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Upgrading services, not downgrading hospitals

“They are downgrading our hospitals to save money and it will mean more travel for patients”: a pessimistic and incomplete view, but one that is in danger of becoming accepted wisdom in this period of unprecedented financial challenge.

Let’s take a closer look at the proposition that hospitals are being downgraded just to save money. It is true that there are currently proposals across Wales to base some specialist services in larger centres.

The reason for this is that the NHS needs to keep up with world-wide developments in medicine, that mean specialist clinicians need a high enough caseload to maintain their skills, and that concentrating expertise improves quality for patients.

Quite rightly there is still an important debate to be had about how this is developed -but the focus must be on the most important question: what do these proposals mean for patient services – not hospital buildings? Is it true that patients would have to travel further? If so, how much further and how often? And are there benefits that might outweigh this drawback?

For instance, what does it mean for patients in remote rural areas if their specialist is based at a large specialist centre, rather than at their local hospital? It may well mean that they have to travel for any complex surgical procedure they need.

However, it would also mean that they are being given the very highest quality treatment in the best possible place for that procedure, with expert back-up on hand. What’s more, local clinicians linked to the specialist centre can often do the initial assessment and any follow-up locally, reducing the need for patients and clinicians to travel.

Surely, in overall terms, this can only be viewed positively as an upgrading rather than a downgrading of the service provided to patients?

This brings us back to the need to focus on the overall service to the patient. To say this sounds like stating the obvious. Yet too often, the debate is centred on a subtly different issue: which building the clinician is based in.

Moving services out of traditional hospital buildings inevitably raises questions about the role and function of some of our smaller hospitals. Many of which are ageing buildings that are not cost efficient to maintain and are often sited in the wrong place.

This distinction between services and buildings is crucial. For understandable reasons we are very attached to hospital buildings: they are visible symbols of the NHS and local identity; they were built and paid for by our community; and they are where our loved ones were born, cared for, and sometimes where they died.

But sentimental attachment, while understandable, must not cloud our judgement over the need to improve services to patients. The purpose of the NHS is caring for patients, not maintaining buildings.

Where we need hospital buildings to help us deliver care then of course we want nothing but the best, not simply what we've always had.

Ysbyty Aneurin Bevan in Ebbw Vale has just opened to replace two outdated hospitals in the area - Blaina and Tredegar. This new hospital will improve access to planned and emergency healthcare, and the single rooms will help aid recovery, improve privacy and reduce the risk of infections spreading. This is what we should aspire to in all our hospitals and not waste time and money propping up outdated facilities.

But it must never be forgotten that ultimately our hospital buildings - however much we cherish them - are means to an end, not ends in themselves.

How about the view that changes mean more travel for patients? The problem here is that the debate is often dominated by where specialist services are based. But the fact is that the overwhelming majority of NHS care is already provided locally, and the trend is for more to follow.

So it is right to challenge the harbingers of doom? These changes are not a knee-jerk reaction to budget cuts, they are part of a carefully planned process that we have been working on since the Wanless Review in 2003 and there is ample evidence to suggest that it is pointing towards a better future for patients: in short, "less travel for most, upgraded services for all".