Royal College of Physicians

Future Hospital Programme

Delivering the future hospital

Executive summary

November 2017

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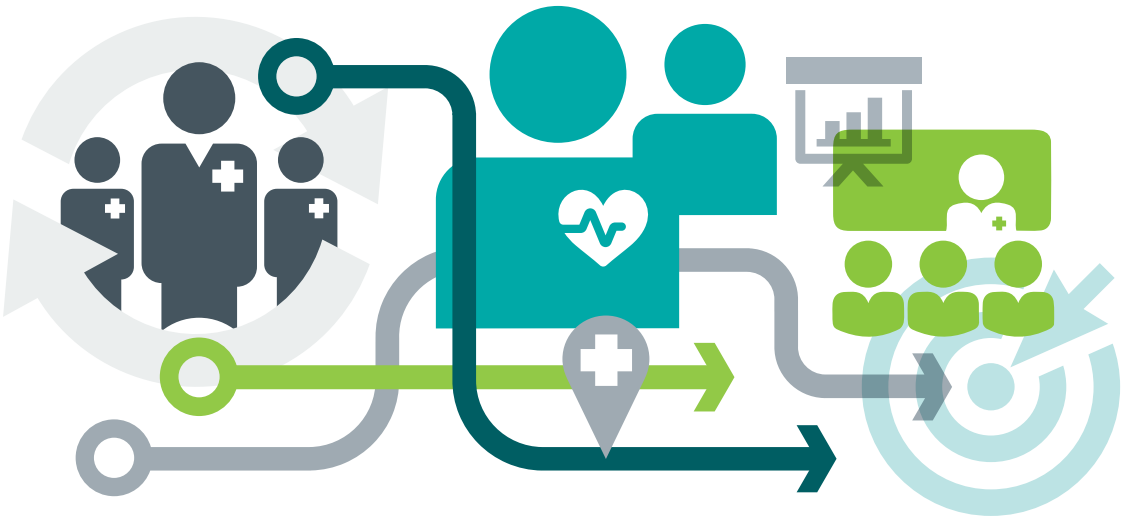


What was the Future Hospital Programme?

The Future Hospital Programme (FHP) was established by the Royal College of Physicians (RCP) in response to the seminal Future Hospital Commission (FHC) report.[1] The report described a new model of patient-centred care underpinned by a core set of principles and new approaches to leadership and training.

The FHP put this vision into practice with clinical partners across England and Wales in order to evaluate the real-world impact of the FHC's recommendations. At its heart was the need to change and improve services for patients. The FHP demonstrated the RCP's commitment to being part of the wider solution to the challenges being faced by the NHS.

Foreword Jane Dacre, PRCP

Future Hospital: Caring for medical patients **was that rare thing in medicine – a report that was radical, engaging and popular, full of new ideas and solutions to the common problems that beset the NHS. The product of 18 months' work by dozens of people, including patients and carers, it outlined a new blueprint for health services – a blueprint that would bring care to the patient where they were in the hospital, and identify and care for deteriorating patients in the community before they needed to go to hospital. It hit the headlines, garnered support from government, the NHS and the health professions, and saw its ideas incorporated into national initiatives such as NHS England's Five Year Forward View.**

My predecessor Sir Richard Thompson vowed he would not let the report sit on a shelf, and he was true to his word. The RCP invested in a 3-year Future Hospital Programme (FHP) to implement the recommendations of the report, provide proof of concept and turn the words on paper into real, measurable improvements in patient care. As the RCP president who took over responsibility for its implementation I am proud to say that it has done exactly that – the diverse elements of the programme have shown genuine and replicable successes.

The results – increased patient satisfaction, meaningful patient engagement, saving of money and resources, reduced admissions, patients treated more safely and effectively, increased clinician engagement, higher morale in FHP units leading to easier recruitment, improved self-management of conditions – are impressive and inspiring.

As Sir Richard said in his own foreword to the original report, 'Delivering radical change is not easy. It will mean evolution, difficult decisions and strong leadership.' And so it has proved. Common challenges across the FHP projects included limited resources, staff changes and vacancies, local structures actively hindering new patterns of working, and issues with data collection and sharing. Overcoming these difficulties makes the successes more remarkable.

