

Delivering the future hospital

Four years ago the public enquiry into the Mid Staffordshire Trust by Robert Francis (2013) and *Hospitals on the Edge? The time for action* (Royal College of Physicians, 2013) set out stark evidence of the critical pressures on acute medical services in the NHS. In response, the Royal College of Physicians set up the Future Hospital Commission. What emerged was a compelling and ambitious report, *Future Hospital: caring for medical patients* (Future Hospital Commission, 2013), which was welcomed across the professional, political and policy community and described by the editor of *The Lancet* as ‘the most important report in British medicine in a generation’ (Horton, 2013). The report described a new model of patient-centred care, underpinned by a core set of principles with new approaches to leadership and training.

Encouraged by this response the Royal College of Physicians set up the future hospital programme to ‘road test’ both the model and a new post of chief registrar in clinical practice. This programme has now been completed and *Delivering the future hospital* was published on 23 November (Royal College of Physicians, 2017). How has the future hospital fared in the transfer from drawing board to ward?

Specialist medical care in the future

First it is important to state that the focus of the future hospital programme was not confined to hospital-based care. The term ‘future hospital’ was used throughout to refer to the delivery of specialist medical care to patients irrespective of their location in the health economy. The future hospital programme partner health-care organizations, selected to implement the model, embraced this aspiration and set out

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to evaluate new ways of working in primary care, the community and hospitals.

The future hospital programme was a new and demanding undertaking for the Royal College of Physicians. Although the Royal College of Physicians partnership with eight clinical development sites in England and Wales was at the core of testing the new care model, the programme was much more extensive. In addition to piloting the chief registrar, a senior clinical leadership role for experienced specialist registrars, there were work streams relating to person-centred care, young adults and adolescents, and integrated care. An emphasis on patient involvement from design through to implementation was firmly embedded in the programme, together with a comprehensive approach to sharing findings with peers and stakeholders through ‘tell us your story’ via web-based platforms and a future hospital programme partners network.

Recruitment of the first future hospital programme development sites coincided with the publication of the *Five year forward view* (NHS England, 2014) – which itself drew heavily on many of the themes of the Future Hospital Commission. This meant that the future hospital model was implemented at a time when a plethora of new care models were being introduced to clinical practice in the NHS in England. Nevertheless the future hospital programme care model was characterized by:

- The championing of patient-centred care and patient experience – with patients, carers and the public involved in service redesign and delivery
- A model of care aligned with the Future Hospital Commission (2013) ‘blueprint’ and underpinned by eleven principles of patient care
- A standardized approach to measurement of the impact of new ways of working using quality improvement methodology
- Development sites that were supported to improve front-line services within existing local budgets with no additional transformational funding

- The development of future clinical leaders through a bespoke leadership, management and improvement programme – the chief registrar scheme
- Use of the expertise and influence of a medical Royal college to support improvements to patient care
- Independent evaluation by the Universities of Liverpool (the future hospital programme) and Birmingham (the chief registrar pilot) (Royal College of Physicians, 2017).

Impact of the programme

The evaluation of the overall programme by the University of Liverpool confirmed that the programme had many successes and brought about real change – demonstrating that it is possible to implement the Future Hospital Commission’s vision in ‘real world’ health-care settings.

Although a new venture for the Royal College of Physicians, the college was evidently well placed to lead quality improvement through a structured partnership with local clinical teams that was mutually beneficial. The influence and expertise of the Royal College of Physicians was highly valued by the teams, helped to achieve board-level sponsorship and prevent project derailment by the systemic pressures endemic in the host organizations. In turn the Royal College of Physicians demonstrated the effectiveness of catalysing new approaches to patient care and communicating findings with peers and national stakeholders. The collaborative learning structure set up by the Royal College of Physicians to provide training in improvement methodology, build peer support and share successes and failures was felt by the health-care teams to be crucial to the successful implementation of their projects.

Maintaining service delivery

Teams sought to improve care while maintaining delivery of acute services. This required repeated assessment of the impact of serial interventions – a need met by the use of

improvement methodology, which is under-used in the NHS. Teams which included a local data analyst used this methodology more effectively. The analysts helped up-skill clinical colleagues to collect and interpret data to improve patient care – a finding with important NHS-wide implications. The future hospital programme showed that a patient-centred approach can help deliver improved care by more motivated engaged staff. The Future Hospital Commission vision of enhanced access to specialist care closer to home or earlier in hospital pathways was realized in part. Development sites recruited in 2014 showed clear improvements in the care of frail older people, while sites recruited in 2016 reported on the initial impact of enhanced working across health-care boundaries. Patient involvement in project design and delivery helped ensure that the improvements reported were meaningful to patients.

The pilot of the chief registrar post was a clear success. Junior doctors are undervalued and their potential to lead change overlooked. The pilot started when junior doctor morale was at a particularly low ebb. The independent evaluation reported that the role ‘breathed life’ into junior doctor engagement fora and enhanced engagement between junior doctors, senior clinical leaders and managers. Chief registrars also became a generic source of quality improvement advice and were involved in developing an improvement culture, of benefit to their organizations in the long term.

Challenges

Alongside the successes there were many challenges and important learning. Teams

reported that continuous improvement in an NHS striving to maintain services while exposed to unprecedented demand requires considerable resilience and flexibility. The variability of service and health economy priorities and instability of staff roles and organizational structures makes replication and upscaling of proven service improvement particularly difficult. Careful planning and continuing support is needed to successfully embed patient representatives as effective advocates in busy health-care teams. Patients reported that their voice within the team can be marginalised by terminology, executive decision making and in-built professional relationships and hierarchy. Future hospital programme recommendations include having more than one patient representative per team, having a nominated contact who is a clinical lead and ensuring continuing reflection by the clinical team to refine the role in line with the strengths and skills of the patient representatives.

Moving forward

The Royal College of Physicians has now set up a quality improvement programme to build on the considerable learning from the future hospital programme. This will support NHS physicians and their teams to improve services and the quality and experience of care delivered to patients. The new quality improvement programme will complement Royal College of Physicians expertise in national clinic audit, accreditation, the publication of guidelines and health informatics. As the Royal College of Physicians approaches its quincentenary, the future hospital programme has confirmed

KEY POINTS

- The future hospital programme showed that a patient-centred approach can help deliver improved care by more motivated engaged staff.
- Although embedded in clinical improvement teams, patients reported that executive decision making and in-built professional relationships can erode their input.
- Hospital-based data analysts helped clinicians apply improvement methodology more effectively, a finding of NHS-wide importance.
- The chief registrar pilot confirmed the potential for junior doctors to lead change.
- Delivering continuous improvement in a NHS under extreme pressure requires clinical teams to be resilient and flexible.

that the college is well placed to help physicians lead improvements in the care of their patients. **BJHM**

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