The Future Hospital Journal of the Royal College of Physicians: Extending the mission

Welcome to the first issue of the *Future Hospital Journal* of the Royal College of Physicians. It is both an honour and pleasure to introduce an initiative designed not only to promote and develop the contents of the RCP report *Future hospital: caring for medical patients*, published in September 2013, but also to publish original research, reviews, guidance and opinion concerning innovation in systems of clinical practice, administration and management, and the organisation and delivery of health care. In our three editions per year, we aim to promote balanced and responsible debate regarding these issues among the fellows and members of the RCP, and to communicate innovative ideas to clinicians, technical and administrative staff and managers, patients and carers, and those engaged politically in providing and developing current and future healthcare systems. Above all, the editorial board hopes to carry out its mission in a manner that informs, stimulates, and entertains its readers.

The task we face in improving healthcare through this medium is significant. At its birth in July 1948 the NHS assumed control of around 480,000 hospital beds, employed 5,000 consultants and in its first 12 months cost the nation £248 million to provide comprehensive healthcare free at the point of access to around 50 million people. Even from the perspective lent by 66 years, radical changes have occurred since this modest nativity. Indeed, Westminster no longer even presides over a truly national health service, responsibility for which has been devolved to Wales, Scotland and Northern Ireland; and in England to Foundation Trusts, or the Trust Development Agency. Indeed, the powers of the current secretary of state to close even a single accident and emergency department appear to be curtailed by legislation designed to free the modern NHS from central control.[1] Second, in England alone a consultant body now 40,000 strong[2] is today required to care for 53 million citizens at a cost of £95.6 billion (2012–13), albeit with access to far fewer beds (136,487).[3]

Despite such a shift towards local ownership and governance, and expansions in human and financial resources, failures of care occur such as those clearly and painfully detailed by Robert Francis in his report on the Mid Staffordshire NHS Foundation Trust.[4] Further, we are confronted by a service under increasing strain, characterised by an apparently inexorable rise in emergency hospital admissions, particularly of frail, elderly inpatients with cognitive impairment and multiple other comorbidities. This demand-side nightmare is set against poor continuity of care and deficiencies in out-of-hours services and the prospect of restricted funding, with some £20 billion to be removed from the healthcare budget by 2014.[5] A looming medical workforce crisis in which trainees working towards careers in hospital medicine regard appointments involving the delivery of acute medical services as being something to avoid rather than relish completes the picture of a service in crisis.

In this unpromising environment the RCP established the Future Hospital Commission (FHC) to identify and propose solutions to at least some of these problems.

The Strategic Board of the FHC was chaired by Sir Michael Rawlins and I led the Operational Steering Group. Five workstreams (patients and compassion, place and process, people, data for improvement and planning infrastructure) were identified for close scrutiny. In each case, experts from both the RCP and elsewhere in the clinical community, accompanied in all cases by representatives of patient and carer groups, sought evidence of best practice. A year later, oral and written evidence gleaned from 650 individuals and groups via a dedicated website, multiple stakeholder events and some 50 site visits was assembled into a 184-page report, launched amid significant media interest in September 2013.[6,7]

The principal findings and recommendations included the following. First, healthcare systems should be developed and primary care, secondary care and community and social services integrated within a specific geographical area. These would be governed by 'citizenship charters', a term used to define a responsibility for the quality of basic care provided throughout the care pathway, coupled to a contractually enforceable obligation to take action wherever inadequacies emerge.

Second, the FHC argued that care should be delivered in or as close to the patient's home as possible, with clinicians spending part of their time working in the community; optimising the care of patients with long term conditions and preventing acute crises should be a particular pre occupation.

Third, the report recognises that the range of services and expert staff needed to treat patients across the spectrum of all clinical conditions on a seven-days-per-week basis is huge and would mandate 'hub and spoke' systems based upon hospitals, but coordinated across health economies and dependent on collaboration. In many areas, it is probable that the health economy will be served not by a number of district general or teaching hospitals working semi-independently, but by a smaller number of acute centres hosting emergency departments with trauma services, acute medicine and acute surgery. These would be surrounded by intermediate hospitals which will contribute to step-down inpatient and outpatient care, diagnostic services and increasingly close integration with the community.

