VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: The non-story of “NHS Airbnb”

David Oliver *consultant in geriatrics and acute general medicine*

Berkshire

As the NHS approaches its busiest time of year, politicians and the media are ramping up their focus on very real winter pressures. Overcrowded emergency departments, ambulances stacked outside, and patients on trolleys in corridors, are sure to make headlines. And don't forget a pandemic scare: this year it's Australian flu. No laughing matter, but hardly the only significant challenge to the service or to population health.

In an NHS where even senior managers seem reluctant to speak out, it was good to see Dame Julie Moore, a hospital chief executive, doing so on *Newsnight* on 25 October.¹ Seeing that even the best led hospitals are experiencing pressures helps counter narratives of blame.

Pressures at the hospital front door are caused, or exacerbated, by problems on inpatient wards, such as when patients awaiting community services are stranded through no fault of their own.² Age UK recently reported a rise of over 200% since 2010 in such delayed transfers of care.³ The National Audit Office says that this is a gross underestimate.⁴

Unsurprisingly, hospital teams feel pressure to accept greater risks to get patients home sooner. Healthwatch England recently highlighted rising readmissions among emergency patients.⁵ Amid a desperate search for innovative solutions came the “NHS Airbnb” story, which the media leapt on.

The start-up company CareRooms, “founded by part time A&E doctor Harry Thirkettle,” the *Health Service Journal* reported,⁶ proposed giving homeowners £50 a night, maximum £1000 a month, to accommodate patients who were “medically fit for discharge, who don't have cognitive impairment and would come to us because they don't have support, or live alone or have mobility issues.” This was supposedly to start at Southend Hospitals Trust.⁷

The example Thirkettle gave to the *Times* was a patient who can't climb stairs because of a fracture, who can stay in ground floor accommodation.⁸ But, if patients need active post-acute rehabilitation, they don't need convalescence where they risk becoming more immobile.

If they need assessment for, and provision of, personal care from statutory social services or equipment, this is better done in their home, not someone else's. If they have medical

complications they need access to primary care teams who know them. Medically stable patients in nurse or therapist led step-down wards still require medical input and support. And potential CareRooms “hosts” would need vetting because of safeguarding concerns and the lack of statutory regulation. How? When?

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The idea warrants no serious scrutiny. This was a proposal of a small scale, local pilot scheme that hadn't yet taken a single patient. Yet it received more attention, including on flagship news bulletins and national radio phone-ins, than serious endemic problems in the NHS workforce, social care funding, the recent King's Fund report on hospital bed numbers,⁹ and those Age UK and Healthwatch reports.

Two days after the story broke, Southend Hospitals had decided that the CareRooms idea wasn't so great after all.¹⁰ News values in mainstream media reporting of healthcare sometimes flummox me.

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- 1 BBC Newsnight. 25 Oct 2017. <http://www.bbc.co.uk/programmes/b09c5qlz>.
- 2 King's Fund. Why is it more difficult than ever for older people to leave hospital? 26 May 2016. <https://www.kingsfund.org.uk/blog/2016/05/older-people-leave-hospital>.
- 3 Age UK. Four million hospital bed days lost since 2011 due to problems securing social care. 18 Oct 2017. <https://www.ageuk.org.uk/latest-press/articles/october/four-million-hospital-bed-days-lost-since-2011-due-to-problems-securing-social-care/>.
- 4 National Audit Office. Department of Health: discharging older patients from hospital. 26 May 2016. <https://www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from-hospital.pdf>.
- 5 Trigg N, Silver K. Patients face “distressing readmissions.” *BBC News* 26 Oct 2017. <http://www.bbc.co.uk/news/health-41740525>.
- 6 Illman J. Exclusive: Airbnb style company bids to place NHS patients in spare rooms[login required]. *Health Serv J* 2017;359. <https://www.hs.j.co.uk/service-design/exclusive-airbnb-style-company-bids-to-place-nhs-patients-in-spare-rooms/7020873.article>.
- 7 Hill A. NHS may rent spare rooms to ease bed crisis. 25 Oct 2017. <https://www.theguardian.com/society/2017/oct/25/nhs-to-pilot-airbnb-type-scheme-for-patients-recovering-from-surgery>.

- 8 Smyth C. Rent rooms to hospital patients for £50 a night [login required]. *Times* 26 Oct 2017. <https://www.thetimes.co.uk/edition/news/rent-rooms-to-hospital-patients-for-50-a-night-89w7m2fcs>.
- 9 King's Fund. Hospital bed numbers—can the downward trend continue? 29 Sept 2017. <https://www.kingsfund.org.uk/blog/2017/09/hospital-bed-numbers>.

- 10 Illman J. "Carebnb" trust U-turns on controversial care plan [login required]. *Health Serv J* 2017;359. <https://www.hsj.co.uk/technology-and-innovation/carebnb-trust-u-turns-on-controversial-care-plan/7020894>.

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