

chapter fifteen

Future hospitals

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The test of whether this book is successful will be whether it encourages a dialogue between those responsible for health care systems and those who manage hospitals. Our aim is to help stimulate a debate that will lead to a fundamental reappraisal of how hospital care is to be provided in Europe in the twenty-first century.

For too long, health policy-makers have treated hospitals as givens. This is hardly surprising. The locations of hospitals, their configurations and the spectrum of activities are typically the result of decisions made so long ago that few can remember how they came about. Today, in making decisions about hospitals, a health policy-maker must involve a range of stakeholders: hospital managers, education authorities, professional regulatory bodies, regional development agencies, private companies and consumer groups. The range and diversity of activities undertaken by the hospital are difficult for any one group to comprehend, with myriad complex interconnections and many unwritten rules. In many countries, professional independence is guarded jealously, with anything seen as external interference rejected as unacceptable. Faced with these circumstances, many policy-makers have adopted the path of least resistance. They have concentrated their attention on how money for the hospital system can be raised and left responsibility for spending it with hospital managers and clinicians, who, it is assumed, know best.

This approach has some merit. The encounter between the patient and the health professional is extremely complex. It is characterized by uncertainty, asymmetry of information and competing and often unspoken values. It does not lend itself to micro-management from afar and, as the experience of the Soviet Union showed, any attempt to do so leads to deprofessionalization and, ultimately, poor quality of service.

Nevertheless, just as 'war is too important to be left to the generals', hospital care is too important to be left to hospital managers and health professionals. Hospitals face enormous pressure to meet the immediate needs of all patients who reach their door, while simultaneously balancing this year's budget. This

makes it difficult to look to the long-term needs of the entire population that the hospital is serving, taking account of the services provided by neighbouring hospitals and by health professionals working in non-hospital settings. The immediacy of their patients' health needs distracts the attention of the hospital from the needs of future generations and how to ensure adequate investment in facilities, people and knowledge. The pace of work makes it difficult to stand back and assess whether the care that is being provided is as effective as it might be and whether it is being delivered in a way that responds to the legitimate expectations of patients. The focus on health care may detract from other important functions of the hospital, such as training, research and its broader societal roles. This often involves balancing conflicting incentives and hidden subsidies. Here, policy-makers can do much to ensure that each of these roles is recognized and rewarded. In brief, the creation of a modern, appropriately configured hospital system requires a coordinated effort by those working within the hospital system and those outside it.

One of the pervasive messages in this book is the need to take account of different contexts. Each country has inherited a particular hospital system. Each draws on different levels of resources, not simply financial but also the legacy of long-term investment in facilities, people and knowledge. Countries also face different challenges in the future, with differing patterns of disease and popular expectations. For these reasons, it would be foolish to suggest a blueprint that could be applied in every circumstance. Instead, we have identified and explored a series of issues that we believe will stimulate policy-makers to question why hospital care in their country or region is provided in the way that it is.

One issue policy-makers need to clarify is what, precisely, is meant by the term 'hospital'. As Chapter 1 showed, this word covers many types of institutions, even within a single country. Given the many interpretations and the changing roles of a modern hospital, discussion should focus on the spectrum of services that are provided for a designated population wherever they are delivered, inside or outside the hospital. Thus, rather than looking at the distribution of emergency departments, we should examine the overall trauma management system, including immediate care, evacuation, definitive treatment and rehabilitation. The enormous technical advances in surgical care allow more treatment in free-standing ambulatory surgery facilities. It should also be asked whether long-term nursing care is best provided in large, impersonal institutions or in purpose-built facilities closer to an individual's family.

As Chapter 2 shows, hospitals are a product of history. The arguments that justified their location and layout may or may not continue to apply. What is certain is that these arguments should be reassessed regularly. But even if the current hospitals are configured appropriately, they are unlikely to continue to be so in the future. Chapter 3 sets out a range of issues with enormous implications for hospitals in the future. Populations in many countries are ageing, so policy-makers are very concerned about the implications for health care costs. We argue that these implications may be less than anticipated, at least where social care can substitute for inappropriate and more expensive hospital care. Instead, the main issue for hospitals is that older people will

have multiple disorders that require coordinated programmes of care from multidisciplinary teams of professionals with a range of specialist skills.

