Future Hospital Commission

What the future hospital report means for patients

Summary of *Future hospital: caring for medical patients*, a report from the Future Hospital Commission to the Royal College of Physicians

The case for change

All patients deserve to receive safe, high-quality, sustainable care centred around their needs and delivered in an appropriate setting by respectful, compassionate, expert health professionals. Staff working in the NHS want to provide good care for their patients, and many patients experience excellent care in our hospitals every day. However, recent reports of the care – or lack of care – received by some patients in our hospitals makes for harrowing reading.[1–6]

In September 2012, the Royal College of Physicians' (RCP) report *Hospitals on the edge?*[7] set out the magnitude and complexity of the challenges facing the health service and the potentially catastrophic impact this could have on patient care. It described:

- a health system ill-equipped to cope with the needs of an ageing population with increasingly complex clinical, care and support needs
- a systematic failure to deliver coordinated, patient-centred care, with patients forced to move between beds, teams and care settings with little communication or information sharing
- services that struggle to deliver high-quality services across 7 days, particularly at weekends
- hospitals struggling to cope with an increase in clinical demand
- a looming crisis in the medical workforce.

The need for change is clear. The time has come to take action. Those working in the NHS have a responsibility to lead this change, supported by the organisations that represent them and empowered by national policy-makers. Organisations and professionals involved in health and social care – including doctors, nurses, politicians, hospitals and national bodies – must be prepared to make difficult decisions and implement radical change where this will improve patient care.

It was against this backdrop that, in March 2012, the RCP established the Future Hospital Commission, an independent group tasked with identifying how hospital services can adapt to meet the needs of patients, now and in the future. *Future hospital: Caring for medical patients* sets out this vision.[8]

Facts and figures

1. Life expectancy at birth is now 12 years longer than at the inception of the NHS in 1948. People aged over 60 now make up nearly a quarter of Britain's population.[9]
2. Half of those currently aged over 60 have a chronic illness. This proportion will increase as the number of people aged 85 or older doubles in the next 20 years.[10]
3. Nearly two thirds of patients admitted to hospital are over 65 years old, and around 25% of hospital inpatients have a diagnosis of dementia.[11,12]
4. The average length of stay in acute care in the UK in 2010 was 7.7 days, significantly higher than in Australia (5.1), the Netherlands (5.8) and the USA (4.9).[13]
5. People over 85 spend around eight days longer in hospital than those under 65 years old – 11 days compared to three. People over 85 years old now account for 22% of all days spent in our hospitals' beds.[11,12]
6. There is an increase in mortality of around 10% among patients admitted at weekends. The reasons for this are complex.[14] However, reports show an association between the presence of senior doctors and improved clinical outcomes for patients.[15]
7. Over a quarter (28%) of consultant physicians rate their hospital's ability to deliver continuity of care for patients as poor or very poor.[16]

'Continuity of care cannot be achieved without fundamental change in the way that the NHS as a whole thinks about the role and priorities of the Acute General Hospital and how it is run.' (King's Fund)[12]

Introduction

In March 2012 the RCP established the Future Hospital Commission. *Future hospital: Caring for medical patients*[8] sets out the Commission's vision for hospital services structured around the needs of patients. Patients have been involved across the breadth of the Commission's work, informing and developing its recomendations. The very best of our hospital services have contributed existing examples of innovative, patient-centred services. The Commission has used these examples to develop a comprehensive model of care that meets the needs of patients, now and in the future.

The Commission's recommendations are centred on the need to design hospital services 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 in which 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 Future Hospital Commission's recommendations focus on the care of medical patients, hospital services and the role of physicians and doctors in training in England and Wales. People's needs are often complex, and hospital services must be organised to respond to all aspects of physical health (including multiple acute and chronic conditions), mental health and well-being, and social and support needs.

The Future Hospital vision

The Future Hospital Commission sets out a radical new model of care designed to encourage collective responsibility for the care of patients across professions and healthcare teams. It recommends new ways of working across the hospital and between hospital and the community, supported by financial and management arrangements that give greater priority to caring for patients with urgent medical needs. This means aligning funding and incentives across the health economy to ensure that acute services are appropriately supported.

