Implications of complex LTC for in-patient care, postgraduate training and patient centred integrated care

The view from the RCP

Dr Andrew Goddard
Registrar
Royal College of Physicians
Future hospital: Caring for medical patients

A report from the Future Hospital Commission to the Royal College of Physicians
September 2013
In-patient care
In the next 20 years the number of people in England who are 65 and over is predicted to rise by 51%
How old are NHS in-patients?
Figure 5  Morbidity (number of chronic conditions) by age group

Source: Barnett et al 2012
Map 24: Percentage of people aged 16 years and over who had a body mass index (BMI) greater than or equal to 30 kg/m² by lower-tier local authority 2012

Domain 1: Preventing people from dying prematurely
Commitment to general internal medicine

United Kingdom

- General internal medicine
- Respiratory medicine
- Endocrinology and diabetes mellitus
- Clinical pharmacology and therapeutics
- Acute internal medicine
- Geriatric medicine
- Gastroenterology
- Stroke medicine
- Infectious disease and tropical medicine
- Hepatology
- Sport and exercise medicine
- Renal medicine
- Cardiology
- Rheumatology
- Metabolic medicine
- Nuclear medicine
- Paediatric cardiology
- Other
- Rehabilitation medicine
- Neurology
- Immunology
- Medical oncology
- Haematology
- Genitourinary medicine and HIV/AIDS
- Palliative medicine
- Dermatology
- Clinical genetics
- Medical ophthalmology
- Clinical neurophysiology
- Audiovestibular medicine
- Allergy
MP waiting times

SIR – On Friday I rang the constituency office of Jeremy Hunt, the Health Secretary, for a surgery appointment. The receptionist said none were available for a month. I asked if there were any weekend surgeries but was told he only does Fridays.

Dr Malcolm Parsloe
Hastings, East Sussex
The medical registrar
Empowering the unsung heroes of patient care
Some other issues
Postgraduate training
Securing the future of excellent patient care

Final report of the independent review
Led by Professor David Greenaway
<table>
<thead>
<tr>
<th>Workforce model</th>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Acute medicine and specialty expansion</td>
<td>Good evidence of effective improvement of quality of care</td>
<td>Long lead-in time, especially for expansion of acute medicine workforce</td>
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<td>Favoured by most of the current consultant workforce</td>
<td>Loss of generalist skills could prolong admission for complex patients if they have several consults</td>
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<td>Facilitates delivery of community specialist care</td>
<td>High cost</td>
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<td>Present in many large hospitals</td>
<td>Skill gap for acute medicine and geriatric medicine</td>
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<td>GP expansion</td>
<td>Reduction in hospital admission</td>
<td>GP workforce in crisis, making sufficient recruitment unlikely</td>
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<td>Provides care closer to home</td>
<td>Evidence for reduction in admissions poor</td>
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<td>Closer integration with social care</td>
<td>High cost</td>
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<tr>
<td>Other healthcare worker expansion</td>
<td>Reduced workforce costs</td>
<td>Model unproven in UK</td>
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<td></td>
<td>Improved continuity of care</td>
<td>Concerns about effects on training capacity</td>
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<td>Expansion of training schemes already underway</td>
<td>Public fear of “doctors on the cheap”</td>
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<tr>
<td>Hospital generalist expansion</td>
<td>Flexible workforce</td>
<td>Reduction in specialist workforce</td>
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<td>Reduced referral</td>
<td>Possible reduction in quality of care</td>
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<td>Closer working with community</td>
<td>Costs and effectiveness unclear</td>
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More AIM consultants

Specialty support

More GPs

More ACPs, ANPs and PAs

More GIM consultants
Higher specialty trainees training/dual-accrediting in acute internal medicine / general internal medicine
United Kingdom | Source: JRCPTB database 06 November 2014

- Yes: 60.2%
- No: 39.8%
Patient centred integrated care
The report’s recommendations are centred on the need to design hospital services based on the needs of patients, and that deliver:

- Safe, effective and compassionate medical care for all who need it as hospital inpatients.
- High-quality care sustainable 24 hours a day, 7 days a week.
- Continuity of care as the norm, with seamless care for all patients.
- Stable medical teams that deliver both high-quality patient care and an effective environment to educate and train the next generation of doctors.
- Effective relationships between medical and other health and social care teams
- An appropriate balance of specialist care and care coordinated expertly and holistically around patients’ needs.
- Transfer of care arrangements that realistically allocate responsibility for further action when patients move from one care setting to another.
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.
Urgent and acute services

Efficiency

Community services
Out-patient care

Quality