

Update on 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.

Introduction

The Future Hospital Programme (FHP) continues to gain momentum as it works to realise the RCP's vision for how hospital services can adapt to meet the needs of patients now and in the future.

Building on the commitment of the two presidents of the RCP and the RCGP to work together to take forward the integrated care agenda, this edition of the FHJ provides an in-depth focus on this issue. On behalf of the FHP, RCP fellow Anne Dornhurst is leading a comprehensive review of integrated care work, intended to support physicians and the medical specialities in developing integrated care services locally; we look forward to the publication of her team's full report in the summer, and in the meantime an update on their work is published in this section.

The FHP has also recently launched 'Tell us your story', an initiative to capture case studies illustrating innovation aligned to the Future Hospital principles. This new initiative will be a key part of the Future Hospital Partners Network – designed to build a community interested in exploring new ways of delivering patient-centred care.

Future Hospital development sites

The FHP is working closely with four development sites that are committed to the vision of the future hospital and are putting its principles into practice. In March, clinical teams from all four development sites met at one of the sites, Pinderfields Hospital, for a learning event to share their experiences, data and lessons learned to date. There was a focus on establishing metrics that can provide data for analysis on both local and national levels, enabling the evaluation of organisational culture, staff engagement and patient experience, as well as local service metrics.

The development site representatives went on to attend the inaugural RCP annual conference, 'Delivering the Future Hospital'. A film showcasing their work was launched at the

conference and can be viewed on the FHP pages of the RCP website (www.rcplondon.ac.uk/projects/development-sites).

Betsi Cadwaladr University Health Board is assessing the impact of telemedicine to improve integration of community and hospital services, holistic care and to reduce travel time to attend hospital appointments for selected frail, elderly patients in rural communities. Virtual clinics have been set up in the community (Fig 1a), with an advanced nurse practitioner attending each appointment with the patient. Initial feedback from patients has been extremely positive, with a marked reduction in travel time and rationalisation of multiple follow-up appointments in secondary care.

The team at Mid Yorkshire Hospitals NHS Trust has placed enhancing the care of frail older patients at the centre of the reconfiguration of acute services across three hospital sites. On the Pinderfields site the impact of rapid assessment by elderly care physicians on admission aversion and reducing length of stay is being assessed. This approach is linked to proactive intervention by therapists and social workers, with enhanced specialist services assessing patients at home and in care homes. Plans to open a dedicated older people's assessment unit are well advanced, underpinned by a comprehensive seven-day specialist service.

The focus of the team at Royal Blackburn Hospital is to enhance the care of frail older patients in the community with fully integrated teams, including mental health and social services. Specialist expertise is provided by the establishment of a dedicated multidisciplinary team (consultant, nurse, therapists and social workers). A starting point for this work was a detailed review of case notes for those frail older patients with longer lengths of stay in hospital and multiple readmissions, allowing assessment of where and when in the patient pathways elderly care services could be best directed.

Worthing Hospital opened a new emergency floor in early December 2014 designed to assess and manage patients on acute medicine, frail elderly and surgical pathways. A large ambulatory care unit is available to patients from all pathways with physicians taking the lead to ensure patients can return home safely with complementary decision making by acute physicians, geriatricians and surgeons (Fig 1b shows a multidisciplinary team meeting underway). In common with all the Future Hospital development sites, Worthing experienced an unprecedented increase in acutely ill patients presenting to hospital during the winter months, with a 14% increment in admissions of patients aged over 75 in December compared with the previous year.

Tell us your story

The RCP Future Hospital web pages have recently been updated, making it easier to find out more about the range of FHP projects, including the four development sites, details on



(a)



(b)

Fig 1. Future Hospital initiatives underway at development sites.
(a) Telemedicine at Betsi Cadwaladr University Health Board. (b) Multi-disciplinary team meeting at Worthing Hospital.

the young adults and adolescents project and our work relating to shared decision making.

At the heart of the FHP is our partnership network of peers, experts, academics, organisations and patients who are all committed to the realisation of the Future Hospital. We are keen to grow this network and showcase examples of best and innovative practice to improve patient care. We are doing this by asking people to share their stories, which will inform thematic reviews and may be featured on the RCP website as exemplars of FHP principles and recommendations in action.

If you have been involved in the development and delivery of an innovative service aligned to the Future Hospital principles we would like to hear from you. (The Future Hospital principles can be found in the Future Hospital Commission report¹ and the 50 recommendations are also available as a single document.²) Visit www.rcplondon.ac.uk/FH-tell-us-your-story to download the 'Tell us your story' form or contact us directly on futurehospital@rcplondon.ac.uk.

Communications and engagement

In February, the clinical lead for the Royal Blackburn Future Hospital development site, Dr John Dean, spoke at an event organised by the All-Party Parliamentary Health Group

alongside the RCP president and the chair of the RCP's Patient and Carer Network (PCN). This seminar, entitled 'Fit for the future? Hospitals in the 21st century', was held to look at the future of the hospital sector.

Dr Mark Temple spoke at the north Wales Future Hospital Symposium in February, along with members of the RCP Wales team and the PCN representative for Betsi Cadwaladr. There were some excellent discussions and it was very refreshing to hear delegates focusing on solutions. The plenary speakers and workshops provided a broader context within which to set out not only the RCP Future Hospital vision, but also the realities (problems, challenges and opportunities) of developing primary, secondary and community services in this part of Wales.