A new principle of care

Care should come to patients and be coordinated around their medical and support needs. Currently, it is not unusual for patients – particularly older people[12] – to move beds several times during a single hospital stay. This results in poor care, poor patient experience and increases length of stay. In the future hospital, moves between beds and wards will be minimised and only happen when this is necessary for clinical care. Delivery of specialist medical care – such as cardiology and neurology services – will not be limited to patients in specialist wards or to those who present at hospital. Specialist medical teams will work across the whole hospital and out into the community across 7 days.

A new model of care

To coordinate care for patients, the Future Hospital Commission recommends that each hospital establish a **Medical Division**. This new Division will be responsible for all medical services across the hospital – from the emergency department and acute and intensive care beds, through to general and specialist wards (see Fig 1). It will be led by a senior doctor (the **chief of medicine**) who will make sure that teams work together towards common goals and in the best interests of patients.

The diagnosis, management and coordination of care for patients with multiple and complex conditions will be at the heart of medical education, training and practice. A greater number of medical staff (including consultant physicians and doctors in training) will participate in the provision of acute services and 'general' ward care. There will be a consultant presence on wards over 7 days, with ward care prioritised in medical job plans. The remit and capacity of medical teams will extend to adult inpatients with medical problems across the hospital, including those on 'non-medical' wards (eg surgical patients).

The Medical Division will work closely with partners in primary, community and social care services to deliver specialist medical services across the health economy. They will deliver and

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'The patient must be the first priority in all of what the NHS does. Within available resources they must receive effective services from caring compassionate and committed staff working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.' (Robert Francis QC)[1]

manage services together, with shared outcomes focused on the needs of patients.

Immediate access to comprehensive information about patients is particularly important in the assessment of people presenting as a medical emergency. A new **Clinical Coordination Centre** will make sure that healthcare staff have the information they need to care for patients effectively. It will hold detailed, real-time information on patients' care needs and clinical status, and coordinate staff and services so that patient needs can be met. In the longer-term, this would evolve to include information from hospital services, primary and community care, mental health and social care, all held in a single electronic patient record. There would be rapid, relevant sharing of information across the local health economy, mechanisms for rapid admission and referral to hospital, and effective arrangements for patients ready to leave hospital.

Coordinated specialist care

Advances in medical science mean that outcomes for many patients with a single medical condition have never been better. However, an increasing number of patients present at hospital, not with a single medical problem, but with multiple illnesses and a range of support needs due to conditions like dementia. Our hospitals are often ill equipped to care for these patients.

Responsibilities for the care of patients must extend beyond traditional ward or team boundaries. We must bring the advances in medical care to *all* patients, whatever their additional needs and wherever they are in hospital or the community. This means specialist medical teams will work – not just in specialist wards – but across the hospital. Care for patients with multiple conditions will be coordinated by a single named consultant, with input from a range of specialist teams when patients' clinical needs require it. Patients whose needs would best be met on a specialist ward will be identified swiftly so that they can be 'fast-tracked' – in some cases directly from the community.

To support this way of working, the performance of specialist medical teams will be assessed according to how well they meet the needs of patients with specified conditions across the hospital and health economy, not just those located on specialist wards. To deliver this new model of care, it is crucial that the doctors of the future are able to care effectively for older patients with complex conditions. Medical education and training will be designed to equip doctors with the expertise to manage older patients with frailty and dementia, and lead and coordinate the 'whole care' of patients in hospital and the community.

