

# The Future Hospital

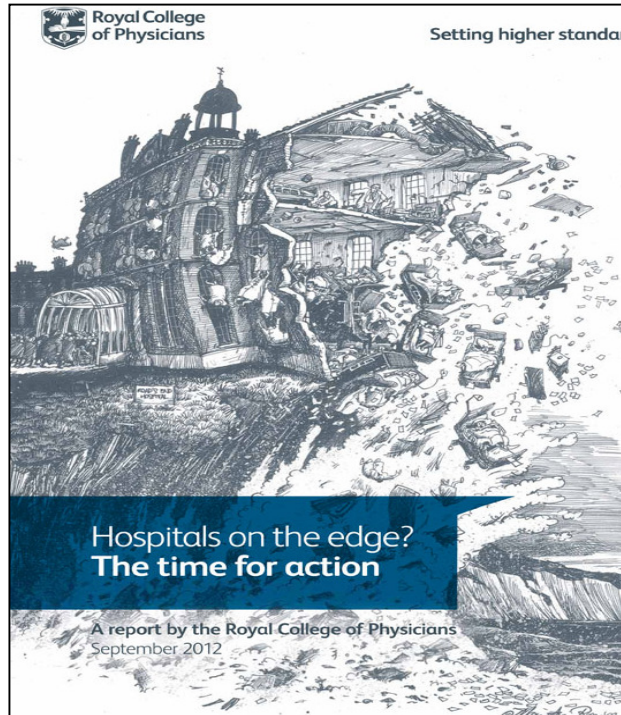
## Royal College of Physicians FH Programme:

EFIM Day, Brussels 19<sup>th</sup> June 2015

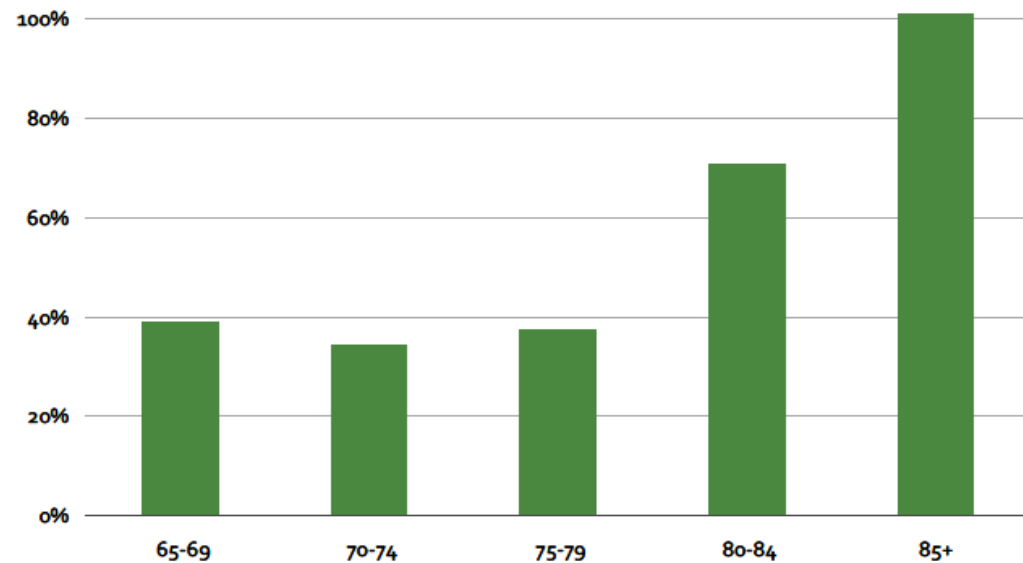
Dr Mark Temple  
Future Hospital Officer, Royal College of Physicians

Prof Jane Dacre  
President, Royal College of Physicians

# Context for FHC



Growth in the number of older people in England 2010-2030



65% increase admissions age >75  
Age >65 = 70% of bed days  
25% of all in patients have dementia

