

ADULT MENTAL HEALTH PAPER 1 : Vale Monitoring Group 26/01/2012

VALE MONITORING GROUP: 26th JAN 2012

ADULT MENTAL HEALTH INPATIENT AND COMMUNITY ACTIVITY TRENDS

1. BACKGROUND

- 1.1 The purpose of the monitoring framework is to demonstrate the degree to which patterns of inpatient and community activity are consistent with sustainable and ongoing bed use at the Boards projected required level of 12 beds, which when achieved would then trigger a further submission to the Cabinet Secretary to further review the proposal to transfer this adult mental health inpatient activity from Christie Ward at the Vale of Leven to Gartnavel Royal.
- 1.2 The further correspondence from the Cabinet Secretary previously confirmed the period of monitoring is to last until circa June 2011 prior to any further reporting back to the Cabinet Secretary to review any decision relating to the long term position of Christie ward.
- 1.3 Subsequently in October 2012 the GG&C NHS Board reviewed the activity trends and wrote to the Cabinet Secretary seeking her final decision to permanently transfer the catchment beds for the Dumbarton, Alexandria, Helensburgh and Lomond populations to Gartnavel Royal Hospital.
- 1.4 The Cabinet Secretary's response dated 20/12/2011 is attached as appendix 2. The letter confirms the Cabinet Secretary's agreement to the permanent transfer of catchment beds to Gartnavel Royal Hospital. However pending any final decision on the future of the Monitoring Group the standard monitoring report information has been provided in this report.
- 1.5 The activity trends provide transparent information for inpatient and community services which enable the Monitoring Group to consider:
 - the level of inpatient bed use
 - the degree to which levels of bed use are consistent with the Vale Vision eventual projected bed use of 12 adult acute beds
 - the degree to which levels of boarding activity are no greater than historic levels
 - the level and robustness of community services to manage people in community settings with reduced reliance on admission to inpatient services
- 1.6 This summary report captures activity equivalent to that previously provided in Christie ward for the Vale catchment area. This activity equates to adult acute inpatient functions. The Monitoring group have requested a more focussed summary of the information which is reflected in the shortened format below based on tables 3 and 6 of the full monitoring report. The full monitoring report data is attached as an appendix.
- 1.7

2. SUMMARY AND COMMENTARY ON TRENDS IN THE MONITORING FRAMEWORK DATA : Period 3 months 01/10/2011 to 31/12/2011

- 2.1 The full monitoring report tables are provided as appendix 1. This section has sought to draw out the salient points from the data in terms of the framework set out in paragraph 1.3.

2.2 In relation to the Christie ward catchment (D&A/H&L) the position is summarised in table 3 of the monitoring report reproduced overleaf. The table shows inpatient adult acute activity equivalent to that previously provided in the Christie ward. The most recent data for the period to 31/10/2011 and are shown in the **bolded lines** of the table.

