

OCC Service and Community Impact Assessment (SCIA), p. 5

‘Evidence and intelligence...’

“A ***brief analysis*** of outcomes for people using intermediate care beds compared to those receiving support at home indicates that short-term rehabilitative interventions in a home setting see a greater proportion of people needing no on-going care and regaining independence as a result.”

Levels of active intervention:

Under previous **OoSJ management:**

Average of **4/14** patients received active rehab.

Under recent **NHS management:**

Average of **12/14** patients received active rehab..

Length of patient stay:

Average length of stay (over 4-month period in 2012 - under OoSJ management: **40 days**

Average length of stay (over 5 months up to April 2015) - NHS management: **27 days**

Difference: NHS-management corresponded to a staggering difference in patient outcome:

13 inpatient days/patient or 2,460 bed-days/year across the whole unit (=365/27 x 13days x 14beds).

Associated Costs:

NHS acute bed - **£275 per day** (conservative DoH figure)

13 extra acute days = **£3,575 / patient**.

Assuming full occupancy - **NHS management of Intermediate Care beds leads to minimum cost saving of £676,600 to Acute Sector (when compared directly to recent OoSJ management).**

$$[(14 \times £3,575) \times 365 / 27 = £676,600]$$

OCC want to try to save £250,000-£500,000 from their local budget by passing on a cost of nearer to £700,000 to the Acute Sector.

HOW CAN THIS BE ALLOWED?