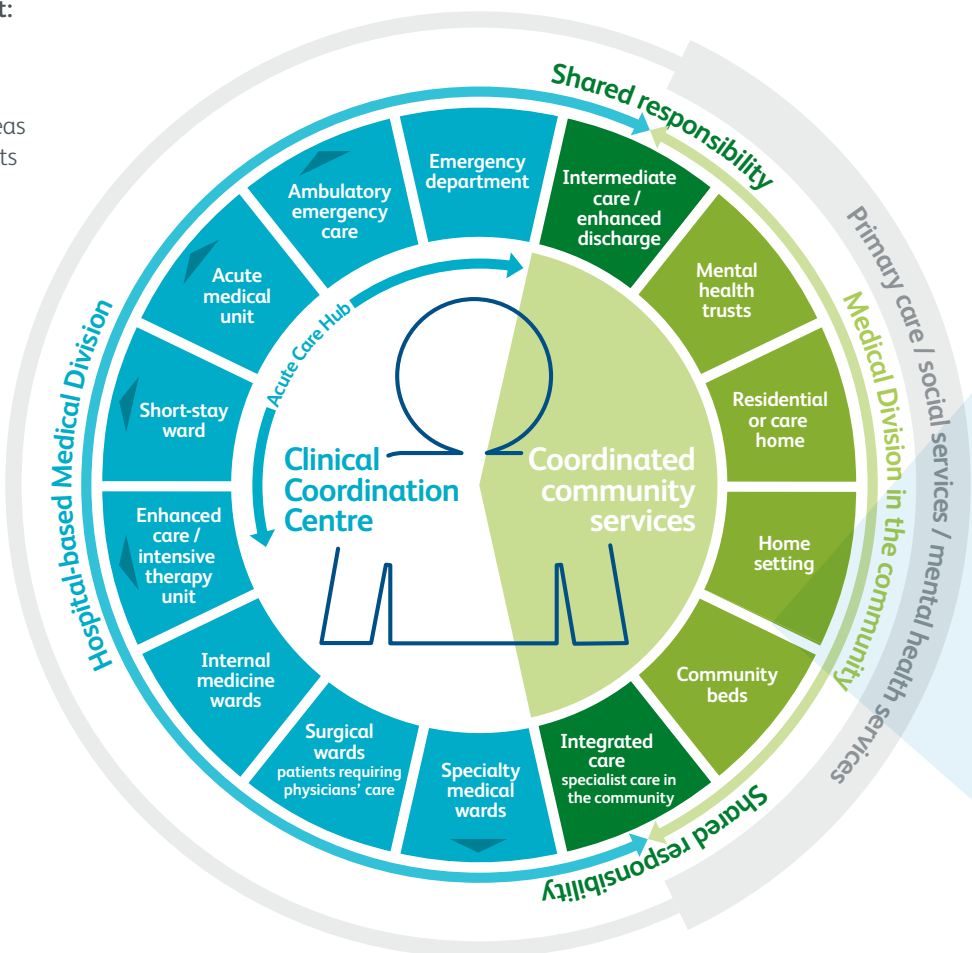
Expert care and assessment

Patients are most vulnerable when they are admitted to hospital in an emergency. These patients should receive a single initial assessment and ongoing care by a single team. In order to achieve this, care will be organised so that patients are reviewed by a senior doctor as soon as possible after arriving at hospital. This means making sure that specialist medical teams are available at the hospital 'front door' for dedicated blocks of time. Specialist medical teams will work together with emergency and acute medicine consultants to diagnose patients swiftly, allow them to leave hospital if they do not need

Fig 1. 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.

- **Hospital-based**
- **Shared responsibility**
- **Community-based**



'Patients and their carers should be present, powerful and involved at all levels of health care organisations.' (Don Berwick)[17]

to be admitted, and plan the most appropriate care pathway if they do. Early diagnosis and response to conditions that particularly affect older people – like dementia, delirium and frailty – improve outcomes for patients and should be available across the whole hospital 7 days a week. Similarly, there must be rapid access to specialist psychiatric support for patients with mental health conditions.

The level of care available in hospitals must reflect a patient's severity of illness. In order to meet the increasingly complex needs of patients – including those who have dementia or are frail – there will be more beds with access to higher intensity care, including nursing numbers that match patient requirements.

Continuous, 7-day care

Acutely ill medical patients in hospital should have the same access to medical care on the weekend as on a week day. Services should be organised so that clinical staff and diagnostic and support services are readily available on a 7-day basis.

There will be a consultant presence on wards over 7 days, with ward care prioritised in doctors' job plans. Where possible, patients will spend their time in hospital under the care of a single consultant-led team. Rotas for staff will be designed on a 7-day basis, and coordinated so that medical teams work together as a team from one day to the next.

Arrangements for enabling patients to leave hospital will operate on a 7-day basis. Health and social care services in the community will be organised and integrated to enable patients to move out of hospital on the day they no longer require an acute hospital bed.

Seamless care between settings

Once admitted to hospital, patients will not move beds unless their clinical needs demand it. When a patient is cared for by a new team or moved to a new setting, there will be rigorous arrangements for transferring their care (through 'handover'). This process will be prioritised by staff and supported by information captured in an electronic patient record that contains high-quality information about patients' clinical and care needs. This record will be viewable by patients and relevant professionals in both the hospital and community in order to support the coordination of care and minimise the duplication of data collection.