[31% age 18-59]  
LOS age > 85 4x that of <65



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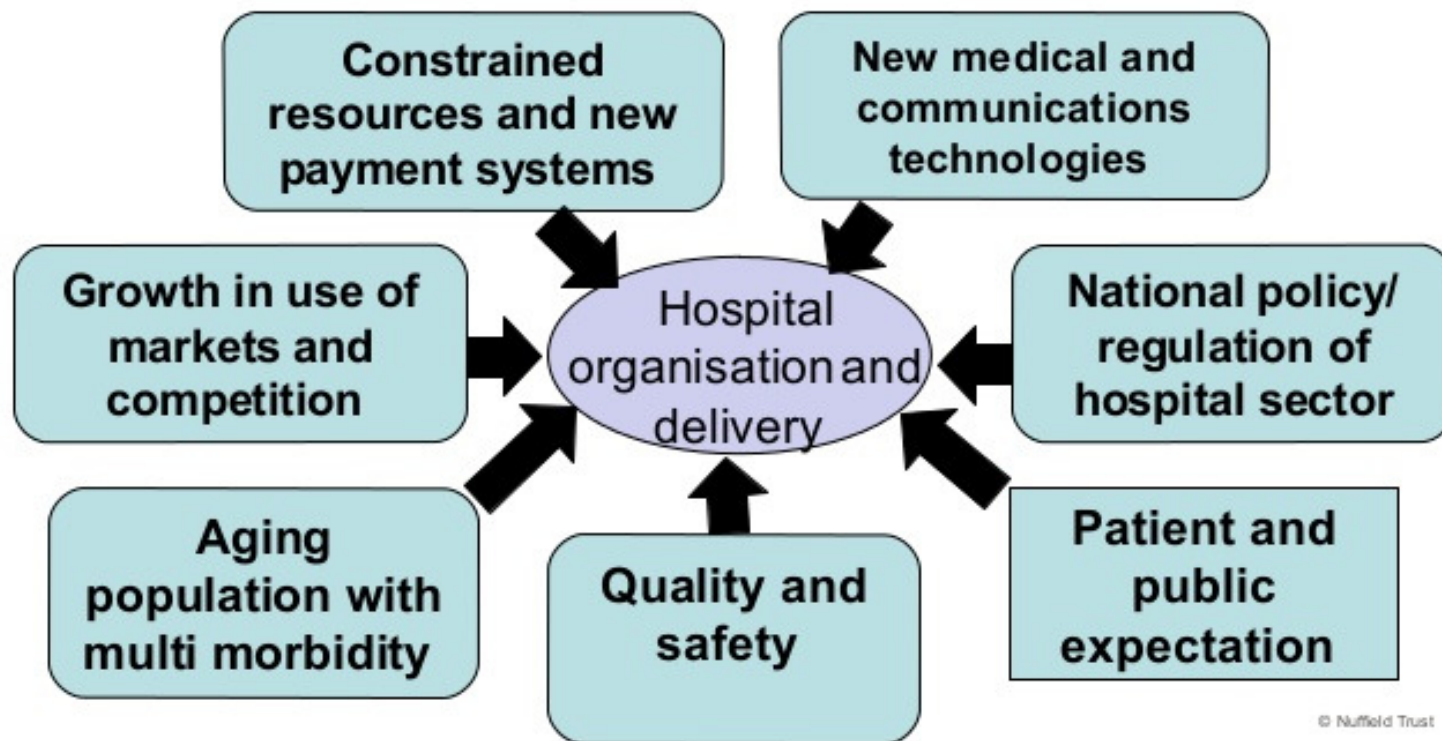
# Drivers for change in hospital services – Europe

Euro-summit future of hospital services 2014

evidence for  
better health care

nuffieldtrust

## Multiple drivers of change in hospital care



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# Drivers of change in hospital services (UK)

## **Changing patients, changing expectations, demand**

37% rise in acute admissions over 10 years

## **Quality and Safety: Fractured care**

Mortality greater for weekend admissions

## **Constrained resource – limited public funds for healthcare**

## **Workforce & recruitment**

27% of IM trainees work: unmanageable

# What does the FHC report cover?

5 work streams - 23 case studies best practice (print, on line, video)



## **Organisation of medical care and teams**

Organised around the needs of patients/close to home

## **Education, training, deployment of medical staff**

## **Building a culture of compassion and respect**

Value patient experience as much as outcome

## **Management, economics and leadership**

## **Information systems**



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# Principles underpinning the future hospital

1. Fundamental standards of care must always be met
2. Patient experience as important as clinical effectiveness
3. (Ward, hospital) transfer only for necessary clinical care
4. Good communication with/about patients is the norm
5. Robust arrangements for transferring of care - in place
6. Care designed to facilitate self-care & health promotion



