

The Role of the Hospital in an Integrated Vision of Health Facilities and Continuity of

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Centre for
Integrated Health
Care Research

- Research partnerships with acute hospital trusts, primary care trusts, public health agencies

EuHPN is:

- a not-for-profit association of European governmental departments and research organisations

- centrally interested in **capital asset investment** for health facilities

- Annual workshops, rotated around major European cities
- Member newsletter
- Website with resource centre, hosting the European Centre for Health Assets and Architecture database
- One-day seminars on topics of interest to members
- Member consultancy work

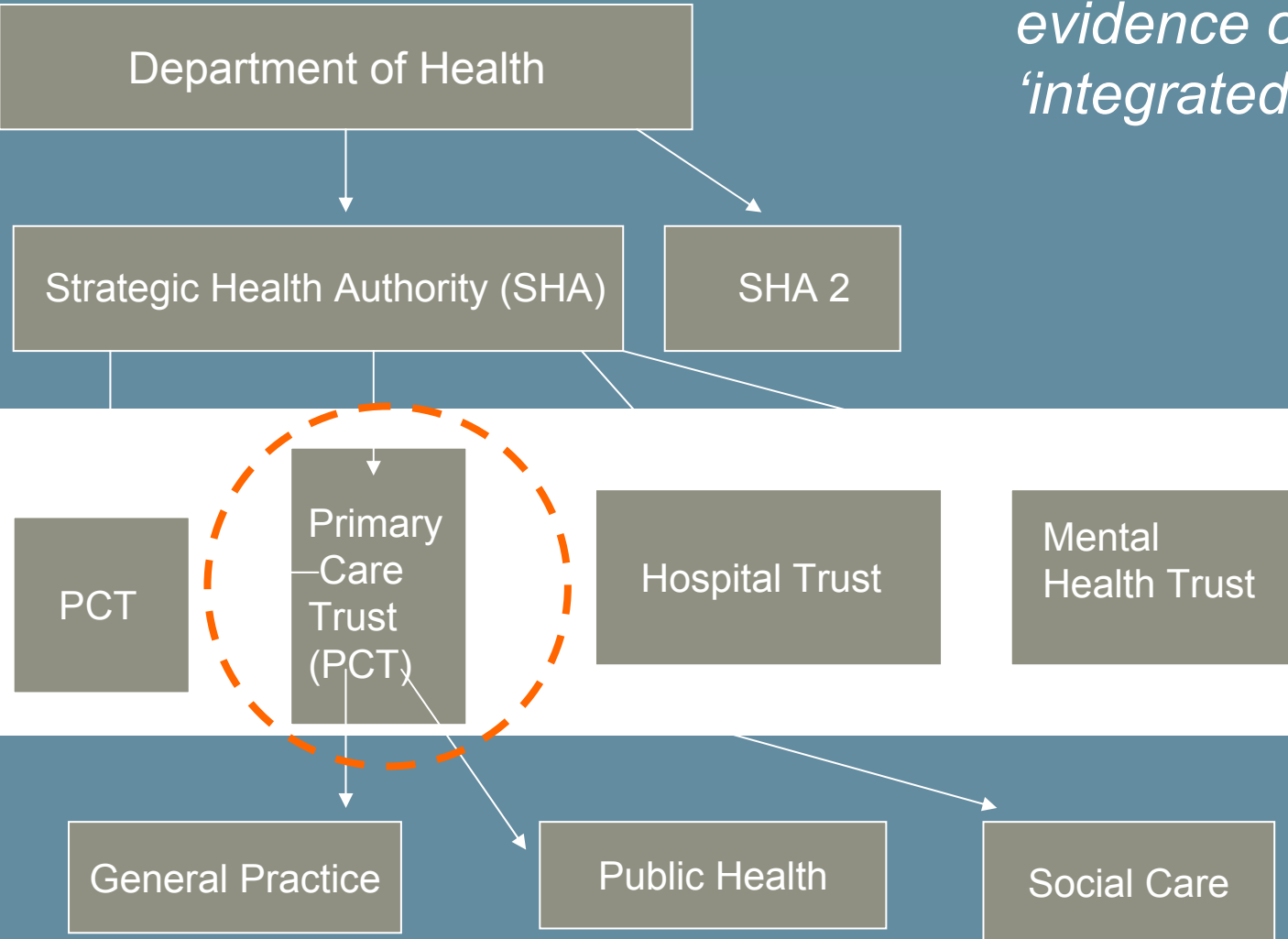
Thematic chapters

- Introduction: the hospital within the changing health care system
- Forecasting trends and structural planning
- Models of care and the future organization of clinical work
- Workforce trends
- Markets and competition
