

Reference: FOI.ICB-2324/136

Subject: Patient Hotels

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
	The ICB does not send patients to hotels but the two acute providers in our system have done so over the winter period in 2021/22 and 2022/23.
Does the Trust send patients to hotels as part of their treatment or recovery? If so, please stipulate the circumstances in which this policy applies.	These hotels were only set up to aid flow during winter pressures and are not in use at other times of the year.
	Trusts may use other hotels for other purposes but the ICB does not hold this information.
	2021/22 – The Hotel Bristol
Which hotels have been used by the Trust for this purpose since 2020?	The ICB has applied Section 43(2) (Prejudice to Commercial Interests) to the name of the hotel used during 2022/23 The hotel has asked the ICB that it not be named as it believes that being named may result in fewer guests staying with them. As paying guests is the most significant revenue stream for hotels, the ICB agrees that staying guests is a key commercial aspect of the hotel business model. Therefore, if naming the hotel resulted in fewer



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guests this would constitute a prejudice to the commercial interests of the hotel.

Previously, the ICB did name the hotel and this resulted in media filming outside the hotel without permission which caused distress to paying guests, staff and the patients. The ICB does believe that it is reasonably likely that a similar situation would occur again and therefore agrees that naming the hotel is likely to prejudice their commercial interests.

The ICB has undertaken a public interest test for this exemption and believes that the public interest lies in the costs spent on the care hotels as this represents taxpayer money spent in the private sector. The ICB also believes that there is a public interest in the amount of additional capacity the care hotel provides to the system. The public would want to be satisfied that the NHS is considering value for money as part of this capacity provision.

The ICB has considered that the name of the hotel may be of interest if someone was looking to stay at the hotel and may not wish to book whilst in use as a care hotel. This supports the use of S.43(2). The ICB believes that care hotels are an innovative use of system capacity which supports the care and treatment of patients in what is an already stretched system. It is in the public interest for this additional capacity to exist as it supports extra capacity to continue to provide care to patients and more importantly allows for bed capacity for those with higher care needs in an hospital environment. The ICB would like the opportunity to support care hotel use in the system and naming the hotel may mean that other hotels would not want to be part of this work removing the possibility of this capacity in the future. It is in the public interest that the NHS can utilise resource



across the system to support and care for patients in the most appropriate setting.
2020-21 = 0 2021-22= 174 2022-23= 324 2023-24= 0
In 2020-21 the CCG spent: £0
In 2021-22 the CCG spent: £1,681,187
In 2022-23 the ICB spent: £2,000,001
In 2023-24 the ICB spent: £0

The information provided in this response is accurate as of 26 July 2023 and has been approved for release by Lisa Manson, Director of Performance and Delivery for NHS Bristol, North Somerset and South Gloucestershire ICB.