# Red Alert

SOCHS
NO BED CUTS

## Creating a gap in health care services

This newsletter, published by UNISON Oxfordshire Health Service Branch, is based on the formal response to *Health Futures 2* submitted by Save Oxfordshire's Community Hospitals and Services.

## A choice of two evils

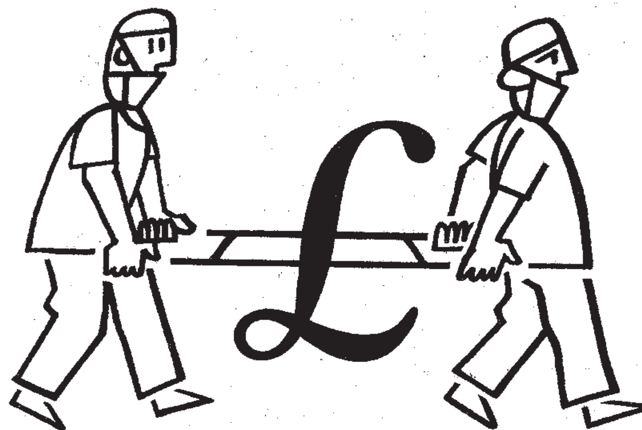
Burford, Wallingford and Watlington Hospitals, and beds at other community hospitals are under threat as Oxfordshire Health Authority (OHA) tries to slash spending by £1.5m.

Oxfordshire residents have been offered a choice of two evils in the consultation document Health Futures 2, and it is no surprise that thousands of people across the county have rejected both of the two unacceptable "options" proposed by OHA for "reshaping community services".

These cutbacks are clearly driven solely by financial pressures, and would open up damaging and potentially expensive gaps in health services.

Even the health authority's own document admits that the consequences would be:

* fewer beds available for respite care
* fewer beds for patients discharged from larger hospitals
* increased pressure on primary healthcare teams
* increased pressure on larger hospitals
* increased pressure on carers and Social Services
* fewer beds for direct GP admissions."



Community hospital beds are currently running at or around 90% occupancy. But *Health Futures 2* does not address any of the problems that would be created by closing them.

No alternative resources, facilities or services exist to take their place; and since this is first and foremost a cuts package, no such services are planned.

### Implications for staff

*Health Futures 2* does not discuss any of the implications of its proposals for staff working in the doomed wards and hospitals.

The OHA plan does not say how many jobs it seeks to axe, despite the fact that assumptions on this must be central to any projected cash savings.

Closing beds in hospitals only really saves money through cutting jobs and thus reducing the pay bill.

## Ambulances under pressure

**The closure of local beds, requiring more patients to be admitted urgently to more distant acute hospitals, will have serious repercussions for Oxfordshire's ambulance services.**

**The Chief Executive of the Ambulance Trust has publicly expressed concern at the ability of the service to cope.**

**There will be more urgent and emergency journeys, covering longer distances, and tying up vehicles for longer periods of time. The demand for this type of service will generally coincide with other peaks of demand, threatening a deterioration of response times and performance indicators.**

## The great funding rip-off

The Health Authority makes little secret of the disastrous level of under-funding for health services in Oxfordshire.

Its £258 million allocation for 1998/99 is £5 million below the target level set by the current national formula which should link NHS budgets to the age profile, needs and geographical spread of each district's population.

There is no proposal to bridge this gap between the OHA allocation and the county's "target" allocation in the foreseeable future.

More shocking still, the per capita spending on general health services in the county, at £379 per head, is a massive 18% below the national average of £464, leaving Oxfordshire with the second lowest health budget per head in England.

This – not any abstract hunt for "equity" in provision – is the driving force behind the proposed cuts in community hospital services, which are just one aspect of a bigger cuts package which includes lopping £10m from the budget of the Oxford Radcliffe Hospital Trust over three years, and a £2m cut in Oxford Mental Healthcare.

The combined pressures on all of the main Trusts providing services to Oxfordshire patients could have a cumulative effect, creating chaos throughout the county's health services.

# Longer stays – higher costs

Either Option would cut community beds equivalent to 25,000 Occupied Bed Days, bringing a requirement for between 69 and 80 extra acute beds to make up the difference.

