed numbers over the last 20 years within Glasgow. Similar reductions have been implemented in Clyde and a number of NHS continuing care beds has been included in the current plan for the Vale of Leven Hospital.

	1996 Beds	2002 Beds	Feb 2009 Beds	Plan	Variance
North	725	390	206	180	+26
South	454	372	156	126	+30
Other	36	14	0	0	0
Total	1215	776	362	306	+56

- 2.2 These reductions have been achieved by working in partnership with four private sector care home providers across a range of sites, working with Erskine hospital and by closing NHS beds and redeploying staff. The work with the private and charitable sector providers enabled them to move from being providers of NHS Continuing Care to become providers of enhanced residential care or nursing home care without incurring any financial risk as both roles were funded in full. Where necessary, transitional funding support was provided to 'bridge' the change period.
- 2.3 We need fewer continuing care beds and therefore we are continuing to reduce them. Since the Board meeting in April, 34 beds have been closed in South Glasgow reflecting this declining trend. The remaining reductions are a further 30 beds in South Glasgow and the 26 beds at St Margaret's, required to meet the planned future requirement identified in the 'balance of care' studies.
- 2.4 The first annual census of NHS Continuing Care took place in September 2008. This showed that there were 257 patients receiving NHS continuing care and that 58 of these were in West Glasgow. This equates to average bed occupancy of 70%. 63% of patients had been admitted within the last two years
- 2.5 In the years ahead, with the criteria for NHS Continuing Care now covering all new admissions, the Board would expect to achieve 95% occupancy of NHS continuing care beds. Even with the planned reduction in bed numbers there therefore remains capacity within this type of care for the predicted expansion in admissions described in some detail in NHS Board Paper 08/18 and considered at the April 2008 meeting.
- 2.6 On 16<sup>th</sup> February there were 52 continuing care patients in West Glasgow with four patients waiting for admission. The balance of the beds are occupied by patients who are awaiting discharge.

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### **3. Blawarthill Hospital**

- 3.1 Blawarthill Hospital is on the site of a Victorian hospital and in 2000 had 120 NHS continuing care beds.
- 3.2 Following a review of elderly services the NHS Board undertook a public consultation on the closure of the hospital and considered the results of that consultation at its meeting in October 2000 (NHS Board paper 2000/126). The Board agreed not to close the hospital but to develop the site to provide a range of health and social services. (NHS Board paper 2000/154).
- 3.3 As part of the implementation of the balance of care 30 beds were closed at Blawarthill in 2000 and a further 30 closed in 2003. There are currently 60 NHS beds on the site together with associated ancillary accommodation.
- 3.4 Tenders were issued in 2005 for:
- 60 NHS continuing care beds staffed by the NHS;
  - 60 care home beds;
  - 16 very sheltered housing units;
  - 8 disabled housing units.

The balance of the site would be used for residential housing.

- 3.5 Ten tenders were received with five companies being shortlisted to submit further bids. Three companies returned bids and a preferred bidder was appointed in May 2007
- 3.6 Negotiations with the bidder continue and assuming these are concluded it is expected that the new NHS facilities will be available early in 2012.

### **4. Discussions with St Margaret's**

- 4.1 Since 2004/5 there have been meetings with St Margaret's to discuss the future role that they could play in providing care for older people following the implementation of the Balance of Care report. The original proposition was that their continuing care beds become care beds without nursing, formerly described as residential care. Latterly a further option of providing NHS continuing care for older people with mental health problems had been suggested.
- 4.2 Since April 2008 there have been a number of meetings and correspondence between St Margaret's and officers of the Board. The key points are described below.
- 4.3 At the first meeting in May a new option of providing care beds with nursing was described. This option had been developed following discussions with Glasgow City, West and East Dunbartonshire Councils' social work departments. It was agreed not to pursue further the option of care beds without nursing. Written details of the two options were sent to St Margaret's outlining possible staffing numbers and the level of associated income.

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4.4 It was agreed that three pieces of work were required to be completed

- to understand cost attribution between frail elderly and palliative care;
- to assess future development proposal for palliative care;
- to assess the implications of a move to different models of care in terms of:
  - the necessary period of transition;
  - the level of staffing change required and the approach necessary to achieve this over a reasonable timescale;
  - the requirement for transitional funding to ensure that financial turbulence is avoided.

4.5 The first two actions have been completed. However, St Margaret's have declined to take part in any assessment of a move to a different model of care other than their proposed expansion of palliative care.

### 5. **Other Correspondence**

5.1 In addition to correspondence with St Margaret's the Board has received correspondence from the Scottish Patients Association (SPA) which offers their observations on the information they have received.

