

Introduction to the Future Hospital Programme

About this section

This part of the Future Hospital Journal is where you will find regular overview updates on progress made by the Future Hospital Programme of the Royal College of Physicians, together with its partners, in realising the vision of the Future Hospital Commission.

We very much welcome your feedback. If you have any comments, or would like to be involved in the work of the Programme, please contact futurehospital@rcplondon.ac.uk.

It gives me real pleasure to write this introduction for the inaugural issue of the *Future Hospital Journal*. We hope that this new publication from the RCP provides a platform for those committed to improving, designing and delivering medical care that meets the current and future needs of patients and the public.

In September 2013, the RCP published the report from the Future Hospital Commission.¹ *Future hospital: caring for medical patients* laid out a vision of how hospital services can adapt to meet the needs of patients now and in the future. Spurred by evidence published in *Hospitals on the edge*,² the Commission sought to address how the delivery of medical care needed to change to avoid a looming crisis in our hospitals and to ensure the highest quality patient-centred care.

What emerged from the Commission was a compelling and ambitious report, welcomed across the professional, political and policy community. The report set out a radical new model of care designed to encourage collective responsibility for the continuing care of patients across professions and healthcare teams. Despite its title, it goes far beyond the hospital, considering how medical care extends into the community and interacts with primary and social care.

The Commission urges us to think very differently about the way we deliver care for the acutely ill, train and plan our workforce, communicate with our patients, and work with our colleagues in primary and community care. It poses professional challenges, many of which have been picked up by the physician specialties. Together with the specialty societies and associations, the RCP will pursue how the highest standards of specialist medical care can continue within the future hospital framework.

Importantly, the RCP has committed to leading the realisation of the vision of the future hospital. The Future Hospital Programme has been established to support the implementation of the Commission's recommendations. The work will be led by Dr Mark Temple, Future Hospital officer, with the support of a dedicated staff team. Leadership of the

Programme will come from an internal Board, whilst strategic advice will be provided by a group of external stakeholders representing the broad interests and expertise involved in delivering the future hospital.

Central to the Programme will be our Future Hospital Partners. During 2014, we will be developing partnerships to build on the good practice examples already highlighted in the Commission's report. We will seek out services and organisations working innovatively within one of the priority areas outlined by the Commission. We will learn from these organisations and publish their work so that others can learn from them as well.

In addition, we are currently recruiting a small number of organisations where a clinical team is committed to implementing an innovative project aligned with the vision of the future hospital and the RCP. These development sites will need to demonstrate (among other criteria) clear professional leadership, Board engagement and strong patient involvement. In some cases, the organisation will already be making strides in delivering the core principles of the future hospital – for example, exploring 7-day working, integrating services with community providers, developing acute outreach, or improving continuity of care – and they will be challenged to spread and sustain their success. We will supply the sites with access to leading experts in quality improvement methodology and support the organisations to form a network to enable the sharing and cross-fertilisation of ideas and innovation.

Our partners will help us promote the future hospital model. They will illustrate how the future hospital can be realised in practice and demonstrate that change is both needed and possible. This work will generate further discussion and debate about the future hospital and highlight where we need to attempt to influence changes at a national level. The leadership of professionals and active engagement of patients across the Programme are, we hope, the critical differences to ensure that this improvement programme is one with traction and demonstrable benefits. We look forward to working with all of our partners and to learning with them and from them.

We continue to build on the considerable interest and enthusiasm the report generated amongst national stakeholders. The themes of the Commission resonate with a number of programmes of work being led nationally and offer opportunities for the RCP to build partnerships to further the themes of the report.

The Programme also continues to work on the priority areas laid out by the Commission: patient centred-care, internal and specialty medicine, education and training, quality, standards and data, and the medical workforce. Many of these areas are already core business at the RCP and we are working with colleagues to ensure that the Future Hospital Programme can promote and further the leading edge work happening across the organisation.

The input, support and constructive challenge of our fellows and members will be vital to maintain both the momentum and the credibility of the Future Hospital Programme. The team will be using multiple opportunities to engage you in the work, not least at the first RCP annual conference in March 2015. I will also be using this slot in the Future Hospital Journal to keep you up to date with progress on the Programme. We always welcome your feedback and you can get in touch with the programme team on futurehospital@rcplondon.ac.uk. I look forward to hearing your views.

I hope that you enjoy the articles presented here in the *Future Hospital Journal* and that this and future issues inspire you to lead change in your own organisation, and in turn share your experience in the pages of Journal. ■

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References

- 1 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.
- 2 Royal College of Physicians. *Hospitals on the edge? The time for action*. London: RCP, 2012. Available online at www.rcplondon.ac.uk/sites/default/files/documents/hospitals-on-the-edge-report.pdf

Future Hospital update from Wales

In Wales, where we have a large rural population, a growing public health crisis, and real terms cuts to the health budget, recent attempts to redesign NHS services have been met with a media storm, angry patient group protests and bitter political squabbling. Recently, the row has spilled over the border, and with a general election only months away, the Welsh NHS is, for the first time ever, a regular reference point during Westminster debates.

In the past year, stories of poor patient care and higher than expected mortality rates at some hospitals have led to claims of a ‘national scandal’ from prime minister David Cameron. The health secretary in England has suggested that the Welsh Government is ‘sleepwalking into a Welsh Mid Staffs tragedy’. The Welsh Government have called these accusations ‘utterly unfounded’, pointing to a recent Nuffield Trust report which suggests outcomes in the NHS in Wales are broadly in line with the rest of the UK, or have improved to a ‘similar level to England’.

Since devolution, the health service in Wales has followed a different path to England, abandoning the plurality of competitive providers, and rejecting the internal market. Instead, seven local health boards (see Fig 1) plan, secure and deliver primary, community and secondary care services for around three million people, with a focus on integrated care and collaborative working. In 2011, as budget cuts across the UK were announced, the Welsh Government asked all local health boards to publish new plans for ‘sustainable services for all communities’. In practice, this has meant the concentration of some specialist services in regional ‘centres of excellence’. After a long period of consultation, three sets of plans have now been published in north Wales, west Wales and south Wales.

In north Wales, the health board published its proposals for community services, neonatal intensive care, older people

with mental health needs, and vascular services in January 2013. Some of these decisions were referred back to the health minister by the community health council, but a final agreement has since been reached, and the Welsh Government has confirmed that it will be working with other public bodies in north Wales to overcome local transport issues. However, the health board has not yet published its proposals for the future of acute medicine, despite the minister admitting in a recent media interview that A&E units in north Wales are now under review.

In west Wales, the process has been even more difficult. Some of the original proposals for emergency medicine, neonatal, maternity and paediatrics services published by the health board were rejected by the community health council, and in response, the minister established an independent scrutiny panel to consider the issues. At one hospital, the panel supported the replacement of a consultant-led A&E department with an emergency nurse practitioner unit, supported by GPs, a solution which is now being taken forward.

However, on some aspects of the proposals for neonatal services in west Wales, the panel was unable to reach a clear conclusion. It reported that without clear and definite plans for obstetric and midwifery services, it could not agree plans for neonatal services. The minister asked the health boards to carry out further work; he later announced that a final set of plans had been agreed, with a ‘phased introduction’ of centralised consultant-led neonatal services at one hospital in west Wales. He also announced an independent evaluation would be carried out a year later.

In south Wales, five health boards serving almost 2 million people came together with the Welsh Ambulance Service to work collaboratively on proposals for reconfiguration. In March 2014, despite widespread political and public opposition, it