

## Update on the Future Hospital Programme

### About this section

This part of the Future Hospital Journal is where you will find regular overview updates on progress made by the Future Hospital Programme of the Royal College of Physicians, together with its partners, in realising the vision of the Future Hospital Commission.

We very much welcome your feedback. If you have any comments, or would like to be involved in the work of the Programme, please contact [futurehospital@rcplondon.ac.uk](mailto:futurehospital@rcplondon.ac.uk).

### Introduction

The Future Hospital Programme (FHP) team continues its hard work with the aim of implementing the RCP's vision for the future of medical care in hospital and community settings. We are working with the Royal College of General Practitioners (RCGP) towards a united view on integrated care and with a team in Oxford on an exemplar of sector-wide integrated diabetes care. Pilot work on the role and responsibilities of the chief registrar begins in mid-2015 and there will be a consultation with the medical specialities on general internal medicine, entitled 'Valuing Internal Medicine'. In 2014 we saw the successful launch of RCP partnership work with the service in the Future Hospital development sites and experienced the excellent reception of RCP work, including the FHP, at the political party conferences last autumn.

### Integrated care

New thinking about how care is integrated across hospital and community settings is needed and this mandates a partnership approach with primary care; we need to develop a shared definition of integrated care and an evidence base to inform how system barriers such as financial arrangements, tariffs, targets and commissioning processes may be overcome, to enable physicians and other professionals to deliver patient-centred integrated clinical services locally. To this end, we are working with the RCGP to develop a united view on integrated care across the profession; a comprehensive future hospital review of integrated care work is being led by Dr Anne Dornhorst; and we are pleased to have received majority funding for a programme of work on integrated diabetes care in Oxfordshire, led by Dr Rustam Rea, Dr Garry Tan and Dr Alistair Lumb. The Oxford group will look at the development of the new integrated service from the perspectives of clinical care, commissioning, provision, education and training, evaluating outcomes for patients, professionals and providers. The aim of the project is to align organisational priorities

and resources with the clinical needs of patients to alter fundamentally how the service is commissioned and provided. The partners in the Oxford group will bring primary, community, secondary and tertiary providers of diabetes care together under a single governance structure.

### Valuing general internal medicine

The RCP will undertake a consultation to understand patient need and professional perceptions of general internal medicine (GIM) and to explore the promotion of GIM among trainee doctors. Valuing Internal Medicine will examine the role of general internal medicine (GIM) physicians in detail, examine how GIM is delivered and review existing models which show how medical specialty teams meet the general medical needs of patients in a variety of settings, including the hospital acute medical unit, specialist units and in the community. The aim of the consultation is to guide training, workforce and service requirements and ensure these meet the needs of patients.

### Chief registrar

The role and responsibilities of the chief registrar are the subject of pilot work to identify how the RCP might support this important role through training and development; this work will begin mid-2015 and seeks to recognise the experience and potential of the hard-pressed general medical registrar and deploy this in meeting the needs of patients in the acute setting. The impact of the chief registrar role will be evaluated in order to develop a model suitable for NHS trusts to adopt.

Currently the Future Hospital team are scoping the roles and responsibilities of similar posts which already exist in a few NHS trusts. One model in Cambridge has established a chief registrar in every medical division, supported by a full training programme. Colleagues in Wales have developed a similar chief registrar role and the two teams have shared insights. Expressions of interest have been invited from trusts who wish to develop the chief registrar role and four trusts have developed job descriptions for the team to review. The Future Hospital team have met with Peter Lees (chief executive and medical director of the UK Faculty of Medical Leadership and Management [FMLM]) and considered the design of an educational training and development programme to support chief registrars.

### Young adults and adolescents

We are pleased to welcome Dr Andrea Goddard as the new Woolfson clinical fellow. Andrea is leading work to scope and improve the care of young adults and adolescents making the transition from paediatric to adult care services. Andrea is a consultant general paediatrician at St Mary's Hospital,

Paddington, and honorary senior lecturer at the Faculty of Medicine at Imperial College. Andrea brings significant experience of establishing and supporting local and national service improvement projects to enhance the wellbeing of young adults and adolescents. This project adds to the FHP's existing work on patient-centred care and Dr Nick Lewis-Barned's Health Foundation-funded work on shared decision-making and support for self-management.