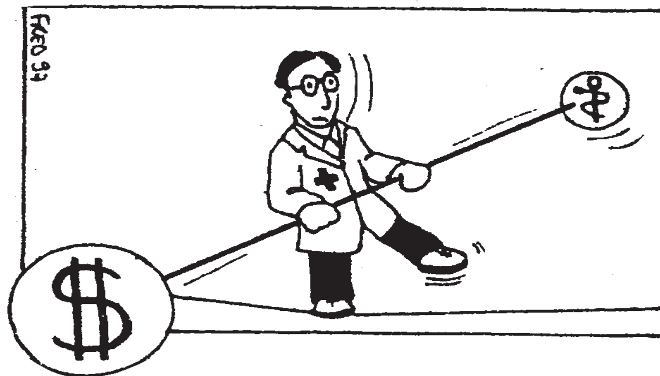
The average length of stay for Community Hospital patients is 19 days, many times greater than the average for acute hospital patients.

There is a danger that the acute hospitals will, under pressure, discharge some patients too soon in order to free up extra beds for acute admissions.

The health authority has admitted that an extra 24 acute beds may be required, at a projected extra cost of £1.4m a year – effectively wiping out the £1.5m "savings" from closing the community hospitals.

But this understates the size of the problem and the increased costs arising from this less appropriate form of care – which are potentially staggering. A bed in Abingdon Hospital costs OHA £103 per day; but the cheapest alternative bed in a larger hospital – a geriatric bed in the Radcliffe Infirmary – costs £165 per day. An acute bed at the John Radcliffe costs £300.

To buy care in an extra 69 acute beds rather than in community hospital beds could cost OHA anything from £1.5m to £5.0m extra each year – yet no account seems to have been taken of this additional cost.



# Flouting the White Paper

*Health Futures 2* makes cynical, selective, reference to the government White Paper *The New NHS*. However the White Paper contains a specific endorsement of the role played by community hospitals:

"Too often in the past community hospitals have been sidelined. Their potential contribution to managing the pressures of rising emergency admissions has often been ignored. Patients will be able to use local community hospitals to the full rather than having to travel to more distant acute hospitals". (5.32)

Nothing could be more clearly opposite to the OHA plans.

The "Good Practice" proposals on handling winter pressures proposed by the government's Emergency Services Action Team included a specific suggestion to "Extend use of community or 'short notice' beds to cope with daily spikes in activity."

Instead Oxfordshire is reducing this capacity.

# Social Services under strain

The OHA plan ignores the £5.5m Social Service cuts in February 1998 (the fourth successive year of cuts) which slashed Home Care, Respite Care, Day Care, adaptations and resources for Residential Care – precisely the services which will come under greatest strain as a result of the planned community hospital cuts.

The Social Services Committee has warned that the closure of community hospitals "can only lead to more bed blocking in the acute hospitals."

Social Services Director Mary Robertson argues that 34% of the delays in discharging patients from the John Radcliffe since January 1998 were because of waiting for community hospital beds.

She also warns that the end result could be the long-term blocking of the reduced number of community hospital beds:

"Currently 10% of beds in Community hospitals are occupied by older people awaiting funding for residential or nursing home care. An overall reduction in beds with no potential for increased activity by Social Services will increase this percentage to 14%."

# Who will fill care gap?

Even if we accept the flimsy and optimistic figures presented, the Health Authority admits that up to 1,000 fewer episodes of care, and up to 16,000 fewer bed-days will be available in Oxfordshire's Community Hospitals under either if its "Options".

***Who is expected to provide care for the patients who will no longer be able to find NHS beds?***

*Health Futures 2* admits that extra work will fall to primary health care teams, and OHA assumes that these services can simply absorb unlimited additional responsibilities without any extra resources.

The nearest alternative to a community hospital stay would be 24-hour nursing care at home: but this will clearly not be available.

Even if only 24 additional patients were forced to remain at home for lack of a bed, they would require a minimum of extra 48 home visits per day – enough work for a GP, four District Nurses and 12 full-time home helps, at a cost of around £250,000 a year.

No such boost to primary care spending is proposed.

