

ACCOMMODATION FOR PATIENT CARERS AND FAMILY - A SUCCESSFUL SERVICE AND BUSINESS MODEL

Introduction

Over the last ten years Plymouth Hospitals together with its sister organisations within Devon and Cornwall has worked hard to develop networked specialist services for the nearly 2 million population of the South West Peninsula. These include Trauma, Cardiothoracic Medicine and Surgery, Neurosciences, Renal and Bone Marrow Transplantation, Pancreatic and Hepatatic Medicine/Surgery, CAMHS Tier 4 and Level III Neo-Natal ICU.

The geography and demography of the peninsula are a challenge, being 200 miles from end to end, with a growing elderly population and with areas of great social deprivation, cheek by jowl with small pockets of great wealth.

Tertiary services are dangerous, with the reality of comparatively high mortality and complication rates. To provide a caring service, any institution delivering these services must provide an accommodation base for relatives and carers close to the acute unit with good communications and a supporting framework. To this end, when the South West Cardiothoracic Centre opened in Plymouth in November 1997 a local charity, HeartSwell, expanded its population base to the whole of Devon and Cornwall, renaming itself HeartSwell South West and set out to raise up to one million pounds to build and commission a residential facility for the relatives and carers of patients undergoing cardiac surgery. This opened its doors in August 2001, having been funded entirely by charitable donations from the people of the South West. To be sustainably successful, this concept must work as a social model and be financially viable. The Lodge has 43 beds with 16 twin rooms and 11 single rooms, all en-suite *and fitted with televisions*. It is staffed for up to 14 hours a day and there is direct *free* phone line communication to all the wards in the hospital. It

contains a large lounge/dining area, there are kitchen and laundry facilities and breakfast is provided on a self-catering basis.

Does it work and is it sustainable?

Social Model – the Lodge was built to support the relatives and carers of patients of the South West Cardiothoracic Centre and this accounts at present for 45 per cent of those using it. This proportion is likely to rise *now that the new Cardiothoracic Centre has opened*. However, many other units within the hospital use the facility for the carers of their patients, for example Paediatrics, Trauma, Neurosciences and the Hyperbaric Oxygen Centre. Bed occupancy *rose rapidly, achieving 69% within 2 years of opening and since 2004 it has averaged 73-76% each year. Within these annual averages there are occasions when the Lodge is 100% full, often due to emergency admissions of holiday-makers*. Carers mainly come from the South West, which is our patient base, but is increasingly used by those from elsewhere in the United Kingdom and overseas (*Australia, America, France, Germany, Nigeria etc*). Since opening, the Lodge has provided accommodation for over 15,000 people and has been universally appreciated by all who have used it, with consistently high levels of appreciation, as can be seen from the entries in the visitors' book. To quote a small number: "HeartSWell, a place of tranquillity and hope in a time of uncertainty. Many thanks". "My heartfelt thanks. An oasis in the desert of life, God bless you all." "I thought I would be in some lonely hotel – this was so lovely, what an achievement." "HeartSWell – a ray of sunshine during my stormy time. Thanks".

Everyone staying at the Lodge is there to be near to and support a patient. This common bond spontaneously creates an atmosphere of mutual support which can often be the start of lasting friendships.

The Financial Model –

Capital – *The cost of building and equipping the Lodge was £750,000, totally financed by local donations, often from people living in relatively deprived areas*. This took four years and building started with a moderate degree of risk, but the full sum was raised on time. There was

considerable generosity from those involved in the design, financial management and contracting of the project. The land was originally rented from the City Council on an ideal site next to the hospital but they subsequently agreed to its sale to the Charity. *This was financed by a loan of £150,000.* Therefore, both the Lodge and its land are now owned by the charity, although the enterprise is managed by a separate limited company as a separate organisation with its own *honorary board of Trustee Directors. The Board meets three times a year; its range of expertise includes medicine, business and finance, including representatives from the Charity and is supported by a firm of independent accountants.*

Revenue – *the Lodge management company which pays an independently determined rent to the Charity, charges for its services sufficient to cover all its costs and any surplus is given to the Charity to be redistributed to support the South West Cardiothoracic Centre and its activities, which is its remit. By the end of 2007 the Lodge management company will have remitted over £200,000 to the Charity in both rent and surpluses. Bed occupancy has risen steadily but has now stabilised at an annual average of about 75%, which is the effective maximum. With turnover of ±£225,000, there have been very few bad debts and it has been possible to keep the charges significantly lower than those available in the four hundred odd hotel beds of various kinds, which are situated within half a mile of the hospital. Approximately 15% of carers receive some degree of financial support e.g. from the state or other charities etc.*

Costs – *For the Lodge to achieve its financial and social objectives it must be run on strictly business lines, with particular reference to cost control. Indeed even when occupancy was at a relatively high level, costs rose significantly for a while and for a short period the Lodge was operating at a small loss. The Board acted robustly; improved financial management systems were introduced and the Lodge profit and reserve positions are now strong. In the last financial year the turnover for the Lodge was £225,000 and the profit generated £30,000 which has been retained to finance refurbishment and systems updating. However, under normal conditions it is now anticipated that the combined rent/surplus given to the Charity will approximate to a 5%-6% return on its original capital spend. This is not equivalent to an high investment return, but is*

obviously appropriate in view of the Charitable basis for the unit, particularly in view of the necessity to keep the charges as low as possible because of the financial position of many of the users.

Central to the vision for the Lodge is to create a win-win situation for the patient, the carer and the Charity. Patients' carers are accommodated in a convenient, flexible, supportive and low cost environment. This benefits the carer directly and indirectly the patients. In turn, the rent/surplus remitted by the Lodge to the Charity is subsequently reinvested in cardiac support in the South West.

Future Development – HeartSWell Lodge is probably approaching its maximum bed occupancy. As with healthcare, it is very difficult to plan the size of a facility in order to take into account the variation in demand, but almost certainly the Lodge will need to expand. It may be also that the model should change, in that it should also be used for the early discharge of patients who require no or minimal care but for whom re-attendance at the hospital on a regular basis is necessary for a short period of time. This is particularly the case in view of the distances involved in the peninsula. Discussions are underway with the Acute Trust on the options to finance this expansion. One way might well be as a partnership project between the charity and the NHS.

As Plymouth Hospitals continues to widen its portfolio of specialist services, the demand for a facility of this kind is only likely to expand.

Conclusion

HeartSWell Lodge, which was conceived and promoted through HeartSWell Southwest, and particularly its then Chairman Mrs Monica Pearce, has provided a much appreciated haven for carers of high risk patients from throughout the peninsula and beyond. It has been a major achievement for the charity and the model has been both a social and financial success. Such a facility would seem to be an essential part of the service provided by organisations undertaking

these kind of services, particularly to a distributed population. Commissioners are increasingly paying attention to the infrastructure and support available to the families of complex high risk patients. Almost certainly the role could and should be expanded to include the patients themselves, both pre and post admission to an acute hospital.

However, such organisations must be run on firm business lines. There are a number of potential financial arrangements for any organisation going down this path. HeartSWell Lodge has been and is, much appreciated by those who use it. The model must be considered highly successful.