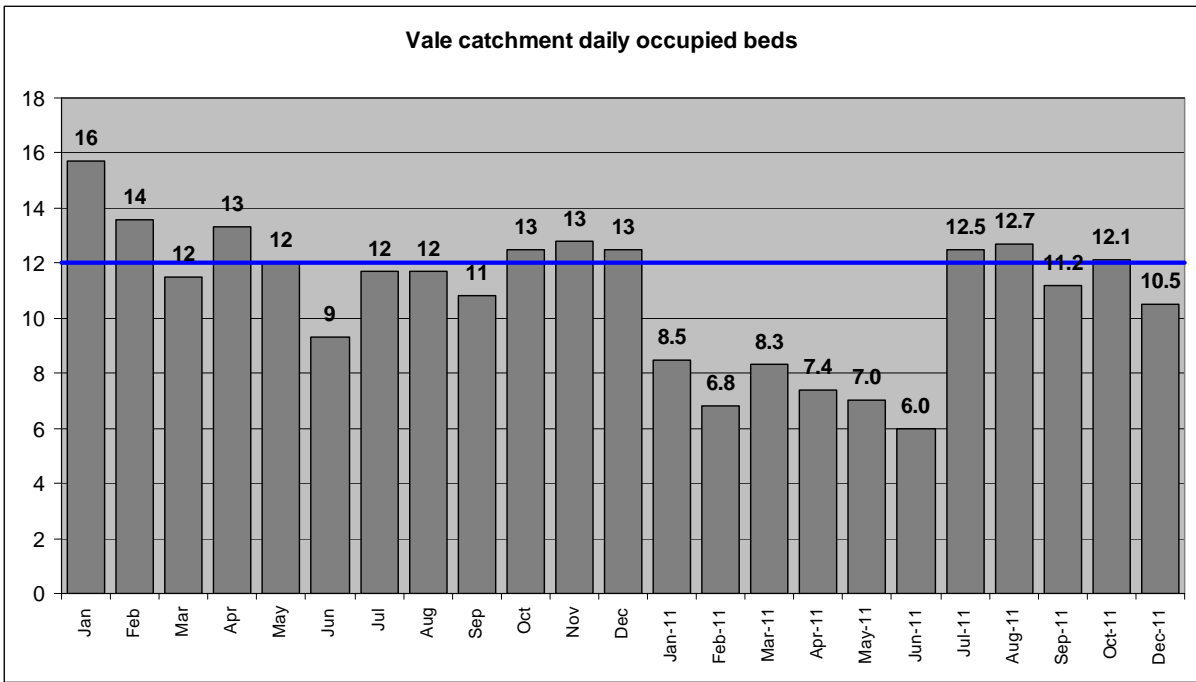
Table 3. Monthly patterns of service use compared over time

	Inpatient Services (Vale/Christie catchment activity)									
	Admsns	Occpd Beds Vale **	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	bed s wte			
Baseline period 12 months to Oct 07	13	18	20	0	2.7	4.3	1.7		44	21%
last 12 months to 31/12/2010	11	13	13	0	2.1	2.9	0.5	0	29	18%
Last 12 months to 31/01/2011	11	12	12	0	1.8	2.6	0.5	0	29	17%
Last 12 months to 30/04/2011	10	11	11	0	1.7	2.1	0.4	0	27	17%
Last 12 months to 30/05/2011	10	10	10	0	1.8	2.1	0.4	0	26	20%
Last 12 months to 30/06/2011	9	10	10	0	1.7	2.1	0.5	0	27	18%
Last 12 months to 31/08/2011	10	10	10	0	2.0	1.8	0.3	0	27	20%
Last 12 months to 31/10/2011	11	10	10	0	1.7	1.0	0.2	0	29	16%
Last 12 months to 31/12/2011	10	9	10	0	1.2	1.2	0.2	0	28	12%
3 months to 31/08/2010	10	11	12	0	1.0	3.0	0.8	1	34	10%
3 months to 31/10/2010	10	12	13	0	2.3	5.7	1.1	1	40	24%
Last 3 months to 31/12/2010	13	13	13	0	3.7	2.0	0.3	0	31	29%
Last 3 months to 31/01/2011	11	11	11	0	2.0	1.0	0.1	0	26	18%
Last 3 months to 30/04/2011	9	8	8	0	1.0	0.0	0.0	0	26	12%
Last 3 months to 31/05/2011	8	8	8	0	1.7	0.3	0.0	0	25	20%
Last 3 months to 30/06/2011	7	7	7	0	1.7	0.3	0.4	0	30	23%
Last 3 months to 31/08/2011	12	10	11	0	2.0	1.0	0.1	0	31	17%
Last 3 months to 31/10/2011	13	12	12	0	2.0	2.3	0.6	0	29	15%
Last 3 months to 31/12/2011	10	11	11	0	0.3	1.3	0.1	0	32	3%
Last one month to 31/12/2011	10	10	10	0	0	3.0	0.2	0	32	0%

Key points to note comparing the most recent 3 month period to 31st Dec to the previously reported 3 month period to 31st Oct are:

- admissions have reduced from 13 to 10 per month
- occupied beds (inc boarding) have reduced from 12 to 11 per month
- lengths of stay have increased from 29 to 32 days
- boarded admissions have reduced from 2.3 to 1.3 admissions per month
- boarded bed use has reduced from 0.6 to 0.1 beds per month
- readmissions have reduced from 2 to 0.3 per month

The chart below shows a more detailed breakdown of daily occupied beds over time.