# A new model of care

## Medical Division

- Specialist medical services in hospital and community
- Strong specialty AND generalist care
- Identify gaps – vulnerable patients
- Led by **Chief of Medicine**
- **Chief registrar:** insight : handover/rota / ward safety 24/7

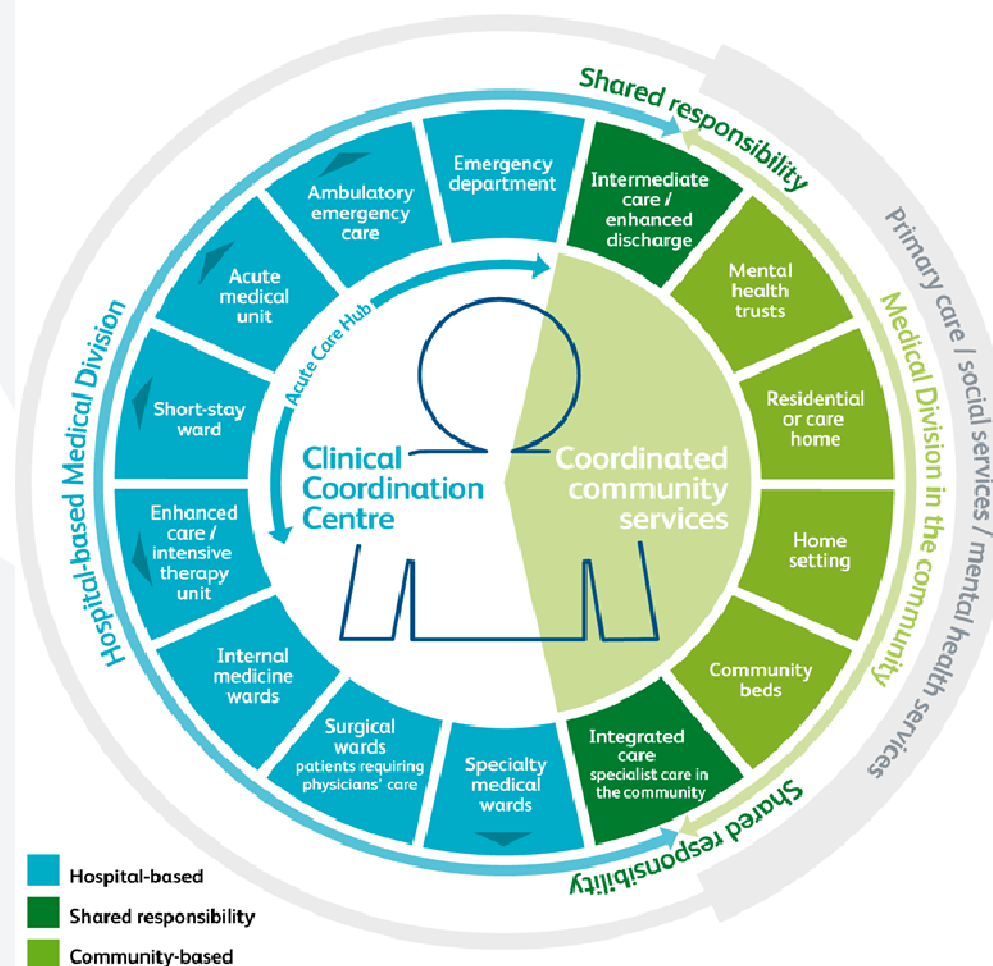


Fig 1. The Medical Division remit: circle of patient-centred care.

Directional arrows (in the hospital-based Medical Division) denote areas of the future hospital where patients may be referred on to tertiary specialist care.

