

# BELFAST HEALTH & SOCIAL CARE TRUST

## MEMORANDUM

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**From:** Dr Philip McGarry

**To:** North Belfast Community Forum

**Ref:** DMCG/BP

**Date:** 14/10/2008

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**Re: Acute Beds in Belfast**

- 1 There is complete agreement among psychiatrists and management in Belfast that the city is too small to continue with three acute units. The view of management and the majority of psychiatrists would be for one new acute unit for the city rather than two. One consultant (TON) has expressed a preference for two units, one of which would be sub-acute.

If there was one acute unit the number of beds would be in the region of seventy to eighty, with an attached Psychiatric Intensive Care Unit of perhaps ten beds.

To enable such a reduction in beds to take place (there are currently just over 100 acute beds for Belfast in the city) it would be necessary to ensure that the Belfast Home Treatment Team is sufficiently resourced to manage the work load arising from the whole of the city. It would also be crucial for the recovery service to provide appropriate accommodation for a number of individuals currently in acute wards who have finished their acute episode of illness, but who have complex needs and cannot currently be placed in the community

- 2 Psychiatry of Old Age is now in a separate Directorate from Adult Mental Health. It is likely that a separate inpatient unit for the psychiatrically mentally ill will be developed. This may be placed either in proximity to or along side/within a facility for the general medical care of older people.
- 3 If there is to be a single acute unit it must be in a building fit for purpose. This will require en suite facilities and single rooms for every patient. There must be sufficient internal space and also a certain amount of external space. Traditionally inpatient psychiatric services have been in converted and quite often rather run down buildings. However if we move from three units in Belfast to a single unit then there is no excuse for this facility to be other than first class. It goes without saying that the therapeutic environment must, along with the physical environment, be of the very highest standard. Our patients are entitled to have a facility which can be a showpiece.
- 4 There are 4 potential sites for a single inpatient unit; a) Knockbracken Healthcare Park, b) Musgrave Park, c) City Hospital site and d) Mater Hospital site.

- a) The main argument against Knockbracken is that there is no instance in recent decades of an inpatient psychiatric unit being built on an old mental hospital site. Even if all the old buildings were to be knocked down this site would always have the stigma of being "Purdysburn" as far as patients and relatives are concerned.

A smaller issue would be that of the four sites in the city this is the least centrally accessible.

- b) The main attraction of the Musgrave Park site for management is that there would almost certainly be a sufficient footprint readily available.

The arguments against Musgrave Park are:

1. There is no clear current plan for this site, and there are fears that it could become a hotch-potch of sub acute specialities.
  2. Psychiatry is an acute speciality and the overwhelming majority of admissions take place as emergencies and to place it with sub acute specialities risk a re- stigmatisation
  3. The policy of the last fifty years has been to provide acute psychiatric services on district general hospital sites. This has a benefit firstly on reducing stigmatisation and secondly of enabling close engagement between psychiatric and general medical services. To move away from the acute sites at the Mater and the City to Musgrave Park would therefore be going against all modern trends.
  4. Psychiatrists who work in general hospitals are of the view that their practice often benefits from being close to physicians, and there is no doubt whatsoever that physicians and other medical specialities benefit very much from having close contact with their medical colleagues in psychiatry.
- c) There has been speculation that space might become available at the back of the Belfast City Hospital site (where Ava and Dufferin Wards are placed). This would have the advantage of being close to a general hospital and the site is also a little off the main road.
- d) Several years ago it was proposed that the site currently occupied by Fairview might be made available as an acute unit. However this site is very "skinny" and would not be a particularly good place to build a unit of between eighty to ninety beds.

The ideal site at the Mater would clearly be in the area of Girdwood/car park/back of the prison. If this site was available it would potentially be large enough, would be a short distance away from the main road and would have the very major advantage of being right beside a district general hospital which has a long tradition of supporting a high quality inpatient psychiatric unit.

Clearly access to this site depends firstly upon planning considerations and secondly upon sufficient space being available for other potential services such as the proposed ambulatory service

- 5 If the site mentioned in the paragraph above were to be made available to the Mater it would be reasonable to propose that the acute unit be placed there and that the City Hospital (which houses the academic unit of old age medicine) be the site for the old age psychiatric services.

If it transpires that the Mater site is not chosen for the acute adult inpatient unit, then it should certainly be considered as the venue for old age inpatient service.

- 6 If the site at Girdwood/car park/back of the prison becomes available then I believe this can successfully be argued as the best site in Belfast. The Mater Hospital was the first in Ireland to develop inpatient psychiatry in 1948. The current inpatient unit is the largest acute inpatient unit in the Belfast area. Over the years and particularly in more recent times psychiatry at the Mater has been at the forefront of major developments. Home Treatment, was developed from the Mater Hospital; the Self-Harm service, which is soon to lead to the development of a Northern Ireland wide Personality Disorder service emerged from the Mater. Even since the new Trust was formed last year, the Mater – despite very major difficulties caused by retirements of consultants – has been far and away the most proactive of the three acute units in terms of embracing a programme of modern, progressive and community based care. The hospital also has an excellent record with regard to teaching and research.
- 7 I would suggest that the most useful thing the Forum can do would be to lobby all relevant bodies and individuals - not least the local politicians – to encourage a strategic decision to be made regarding the development of the larger site. If the site mentioned in the Paragraph 5 is obtained then, nobody would seriously suggest putting the new unit on the Musgrave Park site.

Hopefully these comments are of help.

**Dr Philip McGarry**