Reviews

Psychiatric Beds and Resources: Factors influencing bed use and service planning: Report of a Working Party of the Section for Social and Community Psychiatry of the Royal College of Psychiatrists (Chairman: S. R. Hirsch). London: Gaskell (Royal College of Psychiatrists). 1988. Pp. 82. £7.50.

This excellent Report presents the findings of the Working Party set up to examine how a district might determine its requirements for beds for general acute adult psychiatric services. Many years ago the Health Service Departments proposed a guideline of 0.5 beds per 1000 population, but this figure was not backed by evidence. In practice official bed provision varies, according to this Report, from 0.35 to 0.76/1000; the reasons are obscure as to why there is so much fluctuation around the average.

After a review of some of the literature the Report makes an important initial point that demand for services is affected to a major degree by the level of social deprivation in the population being served. Consequently bed provision must be determined with close attention to the local context, and the authors suggest techniques by which this can be done.

The next phase was to undertake a case register study drawing on eight registers in England and Scotland. This confirmed the variation in acute bed provision already noted, and began the hunt for the reasons. In some areas over a third of the notionally acute beds were in fact blocked by elderly patients. Some case register areas were based on DGHs, others on mental hospitals, but there was no obvious effect of this difference on the rates of bed provision, nor on duration of stay. Of particular importance was the observation that other facets of service provision, such as day care, community nurses, domiciliary visits etc. had no demonstrable effect upon the numbers of beds in use.

Closer examination of hospital activity was subsequently carried out in a sample of 20 hospitals linked to a DGH, by reviewing the case notes for the last 400 patients to be discharged. In these hospitals, all supposedly providing an acute service, the average length of stay varied from 16 to 60 days, and was much more sensitive to the proportion of semi-chronic cases than to the rapidity with which acute cases were discharged. The staff at these hospitals were also surveyed, using both questionnaires and interviews. The meaning of the local statistics could then be explored in terms of staff satisfaction and work practices, but also led to some revision of the basic figures, leading to the estimate that the average service was based on a bed provision rate of 0.43 per 1000 of adult population. Much attention was also paid to the geography of the catchment areas in relation to the hospital, the range of extramural provisions, intensity of staffing and the like, and it was confirmed that well-provided services tend to have more of everything – beds, CPNs, domiciliary visits, etc – and there was no evidence of one facet of a source compensating for another.

Finally the Report illustrates how a district may calculate its efficacy (what services it offers in relation to estimated need) as well as its efficiency (the level of service provided given its resources). To some degree these twin aspects can be assessed using routinely available data, but it is pointed out that planning could be much more rational if further items of information, especially concerning service activity, could be made available.

Three general points should be made. Firstly it is difficult to over-estimate the importance of a close study of the population being served by a service. Provision should be based on local needs and not on a figure plucked out of the air. If the Report helps make this basic point more clearly to more planners, a great deal will have been achieved.

Secondly, in order to prepare the Report the Working Party had themselves to undertake a major effort to try to find what different services were in fact doing. It is extraordinary that information of the kind required for intelligent planning is still almost impossible to come by, a situation which will have to be remedied in the near future.

Thirdly it is most important that the Report is understood to be an approach to the identification of services which are currently functioning below (or above) the average; there is no implication that the average in itself is desirable. Similarly when considering service efficiency all that can be said at present on a national scale is that some services process patients more rapidly than others – a criterion possibly applicable to sausage machines but having little to do with quality. There is a serious need to find alternative criteria more directly related to professional standards and good clinical practice.

This valuable Report is the fruit of much labour, and all concerned with it deserve congratulations.

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