Daily occupied beds (including boarding) for December were 10.5 beds. Daily occupied beds peaked at 12.7 beds in August 2011 but have subsequently reduced for the months of September, October and December 2011 (data for November only was not collated).

The overall trend is consistent with daily occupied bed use at or close to 12 beds and daily occupancy of 13 beds or more per month has not taken place since April 2010.

The table below shows monthly patterns of community activity for the whole West Dunbartonshire catchment.

	Community Services: (WD Catchment)						
	Crisis Services				Primary Care		CMHT
	Accepted to Service	Case-load	Admit via		Advice Clinics	1 to 1 Therapy	Case Load
			Crisis Team	Other Routes			
Baseline period 12 mnths to October 07	14*	7			36*	n/a	??
last 12 months to 31 st Jan 2011	41	13			68	n/a	1303
last 12 months to 30 th April 2011	42	14			70	n/a	1317
Last 12 months 30 th June	41	14			73	n/a	1324
Last 12 months to 31 st Aug	40	14			70	n/a	1330
Last 12 mnths to 31st Oct 2011	39	15			68	n/a	1336
Last 12 months to 31st Dec	42	16			50	n/a	1305
last 3 months to 31 st Aug 2010	44	12			78	n/a	1248
last 3 months to 31 st Oct 2010	39	11			80	n/a	1381
last 3 months to 31 st Dec 2010	35	12			60	n/a	1298
last 3 months to 31 st Jan 2011	40	13			56	n/a	1343
last 3 months to 30 th April 2011	39	15			72	n/a	1349
last 3 months to 31 st May 2011	40	16			81	n/a	1312
last 3 months to 30 th Jun 2011	40	14			72	n/a	1325
last 3 months to 31 st Aug 2011	38	13			74	n/a	1325
last 3 months to 31 st Oct	41	17			49	n/a	1331
last 3 months to 31st Dec	46	17			50	n/a	1337

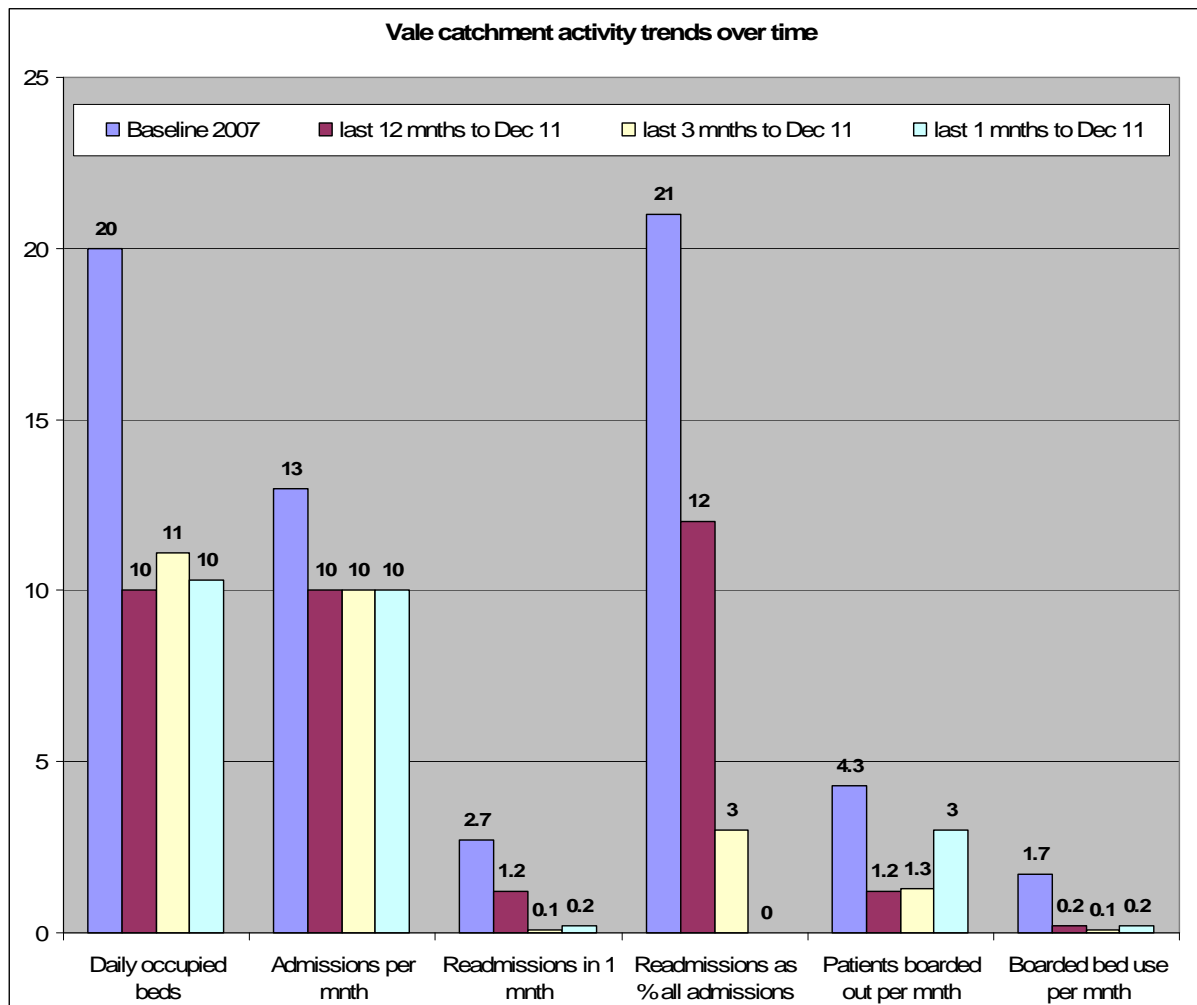
Key points to note when comparing the last 3 months to 31/12/11 to the previous 3 month period to 31/10/11 for community activity are:

