Appendix i

What happened to patients when we closed beds in Ilfracombe and Torrington

The Northern Devon Healthcare Trust has monitored the pathways of care and effectiveness of care for towns where beds have closed, spanning a period of three years from 2012 to the present day. Community inpatient beds have been closed in Axminster, Budleigh, Crediton, Ilfracombe, Moretonhampstead, Ottery St Mary and Torrington.

In each town, the northern Devon Healthcare NHS Trust has replaced the inpatient beds with enhanced community health and social care (such as rapid response, community nursing, community matrons etc). The precise skill-mix of this additional resource has depended on the level of resource already serving the town.

Through discussions with clinicians throughout this process, there is a clear appetite to understand what happens when the model of care changes. We are now in a position where we have collected enough data in enough towns to be more than reasonably confident of the conclusions we can draw.

Our conclusion is that the **model of care that is in place in the towns that lost their beds is as good if not better as that which it replaced**. This is aligned with all national research and academic studies. The data that is set out below was also taken to the Devon System Resilience Group and there was multi-agency agreement on it conclusions – that there was no negative impact to the healthcare system in the towns which had lost their beds.

This briefing paper sets out some of the key datasets and evidence underpinning the Northern Devon Healthcare Trust's belief that providing more care in the patients home is higher quality and leads to more resilient services

Bed modelling
While the northern locality of NEW Devon CCG was developing its bed modelling, we did our own work based on our activity projections and the impact of moving to an out of hospital model of care. We shared this work with the CCG and we understand the CCG used our evidence to strengthen their bed modelling.

What happened in Torrington?

The 10 beds have been closed since November 2013.

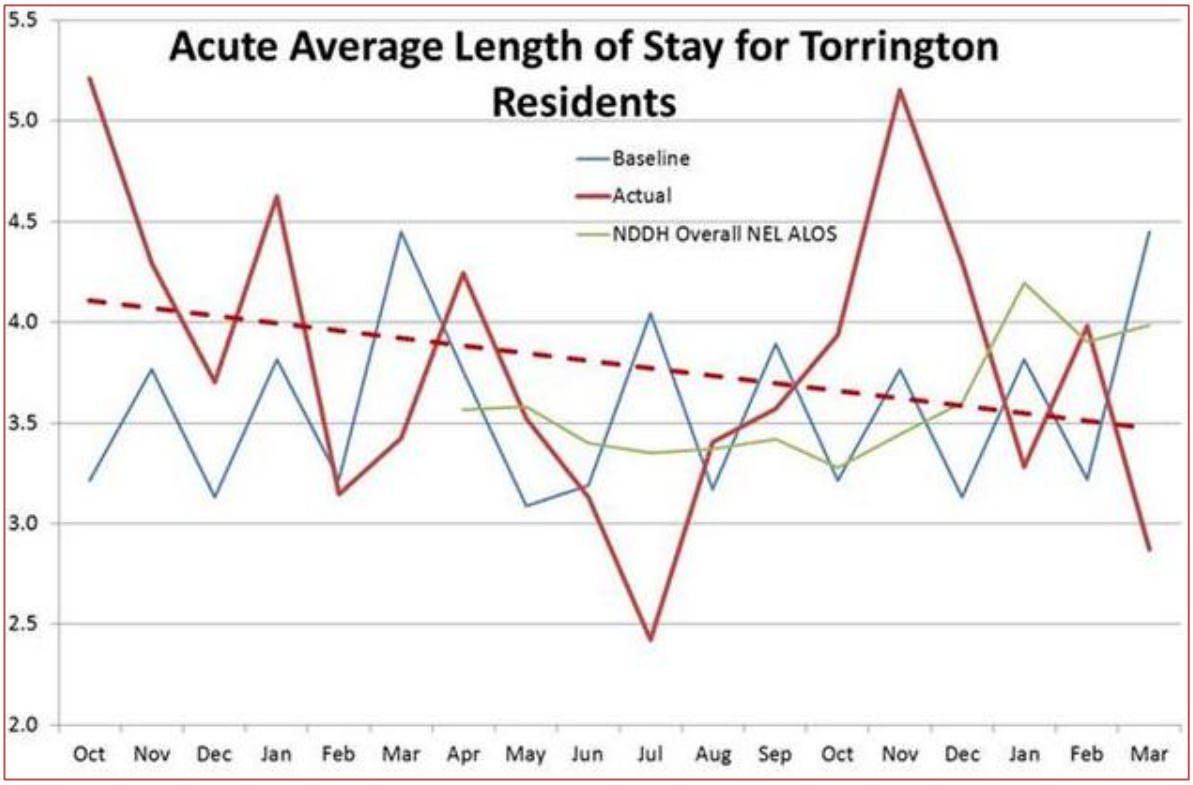
Before 2013, the occupancy and activity for Torrington showed:

- Of the 10 beds, 2.2 were not being used (78% occupancy) and this was on a declining trend.
- About 5.2 were used by Torrington residents and there was usually one patient per month from outside Torrington, but usually from within Torridge.

- That leaves about 1.5 beds that were used by Torrington residents in other community hospitals (mostly Holsworthy and Bideford willow).
- Holsworthy occupancy before Torrington closed was at 75-80%, it is now around 90%

Once the beds closed we have 18 months of data which shows that:

- Emergency admissions dropped 6% (132 fewer patients)
- Of the 5.2 Torrington residents who would previously been admitted to Torrington Community Hospital, our community data suggests these are all cared for at home
- Average Length of Stay increased from 3.6 to 3.7 days for Emergency. Overall acute EM bed-days reduced by 317 (-4%).
- At NDDH Torrington residents occupy on average 0.5 less geriatric acute beds.
- 96 fewer Torrington residents were admitted to community hospitals, saving 2,874 bed-days (5 beds' worth).
- Superspell average LoS (acute + community hospital) actually fell from 5.7 to 4.4 days.



Please note in the chart above, the first 6 months (November to March) saw a lot of learning for new processes and links with Pathfinder etc. until ALOS settled down (before the recent difficult winter).

What happened in Ilfracombe?

Ilfracombe is still in the early stages of embedding the processes underpinning the new model of care without beds, but a similar to Torrington is emerging.

Acute average LOS for Ilfracombe residents increased from 3.6 to 4.2 days, so although 37 fewer patients were admitted the overall impact on acute bed-days was +429 (about 2.5 beds across 5 months, +13%).

The rest of Northern experienced the same +13% impact on bed-days, which can be attributable to the difficult winter. Ilfracombe residents weren't any more responsible for overall pressures on NDDH than any other area. Also, it could be argued they actually were better off because superspell ALOS only increased from 4.4 to 4.6 (+5%).

For a significant change, more time should pass before significant conclusions can be considered valid. The King's Fund conduct a lot of research into the development of community services and it recommends that there needs to be a minimum of two years data, more for small data fields.