

Plymouth Community Healthcare

Acute Care Pathway

Glenbourne Redesign

Consultation Document

Version Control

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Distribution List

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1. Executive Summary

Acute Psychiatric Beds for Plymouth and the surrounding are based at the Glenbourne Unit which is located on the periphery of the Derriford Hospital site.

The Unit was built in the 1970s and since that time has had little capital investment.

Glenbourne was originally constructed to house three wards, Dunsford, Bridford and Harford. Over the years however the approach to Acute Psychiatric Medicine has changed and best practice is now directed to achieving shorter acute stays augmented with strong community and well integrated multi agency support.

As a consequence Dunsford Ward has not been operational for a number of years with 44 available beds based on Bridford and Harford. Wards. Over the past two financial years the average number of occupied beds has been 33.

Due the age of the building, facilities are not now seen as meeting required patient standards in privacy and dignity. These are now directed to single sex wards, individual rooms and en suite facilities.

Additionally it is considered that overall service provision for patients would be better achieved through bringing together a number of Teams at Glenbourne who are currently largely located off site.

There is also a need to have facilities on site which will enable the management of patients during their more challenging psychotic episodes and help avoid referral to out of area facilities.

Finally it is planned to re-locate and re-operationalise "Place of Safety" arrangements for patients who are assessed under S135 and S136 of the Mental Health Act. These assessments are currently being undertaken at Charles Cross Police Station and this situation is felt to be both unsatisfactory and inappropriate. This will also enable the Unit to have an "extra care" nursing area, to help manage those in the most acute need, who require a low stimulus environment.

In order to achieve these improvements it is intended to progress a building redesign for Glenbourne. It is envisaged that this will entail a reduction in the number of currently available beds from 44 to 36. This reduction will not impact the number of staff and it is planned that these will be increased to allow for the Place of Safety to be re-operationalised and for the local management of patients who would otherwise be referred for Out of Area treatment.

There will also be additional investment in Community Infrastructure.

In summary it is intended that the building re-design will result in:-

- Significant enhancement to the environment within which Acute Mental Health services are delivered

- The achievement of standards required relating to privacy and dignity
- The integration on site of Teams directed to the overall management of patient care
- Place of Safety arrangements
- Enhanced Community Service Provision
- The local management of patients who would otherwise be treated out of area

2. The Glenbourne Unit

The Glenbourne Unit is currently a 44 bed Acute Psychiatric admissions Unit serving the Plymouth, South Hams and Tavistock area.

The Unit is located on the periphery of the Derriford Hospital site. This adjacency is helpful in facilitating the linkage that exists between Glenbourne and the Accident and Emergency Unit within the main hospital where patients with a Mental Health issue often present. There is currently a Psychiatric Liaison Team dedicated to the management of these patients and ensuring that they are directed to the most appropriate psychiatric service area which may include admittance to Glenbourne

Within the Glenbourne Unit there are currently two operational wards these being Bridford and Harford.

The Unit was built in the 1970s and at that had had three operational wards the two which are operational today plus Dunsford.

Best practice in Psychiatric care is now directed to achieving shorter acute stays augmented with strong community and well integrated multi agency support. As a result the number of beds needed to support the local population has reduced and since 2006 has been used for other purposes including Psychiatric Medical Staff Training and Administration.

The layout of the area, as a former ward, does not lend itself to the best use of space and is in need of adaptation and improvement.

Over the years standards have changed and there is an expectation that accommodation will be largely based on single room accommodation which enjoy either en-suite or hand wash facilities. The majority of accommodation at Glenbourne is based around “bays” and therefore does not meet the expected standards associated with privacy and dignity.

Current ward areas are directed to mixed sex accommodation. There is now a requirement to develop single sex accommodation.

The Mechanical and Electrical Infrastructure at the Unit has had little investment over the years and is now in need of significant upgrade.

3. The Service Model

Psychiatric acute care is now directed to ensuring that the length of acute psychiatric stay is appropriate for individual patients but that this is minimised. This trend has been evidenced in reduced average length of stays and bed use. A table setting out average monthly occupied beds is set out in Appendix 1

This shows that in 2011/12 the monthly average occupied bed total was contained within the 36 level which is now proposed.

In order to achieve this objective is essential to have in place robust inter-agency support infrastructure which, apart from Community Services support, includes for areas such as housing, education, employment and primary care.

In Plymouth these arrangements are generally perceived to work well and this has enabled the reduction in beds numbers at Glenbourne which has been seen over the years. There is however an aspiration of continued improvement and the proposed structural changes to the Glenbourne Unit are seen as a catalyst to ensuring that the patient pathway is geared, where appropriate, to the management of patients within a community setting.

At the same time there are a number of patients at the more challenging end of the management spectrum who are currently sent out of area to Psychiatric Intensive Care Units (PICU). It is considered that given the correct nursing environment, known as extra care, a number of these patients could be managed locally to the benefit of the patients themselves as well as family and friends.

4. Integrated Management and Staff Location

There are a number of Teams currently supporting the Acute Patient Pathway including the Home Treatment Team, the Out of Hours Team and Community Mental Health Team. These are currently largely located off site.