- most areas of activity have remained stable
- levels of current community activity for crisis and primary care are significantly higher than historic levels

3. CURRENT AND HISTORIC TRENDS COMPARED

Table 3. Monthly patterns of service use compared over time										
	Inpatient Services (Vale/Christie catchment activity)									
	Admsns	Occpd Beds Vale **	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	bed s wte			
Baseline period 12 months to Oct 07	13	18	20	0	2.7	4.3	1.7		44	21%
Last 12 months to 31/12/2011	10	9	10	0	1.2	1.0	0.2	0	28	12%
Last 3 months to 31/12/2011	10	11	11	0	0.3	1.3	0.6	0	32	3%
Last one month to 31/12/2011	10	10	10	0	0.0	3.0	0.0	0	32	0%

The table above compares the position for the most recent 12 month, 3 month and 1 month periods to the 31st Dec 2011 to the baseline position in 2007, prior to the further development of community services. The table is shown in chart form below.



The chart shows that for all indicators the more recent 12 month, 3 month and 1 month position is significantly lower than the 2007 baseline position.

INPATIENT AND COMMUNITY ACTIVITY : 01/01/2011 - 31/12/2011 : (12 month period)**Table 1. Vale Christie Activity : last 12 mnths : actual figures**

Vale/Christie	Inpatient Services										
	Admsns	Occpd bed days	Daily Occpd Beds	Delayed disch	Re-admsn in 1 month	Boarding out			Patients 6 mnths+	Ave LOS (Days)	Re-admsn as % all admsns
						No.	bed days	beds wte			
Dumbarton / Alexandria	84	2689	7	0	9	12	62	0.2	0	31	11%
Helensburgh	36	772	2	0	5	2	14	0.0	0	23	14%
Clydebank	0	0	0	0	0				0	0	
Other	0	0	0	0	0				0	0	
Total	120	3,461	9	0	14	14	76	0.2	0	28	12%

NOTES

1. The table shows all inpatient activity at the Vale Christie Ward
2. The majority of activity realtes to the catchment populations of Dumbarton & Alexander/Helensburgh & Lomond
3. A small amount of activity relates to non catchment use of beds
4. The tables show the total activity over the last 12 months and lst 3 months
5. Boarding figures are available on a robust basis from July 2009 with data prior to that date being dependant on more ad hoc and less robust; boarding figures are therefore provided from July 2009 reporting mechanisms