# Ignoring local needs

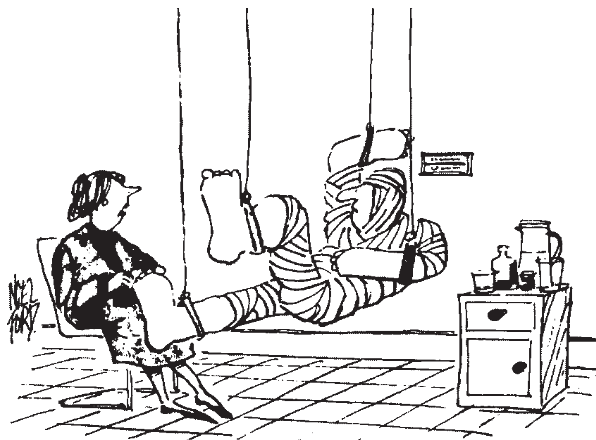
Despite the bold claim to be "Developing an improved service" which should "meet local population need", the OHA consultation document is purely and simply an exercise in cutting back services to meet available budgets.

*Health Futures 2* makes no attempt to show that the existing community hospital services are under-used, inappropriately used, or likely to be less required as a result of changing demographic pressures.

All the evidence suggests that the beds are running at high levels of occupancy, with constant high demand, and deliver high quality, effective and relatively low cost treatment.

The areas set to lose community hospital beds under *Health Futures 2* are also set for a substantial increase in numbers of the more vulnerable 75+ age groups: this in turn is likely to increase the demand for local, accessible health care, including community hospital beds.

Indeed Oxfordshire Health Authority has made no assessment or analysis of the changing pattern of health needs of the county's population over the next 10-20 years.



'I never dreamed the bed shortage was so acute.'

# Fair or foul?

*Health Futures 2* claims to be an exercise in "fairness", tackling the historically uneven provision of community hospital beds across the county, arguing that:

"There are considerably more community hospital beds for people aged over 65 in the south and west of the County than there are in the north. Some parts of the south and west of the County have twice as many beds per head of population than areas in the north."(p4)

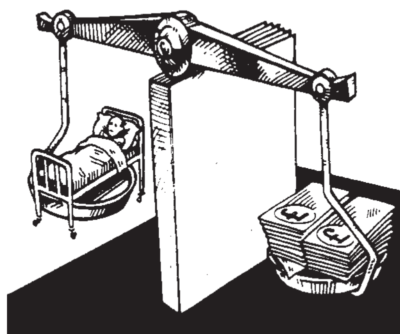
This might be an argument for doubling the allocation of community beds in the north, but it does not show a case for cutting places in the south and west.

Nor can OHA explain how reducing the overall number of community hospital beds in Oxfordshire does anything to improve access to these services in areas where they are currently not available.

*Health Futures 2* makes no serious effort to open up access to community beds for the GPs who do not have admitting rights. The bulk of GPs without admitting rights are in two main areas:

* Oxford City – where the OHA plan makes no reference to any proposed extension of admitting rights to OxComm or any expansion of beds;

* In and around Banbury, which is too far away to benefit from the proposed 18-bed expansion of the community hospital in Bicester.



OHA claims that "even without the need to make savings, Oxfordshire's community hospitals should not continue to operate in the way they do at present."

We will never know what proposals for equalisation of services – if any – may have emerged from OHA if there had been no financial pressures.

What we do know is that the plans set out in *Health Futures 2* do precious little to extend access, but a great deal to deny it to areas which already depend on these services.

# Bicester plans under a cloud

Even the limited proposals to expand hospital beds in Bicester hang under a cloud of uncertainty.

Although a revenue cost has been estimated for running the extra beds, no capital costs have been published for the rebuilding work, which would not even begin until after the closures start to take effect.

All we know is that it would begin, if at all, "later" than the year 2000. The capital required for the new hospital has not yet been identified, and may turn out not to be available.

Nor has OCHT yet said how much it would expect to realise from the sale of what they regard as "surplus" land and buildings – such as Burford Hospital – as a result of the current possible closures.

The scheme seems likely to become embroiled in the government's Private Finance Initiative.

The extra costs of PFI could make the scheme so expensive that the promised Bicester beds might never be built.

# A formula for chaos

THE CLOSURE of community hospital beds will inevitably slow down the discharge of patients from Oxford Radcliffe beds, while the lack of appropriate services for frail older patients will mean more will be will be referred for treatment in acute hospitals.

Oxford Radcliffe Trust is already desperately short of beds and notorious for the frequency of its "Red Alerts" – in which the hospital runs out of beds for all but emergency cases.