- Capital financing models, procurement strategies and decision

- Capital and the wider economic dimensions
- Strategic planning – vision, competency and risk
- Critical success factors

NHS in England

Can we see any evidence of an 'integrated vision'?



What's the problem?

- Do we have an integrated health service?
- Is there any evidence of continuity of care?
- Do hospitals understand their role?

NHS (England) - organisations each have their own objectives

Workforce loyalty lies with the employing institution

Careers are built on success in defending and growing one part of the NHS at the expense of others

There is some continuity of care, but it is fractured and piecemeal

Good for patients?

Good for healthcare workers?

Good for society?

Does this building fit into an integrated vision?



Glasgow Stobhill hospital (1904-2009)

Contrasting hospitals, built for different service and clinical models



Engraving from 1682

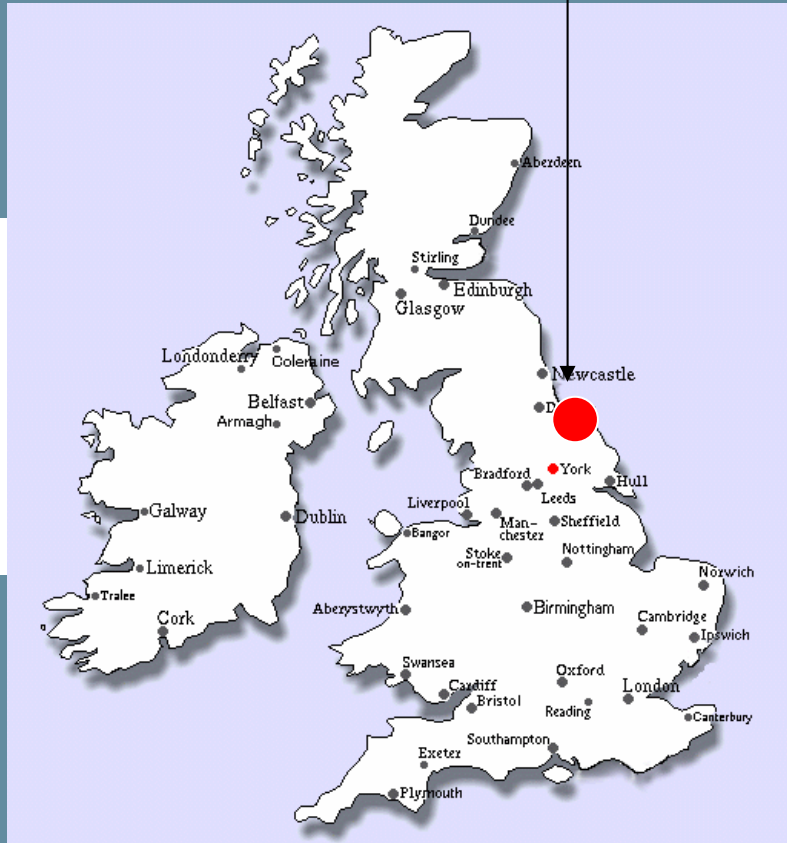
University Hospital Oslo (completed in 2000)