The FHP demonstrated beyond doubt the value of both small and large investments for improvement projects, the need for strong leadership and inspirational staff who can lift team morale, the value of patient engagement and representation, and the need for stable teams and structures to support change.

Most importantly, we established that we can enact change against the background of the challenges described earlier. We now have a cadre of change champions from across the programme, whose experiences can inform those looking to replicate the improvement projects in their own trusts and community services.

Although the formal FHP is drawing to a close as a separate entity, the learning will be incorporated into the RCP's new Quality Improvement Programme, which will provide support to clinicians and their teams to deliver improvements in care and services. The programme will include a faculty of QI experts, develop training and education in QI, create networks and offer bespoke support to physicians, teams and organisations. The chief registrar scheme, which has been so successful in engaging our trainees in quality improvement programmes, will continue to be supported, with an ongoing network to support career development in QI after leaving the scheme.

I would like to offer my heartfelt thanks to every patient, every health professional, and every manager involved in the programme, for their commitment, their determination and their belief in Future Hospital. It was always about people, and it always will be.

Professor Jane Dacre
RCP President

Foreword Elisabeth Davies, PCN Chair

Patient and public involvement isn't always easy and rarely offers a quick fix solution. If it's going to succeed it often needs the deep-seated commitment of key individuals, working together to deliver a clear and unshakable vision for how services can be made measurably better by involving and engaging service users. It is this commitment – to both involvement and person-centred care – that has been a true hallmark of the Future Hospital Programme (FHP) from the outset.

This commitment has been woven into many of the different projects within the FHP, but there's no doubt in my mind that it's within the development sites that we've come closest to being able to deliver co-production. The RCP Patient and Carer Network (PCN) has been involved not just locally but in the project governance and design, including the recruitment and selection of the sites. It's therefore no surprise that this is the area where patient and public involvement has been most effective and where we've faced some challenges too.

We've seen improved patient experience reported at each development site. Patient representatives (both from the PCN and local lay representatives) have often taken the lead in defining and sometimes even collecting patient experience data. They've helped produce new information leaflets and they've set up new ways of engaging patients, including a Patient Advisory Group. At its best they've been very much equal partners within the quality improvement team.

The challenges they've faced in many ways echo the challenges for the wider development sites. PCN and lay reps have had to deal with the impact of changes to project management teams and losing those staff who have previously championed patient involvement. These factors have a knock-on effect on whether involvement has always felt meaningful and whether it can be embedded into routine practice – this isn't about a 'nice to have' but about the importance of understanding and measuring what matters most to patients.

Are there any surprises in this? Probably not when it comes to the challenges but familiarity doesn't make the learning and reflections set out within this report any less significant or useful.

What I am really struck by is that, as with so many aspects of healthcare, despite the systems and complexities, effectiveness so often comes down to the trust and the relationships that can be established between individuals. In the FHP I have met some exceptional individuals – our PCN development site leads, local lay representatives and clinicians and managers who have demonstrated true leadership and a commitment to improving the quality of what matters most to patients.

Current pressures mean it is more important than ever to design and deliver services based on the needs of patients and carers. This report is a testimony to what can be achieved.