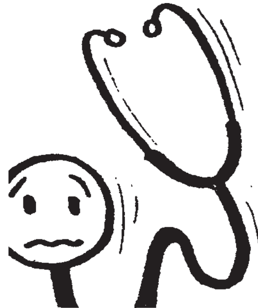
Senior nursing staff are already concerned at acute bed occupancy levels running at 105%, with at least 10 and as many as 35 extra beds being used as a makeshift "ward" in A&E.

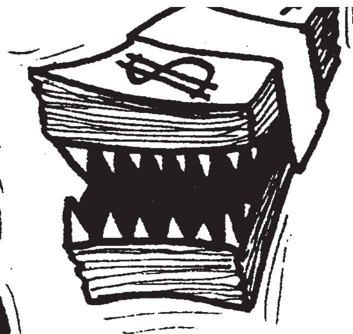
The added caseload could be sufficient to trigger a permanent state of crisis, and a chaotic rise in waiting lists, which have risen 2,000 during the last year, to reach 13,000.

# Don't let Oxfordshire health chiefs turn back the clock!

In the 1970s Oxfordshire developed the first new model community hospitals in the country in Wallingford, which soon became a reference point for the development of similar services in many other parts of the country.

25 years later, hiding behind the endless empty rhetoric of "equity", the same health authority is engaged in a cash-driven package of cuts which could close Wallingford Hospital, and seriously undermine the quality of care and the network of community hospitals in the south of the county.





Community Hospitals have proved themselves to be a popular and cost-effective model of care which should be built upon rather than destroyed.

We call for:

* A moratorium on the closure of any beds or hospitals pending a full assessment of the developing health needs and changing demographic patterns across the county.

* This reappraisal should seek the involvement of all interested parties including the County Council (Social Services) and local councils, OCHT, the Community Health Council, GPs and PCHTs, acute Trusts, voluntary organisations.

* A renewed lobby of the NHS Executive, local MPs and government to demand that OHA receives at least its full target allocation of funding to meet the needs of its population.

UNISON

## Oxfordshire Health Services Branch

<u>Branch Officers</u> *(Can be contacted via the Branch Office. UNISON Office, Arthur Sanctuary House, The John Radcliffe, Sandfield Road, Headington. Oxford 0X3 7RH. Tel. 01865-220317).*

**Chair**: Steve Akers,
**Secretary:** Ruth Reid,
**Treasurer:** Jewel Bate
**Education Officer:** Josie Burch
**Welfare Officer:** Monica Hackett
**Retired Members:** Jane Wheeler

**Contact for each employer:**

**Oxford Radcliffe NHS Trust:** Steve Akers,
**Oxfordshire Community Health NHS Trust:** Ruth Reid (Contact via the Branch Office)
**Radcliffe Infirmary NHS Trust:** Jonathan Bourbour, c/o The Porters Lodge. The Radcliffe Infirmary, Woodstock Road, Oxford.
**Oxfordshire Health Authority:** Josie Burch. Richards Building, Old Road, Headington, Oxford.
**Oxfordshire Mental Healthcare NHS Trust:** Ian McKendrick, Wintle Ward, The Warneford Hospital, Headington, Oxford. (Tel: 01865 (2)26242).
Joanna Coxhead. Manzil Care and Support Unit, Manzil Way, Cowley Road, Oxford (Tel: *01865* 721292).
**Oxfordshire Ambulance Service NIIS Trust:** Philip Bolley, c/o Witney Ambulance Station, Witney. Oxon.
**Horton General Hospital:** Sheila Snooks, c/o Radiography Dept.. Horton General Hospital, Oxford Road, Banbury.
**Oxfordshire Learning Disability NHS Trust:**
**Oxford:** Eric Lucas, Hernes House, Hernes Road, Oxford.
**Witney:** Alec Black, c/o Post Office Chambers. Witney.
**Didcot:** Di Wicks, c/o 166 Loyd Road, Didcot.
**Wantage:** Gail Wells, c/o 1 Howard Ave, Grove, Wantage.
**Bicester:** Pearl Whiteley, c/o 4 Piggy Lane, Bicester.
**Kidlington:** Gail Hill., c/o 176 The Moors, Kidlington
**Banbury:** Ray Fazey, c/o 69-75 Neithrop Ave. Banbury.

P&P Oxfordshire Health UNISON, UNISON Office, Arthur Sanctuary House, The John Radcliffe, Sandfield Road, Headington. Oxford 0X3 7RH