Consideration is currently being given to the merit of bringing these Teams under unified management structure. A corollary of this approach would be for appropriate staff to be co-located and the optimum location is considered to be the Glenbourne Unit.

This arrangement would also allow for the Unit to be used for appropriate outpatient sessions and the dispensing of necessary medication to community patients within a controlled environment.

5. Place of Safety

Where a patient is suspected of having a Mental Health problem and is in need of immediate care and control, the police can use Sections 135 and 136 of the 1983 Mental Health Act to take the person to a "Place of Safety" (POS) for up to 72 hrs.

In 2009 a dedicated “Place of Safety” suite was physically established in the Glenbourne Unit at the end of the former Dunsford ward. The staffing of the suite was however never funded and was dependent on staff leaving the wards to support the assessment process. Additionally the POS was located away from the wards and therefore staff were potentially vulnerable, on those occasions, when they were in one to one contact with the patient.

Due to a combination of staff having to leave the wards and the location of the suite, the POS has not been operational since February 2012 and in consequence all assessments have been undertaken at Charles Cross police station.

This situation is unsatisfactory and the redesign process will be directed to ensuring that the POS is appropriately located within the Unit which ensures staff security.

6. Proposals for Building Re-configuration

In order to address the current shortfall in service provision set out above it is intended to progress building adaptation and re-configuration which will result in the following:-

6.1 Lower Ground Floor

It is intended to create two eighteen bedded units arranged over Dunsford and Harford wards.

Accommodation will be based on single sex requirements but with multi use recreational areas. These Units will enjoy adjacency to the garden areas avoiding the need for patients to be escorted downstairs from Bridford Ward located on the ground floor.

Bedrooms will be for single use and enjoy either full en suite or individual washing facilities. It is proposed to create a level of facility which will enable the appropriate management of Bariatric patients.

It is envisaged that a Conservatory will be created in the garden area providing a pleasant and tranquil environment throughout the year.

The area between the wards will be given over to creating a multi function suite which will provide an appropriate location for a Place of Safety Suite and the Extra Care nursing area referred to above.

It is planned to provide additional dedicated staffing to support the POS and Extra Care areas. These resources will be made available from the currently planned re-configuration of Recovery Services.

As set out above it is envisaged that the provision of Extra Care nursing will allow for the local management of patients who would otherwise be sent to PICU facilities outside of the area.

6.2 Ground Floor

The Ground floor provides the base for those peripatetic staffing groups supporting the overall patient pathway and other essential support staff.

It will also provide an outpatient hub for Psychiatric Services.

Electro Convulsive Therapy (ECT) is currently administered at the Unit. Options for the future location of this service are currently being considered including part of the ground floor area at Glenbourne.

7. Community Services

It is planned to direct additional resource to the development of Community Services in support of facilitated discharge and the management of patients, where appropriate, in the Community who would otherwise be admitted to Glenbourne.

Arrangements are also being taken forward to develop the key worker concept of working with Primary Care colleagues in the management of patients during a Psychiatric episode.

8. Mechanical and Electrical Infrastructure

As part of the overall re-configuration of Glenbourne the opportunity will be taken to upgrade the Mechanical and Electrical Building infrastructure including Boiler replacement and ensuring that the unit is engineered to modern standards.

9. Process and Timescale

Designs for the revised accommodation are currently being developed by a Multi Disciplinary Clinical Team supported by appropriate Technical and other advice.

It is planned to complete the design stage by the end of September 2012.

Subject to a satisfactory consultation process, and the appropriate finance being in place, it is proposed to Commence Phase 1 of the adaptations in January 2013.

These would be undertaken in three phases up to March 2014 allowing for the service to remain operational during the adaptation process.

The maintenance of high quality patient care within a safe and stress free environment will remain paramount during this period.

Details costs have yet to be determined however it is envisaged that a potential capital receipt from sale of the recently vacated former Plympton Hospital site could be re-invested in the Glenbourne Unit.

10. Summary

It is proposed to undertake a programme of building adaptation and re-design at the Glenbourne Psychiatric Unit. This programme will enhance patient care through the provision of:-

- Individual Bedroom Accommodation allowing for the achievement of appropriate standards of dignity and privacy.
- En suite or hand wash facilities for each room with a level of bariatric provision.
- Single Sex wards enabling Department of Health requirements to be met.
- Multi function areas including the development of a conservatory.
- The location of appropriate Community and other staff within Glenbourne in support of an integrated management structure.
- An appropriately located Place of Safety Suite which will allow for the majority of assessments to be undertaken in Glenbourne rather than the Charles Cross Police Station.
- The development of Extra Care Nursing facilities allowing for the local management of a number of patients who would otherwise need to be treated “out of area.”
- The development of improved outpatient and other facilities.
- An upgrade of mechanical and electrical services within the Building

It is envisaged that the re-design will result in a reduction in overall available beds from 44 to 36. This reduction is in keeping with the service model of maintaining appropriate patients within a community setting and facilitated discharge.

The reduction will be supported by an enhancement to Community Staffing levels.

The programme of works will be subject to careful planning and management recognising the paramount need to maintain high quality patient care within a sensitive environment.

Appendix 1