5.2 35 members of the public have also written to the Board asking for the retention of the frail elderly beds at St Margaret's

### 6. **Summary of Current Position and Future Options**

6.1 The table below shows the indicative financial impact of the options. These would all require further development and only show nurse staffing numbers. The development of palliative care would require additional NHS Board investment and equivalent fundraising by the Hospice.

	<b>Income</b>	<b>Staffing</b>
NHS Continuing Care for Frail Elderly Patients	£1.21m	34 WTE
Care Home with Nursing	£761,997	16.73 WTE
NHS Continuing Care for EMI Patients	£848,000	23.68 WTE
Additional Palliative Care	£817,000	34 WTE

6.2 St Margaret's have expressed concerns that, as the costs of the two options which we have asked them to consider viz Care Home with Nursing and NHS Continuing Care for EMI Patients, are lower than the costs of providing NHS Continuing Care for frail elderly patients, St Margaret's would inevitably face financial detriment which would impact on the viability of the palliative care services. We have tried our best to explain to St Margaret's that this is not the case: the arrangements described in paragraph 2.2 (above) which have already been worked through successfully with other providers would apply in the same way to St Margaret's: St Margaret's would be funded in full for the costs of the alternative service model which they provided, with agreement reached about any transitional funding costs also required to 'bridge' the change period. Further, as paragraph 4.4 (above) describes, the work required between the NHS Board's officers and St Margaret's to understand the cost

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attribution between the frail elderly and palliative care services has already been completed and the Board has acknowledged that palliative care costs might increase as a result of the change.

### **7. Conclusion**

- 7.1 The planning assumptions regarding frail elderly continuing care beds remain valid and there remain more NHS continuing care beds in use than are required to meet the needs of the population. It is therefore recommended that the Board agree to the further reduction in NHS continuing care beds proposed at St Margaret's and in South Glasgow.
- 7.2 The proposed redevelopment of Blawarthill is a holistic service solution to the needs of residents of West Glasgow including social and disabled housing and additional care home beds of which there is a shortage in that sector of the city.
- 7.3 It has been suggested that the NHS beds at Blawarthill should be closed or used for the different types of care. To use these beds as social care would leave the NHS beds isolated and difficult to staff safely and would also lead to a disproportionate number of social care beds in that part of the city. The suggested shift of NHS continuing care of older people with mental health problems to St Margaret's was made in recognition of St Margaret's desire to stay as a provider of NHS care. It is not part of the Board's extant mental health strategy and was proposed specifically as a means to find an acceptable way forward with St Margaret's.
- 7.4 To close 30 NHS beds at Blawarthill would require further public engagement and consultation. Most particularly it would involve the Board in moving away from the decision to which it committed following public consultation in 2000 and abandoning the commitment it had made to develop the Blawarthill site in conjunction with the key partners. There is no need nor justification to move away from that decision taken in 2000: it remains the appropriate strategic decision for the year's ahead.
- 7.5 The current accommodation at Blawarthill is however, largely in shared rooms whereas St Margaret's are able to provide mainly single room accommodation. It is therefore recommended that the redevelopment of Blawarthill continue and that the reduction in continuing care beds at St Margaret's be linked to the opening of the new 100% single room accommodation at the hospital. St Margaret's would be given formal written notice with terms linked to that development, which is expected to be available early in 2012

### **8. Next Steps in Working with St Margaret's**

- 8.1 St Margaret's are fundamentally opposed to considering any option for change other than an expansion of their Hospice beds. They do not consider that providing care beds with nursing to be compatible with their core values and maintenance of their hospice status. It should be noted that other organisations do so successfully within the Board area

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- 8.2 As part of its palliative care planning the Board is currently concluding a needs assessment regarding palliative care for non malignant conditions. This will form part of the Board's response to the recently launched National Action Plan for palliative and end of life care in Scotland. St Margaret's proposed expansion of inpatient beds requires to be viewed in light of that piece of work and in the context of other Board priorities for this type of care. It is therefore not possible for the Board to respond to the proposal at this stage.
- 8.3 The proposal also has significant implications for other specialist palliative care providers and would require detailed discussion with them and other relevant clinicians. Planning for palliative care is conducted through the Managed Care Network. It is therefore recommended that the proposed expansion in palliative care beds be considered by the MCN for Palliative care as part of its ongoing response to "Living and Dying Well".
- 8.4 The Board will continue to work with St Margaret's to encourage them to consider options for development should the palliative care proposal not be pursued in order to ensure that the facilities there continue to be available for the population and to ensure that the current level of palliative care is not jeopardised.

### Recommendations:

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Author: Tom Divers, Chief Executive  
Anne Harkness, Director of Rehabilitation and Assessment