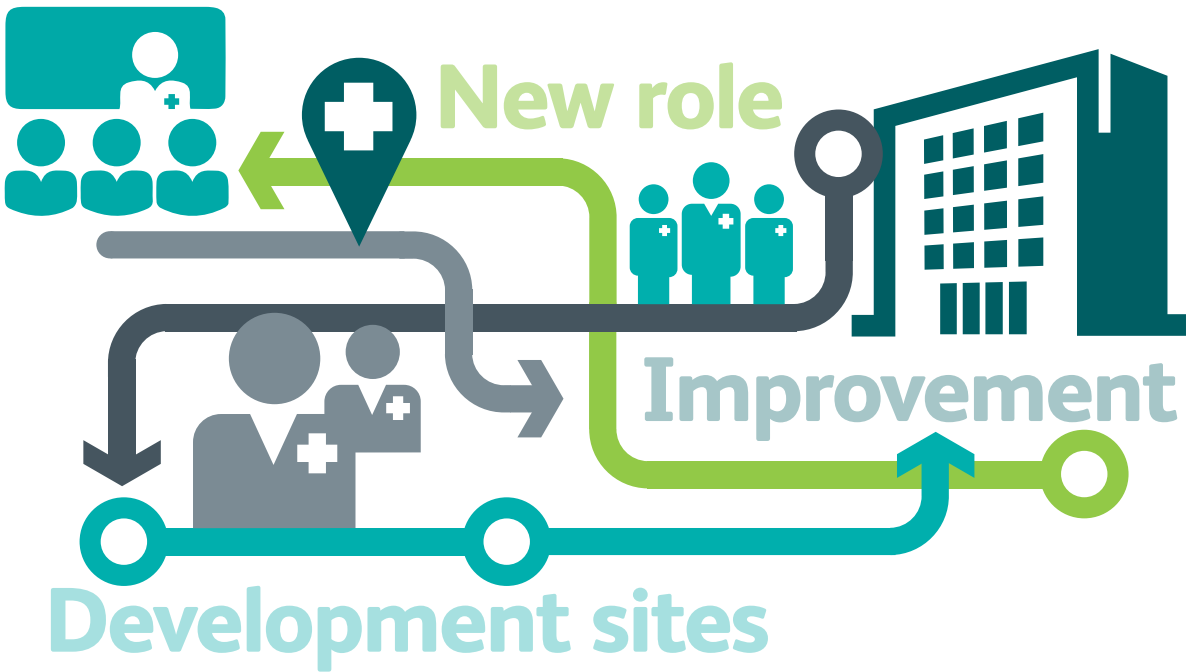
Elisabeth Davies
Chair, RCP Patient and Carer Network

What was different about the FHP?

NHS staff and patients are currently exposed to a raft of service improvement and transformation programmes as healthcare organisations strive to cope with increasing demand and constrained budgets.

The FHP was a new venture for the RCP. It represented a unique, comprehensive programme of activity which included: eight FH development sites (selected, supported local healthcare project teams); a pilot of a new role of chief registrar (a senior clinical leadership role for experienced trainee doctors); and other workstreams relating to person-centred care, young adults and adolescents and integrated care. The FHP:

- **championed patient experience and patient-centred care throughout, by facilitating leadership by patients, carers and the public and their involvement in service redesign and delivery from the outset**
- **embedded in clinical practice the FHC 'blueprint' and its 11 principles of patient care[1]**
- **applied a standardised approach to measuring the impact of new ways of working through quality improvement methodology**
- **supported development sites to improve front-line services within existing local resources with no additional transformational funding**
- **advocated a front-line clinician-led approach to improvement by selecting eight sites with strong, multiprofessional team working and patient engagement, from inception through to implementation**
- **led on the development of future clinical leaders through a bespoke leadership, management and improvement programme as part of the chief registrar project**
- **used the expertise, resource and influence of a medical royal college to support improved patient care**
- **commissioned independent evaluation by academic organisations.**



Patients and carers

Key learning

1. Ensure patients and carers are at the centre of healthcare design and delivery

From the outset, the FHP championed patient involvement. Patients were involved in the design and delivery of all development site improvement projects to varying extents. It is recognised that full, meaningful integration of patient representatives into clinical teams remains a challenge. Learning from the development sites showed that successful patient involvement in service design and delivery can be achieved by:

- harnessing the individual strengths and skills of patient representatives
- appointing at least two patient representatives to each clinical team and fostering mutual support and cross cover, to maintain continuity and to obtain a wider viewpoint
- peer support provided by an organised patient group, for example the RCP's Patient and Carer Network (PCN) or National Voices
- ensuring that clinical teams continuously reflect on, and refine the role of patient representatives
- identifying a member of the clinical team to act as a main point of contact for patient representatives; ideally, this should be the project lead
- ensuring that the patient's voice is heard and not marginalised by terminology, clinical decision making, professional relationships and hierarchy.

Development sites benefited from the varied backgrounds and experience of their patient representatives. Patients authored project reports, blogs and journal articles, led the redesign of a website to host resources for clinicians and the public, and presented at FHP learning events.

Improving patient care

2. Provide local support for teams to improve patient care in a financially constrained, politically exposed healthcare system.

