WRITTEN QUESTION TO THE PRESIDENT OF THE HEALTH AND SOCIAL SERVICES COMMITTEE BY DEPUTY R.G. LE HÉRISSIER OF ST. SAVIOUR

ANSWER TO BE TABLED ON TUESDAY, 5th JULY 2005

Question

How many staff are employed to manage 'bed management', and what is the overall cost of this function?

Answer

There is one full time member of staff currently employed in this field. The post is a Civil Service Grade 11 post and is a cost of £55,000 to the States of Jersey.

The role of bed management has been well recognised. In 2003, the Audit Commission undertook a major survey entitled; 'Bed Management – Review of national findings' (Audit commission ISBN 1862404429). It succinctly stated the rationale for the bed management function as follows -

> *'The provision and management of inpatient beds, together with the staff and services that support them, are both complex and expensive. Beds must be available so that patients do not have to wait when they need admission in an emergency, but they must also be used efficiently so that resources are not wasted. Good bed management is, therefore, vital in acute trusts (hospitals)'.* (page 33).

It should be noted that the Audit Commission did not think that bed management might be a 'good idea'. Nor that it might be 'useful'. Nor that it was 'best practice'. It said that it is vital.

Whilst this may appear as though bed management is a resource issue, and, of course, it is in part),it is also fundamentally about clinical care in terms of 'getting the right patient, in the right bed at the right time'.

In a typical NHS trust acute hospital bed management is a 24/7 activity. Clinically trained (usually nurses) bed managers operate from 7.30 a.m. till 8 p.m. with Night (nurse) Managers having responsibility into the later hours. At weekends there is bed management function but this is somewhat reduced. Without exception, all such hospitals have bed management, although this function has been developed much further in the more advanced institutions (a matter – 'capacity modelling' - which is discussed below). Against this backcloth, it is fair to say that the value of effective bed management in Jersey, n terms of both improvement and cost reduction, as not been realised until quite recently.

Doctors, nurses, and other health care professionals in Health and Social Services are working hard and bringing to bear the best clinical practice. However, for this clinical practice to be really effective it has to be supported by progressive management and scientific techniques such as bed management. At the operational level, bed managers in the U.K. are making important decisions about the prompt admission, the smoothest internal transfer, and the swiftest discharge of patients. At the planning level, bed managers in the U.K. are contributing to the determination of where additional capital and revenue investment are best made to improve effectiveness and efficiency. At the strategic level, bed managers in the U.K. are contributing their data and front-line experience helping their institutions to work through the effects of developments in medical technologies and treatments on the required "bed stock" in their health systems. There are literally multi-million pound consequences dependant upon the success or failure of such decision-making. Thus it is little wonder that bed management is "vital" and so uniformly and commonly practiced in the U.K.

But in Jersey, the agenda is to go much further for there is another question which we need to answer and it is this –

> *If the health care system in Jersey operated to the top quartile of best practice what efficiencies could be made which could then be re-invested to make the health care system demonstrably better?*

In answering such a question a ‘capacity model’ is required. A capacity model is a statistical model which brings together firstly, the basic demographic and epidemiological data for Jersey and, secondly, the current ‘capacity’ of beds, of services, of utilisation rates in operating theatres. Then calculations can then be made; what if state-of-the art bed management practice was operating in Jersey, what if the percentage of day surgery moved to 80 percent, what if a Clinical Decisions Unit was funded, what if the more aggressive rehabilitation of older people became the norm, what if community care services were better funded – and a range of other such innovations were introduced.

The overriding benefit to the States of Jersey of capacity modelling is that decisions about investment and dis-investment can be made on the basis of sound evidence rather than rule of thumb estimations and anecdote.

Thus, bed management is developing evolving from an already ‘vital’ role to a new level of sophistication namely ‘capacity management’. Capacity management will bring effectiveness and efficiency and wed it to best clinical practice. This is a winning combination.