Fourth, a single, unified medical division will assume clinical, managerial and budgetary responsibility for hospital in-patient beds, with access to relevant diagnostic and laboratory

facilities, intensive care, mental health and palliative care services and with clinical responsibility extending outwards to community-based systems including virtual wards, admission avoidance schemes and post acute community- or home-based rehabilitation/recuperation services. Led by a chief of medicine with professional, budgetary and administrative authority, the medical division will take an overview of the individual needs of all patients both in hospital and within relevant parts of the local health system. Information technology and other systems will be needed to facilitate effective information exchange, both clinical and administrative.

Finally, a focus on preventing crises in health and personal care provision, by promoting self-care and by optimising contact with primary care during periods when increased clinical, physical, social and psychological support is needed, must also become a healthcare priority. For the patient who presents as an emergency in the future, a key question must be 'can this patient be managed in the community?'

The scale of these suggested changes will seem daunting. However, many of the ideas put forward by the FHC emerged from examples of good practice already implemented by clinicians in all parts of England and Wales. Its recommendations therefore need to be adapted by those with knowledge of their own health economy and communities, and fundamentally to the specific needs of the patients they serve. Feedback from the RCP's research panel survey of members and fellows in October 2013 suggested over half were already familiar with the report published a month earlier, and 80% of these agreed with the recommendations that emerged. They recognised the need for seven-day working, and felt staff are committed to improving quality. Less satisfactorily, robust systems for the transfer of care are not always in use, and there is a perception that the numbers of both junior and senior staff in place at weekends is inadequate. These views reinforce the need for extending the work of the FHC. They imply that tough decisions lie ahead; reconfiguration not only of service provision but also of education and training of medical staff will certainly be needed.

The FHC's report showed just how innovative clinicians and others in the UK healthcare community can be in developing the necessary tools to achieve the improvements in healthcare provision that are needed; identifying and publicising these is the business of the *Future Hospital Journal*. We aim to bring informed opinion to you not only from the UK but well beyond, each issue of the journal therefore bring to you a mix of editorial and personal opinion and experience, peer-reviewed papers and case studies of innovative practice. Each will also contain a series of perspectives surrounding a specific theme. For this inaugural edition we have chosen to focus upon medical education, which we believe will undergo radical changes consequent upon the publication of the Greenway report,[8] the findings of which in many ways complement those of the FHC. To that end we publish viewpoints from three eminent deans: one each from a UK and US undergraduate medical school, and one supervising postgraduate training in a Local Education and Training Board (LETB). We also sought ideas from a current trainee familiar with the FHC report. Finally, this section contains the first offering in our series of 'Future Hospital Forums', edited by our own 'Prospector', who provides an authoritative commentary on the most pertinent recent publications within the chosen theme.

We hope the Journal will not only enable our readers to benefit from each other's experience and innovation, but also help them assist their patients in the most caring and clinically effective means possible. However, the *Future Hospital Journal* will only manage to achieve its mission if you send us your own contributions (visit www.rcplondon.ac.uk/resources/future-hospital-journal/contributions to find out more) to help us showcase the best of opinion and practice and send us letters and comments on the articles you read (by email to FHJ@rcplondon.ac.uk or by post to me, care of the Publications Department, at the main RCP address). Don't hesitate to do so. ■

References

1 Donnelly, L. Landmark ruling says hospital closure unlawful. *Daily Telegraph*, 31 July 2013.
2 National Audit Office. *Managing NHS hospital consultants 2013.* London: NAO, 2013.
3 NHS England. *Bed availability and occupancy data, Quarter 1, 2013–14.* London: NHS England, 2013. Available online at www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/. [Accessed 11 February 2014].
4 Francis R (Chair). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.* Available online at www.midstaffspublicinquiry.com/news/2013/02/publication-inquiry-final-report. [Accessed 11 February 2014].
5 The Economist. Honey we shrunk the hospital: The next challenge for the NHS. *The Economist*, 1 October 2011.
6 Future Hospital Commission. *Future hospital: caring for medical patients.* A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013. Available online at www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf. [Accessed 11 February 2014].
7 Horton R. Clinical leadership to improve health outcomes. *Lancet* 2013;382:1483–4.
8 Greenway D and the Shape of Training Review. *Securing the future of excellent patient care - the final report of the Shape of Training Review.* Available online at www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf [Accessed 11 February 2014].

Timothy W Evans