Almost all development site projects were put at risk or adversely impacted by systemic pressures in their organisation. Unprecedented healthcare demand led to reorganisation and staff redeployment while staff vacancies disrupted teams. These challenges were mitigated by:

- ensuring board-level sponsorship, support and alignment with wider organisational and health economy priorities from the outset
- strong clinical and managerial leadership across primary, secondary, tertiary and social care
- patient involvement at every stage of the project, which engaged and motivated staff and managers and ensured a focus on goals that were meaningful to patients
- ensuring that wide staff engagement, resilience and morale were top priorities
- professionals having time, space and support to focus and participate in improvement activities outside of routine clinical practice.

The absence of RCP funding for service provision, or staff recruitment, in development site host organisations meant that improvements were achieved within existing budgets and, consequently, readily sustainable.

One Future Hospital development site team aimed to integrate respiratory services across central and south Manchester. Ensuring staff engagement across two large organisations was crucial for making progress. Regular meetings were held for teams to share ideas and collaborate on how integration would benefit patient care.

Collaborative learning

3. Develop a collaborative learning structure to enable healthcare teams to successfully implement improvement projects

Over its span, the FHP refined a series of educational and supportive interventions to help individuals and teams successfully implement improvement projects, which included:

- collaborative learning opportunities
- sharing project successes and failures both within and outside the FHP
- fostering a wider community of interest to share best practice and learning
- building peer support, particularly valued by chief registrars embarking on a unique and new role
- training in improvement methodology
- training in developing and implementing patient experience data collection and disseminating this to drive improvement.

The FHP facilitated regular learning events for Future Hospital development sites to meet, share learning, network and find solutions to common challenges, which were highly valued by teams. Likewise, through the Future Hospital chief registrar scheme, chief registrars were encouraged to collaborate and share learning through regular training days held at the RCP.

Collect and analyse data

4. Collect and analyse data to support ongoing improvements to patient care

The FHP provided all development site teams with training and support from experts in quality improvement and data analysis from the outset. Teams which included a local data analyst utilised statistically valid methodology more extensively, with an enhanced ability to demonstrate the impact of their interventions. These analysts helped to upskill clinical colleagues to utilise data to improve the care delivered to patients.

There remains limited expertise in the wider NHS in applying the 'measurement for improvement' model. Significant input is required to:

- recruit and upskill data analysts
- embed data analysts into clinical teams at the outset of improvement projects
- support and train clinical teams to ensure the right data are collected, analysed and interpreted to measure the improvement in care sought
- support clinical teams in collecting and interpreting patient experience data
- focus on data that measure the true impact of clinically-led improvement or change
- focus on data that enable clinical teams to improve patient-centred care and outcomes.

Development site projects adopted the Institute for Healthcare Improvement measurement for improvement model, which includes repeated Plan, Do, Study, Act (PDSA) cycles to drive continuous improvement.

The Future Hospital Programme has demonstrated that a patient-centred approach to improving services can help deliver better care for patients by more motivated, engaged staff.

5. Develop future clinical leaders

Clinical leadership, prestige and professional pride were significant drivers for success throughout the FHP. The chief registrar scheme was launched at a time when medical trainees felt undervalued and morale in the workforce was at an all-time low. The chief registrar pilot demonstrated:

- **the value of the role of chief registrar for individuals, patients, their organisation and the NHS**
- **the need for future clinical leaders to have structured leadership, improvement and management training, while remaining engaged in the delivery of acute, front-line care.**

Chief registrars are the NHS's future clinical leaders and take a leading role in developing innovative improvement projects that address key local challenges.

6. Partnership working between the RCP and local teams is an effective model for improving aspects of patient care

The FHP was a new initiative for the RCP. The prestige of being badged as part of the RCP's FHP was held in high regard by clinical teams, managers and healthcare boards. Affiliation with the RCP:

- **helped to gain organisation board-level support, which in turn accelerated local decision making processes**
- **attracted positive local and national media and political attention which supported dissemination**
- **enabled further progress through links with other national NHS organisations (for example the Society of Acute Medicine)**
- **facilitated networking, shared learning and structured training**
- **provided project management support, with exposure to national clinical leaders and expertise.**

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Successes

The right doctors assessed acutely ill patients early and as close to the hospital front door as possible

Future Hospital projects showed:

- patients on surgical pathways who had access to acute physicians and geriatricians, used ambulatory care more and had shorter hospital lengths of stay
- patients receiving comprehensive geriatric assessment from a specialist multidisciplinary team tended to have a shorter length of stay in hospital.