Specialist medical care will not be confined to inside the hospital walls. Medical teams will work closely with GPs and those working in social care to make sure patients have swift access to specialist care when they need it, wherever they need it. Much specialised care will be delivered in or close to the patient's home. Physicians and specialist medical teams will expect to spend part of their time working in the community, with a particular focus on caring for patients with long-term conditions and preventing crises.

Care focused on prevention and recovery

Patients should only be admitted to hospital if their clinical needs require it. For many, admission to hospital is the most effective way to set them on the road to recovery. However, it can be disorientating and disruptive. In the future, hospitals will promote ways of working that allow emergency patients to leave hospital on the same day, with support from specialist medical teams provided outside hospital if they need it.

Care for patients should focus on their recovery and enabling them to leave hospital as soon as their clinical needs allow. Planning for this will begin when the patient is admitted to hospital and will be reviewed throughout their hospital stay.

Patients can be empowered to prevent and recover from ill health through effective communication, shared decision-making and self-management. Clinicians and patients will work together to select tests, treatments or management plans based on clinical evidence and the patient's informed preferences.

Responsibility for patient care

Doctors will assume clinical leadership for safety, clinical outcomes and patient experience. This includes responsibility to raise questions and take action when there are concerns about care standards, and collaborate with other teams and professions to make sure that patients receive effective care throughout the hospital and wider health and care system.

There will always be a named consultant responsible for the standard of care delivered to each patient. Patients will know who is responsible for their care and how they can be contacted. The consultant will be in charge of coordinating care for all patients on the ward, supported by a team. The consultant and ward manager will assume joint responsibility for ensuring basic standards of care are delivered, and that patients are treated with dignity and respect. Nurse leadership and the role of the ward manager will be developed and promoted.

Medical staff will be supported to deliver safe, high-quality care. Hospitals must review staffing levels to ensure that they reflect the complexity and needs of the current patient mix across all wards. There will be mechanisms for measuring patients' experience of care. This information will be used by hospitals, clinical teams and clinicians to reflect on their practice and drive improvement. A Citizenship Charter that puts the patient at the centre of everything the hospital does should be developed with patients, staff and managers. This should be based on the NHS Constitution[18] and embed in practice the principles of care set out by the Future Hospital Commission.

'The Future Hospital Commission has benefited hugely from working with patients and frontline health professionals. Our challenge was not to invent good practice but to seek it out where it already existed.'
(Sir Michael Rawlins, chair, Future Hospital Commission)

What next?

The Future Hospital Commission's recommendations are just the first step in a longer programme of activity designed to achieve real change across hospitals and the wider health and social care economy. In its response to the Commission's report, the RCP will set out how it will take this work forward and continue to drive improvement in hospital services across England and Wales.

You can inform the RCP's response and next stage work by sending us your comments, ideas and examples of good practice. On the RCP website, you can read about existing examples of innovative practice and listen doctors talking about how they achieved change in their hospital.

About the Future Hospital Commission

The Future Hospital Commission was established by the Royal College of Physicians in March 2012. *Future hospital: caring for medical patients* is a report from the chair of the Future Hospital Commission, Professor Sir Michael Rawlins, to the RCP. The RCP will respond to the report in autumn 2013.

About the Royal College of Physicians

The Royal College of Physicians plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing more than 28,500 fellows and members worldwide, we advise and work with government, patients, allied healthcare professionals and the public to improve health and healthcare. ■

Get involved

To join the ongoing debate and help shape the future of our hospitals, visit our website:

www.rcplondon.ac.uk/futurehospital

or send an email:

futurehospital@rcplondon.ac.uk

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Eleven principles of patient care

Hospitals and health professionals must provide patients with high-quality, compassionate care that meets their clinical and support needs. To achieve this, hospitals and other health services must in the future be designed around our 11 principles of care. These principles of patient care are at the core of the Future Hospital Commission's work and underpin each of its recommendations.

In the hospital of the future:

1 **Fundamental standards of care must always be met:**[1]
Patients must:
- be treated with kindness, respect and dignity, respecting privacy and confidentiality
- receive physical comfort including effective pain management
- receive proper food and nutrition and appropriate help with activities of daily living
- be in clean and comfortable surroundings
- receive emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on themselves, their families and their finances.

