

The Builth Project

Acute GP beds



Builth Hospital

- 12 acute GP beds at Builth Hospital
- admissions from home
- admissions from other hospitals
- short term admissions for active treatment
- care from doctors and staff you know



Campaign of 2006

- “Builth Cottage Hospital will not close until equivalent services are in place”
- 12 GP beds in the new unit on this basis
- agreed term was *care home beds*, reflecting that a private provider was involved
- nursing care beds always part of the project and planned for phase 2



February 2011

- shocked to learn that the 12 care home beds had become 6 nursing beds and 6 acute GP beds
- immediately raised objections
- negotiations are continuing



Builth Project

- 6 Acute GP beds
- 6 Nursing home beds

6 Acute GP beds lost



Purpose of this meeting

- how the 6:6 split came about
- why 6 acute GP beds will not work
- maintaining Project momentum



Timeline

- not invited to contribute to the Business Justification Plan
- not asked to comment prior to its submission
- only became aware of the bed cut during discussions at the Project Board meeting this February
- we immediately organised a meeting with Powys LHB
 - meeting took place 22nd March
 - further meeting 15th June



Who owns what?

- Powys County Council
- Powys Local Health Board



What's wrong with 6 nursing home beds?

- nothing!
- we're happy to look after nursing home beds
- but not at the expense of 6 acute beds
- will not necessarily benefit our community
- will benefit the county



What is a nursing home bed?

- different to Brynhyfryd or Tyn y Graig
- long term illness eg severe strokes, multiple sclerosis, multi organ failure
- assessment involves review of medication, breathing, pain, personal care, continence, mobility, necessary medical equipment etc
- mobility usually a determining factor
- nursing home bed is usually for life
- county council control
- nearest – Crosfield House



Frequency of use?

- 1 or 2 patients a year from this area go into nursing home beds eg Crosfield House



What will nursing home beds mean for our patients?

- may take years to fill them from this locality
- 6 beds wont be kept empty until needed by our community
- beds will be taken by patients from Powys
- good service for Powys but not necessarily beneficial to our community



Flexible nursing beds

- Mix of GP and nursing home beds
- sounds good
- but actually unworkable
- nature of nursing home bed is that occupants stay for life
 - blocking flexibility
- nursing beds are, in effect, not flexible



The Case for 12 GP Beds

- 20 GP beds in 2000
- cut to 12 in 2006
- have already had to work hard to reduce admissions
 - More preventative medical care
 - Hospital treatments in the home (eg deep vein thrombosis)
 - LHB restrictions on type of patient admitted (eg cardiac)
 - Increased use of social services to prevent admissions
 - Better care/support in patients homes
- no community hospital in Powys has worked as hard as us on this



Occupancy at Builth Hospital

- average 8 out of the 12 beds used at any one time
- only an average
- virtually full all through February and March 2011



Bed occupancy

- has to be slack in the system
- beds must be available when needed
- loss of community support if always full
 - “when I was ill I couldn’t get in”
 - “there was no room for my dying mother”
- need a critical mass to maintain relevance, skills and staff



Bed costs

- reduce costs by treating/keeping patients at home
 - we feel, as stated before, we have maximised our efforts in this area
- DGH beds are expensive (Hereford, Nevill Hall)
- community hospital beds are cheaper
- there is a cost to the LHB for reducing acute GP beds



Bed numbers and implications

Month	Occup	6	7	8	9	10	11	12
Apr-10	9	-3	-2	-1	0	1	2	3
May-10	7	-1	0	1	2	3	4	5
Jun-10	7	-1	0	1	2	3	4	5
Jul-10	7	-1	0	1	2	3	4	5
Aug-10	8	-2	-1	0	1	2	3	4
Sep-10	8	-2	-1	0	1	2	3	4
Oct-10	5	1	2	3	4	5	6	7
Nov-10	7	-1	0	1	2	3	4	5
Dec-10	9	-3	-2	-1	0	1	2	3
Jan-11	7	-1	0	1	2	3	4	5
Feb-11	10	-4	-3	-2	-1	0	1	2
Mar-11	11	-5	-4	-3	-2	-1	0	1
Av	8	-2	-1	0	1	2	3	4



We wanted to do more

- inappropriate admissions to Hereford and Nevill Hall fits, falls, last days of life
- 999 call default is to DGH
- increased liaison with crews
- out of hours issues
- better “flagging system for Shropdoc”
- assess patients at the new unit



The Builth Project

- Builth Medical Practice values it's GP beds
- our patients can receive inpatient care directly, safely & locally
- deterioration is prevented, comfort is maximised, families are supported



Our vision

- no change in the type of admissions
 - acute infections
 - post operative transfers
 - complications of chronic disease
 - falls, fractures, transient immobility
 - catheter/urinary problems
 - pain control
 - infusion therapy (vigam, bisphosphonates)
 - terminal care



Example: Mrs Jones aged 82

- lives alone, 6 miles from Builth
- husband died last year
- chronic bronchitis and diabetes
- elderly neighbour telephones surgery for visit
- in bed, fever, unable to get to kitchen/bathroom, signs of pneumonia
- admitted to an acute GP Project bed in time for lunch
- intra venous antibiotics and fluids started, blood tests taken and an Xray is ordered



Mrs Jones – progress & outcome

- needs suction therapy
- needs oxygen
- after 3 days her chest is improving
- intravenous fluids and antibiotics stopped
- physiotherapist provides input for chest and mobility
- daughter from London visits - relieved she's improving
- discharge date set for 3 days time
- further oral antibiotics and nursing support
- occupational therapist assessment
- returns home fit and able to take care of herself



Project input

- acute, available bed
- skilled nurses, auxiliaries
- pharmacy provision
 - iv drugs, iv fluids, oral medications
- oxygen delivery
- suction equipment
- physiotherapy
- occupational therapy
- social services review



Maintaining inputs

- 12 acute beds will provide the critical mass to retain these inputs
- the more acute GP beds the less *withering on the vine*



Summary

- a cut in GP beds jeopardises the Project
- nursing home beds are fine but not at the expense of 6 acute GP beds
- we have been excluded from discussions on the 6/6 split
- no clarity yet on how it was arrived at
- objected immediately we became aware - February
- negotiations are on-going
- we remain excited and committed to the Project

