



***South London  
and Maudsley***



## **RECONFIGURATION OF ACUTE ADMISSION BEDS WITHIN THE CROYDON SERVICE AND THE CLOSURE OF CURRENT SERVICES ON GRESHAM 1 WARD AT THE BETHLEM ROYAL HOSPITAL**

### **UNISON FORMAL RESPONSE TO THE CONSULTATION**

#### **Introduction**

Formal consultation on proposals to close Gresham 1 at the Bethlem, and to reconfigure acute admission beds within the Croydon adult service, began on the 4<sup>th</sup> of March 2009 and concludes on the 3<sup>rd</sup> April 2009.

The consultation is being led jointly by Croydon Council and the South London and Maudsley NHS Trust (SLaM).

UNISON is the principal trade union for staff within SLaM. This is our formal response to the proposals.

#### **Driving forces behind the proposal**

It is quite clear from the consultation document that the proposals for Gresham 1 mirror recent similar proposals for the closure of AL3 at the Maudsley in that they are entirely finance-led. They are designed to help meet the 3% "cash releasing efficiency savings" demanded of the Trust and although no figure is put on how much will be clawed back from this move it is difficult to see how it could be much more than £500,000.

The integrated service providers are quite up front about this in their opening remarks on their proposals.

The consultation document talks of the need to develop and improve services for people with a diagnosis of a personality disorder. It also refers to the dedicated service to provide an intensive approach to those with severe difficulties.

UNISON would not disagree with any of this. However, we do not see how it fits with the demand to meet the 3% savings from the Cost Improvement Programme.

It is the reduction of in-patient beds on Gresham I which is designed to save money. The consultation document refers specifically to an overall reduction of 9 acute admission beds and it is the implications from this loss of capacity which are deeply worrying for staff.

The consultation document is inconsistent. On the one hand it refers to a study on the prevalence of people with personality disorder of people in Croydon carried out in 2002 which concluded that there is a higher rate compared to other local Boroughs. On the other hand the study also found that many of the people in this group have had frequent and lengthy in-patient admissions to wards at Bethlem of Foxley Lane, and, importantly out of the Borough and into expensive private sector placements.

This reliance on the private sector exposes the fact that there is already a shortage of NHS capacity and raises the prospect of more money wasted on private placements in the future if these plans are rushed through.

What the Trust's own data also confirms is that relocating from an in-patient environment to an out of hospital setting will take time, so why are these plans being rushed through before piloting and testing the impact on bed capacity of the proposed new service model?

The Trust and the Council refer to the Healthcare for London report and the strategic drive to shift services away from the hospital based setting. However, the consultation document wholly fails to quantify or provide a clear shape to the suggested alternative services for personality disorder other than a vague reference to additional beds being opened on Westways Rehabilitation Unit and Gresham PICU and "additional medical input" being made available within Ashburton Road.

The very least that we would expect the consultation document to do is to quantify the "new" services and to provide an evidence-based analysis of how those services would be able to cope with the increased demand resulting from the closure of Gresham 1. This important information should be provided before the consultation process is allowed to proceed.

### **Recession and Mental Health**

The plans for the closure of Gresham 1 – the same as the similar plans for the closure of AL3 at the Maudsley - must be viewed against the background of the current social and economic climate.

A report last month from the highly-respected Young Foundation think tank concluded that the recession will have even more impact on people's mental health than on their finances.

Politicians from all parties have concurred with this view and have called for increased investment in mental health services to cope with the surge in referrals that will result from the deepening economic recession.

SLaM staff are already reporting an increase in demand and what is required now is a more detailed analysis of the potential service implications as we face up to a prolonged and deep recession lasting well into next year. UNISON would welcome the opportunity to work on developing a strategy to deal with the pressures that will impact on our current capacity. This work is needed urgently and bed closures should be suspended pending its completion.

The very last thing that we need at the moment is any loss in capacity like the reduction in beds that would result from the closure of Gresham 1. Nobody can predict exactly how the impact of the recession will manifest in terms of mental health services in the short to medium term but there is a clear political and clinical consensus that it will increase demand – including an increase in longer term demand for in-patient admissions.