Population ageing is only one factor behind changing patterns of disease. Changing risk factors, such as smoking and diet, will also influence the diseases that hospitals must deal with. Furthermore, hospitals must also respond to changing public expectations and more demanding consumers.

The tools available to hospitals will also change, opening up new possibilities for diagnosis and treatment. Finally, they will have to work in new policy contexts, which increasingly will reflect European and global developments. Hospitals will have to anticipate and respond to these changes, in the same way that successful manufacturing and service companies monitor and adapt to their environments.

Many of the pressures that hospitals will face will be outside their control, but not all. Throughout history, hospitals have been engaged in an evolutionary struggle with infectious agents. There is a real danger that they will win the battle but lose the war. The unregulated use of antibiotics may offer short-term gains but is ultimately unsustainable.

Policy-makers must also stand back and look at the overall hospital system, since individual hospitals cannot be considered in isolation. Instead, policy-makers should begin from the perspective of a specified population, with defined health needs, and look at the spectrum of health care that is available, whether hospital or community based. As Chapter 6 makes clear, the pattern of hospital services involves balancing geographical access, which calls for dispersed facilities, with the need for a critical mass of interlinked specialties, which requires some concentration. It must also take account of what elements of health care are provided outside hospitals. Advances in technology and changing expectations mean that both the optimal size of a hospital and the interface between the hospital and the rest of the health care system are in a state of flux. For these reasons, the configuration of hospital systems will have to change. Experience from several countries indicates that this is easier when undertaken within a regional planning mechanism. Conversely, devolving a high degree of autonomy to individual hospitals serves to entrench the existing system.

Hospitals can only provide high-quality, responsive care if they have access to a range of external inputs. These include funds for investment in facilities, trained staff and the knowledge needed to provide effective care. Governments, and those acting on their behalf, have a responsibility to ensure that hospitals have access to these inputs and are thus enabled to provide optimal care. However, they also have a responsibility to ensure that hospitals use resources appropriately. This should not involve micro-management of each hospital, but it does require policy-makers, in broad terms, to specify how hospitals should be used and what they should achieve and to monitor the results. This responsibility is referred to as 'stewardship'.

Those responsible for the broader health care system have a range of tools at their disposal. The mixed experiences of hospital reform show that policy-makers should be consistent about what they wish to achieve and ensure that the external incentives that they put in place are aligned with the internal incentives within individual hospitals.

The individual hospital has the primary responsibility for providing quality care. The first step is to provide appropriate facilities. These should be sufficiently flexible to adapt to inevitably changing circumstances. Increasing ambulatory surgery requires fewer beds but more operating theatres, and advances in anaesthesia enable some routine surgery to be removed from the hospital altogether into free-standing ambulatory care facilities. Hospitals should also take account of the vulnerabilities of their patients, many of whom are frightened or confused and have sensory or motor impairments.

Hospitals also need adequately trained staff. They, too, must be able to adapt to changing circumstances. All health care providers must update their skills regularly, and the public increasingly will demand that health professionals demonstrate their continuing competence to practise. Hospitals must ensure that they have systems in place to monitor and enhance the quality of care. This should take into account the evidence summarized in Chapter 13 on the effectiveness of different ways of changing professional behaviour.

Hospital staff require equipment to do their jobs. Again, this needs to be looked at from the perspective of the wider health care system. Decisions must be based on evidence of effectiveness, which requires creating health technology assessment agencies that can develop and disseminate such guidelines. Decisions should also take account of what is available in neighbouring hospitals to avoid duplication or gaps in provision.

All these inputs need to be brought together into a coherent whole. This will be easier if it is within the framework of a supportive hospital culture. Efforts to improve hospital performance are also facilitated by systems that link improvements in quality to control over resources, with managers judged equally on their delivery of high-quality care and achievement of financial targets.

In conclusion, Europe has extremely diverse hospitals, health care systems, values and beliefs. Furthermore, enormous changes are underway in the countries of Europe. Nevertheless, three basic messages apply everywhere. First, hospitals exist to improve the health of the population, a task they fulfil not only by providing health care that responds to the needs and expectations of their patients, but also through teaching and research. Second, hospitals are only one element of a health care system. They cannot be considered in isolation from each other or from the health and social care provided in other settings. Third, improving health and providing responsive and appropriate care are a shared responsibility involving both hospitals and those responsible for the wider health care system. We hope that this book provides the various interest groups with evidence that can guide their shared decision-making.