Specialist medical care extended seamlessly into the community so that patients at home, or close to home benefit from integrated specialist and community-based care

Future Hospital projects showed:

- patients with frailty who received specialist care in the community experienced fewer emergency visits to hospital
- patients with respiratory illness experienced longer intervals between emergency admissions once specialist services were integrated
- patients with access to telemedicine were able to receive specialist care in the community, which resulted in reduced travel time and costs for both patients and physicians
- frail, older patients given enhanced community assessment, experienced a reduction in admissions to hospital due to falls.

Patient experience is valued as much as clinical effectiveness

Future Hospital projects showed:

- patient representation was embedded in each of the development site teams.
- local patient representatives were complemented by a member of the RCP's PCN.
- improved patient experience was reported consistently at each of the development sites.
- teams needed support to collect and analyse patient experience data in real time.

Staff are supported to deliver safe compassionate care and are committed to improving quality

Future Hospital projects showed:

- project teams were able to build on their success through the creation of new posts and improved recruitment
- sites reported improved resilience, staff morale, team working and collaboration across healthcare boundaries. There was also expansion and replication of their projects in new locations.

External recognition

The FHP and its projects were recognised as beacons of excellence.

- Several of the development sites and the chief registrar project were recognised with national nominations and awards, including the HSJ award for 'Improving Outcomes through Learning and Development'.
- Project teams were visited by health ministers and members of parliament.
- The overall FHP won the LaingBuisson award for innovation in care in 2016.

Conclusions

The FHP has demonstrated that a patient-centred approach to improving services can help deliver better care for patients by more motivated, engaged staff. The FHC vision of improving patient care through enhanced access to specialist medical care closer to home and earlier in hospital pathways was realised in part.

Development sites recruited in 2014 showed improvements in the care of frail older people in hospital and community settings. Development sites commencing their projects in 2016 highlighted the promise and initial impact of enhanced joint working across healthcare boundaries for respiratory, allergy and frail and older people services.

Patient involvement

Patient involvement helped to ensure that the improvements reported were meaningful to patients. Successful and effective patient involvement required careful planning and continuing support.

Team morale and resilience

Almost all development site projects were put at risk by relentless systemic pressures in their organisations, leading to staff redeployment and vacancies. Improvement requires resilience and flexibility; projects may evolve in directions that were not foreseen at their inception.

Collecting data for improvement

The IHI improvement methodology was utilised by all development site teams. Those teams with data analysts were able to apply this methodology most effectively. Data analysts should be embedded in front-line clinical teams seeking to improve care. This will ensure that the 'right' data are collected, analysed and appropriately interpreted.

Developing future leaders

The pilot of the role of chief registrar has been a notable success of the FHP. The evaluation from the University of Birmingham provides important insights into its implementation.[2] The achievements of the first chief registrars have been impressive, leading to wide support and a doubling of recruitment.

Improving future health and care

The findings and learning from the FHP confirm that the RCP is uniquely placed to support physicians to improve patient care through:

- **supporting patients and carers to be members of improvement teams**
- **harnessing its national and international prestige to improve patient care**
- **facilitating collaborative learning and networking opportunities with peers and experts**
- **supporting the development of the next generation of clinical leaders and ensuring today's leaders are equipped with the skills to continuously improve patient care.**

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.

2 Exworthy M and Snelling I. *Evaluation of the RCP's Chief Registrar programme: Final report.* Birmingham: University of Birmingham, 2017.

Delivering the future hospital

Executive summary

This report is an account of the successes, challenges and learning from the FHP in the 3 years between 2014 and 2017. Its purpose is to report on the findings of the FHP and its partners.

This report is for healthcare professionals, patients and carers, commissioners and NHS managers.

Royal College of Physicians
Future Hospital Programme