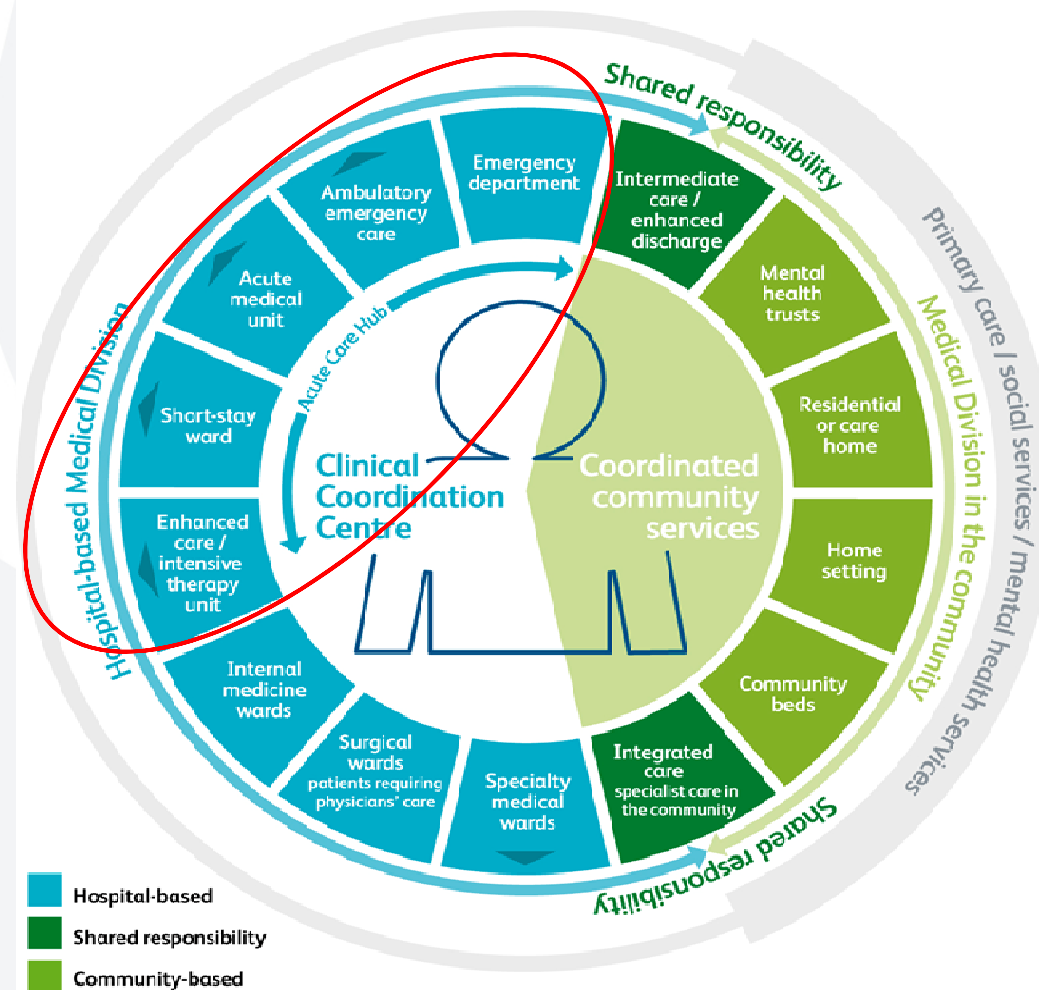
# A new model of hospital care

## Acute Care Hub

- Co-locate Acute Medical Unit, High dependency level 1-2, Ambulatory care, short stay
- Stabilise acutely ill patients, focus on first 24/48h
- Organise Care & teams to maximise continuity

## Supported by:

Clinical Co-ordination Centre





## Future Overview: Recommendations for staff – organisation & training

- Patient at centre of healthcare - patterns of staff working to fit
- Stable medical teams – particularly for acute care:
  - Deliver continuity of care
  - Training environment – feedback & safety
- Balance specialist & generalist care
- Train staff to support pt needs
  - Care close to home
  - Elderly care expertise for all

# FH Programme

## Commissioned - within RCP (1)

### Patient centred care:

- Shared decision-making & supporting self-management
- Transition care young adults/ adolescents 16-24

### Communication technology

- Develop informatics for ambulatory emergency care
  - Health informatics unit, Computer Science Swansea