Signs of change? (1)

North Tees and Hartlepool NHS Trust
(university teaching hospitals)

— North Tees PCT (NTPCT)

— Hartlepool PCT (HPCT)



2 Hospitals serve a population of around 220,000

Legacy of heavy industry

Health facilities are not 'fit for purpose'

Signs of change? (2)

North Tees and Hartlepool NHS Trust is building a new hospital to replace the existing structures. Some quotes

‘The process needs to be patient centred and clinically driven...[to] ... deliver the best quality health and social care available in an

‘All services that do not need to be provided in a hospital setting should be placed in the heart of communities....’

Source: ‘Momentum: pathways to healthcare’ NTHT (2007)

Why the change in the hospital's view of itself?

- Strong local partnerships
 - Financial necessity
 - Pressure from the primary care trusts
 - Supportive clinicians
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- A sense of capital investment as opportunity – a lever for change
 - SHA support

Barriers to achieving a new vision of the hospital's role

- Finance (1) – who pays?
- Finance (s) – is the business model viable?
- Resistance from the medical profession – what happens to research and careers?

Case study examples of hospitals that view themselves as part of an integrated health care system

- Coxa, Finland
- Karolinska, Sweden
- Hospital de la Ribera, Spain

restructuring

Coxa - Finland

- Concept – integrated, whole systems care – focus on elective production (classic treatment centre principle)
- Quality driven outsourcing
- PPP vehicle to create freedoms: workforce, capital, revenue regime
 - Limited company
 - Mixed shareholding; local hospitals, private equity, local government
- Competitive tendering (cost and quality)
- Adequate debt servicing (capital and equity)
- Turnkey procurement contract
- Strong evidence of improved (comparative) performance
- Strong ICT platform

Karolinska, Sweden – hospital triggered restructure plan

- Resource driven – capital generated restructure plan
- Whole systems care models with:
 - Role delineation, resizing
 - ICT platform
 - Care in community – teleportal to telesupported delivery
- Commissioning led, integrated care contracting – staffing

- Design
 - Competition
 - Iconic status
 - Generality and flexibility - adaptability
 - Urban regeneration
- Procurement – aversion to PFI

Hospital de la Ribera, Spain (Alzira Model)

- **New entry PPP – full service model**
- **New ‘greenfield site ‘operation**
- **Phase 1**
 - Episode measured services within a capitation funding model – high financial risk
 - Initial 10 year concession – Euro 61 ml cap cost
- **Phase 2**
 - Unrestricted entry to full community (p.c) and hospital service
- **ICT platform to outreach diagnostic / treatment services**
- **Whole systems integrated (vertical) care planning**
- **Workforce freedoms and engagement**
- **High visibility clinical governance**
- **High risk business model – requiring sophisticated ‘return on investment’ know how**

Maasland Hospital, Sittard, Netherlands

- Acute sense of future business strategy and risk
 - Systemisation of care – the main plank of business planning and management
 - Design synergy built on 200 care pathways (80/20 principle)
 - Premium paid for design adaptability
 - Clinician engagement
- Workforce reductions planned – capital replacing labour

- Lateral business opportunities

Northern Ireland – population based structural planning

- Population focussed and informed reinvestment plan – improving health status
- Translation of capital need based on integrated care models
- Procurement - in transition towards PFI
- Benefits from small and cohesive population
- Aim of improving synergies - capital, workforce, ICT

Some Conclusions

There has been a change in the perceived role of the hospital, in the face of evidence of the advantages of whole systems, integrated health care.

However, different regions are experimenting with different models, driven by a range of pressures and in response to different clinical, political, social, and financial demands.

Critical success factors in making hospitals efficient and effective elements in

- Modern IT platforms
- An understanding of the benefits of integrated care pathways
- Convincing the public of the need for a new model of acute, hospital care
- The right legislative and administrative structures
- A change of culture – clinical and managerial

Thank you

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