

# Forest of Dean Review Bed Planning Assumptions

# Current Planning Assumptions for Future Bed Requirements in the Forest of Dean

## **Context**

- Our vision for our county is that we expect to have less reliance on inpatient beds, including community beds over time, as more community based alternatives are developed such as rapid response providing care in people's own homes and minimising delayed transfers of care
- A new bed based rehabilitation care model is being developed to improve patient outcomes and reduce length of stay over time through more intensive, multi-disciplinary team support
- We will be developing a local offer for people who require core rehabilitation and do not live in an area with a community hospital e.g. Gloucester City

## **Length of Stay and Occupancy Assumptions**

- Length of stay is the term the NHS uses to describe the number of days a patient stays in a bed. It can be affected by many different factors, including the severity of the illness, the availability of onwards care, the care provided to the patient in hospital and the availability of hospital beds
- We will be working to reduce length of stay by minimising delayed transfers of care and making sure people can return to their own homes as soon as they are well enough to do so
- Our initial model has made some high level assumptions about length of stay based on two scenarios, however we will be undertaking further detailed scenario modelling before making a final decision
- Beds in community hospitals are planned to have an occupancy rate of 92% to enable efficient running

## **Ward Model**

- The modelling for the patient mix anticipated suggests that the most efficient staffing model would suggest bed cohorts of 12 beds (meaning options on bed numbers would include 12, 24, 36 beds)
- There are clear issues of resilience if a unit is built with only 12 beds so this option is not considered

# Community Hospital Admissions Sept '14 to Aug '17

## Community Hospital Admissions for Forest of Dean Residents

	Sept-14 to Aug-15	Sept-15 to Aug-16	Sept-16 to Aug-17
Direct Admissions to Lydney and the Dilke (Number of Forest Residents)	131	126	92
Transfers From Gloucestershire Hospitals Trust to Forest Hospitals (Number of Forest Residents)	310	271	235
Total Forest Residents in Forest Hospitals both Direct Admissions and Transfers	441	397	327
Direct Admissions to other community hospitals (Number of Forest Residents)	16	7	6
Transfers From Gloucestershire Hospitals Trust to other community Hospitals (Number of Forest Residents)	22	19	7
Total Forest Residents in other community hospitals both Direct Admits and Transfers	38	26	13
<b>Total Forest Residents in All Community hospitals in Gloucestershire</b>	<b>479</b>	<b>423</b>	<b>340</b>

# Community Hospital Admissions Sept '14 to Aug '17

## Community Hospital Admissions for Forest of Dean Residents

	Sept-14 to Aug-15	Sept-15 to Aug-16	Sept-16 to Aug-17
Number of Forest of Dean residents <b>transferred</b> to a community hospital	332	290	242
<b>Scenario 1:</b> Number of beds required based on 3 year average LOS for this patient cohort (23.7 days) at 92% occupancy	23.4 beds	20.5 beds	17.1 beds
<b>Scenario 2:</b> Number of beds required based on average LOS of 21 days at 92% occupancy	20.8 beds	18.1 beds	15.1 beds
Number of Forest of Dean residents <b>directly admitted</b> to a community hospital	147	133	98
<b>Scenario 1:</b> Number of beds required based on 3 year average LOS (16.96 days) at 92% occupancy	7.4 beds	6.7 beds	4.9 beds
<b>Scenario 2:</b> Number of beds required based on average LOS of 7 days at 92% occupancy	6.1 beds	5.5 beds	4.1 beds
<b>Scenario 1:</b> Total Beds based on last three years average LOS in Lydney and Dilke hospitals	<b>30.9</b>	<b>27.2</b>	<b>22.0</b>
<b>Scenario 2:</b> Total Beds based on expected LOS of 14 and 21 days	<b>26.9</b>	<b>23.7</b>	<b>19.2</b>

Number of people using community hospital beds has fallen over the three years analysed  
This may be the impact of our investment in more community services, but we are cautious about linking cause and effect

The NHS has developed a rapid response service delivering urgent care in people's own homes as an alternative to hospital admission. In 2016/17 Forest rapid response cared for 529 residents at home. The projected number of people who will be cared for in 2017/18 by this service is 764 based on activity year to date (509 to 21/11/2017)

# Next Steps for Planning

- Our analysis shows a downwards trend in the number of residents who are being admitted to community hospital bed based care over the three year period and an increasing number being cared for at home by our community services such as rapid response. At this stage we are cautious about attributing cause and effect.
- Our early modelling suggests that a minimum of 24 beds is a reasonable early planning assumption based on applying our planning assumptions to the pattern of use over the last three years, and allowing some room for demographic growth.'
- We will continue to monitor the use of community hospital beds over the next year to ensure that are plans reflect local need, population changes and best practice and will also ensure consideration of seasonal variation. This will be supported by a detailed clinical audit
- Our plans have been modelled on observed Length of Stay averages from the last three years in our two Forest Hospitals, and then tested with modest Length of Stay reductions expected from the planned investments in our rehabilitation care model and community based care. We need to do more work to finalise our approach over the next 6-12 months