### Evaluating the future hospital

The FHP will implement a number of the recommendations of the Future Hospital Commission<sup>1</sup> and it is vital that this work is subjected to effective and rigorous evaluation. The Future Hospital principles and recommendations are regarded as the blueprint for the future of medical care by many professional, policy and political communities. However, many of the recommendations are untested by empirical research, and some physician specialties are concerned about potential workforce and service implications.

The overall aim is to implement changes to service delivery that are aligned with the FHC report and its 11 principles, 7 domains of quality and 50 recommendations, enabling healthcare staff to place the needs of patients at the centre of care delivery and planning.

It has been agreed that evaluation will focus on four key areas. We have begun to explore these through a series of questions.

- > Patients – what impact did the realisation or implementation of the Future Hospital principles have on patient outcomes and patient experience? What difference did patient engagement and involvement make?
- > Professionals – what impact does the realisation of the Future Hospital have on the medical profession and medical professionalism, both now and in future? What have we learned about clinical leadership of improvement?
- > Processes – what impact does the Future Hospital have on organisational processes? What needs to change radically? Are there cost-savings or efficiencies? Are the changes sustainable by the organisation? What contextual factors have been identified?
- > Policy – what lessons have been learned in the implementation programme for national policy-makers? Is the Future Hospital cost-effective?

Each development site or project will have individual objectives and evaluation needs. An overarching framework will apply so that findings can be compared and combined for a high-level assessment of the Future Hospital model.

### Future Hospital media successes and political engagement

In our update in the last issue of the *Future Hospital Journal*, we introduced the four development sites with which we are in partnership. Announcement of our work with these four hospitals and trusts around the UK was greeted positively by national and local media. There was strong coverage in the BBC, the *British Medical Journal* and *Hospital Dr*. We also received a range of coverage in the Welsh media regarding the plans for telehealth consultations by Betsi Cadwaladr University

Health Board, with the announcement making the headlines on BBC Radio Wales, the 9 pm national news for S4C, and Welsh language radio. (For further updates on the work of the FHP in Wales, please refer to the separate update in this issue.)

Such coverage has not gone unnoticed. Recently the chief executive of the Nuffield trust, Nigel Edwards, wrote in a blog for the BMJ:

*The Future Hospital Commission's ideas challenge the current model of outpatient care. Specialists in chronic diseases are already developing new approaches in partnership with primary care that show that the commission's ideas work for common conditions, and with good results for patients.*

The Future Hospital also featured as a case study in the *Health Service Journal's* recent commission on hospital care for frail older people.<sup>2</sup> This report echoed the focus of the FHP and the development sites on developing a model of secondary care that meets the needs of changing demographics in the patient population.

The Future Hospital and promotion of the RCP's latest publication, *Future hospital: More than a building* was the focus of RCP activity at the Conservative, Labour and Liberal Democrat party conferences in September and October 2014. The RCP team engaged with influential figures in the world of politics and health; Jeremy Hunt, secretary of state for health, Debbie Abrahams, shadow parliamentary undersecretary of state for health, and Norman Lamb, Liberal Democrat minister for health, all outlined their support for the FHP. Over recent months health has become a central policy issue, and a major topic of debate, as we approach the general election in May 2015. Political parties are still to make final important decisions on the NHS in their manifestos, and the RCP will continue to engage with key political figures in promoting the RCP's five-point plan for the next government, which calls for the following priorities to be adopted.

- > Remove the financial and structural barriers to joined-up care for patients.
- > Invest now to deliver good care in the future.
- > Prioritise what works in the NHS and improve what doesn't.
- > Promote public health through evidence-based legislation.
- > Adopt the Future Hospital model as a template for service redesign. ■

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### References

- 1 Future Hospital Commission. *Future hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013. Available online at [www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf](http://www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf).
- 2 Moore J (chair). Commission on hospital care for frail older people. *HSJ* 2014. Available online at [www.hsj.co.uk/comment/frail-older-people/](http://www.hsj.co.uk/comment/frail-older-people/).