2 **Patient experience is valued as much as clinical effectiveness**
The way patients experience care should be valued as much as their clinical outcome. Patients' experience of care should be measured with reference to the NICE quality standard on patient experience,[19] and the findings acted on at hospital ward and execuive level.

3 **Responsibility for each patient's care is clear and communicated**
There must be clear and communicated lines of responsibility for each patient's care. This should be led by a named consultant (a doctor) working closely with the ward manager (a nurse).

4 **Patients have effective and timely access to care**
The time patients spend waiting for appointments, tests, hospital admission and moves from hospital is minimised.

5 **Patients do not move wards unless this is necessary for their clinical care**
Patients should not move beds unless this is necessary for their clinical care. Care, including the professionals that deliver it, should come to patients.

6 **Robust arrangements for the transfer of care are in place**
There must be robust arrangements for the transfer of care:
- between teams when a patient moves within the hospital
- between teams when staff shifts change.
- between the hospital and the community.

7 **Good communication with and about patients is the norm**
Communication with patients is a fundamental element of medical professionalism. There must be good communication with and about the patient, with appropriate sharing of information with relatives and carers.

8 **Care is designed to facilitate self-care and health promotion**
Working with, and empowering, patients is a fundamental aspect of medical professionalism. Shared decision-making between doctors and patients should be the norm. Patients should have access to information, expert advice and education concerning their clinical status, progress and prognosis.

9 **Services are tailored to meet the needs of individual patients, including vulnerable patients**
Services must be tailored to the needs of individual patients, including older patients who are frail, patients with cognitive impairment, patients with sensory impairments, young people, patients who are homeless and patients who have mental health conditions. The physical environment should be suitable for all patients, including those with dementia.

10 **All patients have a care plan that reflects their individual clinical and support needs**
Patients must be involved in planning their care. Patients and their families must be supported in a manner that enhances dignity and comfort, including patients in the remaining days of life.

11 **Staff are supported to deliver safe, compassionate care, and are committed to improving quality**
Hospitals should support staff to collectively and individually take ownership of both the care of individual patients and of their own contribution to the overall standard of care delivered in the health system in which they work. Staff well-being and engagement will be a priority, in order to promote good outcomes for patients, and doctors will be supported to embed the principles of medical professionalism in their practice.

'I don't want to be passed round the wards: I'm a person, not a parcel.'
(Patient, RCP Patient and Carer Network)

‘We need to take responsibility for every patient who comes through the hospital door. Consultants need to reclaim responsibility for all aspects of medical care, whatever their specialty.’ (Hospital consultant)

Future hospital: Our commitments to patients

Hospitals and healthcare staff are encouraged to make the following commitments about how they will care for patients. These commitments are designed to communicate to patients the care they should expect when they are admitted to hospital.

Our commitment to patients – communication

- We will make sure you know who is in charge of your care at all times.
- We will discuss your care with you and take your wishes into account.
- We will keep you informed about your illness, tests, treatment and care.
- We will make sure you know who to speak to if you have any questions or concerns about your care.
- We will make sure all medical staff who review, treat and look after you are well informed about you and your illness. As far as possible, we will make sure that you are looked after on one ward, with one medical team in charge of your care.
- If you need to be cared for by a new team or on a new ward, we will explain the reasons for this in advance.
- We will make sure new staff introduce themselves and explain their role.

Our commitment to patients – moving beds

- We will only move you on the basis of your needs.
- We will explain to you where you are moving to and why. Where possible, we will tell you how long you are moving for.
- We will not move you at night unless your needs urgently require it.
- We will make sure you know who to speak to about your needs, treatment and care.
- We will make sure your family know where you are and why you are there (unless there are circumstances that mean this is not appropriate).

Our commitment to patients – leaving hospital

- We will plan the care and support you need after leaving hospital in discussion with you.
- We will keep you informed about plans for when you leave hospital throughout your hospital stay.
- We will be clear about the arrangements for your care after you leave hospital.
- We will make sure you know who to contact if you become unwell after you leave hospital.
- We will make sure that any staff providing care for you outside hospital know what happened during your hospital stay.
- We will make sure arrangements are in place to get you home safely at the end of your hospital stay.

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