Table 2. Vale Christie activity monthly average: last 12 mnth period

Vale/Christie	Inpatient Services										
	Admsns	Occpd bed days	Daily Occpd Beds	Delayed disch	Re-admsn in 1 month	Boarding out			Patients 6 mnths+	Ave LOS (Days)	Re-admsn as % all admsns
						No.	bed days	beds wte			
Dumbarton / Alexandria	7.0	224	7	0.0	0.8	1.0	5	0.2	0	31	11%
Helensburgh	3.0	64	2	0.0	0.4	0.2	1	0.0	0	23	14%
Clydebank	0.0	0	0	0.0	0.0				0	0	
Other	0.0	0	0	0.0	0.0				0	0	
Total	10.0	288	9	0.0	1.2	1.2	6	0.2	0	28	12%

NOTES

1. The table is in essence the same as table 1 but shows the numbers per average month rather than the actual numbers over the full year
2. Monthly boarded activity is ajusted to take account of part year reprotng period of 7 mnths

Table 3. Monthly patterns of service use compared over time

	Inpatient Services (Vale/Christie catchment)									
	Admsns	Occpd Beds Vale	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	beds wte			
Baseline period 12 mnths to Oct 07	13	18	20	0	2.7	4.3	1.7		44	21%
Last 12 months to 31/12/2011	10	9	10	0	1.2	1.2	0.2	0	28	12%
Last 3 months to 31/12/2011	10.0	11.1	11.2	0	0.3	1.3	0.1	0	32	3%
Last 1 month to 31/12/2011	10.0	10.3	10.5	0	0	3.0	0.2	0	32	0%

GG comparator last 12 mnths

NOTES

1. This table seeks to illustrate the trends over time for average monthly patterns of inpatient service use for the Vale/Christie catchment
2. The development of crisis services for the Vale catchment was implemented in Oct 2007; the one year period prior to that date is therefore used to establish a "before and after" baseline
3. The figures for the last 3 months reflect the more recent trends in patterns of service use

Table 4 : All WDC community services activity last 12 month period : actuals

WDC	Community Services : (WDC catchment)										
	Crisis Services							Primary Care		CMHT	
	Accepted to service		Caseload	Alternative to Adm	Early discharge	Admit via		Advice clinics	1 to 1 Therapy	case load	
					Crisis tm		Oth route				
Dumbarton / Alexandria	214		80			32		55	226	n/a	588
Helensburgh	51		20			8		28	101	n/a	256
Clydebank	206		76			31		91	493	n/a	491
Other	34		12			0		0			
Total	505		188			71		174	820	n/a	1335

Table 5 : All WDC community services activity last 12 month period : mnthly average

WDC	Community Services : (WDC catchment)										
	Crisis Services							Primary Care		CMHT	
	Accepted to service		Caseload	Alternative to Adm	Early discharge	Admit via		Advice clinics	1 to 1 Therapy	case load	
					Crisis tm		Oth route				
Dumbarton / Alexandria	18		6.7			2.7		4.6	19	n/a	588
Helensburgh	4		1.6			0.7		2.3	8	n/a	256
Clydebank	17		6.3			2.6		7.6	41	n/a	491
Other	3		1.0			0.0		0.0			
Total	42		16			6		15	68	n/a	1335

Table 6 : Monthly patterns of service use compared over time

	Community Services : (WDC catchment)									
	Crisis Services						Primary Care		CMHT case load	
	Accepted to Service	Caseload	Alternative to admission	Early discharge	Admit via		Advice clinics	1 to 1 Therapy		
					Crisis tm	Other routes				
Baseline period 12 mnths to Oct 07	14*	7.25*			?	?	36*	?	n/a	
Last 12 months to 31/12/2011	42	16			6	15	68	n/a	1335	
Last 3 months to 31/12/2011	46	17			7	14	50	n/a	1964	
Last 1 month to 31/12/2011	48	17			7	12	56	n/a	1954	

NOTES

1. This tables seeks to illustrate the trends over time for average monthly patterns of service use for community services
2. The development of crisis services for the Vale catchment was implemented in Oct 2007 the one year period prior to that date is therefore used to establish a "before and after" baseline; crisi services for Clydebank have been in place since c2001
3. Primary care services were developed in Dumbarton/Alexnadria/Helensburgh/Lochside from June 2009 and therefore monthly averages are commence from that date
3. The figures for the last 3 months reflect the more recent trends in patterns of service use
4. Baseline figures for primary care and crisis reflect Clydebank activity only as servcies for the remainder of WDC were put in place later : ie Oct 2007 for crisis and June 2009 for primary care ; estimated notional baseline figure at this stage pending actuals
5. CMHT figures for baseline period not yet available

