



THE SCOTTISH OFFICE

National Health Service in Scotland Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

AUDIT STUDY - MANAGING THE USE OF GENERAL MEDICAL BEDS

Summary

1. This letter draws the attention of Health Boards and Trusts to the Scottish Office Audit Unit's Report "Managing the Use of General Medical Beds". A copy is attached. The Report is aimed at disseminating the lessons learned from local studies in 12 hospitals. It focuses on good management practice and standards of patient services as well as on the means of controlling bed numbers. Although the studies were specifically directed at medical beds, many of the findings apply equally to other specialties.

Action

2. The Management Executive endorses the Report which contains recommendations that we would urge Boards to pursue as part of the contracting process and expect Trusts and Directly-Managed Units to implement and monitor.

3. The Audit Unit's Report and findings of the need for better management and bed utilisation complement the acute bed model developed by the Management Executive. This spreadsheet model is based on assumptions about the growth of patient activity and changes in the proportion of patients treated as day cases, average length of stay of in-patients, average occupancy rates and in the pattern of cross-boundary flows. It has been made available to all Health Boards to assist with their planning and this should ensure that all Boards and provider units are assessing bed requirements on a comparable basis.

4. It is worth noting that the savings in bed numbers projected in the Audit Unit's Report are based on current levels of patient throughput in general medicine, whereas the acute bed model looks ahead to the end of the decade and covers all specialties. The differences between the 2 assessments thus mainly reflect the Management Executive's projections of expected changes in clinical practice over a longer timescale. These changes include continuing growth in patient numbers, expansion in the use of day case treatment, and the effects of medical advances on

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Addressees

For action:
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lengths of stay. There is no inconsistency therefore between the Audit Unit's estimate of potential bed savings and the estimates made by the Management Executive. The Audit Unit's estimates are essentially concerned with improvements in bed use which can be achieved in the short term. The factors which they have identified are nevertheless important in ensuring that future improvements in bed use can also be achieved.

5. The Audit Report also suggests that the numbers of staffed beds in the general medical specialty could be reduced further if alternative accommodation for elderly patients and convalescing patients were to be provided. One of the objectives of the policy of community care is to achieve just such a shift in responsibilities from the acute to the community sector. Colleagues will wish to consider the findings of the Audit Report in conjunction with work on the acute bed models and the planning for care in the community. All these initiatives are concerned with improving delivery of care to patients and making better use of available resources.

6. This letter is copied to Unit General Managers for information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'William Moyes', with a horizontal line underneath the name.

WILLIAM MOYES
Director of Strategic Management