The RCP hosted its annual Lords' breakfast in March with members of the House of Lords. This event provides an opportunity for RCP senior officers to meet with a range of lords and discuss the major issues affecting the RCP's members and fellows. As a speaker at the breakfast, Dr Anita Donley presented the FHP's objectives and work to date.

Patient involvement

In February, the RCP hosted a workshop for PCN members and representatives from specialist societies, which explored the Future Hospital Commission report's recommendations that hospitals should seek patient involvement in the identification of research questions and when conducting research studies. The attendees heard what a future hospital fully committed to research would look like in practice. The workshop participants emphasised that patients can help to ensure that outcome measures are meaningful to the patients ultimately benefiting from the research. They also discussed how patient involvement can add value throughout all stages of research, from improving the design of research and supporting recruitment of participants, through to analysing and communicating results. A summary report is being prepared to share the learning from this event.

The shared decision making and support for self-management project, led by Nick Lewis-Barned and funded by the Health Foundation, is continuing to support the implementation of partnership working with patients into clinical practice. The project team are looking at how shared decision making can be assessed as part of the MRCP(UK) PACES communication skills and ethics stations. Nick is also supporting physicians who are looking to embed shared decision making in their own services.

The young adults and adolescents transition project is gathering good practice examples and looking to showcase different approaches to transition services. In April, Dr Andrea Goddard, the RCP's Wolfson clinical fellow, led a discussion on communication skills as part of a RCP 'teach in' on transition. The project team is also developing a toolkit for physicians on delivering acute care for young adults in adult settings.

Next steps

If you are planning to implement changes aligned with the Future Hospital Commission recommendations and would like to work with the RCP, you can apply to the Development Site Partnership Programme. If your application is successful you will benefit from a tailored package of support, including project-management assistance and quality-improvement expertise.

Dates of the next application period will be advertised on the RCP webpages for the FHP:
www.rcplondon.ac.uk/projects/development-sites. ■

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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 [Accessed 17 April 2015].
- 2 Future Hospital Commission. *Future hospital: caring for medical patients. Extracts and recommendations*. London: Royal College of Physicians, 2013. Available online at www.rcplondon.ac.uk/sites/default/files/recommendations_0.pdf [Accessed 17 April 2015].

Integrated care: the clinicians' view

Introduction

Moving the NHS towards an integrated care service is a key priority according to a number of recently released strategies, plans and policy documents.^{1–4} Indeed, the 2014 NHS Five-Year Forward View (5 yr FV) is built on a consensus among patient and front-line staff that this is how care must be provided in the future.⁵ Central to this is the expectation that services for long-term medical conditions can and must be delivered outside the hospital setting.⁶ While this may at first appear to threaten hospital consultants, in reality it provides an opportunity for all medical specialties to help shape clinical service provision and provide accessible specialist care at a population level.

A report from the Royal College of Physicians (RCP) on integrated care, due later in 2015, includes contributions from clinicians practicing in a variety of specialties, as well as from a cross-section of consultants and GPs involved in medical and specialty training, patients, trainees and senior policy makers, all addressing what steps need to be in place if integrated care is to deliver the intention envisaged in the NHS five-year plan. Ahead of this publication, we summarise insights gained from our preliminary work.

What is integrated care?

In a 2009, a systematic review of 326 peer-reviewed papers identified 175 different definitions and concepts of integrated care.⁷ In a 2011 joint report to the Department of Health by the King's Fund and Nuffield Trust, integrated care was defined as 'an organising principle for care delivery that aims to improve patient care and experience through improved coordination'.⁴ Differences in understanding and interpretations of integrated care can be a significant barrier towards its development. The RCP approached colleagues and patients from around England seeking what they considered to be the key ingredients (and where possible examples) of integrated care. Many responded with similar themes, detailed in the report. Perhaps Mr Michael

Morton, co-chairperson of the Embedding Partnerships Lay Partner Advisory Group in north-west London, provided the most understandable and concise reply to our enquiry, in defining integrated care as 'working across organisations, together with patients and users as equal partners, and with the patient and population at the centre of the focus of care', a definition similar to the joint statement on integrated care.⁸

Why is integrated care needed?

The NHS is facing a number of challenges from various directions, as highlighted in the 5 yr FV.⁵ Connecting care between services, organisations, systems and individuals through new ways of working hopes to address these challenges.

The 'triple integration agenda' between (i) primary and secondary care, (ii) physical and mental health services and (iii) health and social care is highlighted as the model of care to enable people with complex health and social care needs to live healthier and more independent lives.⁵ The above integration will hope to deliver improved patient care, patient experience and reduced fragmentation through better co-ordination of care across services and multidisciplinary team work. The aspiration is to deliver a cost efficient healthcare system for the increasing number of patients with long-term conditions and older patients with complex medical and social needs.

A hurdle in gaining universal acceptance of this agenda among medical professionals is the lack of a strong evidence base supporting what is a resource-heavy exercise.^{9,10} However the general consensus that this should be the direction of travel is powerful, especially given the apparent support of patients and patient groups.¹

How can integrated care be delivered?

It is clear that there is no one-size-fits-all model of integrated care, and transferring those used elsewhere without a full understanding of the complex local landscape does not