## FH Programme Commissioned - within RCP (2)

### Academia

1. Report reviewing: “integrated care” models (175)
2. Oxford: test integrated organisation model

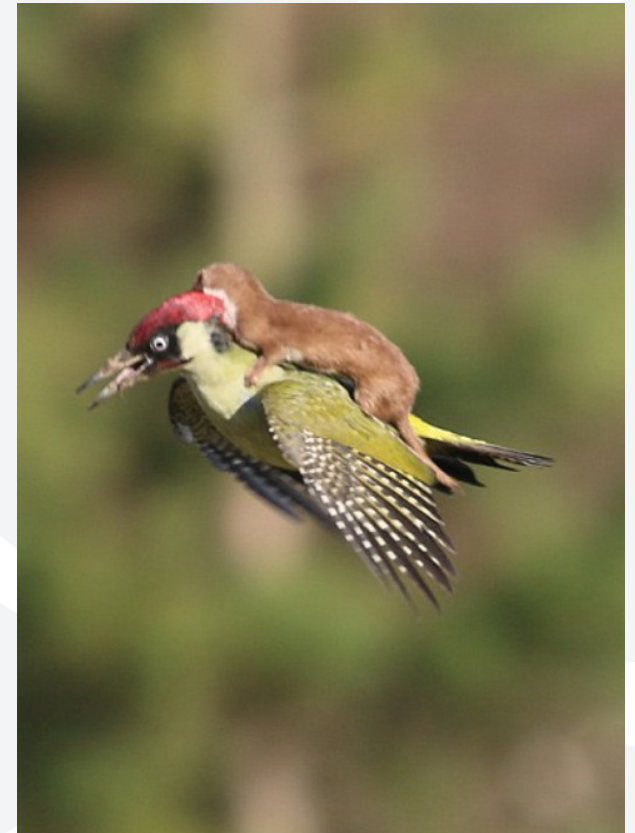
### Workforce

- Develop “Chief registrar” post – 1 year post (ST6/7)
- Physicians Associates
- Enhance status : “Specialty of Internal Medicine”

# Development sites - FHC from page to practice

## Aims:

- Show: how recommendations translate into practice
  - What works/doesn't
- Demonstrate service change is possible
  - Enthusiasm, commitment, expert support
- Identify & promote existing good practice
- Review recommendations/priorities
- Share learning, debate & champion FH



# FH Programme development sites

## What makes a FH service improvement project?

- Aligned with principles of FHC
- Patient at centre of project :
  - Planning, implementation, impact of service change
  - Patient experience at core of evaluation - “as important as outcome”
- Collaborative partnership with RCP and others

## The first 4 sites – 2014





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Link: <https://www.rcplondon.ac.uk/projects/development-sites>





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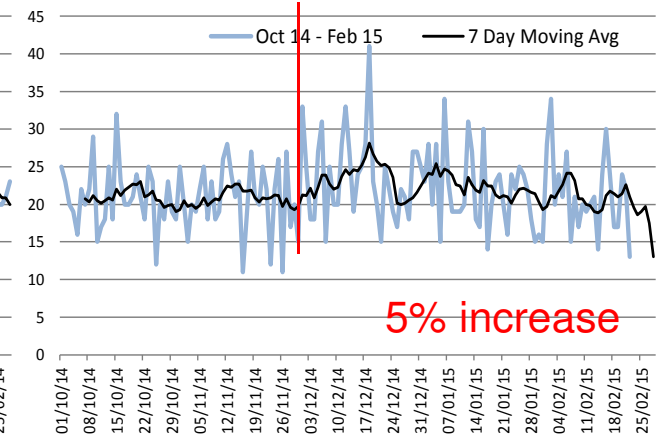
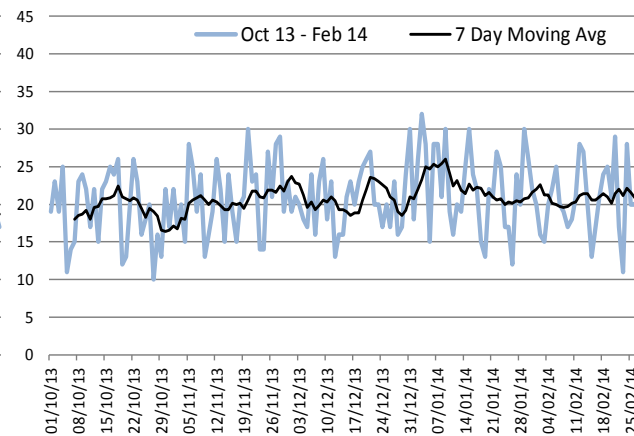
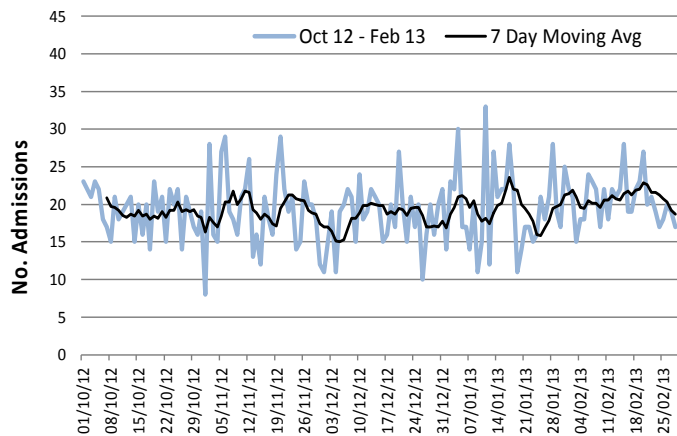
# FHP development sites : evaluation

