Is there a role for smaller hospitals in the future NHS?

The NHS is challenged by rising demand as a consequence of an increasingly ageing population with more complex conditions and the rising costs of paying for that care. Inefficiencies resulting from fragmented primary, secondary and social care services highlight the need for greater coordination and continuity to improve patient outcomes at lower cost. Financial constraints can drive health system review, providing impetus to modify health service delivery within the NHS to maximize value and better align with the needs of our population.

The Naylor (2017) review calls for urgent rationalization of the NHS estate to meet the mandate of the Five Year Forward View. Smaller acute hospitals could be seen as a potential starting point for reconfiguring health services in England. However, local change is not always welcome and the perceived loss of services is often met with staunch political and public opposition. Given the current austerity and need for rapid reform, is there a role for smaller hospitals in the future NHS?

Current stresses on smaller hospitals

Following the Five Year Forward View, commissioners are increasing support for primary care and integrated care models (NHS England, 2014a). Policies have shifted in favour of more care being delivered in the community with hospitals required to reduce their emergency activity (Imison et al, 2015). Alongside this there has been a squeeze on national tariffs and, as a result, the traditional generalist model of smaller hospitals, which currently receive a significant proportion of their funding from non-elective admissions, becomes increasingly untenable. Admitting and keeping patients in hospital is expensive; the average cost of keeping an average patient on an NHS surgical ward is more than £400 per day; reducing each hospital stay by between 2 and 6 days per patient could save individual trusts up to £50 million each year (NHS England, 2013a). Hospitals have reached breaking point as expensive stays have overburdened services – over a million emergency admissions are deemed unnecessary and almost than half of all cases require no treatment at all (NHS England, 2013b).

Although performance reviews have found smaller hospitals no worse clinically than larger centres (Monitor, 2014), some specialized services such as stroke care and complex surgery are being consolidated in larger centres with greater patient numbers. There is a correlation between volume of certain surgical procedures and patient outcomes (Dudley et al, 2000). Hospitals that perform a greater number of high-risk procedures have lower mortality rates than those that perform fewer (Halm et al, 2002).

Workforce analysis shows that smaller hospitals had higher vacancy rates than larger hospitals between 2008 and 2010. The Royal College of Physicians (2012) anticipate a workforce crisis attributable to reduced numbers of junior doctors and shift-pattern working. A locum bill of £2.6 billion per year suggests that not only are staffing issues dangerously inadequate but also increasingly unaffordable (Campbell and Syal, 2015). While agency and locum staffing may help to achieve adequate staffing levels, this may be at the expense of both continuity and quality of patient care (Addicott et al, 2015). Between 2009 and 2013, the average locum rate for smaller and smallest trusts was 2.2% and 2.6% respectively, whereas for larger trusts it was 1.9% (Monitor, 2014).

The opportunities and risk of reconfiguration

Smaller hospitals will now see complex procedures shifting to larger centres and will need to focus on community-based care. Although seemingly necessary, reconfiguration of health-care services remains difficult, mostly owing to conflicts of political interest. There have been success stories, such as acute stroke care in London which exemplifies the rewards of redesigning NHS services in pursuit of better outcomes (Ham, 2012). The NHS concentrated all specialist stroke care in hyper-acute stroke units in eight of London's largest hospitals. Previously, suspected stroke patients would be admitted to their local hospital with limited access to stroke specialists, necessary investigations and appropriate thrombolysis. Well-resourced hyper-acute stroke units with highly trained multidisciplinary teams now provide high quality care in an emergency setting where 'time is brain'.

Public and political resistance to reconfiguration is a significant stumbling block for the architects of the future landscape of the NHS. The NHS remains highly politicized and there are a number of stakeholders involved. For many, the hospital is an iconic representation of the welfare state and has formed the backbone of our NHS (Fulop et al, 2012). Despite evidence supporting the benefits of service reconfiguration, the public are often sceptical that reforms are simply cost-cutting exercises (Fulop et al, 2012).

Securing public engagement requires open conversation with the local population, commissioners, clinicians and managers (Imison, 2011). Reconfiguration of tuberculosis services in Lanarkshire in the

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Scottish NHS involved stakeholders voting for the location for the centralized service (NHS Lanarkshire, 2013), the results of which determined the hospital site of the tuberculosis service. Holding events such as this to secure public involvement and engagement can help overcome obstacles related to resistance.

Evolving role of smaller hospitals in the health-care landscape

As part of achieving the Five Year Forward View 50 vanguard sites were selected as pioneers supporting improvement and integration of services, with hopes to scale best practice across the country (NHS England, 2014b). The Five Year Forward View, with its focus on community-based and integrated care, presents an opportunity for visionary smaller hospitals to take a pivotal role in providing health services in the future.

Yeovil District Hospital NHS Foundation Trust, one of the vanguard sites, serves an older population, many of whom have long-term conditions and multiple morbidities. They have developed the Symphony Project to meet the needs of the local population. The project brings together clinical commissioning groups, local GPs, council-led social care and the local community and mental health services provider, Somerset Partnership NHS Foundation Trust. The Symphony Project aims to deliver a new model of care based on integrated health and social care teams (including hospital specialists and GPs) to manage the care of patients with the most complex conditions within the local community. The vanguard also relies on an outcomes-based contracting model to incentivise collaboration between all health and social care providers in the area.

Airedale Hospital NHS Foundation Trust, which is also part of the vanguard programme, has taken an innovative approach by providing remote triage and advice via video link to patients in their homes, nursing homes and prisons. The team provides clinical consultation and inward referral to the most appropriate care setting where necessary (Monitor, 2016). The technology is now in place in 217 care homes across the vanguard, helping residents to remain active and independent – including those with breathing problems, heart conditions and dementia – and reducing hospital admissions, emergency department attendance and GP visits (Monitor, 2016).

Conclusions

The current NHS Chief Executive Officer, Simon Stevens, has expressed his support for smaller hospitals. In the Five Year Forward View, smaller hospitals have an opportunity to once again be at the centre of defining patient pathways. This will require some change in provision of services. Gaining local public and clinician support will be crucial and small hospital leaders must be visionary. Support programmes such as the New Cavendish Group and New Care Models programme will be increasingly important in helping to ensure that smaller hospitals remain part of the fabric of the English NHS. **BJHM**

KEY POINTS

- The NHS estate is undergoing scrutiny as part of a wider cost-savings strategy led by the government.
- Reconfiguring smaller hospital services can optimize value but has been met with public and political resistance.
- Evidence suggests that high volume centres have better outcomes leading to calls for consolidating services to larger centres.
- The Five Year Forward View allows hospitals to forge a new role in delivering health care to local communities.

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