Transfer of Medicine for Older People (MOP) Ward from Southampton General Hospital (SGH) to Royal South Hants Hospital (RSH)

1. Introduction

In 2012/13 SHIP commissioners have invested a further £7m in the Trust to cover non-elective growth at 2% and to reduce elective waiting times. To meet this demand and ensure performance can be maintained the Trust Board has considered the capacity challenges it faces.

As part of the strategic capacity options the opportunity to partner with another organisation in order to access capacity has been a key option. In part this is in response to the fact that the capital programme available for new build development to support capacity requirements on the UHS campus has been limited for a number of years as commissioners have been unable to afford PbR tariffs. This has been mostly rectified in 12/13 but it will take some time to develop the capacity needed on site to meet demand.

2. The Capacity Challenge

The capacity challenge for 2012/13 is reasonably straightforward. In order to maintain an acceptable level of occupancy to deliver the national performance targets and ensure quality of provision the Southampton General Hospital site will require a reduction in the overall occupancy level for beds managed by Division A and Division B. The Surgical Care Group (Div A) has run with the highest occupancy level in terms of level one bed capacity for in excess of 12 months now and it is clear given the level of elective surgical activity and the non elective growth rates commissioned by the CCGs that further level one adult beds are required within that Care Group.

Ongoing demand for emergency medicine and medicine for older people is the other area within the organisation where consistently high occupancy levels through Q3 and Q4 have continued into Q1. This in part has a contributory impact to the failure of the ED target in Q4. This is on a backdrop within that Care Group of reducing length of stay consistently over the last 12 months; however demand consistently outstrips capacity with a knock-on effect into other areas of the hospital making it difficult to achieve ED, cancer and RTT targets. Over the past 2 years a number of joint audits have been carried out regarding the suitability of patients to be admitted and cared for within an acute hospital environment. Consistently the outcomes of these audits have indicated that the patients at UHS either are appropriate for acute admission to UHS or (in a small percentage of patients) care could have been provided outside of the acute sector but the infrastructure to support this was not available.

The overwhelming majority of all available space that could be appropriately used for inpatient bed stock on the SGH site is in use and there is very limited flexibility in terms of how bed stock can be utilised between specialties and in particular between the East Wing and West Wing stacks.

The Day Surgery unit development due for completion in October 2012 will provide dedicated facilities for Day Surgery activity and release a number of adult inpatient beds in both the East Wing and West Wing stacks. However it has already been agreed that the beds in the West Wing stack will be utilised for the relocation of C Level services in order that the Haematology Day unit development can commence in Q3 of this financial year. This means a limited level of East Wing capacity only is released via this development.

3. MOP Ward at RSH

In the context of the above capacity issues there has been an opportunity to look at the wider clinical estate within the health system in order to access capacity away from the main UHS campus. Both Solent and Southern Healthcare have units of ward capacity in community facilities i.e. Lymington, the Western and the Royal South Hants Hospital.

As part of the Trust's strategic direction around clinical services there has been a long standing commitment to develop integrated pathways of care regarding patients with chronic diseases i.e. COPD, heart failure and diabetes as well as looking at opportunities for clinical integration concerning community and acute care for the management of the frail elderly. In this context there is a tactical opportunity within an existing community facility to both provide short-term operational capacity for UHS as well as leveraging the acute clinical expertise within UHS to more effectively manage pathways of care with community healthcare colleagues outside of the acute sector.

In terms of short-term requirements having reviewed the physical facilities available at the current time and the most appropriate casemix of patients it was decided that the movement of an existing acute ward for medicine for older people from G Level at the SGH to RSH would provide the most compatible capacity solution, as well as the right tactical fit in terms of potential future integration of pathways. This will be a like for like replacement with a selected case mix of patients who still require acute hospital care.

The admission procedure for the ward at the Royal South Hants will be supported by an operational policy ratified by the Medicine for Older People's multi disciplinary team however, in summary:

- the client group will be male and female;
- from Southampton City or Hampshire localities;
- will have been reviewed, triaged and accepted by a Medicine for Older People's Consultant;
- whilst the patient will require transfer to another location by ambulance the environment and services will have been considered appropriate and beneficial for the patient at the time with their continued care needs
- Patients who have dementia or cognitive dysfunction will not be excluded from the ward as the staff and environment will be compatible with those currently provided on G level on the UHS site.
- Clinical care will be delivered in line with the current UHS skill mix on the Medicine for Older People wards with the full range of MDT support. There will be 24/7 hospital at night cover and daily consultant physician ward rounds.
- Funding has been included from UHS to support additional social work support to this facility thus maintaining the vital link to the wider Discharge Bureau team.
- The operational policy has been constructed specifically to ensure that patients within this facility do not experience an increase in length of stay above the levels of similar ward facilities on the UHS site and that patient throughput is appropriately maintained.
- The clinical service model and governance arrangements will be reviewed and signed off by the UHS Medical and Nursing Directors as part of the implementation timetable.

4. Links to CQINN Activity

One of the key CQINN measures for 2012/13 relates to non-elective admission avoidance and activity reduction within UHS. CQINN payments for UHS and for both Solent Healthcare and Southern Healthcare are linked around this particular measure in terms of collaborative schemes to reduce non-elective demand in the acute sector.

Whilst it is clear that the development of a UHS ward at RSH is not a measure falling within the CQINN activity there is the opportunity to develop non-elective active management schemes with community providers that could add further value to how we utilise bed capacity at the RSH. One such opportunity is to develop the medical outreach model in order to both provide early medical interventions to patients within a community setting to prevent an acute admission, but also to provide some further element of the medical support into the UHS managed bed capacity at RSH.

5. Conclusion

In summary UHS requires additional level 1 bed capacity on the UHS site in order to deliver on contractual commitments particularly regarding volumes of planned care for 2012/13. Whilst not increasing the physical bed footprint at UHS for patients under the care of the Medicine for Older People team there is an opportunity to work collaboratively with Solent Healthcare to utilise existing clinical estate within the health system.

Patients cared for by UHS at the RHS will be appropriately triaged by UHS consultant physicians and will receive treatment and support in line with the current provision from the wider MDT at UHS.

The clinical model and governance arrangements have been directly overseen at executive level at UHS with direct input from the Director of Nursing and the Medical Director.

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