



Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

OSPHE 028

Closing Community Hospital beds

Closing community hospital beds

CANDIDATE PACK

Candidate task

You are a public health trainee in a local health commissioning organisation.

You are to meet with a health services manager from the same organisation.

The purpose of the meeting is for you to discuss and respond to questions that the manager has previously sent to you by e-mail. The e-mail is enclosed below under 'Outline of situation'.

You can ask the manager further questions during the meeting as needed.

You have 8 minutes to prepare for the meeting with the health service manager.
You will then have 8 minutes to meet with the health service manager.

Outline of situation

A health services manager has asked for public health advice in the following e-mail:

'Six months ago we closed 40 beds at St Anne's Community Hospital. Our plan was to expand community services, so that there was a new 'hospital at home' service to provide care that used to be provided at St Anne's.

There was quite a lot of local public resistance to closing the beds. We agreed to set up a public interest group to help evaluate the changes. I convene the group. It is chaired by a retired accountant.

At their first meeting, the group were concerned that patients will be more likely to die if they only have care at home, rather than in a hospital. They have asked if death rates could be monitored, to see if there has been any change since the community hospital closed.

Can you advise on the following please: -

- Do you think this is a valid approach to evaluation of the service changes? What issues or caveats would the group need to be aware of?
- I could put in a request to the Information Department for mortality data. Would this be a useful next step?
- Do you have any suggestions as to how else we might monitor the impact of these service changes? The group are particularly concerned about whether any harm has resulted.
- A public meeting has been promised to discuss the impact of the changes 12 months after the beds were closed. Do you think we could come up with a credible assessment in this timescale?

The briefing pack provides more information on why the health service changes were made.

Candidate guidance

Candidate Briefing Pack

St Anne's Hospital is a community hospital in a small country town. It is run by a large acute trust based in a city 12 miles away. The country town has a very mixed population of about 30,000 residents. It includes some of the most and least deprived wards covered by your health commissioning organisation.

Inpatient beds at St Anne's were mostly used to admit patients over 65yrs. Some were admitted directly from the community by local GPs. Others were discharged to the community hospital following inpatient care at the acute trust.

All 40 beds were closed because:

- The acute trust had a large financial deficit;
- Your health commissioning organisation is pursuing a strategy of supporting older people in the community and preventing avoidable hospital admissions.

It was therefore expedient for the trust to encourage rapid development of community intermediate care services, including a new 'hospital at home' service.

'Hospital at home' is a service providing a limited period of acute care by health professionals, in the patient's own home, for conditions that would otherwise require care in a hospital.

Local people and the local media criticised the pace of change, claiming that the plan was not well thought through. There was concern that patients would come to harm as they could no longer rely on being admitted to St Anne's. Local health service managers responded by reassuring the local population that they would be involved in monitoring and evaluating the success of the changes. An enthusiastic and committed public involvement group was convened.

At the Station

When you enter the room for the meeting you will be met by your examiner, who will check your name and candidate number. Then the health service manager (played by another examiner) will introduce him or her self. He/she will then start the discussion with you.

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MAIN MARKER EXAMINER PACK

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State Examiner situation

Examiner will not be required to participate.

There will be an examiner role player in the station, playing the part of the health service manager.

Marking guide for Examiners

Key A=Excellent, B=Good, C=Adequate, D=Fail, E=Severe Fail

1. Has the candidate appropriately demonstrated presenting skills in a typical public health setting (presenting to a person or audience).

Avoid jargon. Is clear. Appropriate language for the audience. Maintains eye contact
Appropriate manner for the situation. Shows empathy.

2. Has the candidate appropriately demonstrated listening skills in a typical public health setting (listening and responding appropriately).

Ensure actor/role play questions are answered appropriately. Answers totality of the question. Manner of response appropriate.

3. Has the candidate demonstrated ascertainment of key public health facts from the material provided and used it appropriately?

Understood and interpreted facts accurately. Raised the need to define a study population for the service evaluation. A poor response would fail to mention the need to define the population being studied in the service evaluation.

4. Has the candidate given a balanced view and/or explained appropriately key public health concepts in a public health setting.

Advises caution in using mortality data as proposed by the group, using their knowledge of PH concepts to support this view.
An acceptable response would include four or more relevant concepts. Examples of relevant concepts include:

- Made the case for careful design of a service evaluation rather than ad hoc data analysis, to reduce risk of misinforming the group.
- Explained what mortality data is available.
- Explained the problems of interpreting the data given small numbers and short period of time.
- Explained the need to estimate standardised rates and confidence intervals.
- Explained the problems of before and after comparisons without controls eg GP referral patterns could have changed after the beds closed.
- Explained the problems of retrospective evaluation.
- Suggested one or more appropriate methods that could be used in responding to the group's concern about excess mortality eg literature review; audit of clinical standards.

An unacceptable response would include less than four relevant PH concepts and uncritically pursue the use of mortality data to evaluate the service change.

5. Has the candidate demonstrated sensitivity in handling uncertainty, the unexpected, conflict and/or responding to challenging questions.

Non confrontational. Sympathetic to the manager's need to respond to the group's concerns. Willing to work with the manager and group, to provide further technical support on designing an evaluation plan. Sensitive to the political context and media interest.

An unacceptable response would be to present the manager with negative comments only, whilst offering no constructive suggestions or be dismissive of the group and/or the manager, and their legitimate concerns.

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**ROLE PLAYER EXAMINER
BRIEFING PACK**

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Role Play Brief

You are a health service manager working for a local health commissioning organisation. You convene a public involvement group, established in response to public concern about the closure of beds at St Anne's Hospital. You are worried because the group want to look at mortality data pre and post the closure of the beds, as they suspect patients are more likely to die now that there are fewer beds at the community hospital. They are sceptical about the value of 'hospital at home' from community services. You suspect that their proposal is going to cause problems – you are uncertain about whether mortality data is readily available for this period, and if you manage to obtain it, you may have difficulty interpreting it.

You are anxious about handling the group's evaluation of the service, and keen to avoid further adverse publicity about the service changes.

You have set out the situation and your questions in an e-mail to the candidate (this is provided under 'Outline of situation' above).

After the examiner has checked the candidate's name and number, **start the meeting** by introducing yourself and prompting the candidate to begin:

'Hello, I'm Hilary Smith. Thanks very much for agreeing to meet with me. I've brought a copy of my e-mail to you. Would you like to take me through it?'

The questions in the e-mail cover the range of areas to be covered.

You should probe on these questions if the candidate appears to have overlooked any part of them.

The candidate has been told 'You can ask the manager further questions during the meeting as needed.' This is to encourage them:

- to have a flowing dialogue with you, rather than just give a presentation;
- to consider whether there is more information that they need from you in formulating their advice.

You should anticipate their raising the need to define the population being studied in the service evaluation. If asked about who uses the new and old services:

You know that access to the community hospital beds was not limited to residents of the town in which it was located – it also accepted patients discharged from the acute trust and from practices in the surrounding area. 'Hospital at home' will be linked to a list of practices based in the town and surrounding area. They will not be accepting any patients from the acute trust if they are not registered with one of the listed practices.

Towards the end of the station (in the final minute), if the candidate has not given you clear advice on whether or not to use mortality data, say:

'So what's your advice on what I should say to the group about using mortality data to evaluate the changes?'

The candidate has been told that they have 8 minutes for their meeting with you.

The Role Player Examiner should bring the station to a close by thanking the candidate. He/she should ensure candidate leaves on time, leaving the Marker Examiner at the end to concentrate on their marking.