We are deeply concerned that the consultation document makes no reference to the environment of increasing mental health service demand that clinicians, academics and politicians are all forecasting.

This oversight alone should be grounds enough for halting the consultation process to allow a meaningful and informed discussion to take place alongside a proper evaluation of the real impact that the proposed new personality disorder services will have on demand for in-patient beds right across the Croydon Integrated Adult Mental Health Service.

### **“Bed Blockers”**

It is unfortunate that the Trust and the Council have chosen to use the term “Bed blockers” to refer to those patients for whom it has been difficult to arrange a discharge from hospital.

The consultation accepts that there are very real reasons why discharge is delayed:

- Awaiting a placement/supported housing
- Homeless
- People in need of rehabilitation
- People with significant recent contact with Community teams and a greater number of previous admissions
- A psychotic illness
- More likely to have been admitted for prevention of violence and/or because of a breakdown of a placement

These points are a reflection of the very real world that staff have to deal with when it comes to admissions and discharge policy on the ward. However, having set up these important points the consultation document then goes on to do absolutely nothing to address them. This is wholly unacceptable.

The harsh reality is that discharge is often delayed because the appropriate community support and housing needs are not in place and this, in itself, is very much a resource issue. These are complex problems and simply speeding up discharge without dealing with the underlying issues would be a disaster.

UNISON also has no problems with utilising residential rehab beds and home treatment services, along with the development of community based therapies, where they are available and where they are appropriate, but we should not underestimate the very specific and intensive needs of patients who are currently being accommodated in Gresham 1.

All of these complex issues need long-term consideration rather than the rapid, short-term and finance led approach which is driving the Gresham 1 closure. Again, we would call for the suspension of the current plans pending a full discussion on a viable long-term strategy that won't leave patients requiring an acute admission out in the cold or the Trust facing huge additional bills for private sector referrals.

### **Private Sector Costs**

The consultation document refers to the current problem of expensive referrals to the private sector.

However, if there is already a shortage of in-house capacity that is leading to a use of private sector placements why are the service providers running the risk of even higher bills by rushing through the Gresham 1 closure before a proper evaluation has been done of the bed capacity demands arising from the proposed new dedicated service?

If, as we suspect, the acute admission requirements won't simply evaporate over night the Trust will be left with a huge capacity problem.

That would then mean that the only alternative is the private sector where current charges are estimated at between £300 and £400 a night – making a mockery of the planned savings of £400,000 a year.

Rather than running this risk the new service, and its impact on bed demand, should be properly assessed before any move is made to close existing in-house capacity.

UNISON fully supports, and has campaigned for, an end to reliance on the private sector. We fear that the Gresham 1 closure plan will lead to an increase in private sector placement costs.

## Conclusions

UNISON is calling for the consultation on the closure of Gresham 1 to be halted.

- While we support the development of an integrated and improved personality disorder service we do not believe that the impact on bed demand has been properly evaluated
- The important issues delaying discharge from the acute ward are identified in the consultation document but have not been addressed.
- The case for the closure and partial transfer of services from Gresham 1 has not been properly made.
- The current social and economic background, and the increased demand for mental health services in a recession, has been ignored.
- There is a total absence of any financial detail in the consultation document. On the one hand we are being told that the proposals are driven by the 3% cost improvement programme but we are not given any information on the development of the new service and the associated savings from the closure of Gresham 1. This is important information that must be made available to allow us to evaluate the scope of the proposed alternative provision. Our fear is that this detail has been left out as the “new” service is being developed on the cheap.
- The financial consequences of increased private sector referrals have been papered over.
- With the plans shelved, UNISON would welcome the opportunity to engage in a real discussion over the long term strategy for personality disorder and other services for Croydon patients on the understanding that no existing services will be closed until alternatives have been thoroughly modelled, evaluated and tested.

Brian Lumsden, Branch Secretary  
Max Littler, Branch Chair  
3<sup>rd</sup> April 2009