Deputy First Minister and Cabinet Secretary
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GLASGOW
G12 0XH



Your ref: RC/GD

20 December 2011

Dear Robert

Thank you for your letter of 8 November confirming the recent decision of Greater Glasgow & Clyde NHS Board to maintain adult inpatient mental health services for the Vale of Leven catchment area at Gartnavel Hospital; and seeking my approval of this decision.

As you know, when approving the Vision for the Vale of Leven Hospital in July 2009, I specifically asked that further work was undertaken in relation to local adult inpatient mental health services which, at the time, were delivered from the Christie Ward. The Board has previously made the case – which I accepted – that an inpatient mental health ward on the Vale site of 12 or less beds would not be sustainable, or in the best interests of patients. However, I wanted to defer a final decision in order that this be based on a report on the actual trends in demand. As such, NHS Greater Glasgow & Clyde and the Vale Monitoring Group which I set up to monitor the implementation of the Vision were asked to consider demand for the inpatient service, as well as the provision of enhanced community services, over the agreed time period to ensure that the final decision taken would be fully informed by the best available information and meaningful trends in data. I am grateful to both the Board and the Monitoring Group for the considerable work that has been undertaken to this end.

It is of course regrettable that the lay Members of the Monitoring Group recently resigned their positions. I did, however, meet the former Members on 9 November to listen to their views and ensure that they formed part of my consideration of the Board's proposal. I will also reflect carefully on their experiences and perceptions of the Monitoring Group in future decision making.

I have carefully considered all the available information and representations in coming to a view on the Board's decision. Whilst I recognise the strength of local feeling in support of the service previously delivered from the Christie Ward, I feel the Board has made a compelling case that continuing to provide inpatient mental health services from Gartnavel Hospital, alongside enhanced community based services, is in the best interests of local patients. The evidence presented clearly demonstrates that local demand for the inpatient service is consistently running at fewer than 12 beds. That said, I note that there has been a recent upturn in demand and that the lay Members of the Monitoring Group were understandably concerned that there is sufficient capacity for local need provided at Gartnavel Hospital; and that the boarding out of patients is minimised. In approving the Board's proposal, I would therefore ask that this activity is kept under close review to ensure that local people can continue to benefit from the inpatient service at Gartnavel, where this is clinically appropriate.

Whilst the demand for inpatient beds has received a great deal of attention it is by no means the only part of the consideration. It is certainly the case that in other areas in Scotland improvements in patient experience and outcomes have been achieved by moving to more community-focused mental health services. This also means that the vast majority of patients receive the care they need in their local community. I believe the Board has provided compelling evidence which supports the increased provision of mental health services in the community; and which demonstrates how this shift in the balance of care has positively affected local patient and carer experience. Whilst welcoming the enhanced local provision, the lay Members of the Monitoring Group sought assurance that local people would not be denied inpatient treatment where this is necessary. I know the Board and local clinicians will be able to assure local people that patients will continue to receive high quality care which is appropriate to their clinical needs.

There is one additional element to the decision making in this case that was not apparent at the start of the process. The regrettable fire and destruction of the Christie Ward last summer has meant that the inpatient service for local people has been provided from Gartnavel Hospital for over a year. I am clear that there would need to be robust evidence to support repatriating the service on the Vale site. Given the important context noted above on service demand and enhanced community provision, and having carefully considered the clinical, financial and logistical issues, I am of the view that there are compelling arguments that the repatriation of the service is not in patients or local people's interests; and am therefore minded to approve the Board's decision.

I want to conclude by reiterating my commitment to a strong future for the Vale of Leven Hospital, as evidenced by my endorsement of the Vision for the Vale which ended a decade of damaging uncertainty. Local people can be assured that, under this Government, high quality services will be maintained and developed at the Vale.

Just Wilson

Nicola Sturgeon

NICOLA STURGEON

Copy to: Mr Bill Brackenridge, Chair, Vale of Leven Monitoring Group