The Future Hospital Programme will evaluate key aspects of the development sites:

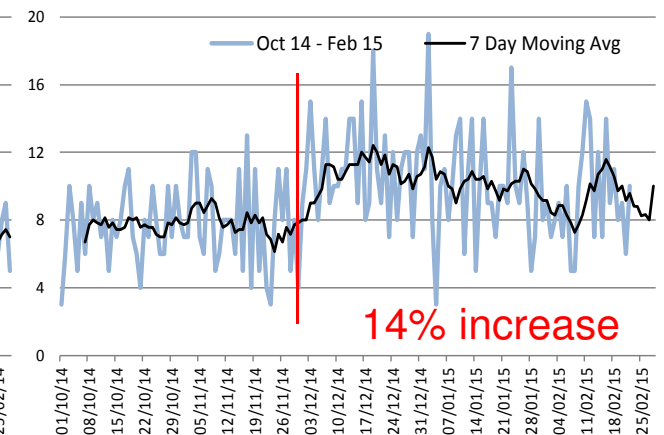
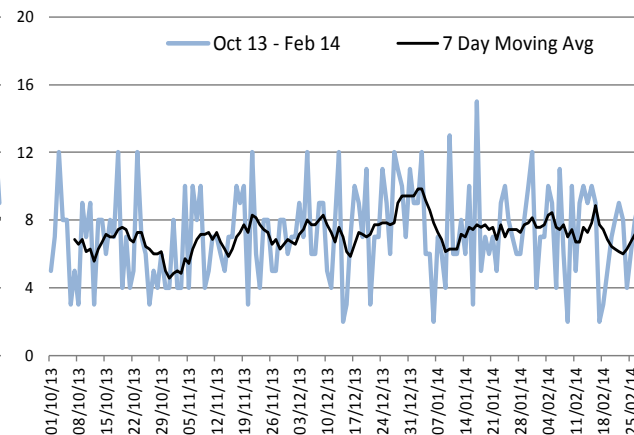
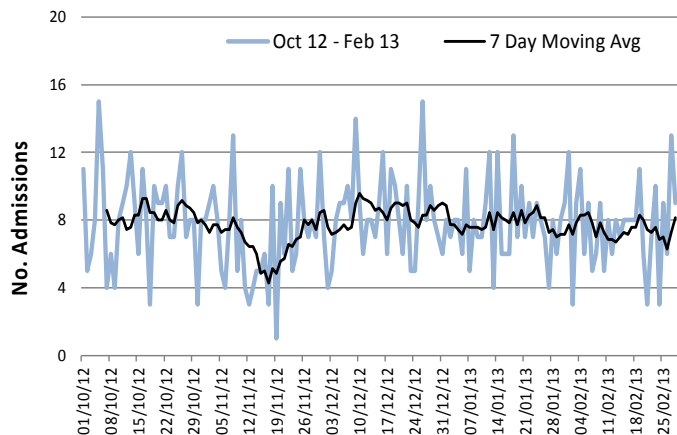
- Clinical processes (including admission rate and length of stay)
- Patient experience
- Staff engagement
- Organisational capacity for change (QIIS)
- Health Economic analysis, sustainability

# Admissions: Worthing

Emergency Medical Admissions



Emergency Dome Admissions



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Western Sussex Hospitals **NHS**  
NHS Foundation Trust

# Summary

- Future Hospital Report highly influential
- Implementation progressing well
- Sites – comprehensive evaluation key
- Potentially transformational for patient care
- Tell us your story & join our partners network



Care should come to the patient & be co-ordinated around their medical and support needs – RCP *Future Hospital Commission*

**The future hospital :**  
**A few of these patients ...**



**& lot of these ... restore & maintain optimal health at/ or close to home**



# Get in touch

- Contact us:  
[futurehospital@rcplondon.ac.uk](mailto:futurehospital@rcplondon.ac.uk)
- Future Hospital Journal  
<http://futurehospital.rcpjjournal.org/>
- Tell us your story  
<https://www.rcplondon.ac.uk/projects/future-hospital-tell-us-your-story>