RCP Future Hospital

The UK Policy Landscape
Future Hospital
More than a building

Dr Anita Donley
29.09.14
Perfect storm

Rising clinical demand

Changing needs

Fragmented care

Out-of-hours care breakdown

Medical workforce crisis
Principles

Patient experience and clinical outcome

Equity over 7 days

Future Hospital is not a building

Clarity for responsibility and accountability
THE LANCET
‘Most important statement about the future of British medicine for a generation’

The King’s Fund
‘the result could be a step change in the quality of care’

The Independent
Welcome to the hospital of the future

‘...bold and refreshing’

The Times
‘Doctors propose cure for failures on wards’
Medical care where patients need it

Coordinated by one consultant

Inside and outside hospital

Where and when patient needs

No more territory

No more

“not my ward” “not a gastro, renal, neuro, surgical etc problem”
Medical care when patients need it

- Consultant presence
- Seven day
- Team rota design
- Transfer
Informed medical care

Accessible, relevant, integrated data

Single record, electronic, patient focussed

Common structure and content standards

Viewable in hospital and community
A promise to learn – a commitment to act

Improving the Safety of Patients in England

National Advisory Group on the Safety of Patients in England

Hard Truths
The Journey to Putting Patients First

Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry

A new start
Consultation on changes to the way CQC regulates, inspects and monitors care
June 2013

Royal College of Physicians | Future Hospitals

A new settlement for health and social care
Interim report
Chair: Kate Barker
Patient centred care

The Times, 29 March 2014

“Reduce night-time ward moves, orders NHS boss”
Almost half acute hospitals in deficit end 2013

3% increase nurse staff levels Sept-Nov 2013

NHSE spec services overspent by £360m 3.8% in first 9 mthhs

https://www.nuffieldtrust.org.uk/blog/are-wheels-finally-coming-nhs-finances
15% cut in real terms since 2010

QualityWatch

Focus On: Social care for older people

Reductions in adult social services for older people in England

Sharif Ismail, Ruth Thorlby and Holly Holder
£ 30 billion

Systematic improvement support for providers

Targeted resources

Political openness

Support for change
Hard Truths

“Targets or finance must never again be allowed to come before quality of care”
Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values

A mandate from the Government to Health Education
England: April 2013 to March 2015
Implementing the Future Hospital programme
2014 - 2015
A new model of hospital care

Medical Division

Acute Care Hub

Clinical Coordination Centre

Chief of Medicine and Chief Registrar
Education, training and deployment

Internal medicine - hard to do well

More recognition, appreciation and value

Training structured and across specialties

Regular review job plans, workload, financing

‘Non-elective’ medical care should be a priority
21st century hospital patients

? Is past training fit for future patient need

2/3 are over 65
1/2 over 60 have a chronic illness years
1/4 have dementia
The need to train more physicians

Physicians per 1000 population – World Health Organisation

UK – ranked 41st with 2.77 physicians per 1000 population

Source: WHO – Global Health Observatory
Double GP training places 2015
3-4% growth consultant workforce
Run through emergency medicine training
Additional 75 ACCS posts
Broad based training
Acutely ill patients
Fit to practise at graduation
Registration at graduation
Pt involvement
Generic capability framework
Goldsmiths were becoming too specialised. There were those who could engrave and ‘go no further’, and those who could gild ‘and hardly do anything else’

Some concentrated on rings, borders, chains and bracelets. Others only cut and set stones. Such specialisation would, it was feared, tarnish the goldsmiths’ reputation for all-round expertise

“...practice of the art and mystery of the Goldsmithry’ had begun to decay...”
21st century patients

Complex vulnerable patients

multiple long term needs

General medicine and medical specialties

Collaboration across all sectors

Integrated approach to all clinical, care and support needs

Health; Commissioners, providers, primary and secondary care

Social care, housing, local government
Integration?
“... the trust will not accept new GP referrals for secondary care work that could be done by neighbouring providers”

... dermatology, pain management, urology, general surgery, ... ENT”
Future Hospital Programme
2014-2017
Programme Themes

- Patient centred care
- Quality, standards, & data
- Education, training, CPD and support
- Workforce planning
- Academic Medicine & Research
- Organisational development

Development sites
Thank you!

Dr. Anita Donley

Clinical vice president

Royal College of Physicians

www.rcplondon.ac.uk/futurehospital

futurehospital@rcplondon.ac.uk