

## **Briefing note for NEW Devon CCG**

### **Impact of bed closures at Holsworthy Hospital on Holsworthy population – an early view**

#### **Introduction**

On 2 and 3 March 2017 Northern Devon Healthcare NHS Trust announced to staff and the public the reasons why growing safety concerns meant it was not considered safe to continue operating the 16 inpatient beds at Holsworthy Community Hospital.

These concerns related to:

- Insufficient patients needing an admission to Holsworthy hospital (bed occupancy).
- Insufficient availability of staff to run the inpatient unit safely.

The Trust effected a temporary and urgent closure and the last patient was discharged by 23 March 2017. To maintain access to healthcare services for those who would previously have been admitted to Holsworthy Hospital, the Trust invested in community staff providing home visits in the Holsworthy area.

The Trust has committed to the CCG and the local community to provide data on the impact of this temporary closure.

The following data gives a picture of the impact on the Holsworthy population of the changes made, during the months of May and June 2017.

As there is only two months of data, it must be treated with some caution as more time will be needed to understand the impact fully. With only two months of data, we don't know to what extent we are seeing genuine change or natural fluctuation from one month to the next. Also, past experience tells us that significant change can take 3-6 months to bed in for a local system, so anything we see at this stage may be temporary.

This is also for a relatively small population: (patients of Bradworthy, Black Torrington, Holsworthy Medical Centre and Shebbear practices, about 20,000 people in total).

#### **Community activity**

The data shows that the Trust's community teams are clearly seeing more people out of hospital.

- There is a step change in community activity with 30% more home visits (in particular, 60% more urgent visits to people in their homes).
- These visits were 5% longer on average on a caseload which is now 10% bigger, so we are spending slightly more time with each patient for a slightly higher number of patients. However the 10% growth in caseload could easily be a fluctuation or represent demographic growth in 2 years.

## **Admissions to NDDH**

We have not had a rise in A&E attendances. In fact there has been a decrease of 5%. Again, this could be a natural fluctuation but does come against a background of rises from other areas and does suggest there has not been a negative impact on the population's need for urgent care.

The data shows a fall of 6% in acute emergency admissions from Holsworthy residents. This is against a background of a 2% rise in other areas of Northern Devon. Again, this could be fluctuation but does feel to be potentially bucking a trend and, paired with the A&E data, does suggest an acute admission avoidance benefit. It also mirrors an effect that was seen in Torrington, Ilfracombe and Bideford.

## **Length of stay**

There is however an increase in acute average length of stay (ALoS). May 17 did show a high acute ALoS for Holsworthy residents, Jun 17 less so, but still higher than usual. Overall, ALoS is up 25% compared with previous years, about 2 days longer. This is sufficiently large to appear not just a fluctuation.

Typically in other areas where we have closed community hospitals, we have seen an increase in length of stay of 1 day, which is then overturned by admission avoidance, but this is too great a difference to avoid a negative acute impact.

Again, in other areas this has bedded down over 3-6 months so this may be temporary. A relatively small increase in other areas has been due to both avoiding the least complex admissions (hence those still admitted on average stay longer) and a replacement of the acute -> community hospital -> home pathway with discharge direct home from acute.

Also, community hospital bed-days have almost entirely ended in the Holsworthy area, with only three stroke patients going to Bideford in two months and nothing to South Molton – so the overall bed-day impact is -40%.

## **Summary**

- The data from Holsworthy suggests that the impact of bed closures is similar to other areas.
- Great work by community staff who appear to have picked up community hospital demand successfully and again, had a knock-on benefit to the acute hospital of avoided admissions.
- The acute ALOS impact is likely to come down in the coming months as the local system adjusts to a significant change in patient flows, but we need to continue to monitor this impact.

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**Two months post-implementation: May and June 2017 (Data as at 28/7/17)**

<b>Holsworthy practices, unless stated otherwise</b>	<b>Mean of previous 2 years (same months)</b>			<b>Post</b>	<b>Change</b>		<b>Reference "control group"</b>
<b>KPI</b>	<b>May, Jun 15</b>	<b>May, Jun 16</b>	<b>Mean: May, Jun 15; May, Jun 16</b>	<b>May, Jun 17</b>	<b>% Change</b>	<b>Change</b>	<b>% (wider N. Devon, same period)</b>
A&E attendances	326	314	320	304	-5%	-22	5%
MIU attendances	42	22	32	24	-25%	-18	-6%
Total urgent care attendances	368	336	352	328	-7%	-40	5%
Acute emergency admissions	126	124	125	118	-6%	-8	2%
CH non-elective admissions	46	39	42.5	3	-93%	-43	
Hospital non-elective admissions - total	172	163	167.5	121	-28%	-51	2%
Acute emergency avg LOS	5.0	4.8	4.9	6.1	26%	1.2	-8%
CH non-elective avg LOS	21.9	18.7	20.3	15.5	-24%	-6.4	
Acute emergency bed-days	624	586	605	729	20%	105	-6%
CH non-elective bed-days	1001	731	866	43	-95%	-958	
Total hospital NEL bed-days	1625	1317	1471	772	-48%	-853	-6%
Community services visits	1802	1761	1781.5	2313	30%	511	
Community services patient-facing time	45	47	46	62	35%	17	
Community services mean visit length	00:36:06	00:38:34	00:37:20	00:38:53	4%	00:02:47	
Community services no of individual patients	497	513	505	553	10%	56	
Community services urgent visits	225	203	214	347	62%	122	
Community services % urgent visits	12%	12%	12%	15%	25%	3%	