

5th July 2010

Making the case for centralisation

The situation for public finances in the UK has been put into sharp focus in recent weeks. All public sector organisations in Wales, the NHS included, are tightening their belts for tough financial times the next few years.

Current estimates show that the NHS in Wales may be required to reduce expenditure by around £1.3bn over the next five years. The scale of such a financial challenge is considerable, especially when considered in the context of high levels of ill health and an ageing population.

The NHS effectively has to do more with less money, at the same time as making continual improvements in the quality and safety of care.

The scale of the challenge means that bold approaches must be considered.

More of the same in a more efficient way will not plug a gap of over £1bn. Fundamental and transformational change is needed to deliver higher quality services at a lower cost.

A key part of this change is to reduce the demand for expensive hospital services.

There are two main ways the NHS can do this: firstly, through better prevention of illness to help keep people healthy for longer, and secondly, through strengthened community and primary care services which keep people out of hospital. This direction of travel has been clearly set out through work led by Dr Chris Jones on the future for primary and community services.

The NHS is already making real progress on this agenda.

For example, many health boards in Wales run programmes for people with chronic conditions to help them maintain their health and prevent them from reaching the crisis point when they need hospital care.

Results from Carmarthen have shown a reduction in emergency medical admissions by almost 40% for Chronic Pulmonary Obstructive Disease.

Collaboration with social care is key, especially when it comes to helping elderly people maintain their independence and avoid hospitalisation. A project in Gwent has pioneered a 24-hour service for elderly people in their own homes, provided jointly by health and social care.

As a result, many elderly people have avoided a visit to A&E which can often lead to an extended hospital stay, and an ensuing loss of confidence and independence.

By keeping people out of hospital and reducing demand for hospital services, fewer hospital beds will then be needed. This inevitably prompts difficult questions about the number and functions of hospitals needed.

There are many more treatments available than 50 years ago, and medicine is becoming much more specialised and complex. In order to deliver the best possible care for the people of Wales, hospitals need to work differently and work together.

Although some patients may need to travel further, there is growing evidence to show that centralising very specialist services in fewer, larger facilities results in better and safer care.

The best outcomes for premature babies, for example, are achieved if they are cared for by a specially-trained neonatologist with appropriate support from highly trained staff; for stroke patients, if they are cared for in a specialist stroke unit with trained staff experienced in acute stroke care.

However, at the moment, some specialist expertise is spread too thinly across Wales. Specialist clinicians need to see a sufficient number of patients to develop a very high level of skill and experience. This is best achieved by concentrating expertise in specialist centres, where the most modern and costly medical equipment can be available to support the care that they give.

Any follow-up treatment and rehabilitation required, however, can often be undertaken locally, sometimes even in the patient's own home.

This is a way of working that the NHS has been attempting to move towards for some time. However, there is no doubt that the shortage of resources will increase the pace at which change needs to occur.

There will undoubtedly be tough choices that will affect the way hospital services have traditionally been provided in local towns and communities, and this may cause understandable anxiety for many people.

The challenge now is for all those involved to talk honestly about the changes ahead. The NHS, and its medical staff in particular will need to help patients, politicians and local communities to understand the need for change; why it is essential in the current financial climate, and why, ultimately, it will lead to safer outcomes and improved care.

There are some very tough choices ahead – but what is very clear is that the status quo is no longer an option that is available to us.