11

The Number Of Beds We Propose To Provide

The Future

of Glasgow's

Hospital Services

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GREATER GLASGOW
HEALTH BOARD

in partnership with
the NHS Trusts
in Glasgow

The Number Of Beds We Propose To Provide

The question of how many in-patient beds there should be is often a matter of hot debate. The number of beds in acute hospitals has been falling for decades. There are many reasons for this:

- new surgical techniques mean that many operations are now less 'invasive' (causing less shock and disruption to the body). Often they can be done by day case surgery or even in out-patient clinics.
- for many illnesses new medicines or treatments mean that patients do not need to come into hospital at all. (For example, anti-ulcer drugs have replaced the need for most operations needed to deal with stomach ulcers.)
- it is now recognised that for some conditions active rehabilitation produces better results than lengthy "bed rest".
- better techniques for diagnosis mean less time is spent waiting in the ward for the results of tests.
- better planning for discharge means fewer delays.

These factors have reduced both the demand for beds and the lengths of stay. The consequential reduction in bed numbers has usually been prompted by the quest for greater efficiency, driven by government Treasuries and insurance companies throughout the Western world. As a result, bed numbers have been 'tight' for decades - the problem of finding enough beds for emergency admissions felt as testing in the 1970s as it has felt in the 1990s.

Trying to predict the right number of in-patient beds for the future is difficult. Will the present general trends in surgery (more and more being done less invasively) continue? The answer is certainly yes, but whether they accelerate and how fast is unpredictable. General medicine is different - the number of medical emergency admissions continues to increase, but it is likely that more of them will be able to be managed with less time in hospital. What is difficult to predict is how these two trends will combine. Similarly although there are predictions that the population of Greater Glasgow will continue to decline, this cannot be seen as inevitable. The Glasgow Alliance (a group of partners including the City Council, Scottish Homes, Glasgow Development Agency, Greater Glasgow Health Board and others) have developed a policy to create "New Neighbourhoods" in Ruchill\Keppoch and Drumchapel as part of a strategy to reduce the decline in population. In addition the new UK government policy to redistribute asylum seekers is likely to

see 6,000 - 7,000 asylum seekers being accommodated each year in Glasgow for several years. It is assumed that asylum seekers will be resident for 2 to 3 years before the outcome of their application is known.

Of course, older people tend to need hospital admission more than young people. Even if the total size of population declines, it is likely that the proportion of older people in the population will increase.

What does all this add up to? Most statisticians estimate that Glasgow's population will continue to decline, but they would accept that the number of elderly people will become more significant. We suspect that the Glasgow Alliance's attempts to stem the decline in population will have at least some success, and we know for a fact that the statisticians have not yet taken account of the thousands of asylum seekers who will need to use health services in Glasgow.

Our conclusion therefore is that there may not be any overall reduction in the expressed demand for beds as a result of population changes. We think the long-standing trend for decline in Glasgow's population will be counter-balanced by other factors ("New Neighbourhoods", asylum seekers, more elderly people).

This leaves the question of changing practice in healthcare. The trends we have described (more day case surgery, new medicines, more active rehabilitation, better discharge planning, better home care, more efficient arrangements for tests and preparation for treatment) will continue. But how fast?

Our leaflets '6. Ambulatory Care: What Is It?' and '7. Minimally Invasive Technologies: Keyhole Surgery And The Like', tell you more.

We have decided to be cautious. If we were deciding to build two or three complete new hospitals in the next five years we would need to commit ourselves now to a fairly precise number of beds for a period of 30 years or so. (Our leaflet '15. How the Finance Works' explains why decisions on capital investment in new buildings can commit the NHS to costs in bricks and mortar for long periods of time.) But we are not proposing to do that. Our proposals allow us to pause and reflect on

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future bed number requirements half way through our programme of modernisation and change. Nor would we find ourselves in the position of there not being enough capacity in Glasgow's hospitals if by any chance present trends in bed use slowed down dramatically.

Half way through our programme we would be able to decide:

- how many new wards to build at the Southern General from 2006 onwards.
- how many old wards to replace in North and East Glasgow from 2006 onwards.
- how many new wards to build at Gartnavel from 2006 onwards.

Yet by that half way point our use of new facilities would add up to:

- new Ambulatory Care Centres at Stobhill and the Victoria Infirmary.
- 120 new rehabilitation beds at the Victoria Infirmary.
- using 955 modern beds at the Southern General.
- using 600 modern beds at the Glasgow Royal Infirmary.
- using the relatively modern beds at Gartnavel and the Western Infirmary much more effectively.

Despite our caution about population numbers and trends in medicine and surgery, we do need to take a view about the relative efficiency with which beds will be used. What average length of stay do we expect to achieve? How intensively will we use the beds we have? We have taken into account the effect that deprivation and poor health status of the Glasgow population might have on their need to use hospital beds, and the length of time they need to spend in hospital. We have assumed that demand for use of beds will continue to grow, but have also taken into account that Lanarkshire Health Board wishes to see more Lanarkshire residents treated in Lanarkshire Hospitals rather than in Glasgow.

