

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**Gosport Locality GP Steering Group**

To be held on Wednesday 1 July 1998 at 12.30 pm in **The Chapel, Gosport War Memorial.**

AGENDA

- 1 Apologies for Absence**
- 2 Notes of the meeting held on Thursday 4 June 1998**
- 3 Matters arising**
 - 3.1 GP beds (see attachment)
- 4 Physiotherapy: update on practice-based waiting list pilot**
- 5 Primary Care Groups (PCGs)**
 - 5.1 PCG Development
 - (a) Board membership
 - (b) Links with Social Services
 - (c) Report back from HCHS Budget Sub-Group
 - 5.2 Arrangements for meeting with Haslar
 - 5.3 Prescribing update
- 6 AOB**
- 7 Date of next meeting**

Please see attached list.

Refreshments will be provided and attendance reimbursed at £60 per GP (1 per practice).

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**Gosport Locality GP Steering Group****DATES OF FUTURE MEETINGS**

*Sandwiches for 15
bought*

6th August 1998	Seminar Room	12.30 p.m.
3 September 1998	The Chapel	12.30 p.m.
1st October 1998	The Chapel	12.30 p.m.
5th November 1998	Seminar Room	12.30 p.m.
3rd December 1998	Seminar Room	12.30 p.m.

cc 2231

Gosport Commissioning Group Steering Committee

re: Beds in Sultan Ward, GWMH

general concerns regarding GP beds in Cottage Hospitals

The background

Fairly recently Dr Martin Severs was looking at the bed occupancy of various hospitals in the Health Authority (or Trust - I'm never sure when to use these terms) and he found that the percentage occupancy of the beds on Sultan Ward was much lower than the other comparable hospitals in the area. Dr Jorge was interested to hear this and a meeting of the interested parties was held that brought up some useful facts.

What happened next

was that these figures were brought to the last Commissioning Group meeting and David Young and Bob Pennells agreed to investigate further, in order to report back facts and ideas. It is apparent that the powers that be want us to increase the percentage occupancy to about 85% or the beds may be used for other purposes, also there could be staff cuts. It is understood that some GP's in the area might not be too upset by that turn of events, others would like to keep them. What follows is a breakdown of the numbers and some ideas about the way forward. Members of the Committee may like to discuss some of these matters before the meeting on July 1st.

The bad news...

is that the bed occupancy is always lower than that at Emsworth, Havant and Petersfield (see enclosed list). There are reasons for this. One is that we no longer have an operating theatre and another possibly is that some elderly patients are directly admitted to the other wards in GWMH since the new hospital was built. The other hospitals also have different ways of working and that is possibly our way forward.

Latest info

A meeting was held between Bill Hooper (hospital administrator), David Young and Bob Pennells on 18th June 1998 to discuss strategy.

Sultan Ward has 25 beds of which 5 or 6 are designated for Young Chronic Sick patients. These beds are often used for more urgent GP patients but some are kept free in case younger patients require them. Obviously, that means we can never

achieve 100% occupancy since we are always working on nearer 80 - 85%. This may be something to address.

Emsworth and Havant Hospitals have a policy of admitting post-op patients from QA if they need a couple of days to finish recovering, in order to free up the acute and "cold case" beds. These may be either general surgical or gynae cases. This another area we could explore.

It would seem to be a waste of resources not to use the beds more efficiently, and if we do we think that we ought to be doing it with our basic agenda.

Thoughts & Suggestions

Young chronic sick beds were incorporated when the new hospital was built because a need was identified. It may be that there are too many being kept for that purpose and we could either ask for them to be reduced or even take them out of the GP bed pool and work with fewer.

Post-op care. There seems no other way to increase the use of the Sultan beds than to fill them with patients who will stay for shorter lengths of time and will be low input for us. We suggest that we draw up a list of the type of case that would be suitable, i.e. Age group, type of operation, none with post-op complications etc. Twice a week the bed state could be assessed e.g. Tuesday and Friday, and a named person could contact the relevant wards at QAH, SMH and Haslar to allow 80% of the empty beds to be filled. The case type will be so designed that all of those patients will be discharged in 48 to 72 hours, thus not allowing a long waiting list of our patients to build up, but will keep the accountants happy. It will also allow the base hospital to have extra beds for other admissions and will help reduce waiting lists.

G.P. Wards - Occupancy Levels

MONTH	WARD NAME	NUMBER OF ADMISSIONS	NUMBER OF DISCHARGES	% OF BED USAGE	AVERAGE LENGTH OF STAY
May 98	Emsworth	27	25	79.1%	14.8 days
	Havant	31	32	97.2%	15.5
	Petersfield	32	37	64.4	11.1
	G-P Sultan	30	28	58.1%	12.2 days
April 98	Emsworth	17	18	62.7%	11.8 days
	Havant	31	33	91.5%	16.4
	Petersfield	32	30	70.0%	14.8
	G-P Sultan	26	28	63.3%	16.8 days
March 98	Emsworth	26	30	91.2%	13.0 days
	Havant	42	40	92.3%	14.3
	Petersfield	28	31	75.9%	15.3
	G-P Sultan	29	29	59.8%	16.2
Feb 98	Emsworth	30	25	74.6%	7.7 days
	Havant	37	36	87.6	16.3
	Petersfield	39	35	83.8	15.5
	G-P Sultan	23	22	64.6%	15.2
Jan 98	Emsworth	37	39	93.9%	9.9 days
	Havant	28	30	91.7	19.5
	Petersfield	25	28	72.0	26.3
	G-P Sultan	40	37	64.9	13.5
Dec 98	Emsworth	29	25	69.2%	13.6 days
	Havant	35	33	82.0	17.2
	Petersfield	37	28	66.9	10.4
	G-P Sultan	29	26	59.5	26.0