In broad terms our projection for bed requirements in 2005 falls into two different forecasts:

	Current No. of Beds in Glasgow			Forecast A				Forecast B			
	North	South	Total	North	South	Total	Diff.	North	South	Total	Diff.
Surgery[1]	601	311	912	367	217	584	-328	414	237	651	-261
Medicine[2]	803	383	1186	828	466	1294	+108	808	383	1191	+5
Orthopaedics / Plastics	292	146	438	179	101	280	-158	202	115	317	-121
Beatson Oncology	141	-	141	130	-	130	-11	130	-	130	-11
Cardiothoracic	94	-	94	94	-	94	-	94	-	94	-
Neuroservices	-	183	183	-	183	183	-	-	183	183	-
	1931	1023	2954	1598	967	2565	-389	1648	918	2566	-388

1 “Surgery” includes General Surgery, Eyes, ENT, Urology, Gynaecology and Intensive Care.
2 “Medicine” includes General Medicine, Cardiology, Communicable Disease, Rheumatology, Dermatology, Respiratory Medicine, Homoeopathy, Nephrology, Haematology.

These figures also exclude maternity, paediatrics (children), day case beds, mental illness and beds for physically disabled people.

Forecast A assumes 5% growth in demand in general medicine, 0% in other services.
Forecast B assumes 2% growth in demand in all specialties.

These figures exclude those beds currently designated for elderly people (the specialty is known as “geriatrics”). There are currently 1,623 of these beds - for assessment (501), rehabilitation (330) and continuing care (792). Their future number will be influenced by the continuing debate about what the most effective patterns of care are for elderly people and how NHS services and local authority community care responsibilities best relate to each other.

In summary we expect to see a reduction in surgical beds but either no reduction in medical beds or else a modest increase for which we would need to find the running costs.

The Number Of Beds We Propose To Provide

Details for individual specialties within these numbers will need to be refined in developing Outline Business Cases when building any new ward accommodation (e.g. at Southern General, the Victoria Infirmary rehabilitation beds, Gartnavel) or in transferring ward capacity from one hospital to another. Beyond that, in mid-decade, we would take stock again of future bed requirements before committing to the second part of the modernisation programme (more new beds in South, West and North-East Glasgow to replace beds in old buildings still in use).

Comments on this issue or any other aspect of the proposals to modernise Glasgow's hospital services should be sent by June 30th, 2000 to

John C Hamilton
Head of Corporate Services
Greater Glasgow Health Board
Dalian House
350 St Vincent Street
Glasgow
G3 8YZ

Leaflet request form

Getting Informed

If you want to read up on any other issue please complete this leaflet request form. Tick the box ✓ next to the leaflets you want, provide your name and address in the space provided and send it to the Freepost address below (no stamp needed).

Acute Services Review
Greater Glasgow Health Board
FREEPOST (GW 707)
Glasgow G3 8BR

- ❑ 1. The Patient's Experience
- ❑ 2. Getting It Right For Patients: What It Means For Organising Services
- ❑ 3. Cancer Services: Specialisation In Action
- ❑ 4. Why Specialisation Matters - And What We Propose To Do To Make Its Benefits More Available
- ❑ 5. Creating More Responsive Accident And Emergency Services
- ❑ 6. Ambulatory Care: What Is It?
- ❑ 7. Minimally Invasive Technologies: Keyhole Surgery And The Like
- ❑ 8. The Overall Planning Challenge For Greater Glasgow - Acute Hospitals In A Wider Context
- ❑ 9. Some Recent Background History
- ❑ 10. Impact Of Regulations On Doctors' Working Hours
- ❑ 11. The Number Of Beds We Propose To Provide
- ❑ 12. Regional Services Provided By Glasgow Hospitals
- ❑ 13. Why Teaching And Research Matters
- ❑ 14. Staffing Matters
- ❑ 15. How The Finance Works
- ❑ 16. Detailed Analysis Of The Options For South Glasgow
- ❑ 17. Maternal And Child Health
- ❑ 18. Better Access For West Glasgow Residents
- ❑ 19. The GRI/Stobhill Partnership
- ❑ 20. Why Centralise Cardiothoracic Surgery?
- ❑ 21. Radiotherapy: Linear Accelerators - A Patient's Guide

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You can also send it by fax on 0141 201 4426.

Alternatively, you can call us on Freephone 0800 85 85 85.

Greater Glasgow Health Board

Dalian House

350 St Vincent Street

Glasgow G3 8YZ

Tel: 0141 201 4444 Fax: 0141 201 4401

Textphone: 0141 201 4400

Web site: www.show.scot.nhs.uk/gghb

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