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## **Health outcomes are far more important than hospital buildings**

As anyone who has ever worked in the health service will know, there is a vast array of words and phrases that are part of everyday language to NHS managers, but gobbledygook to everyone else.

One word which is being used more and more often in conversations with the public is “outcomes”.

It may sound like jargon to many, but “health outcomes” is actually a very straightforward concept – put simply, it means what effect our care and treatment is having on patients.

Are we making our patients feel better, more comfortable, healthier, more independent? Have we been able to improve or maintain their quality of life? Have they had a good experience of their NHS care?

It seems an obvious way to be measuring the success or otherwise of our National Health Service, but often these are not the things we look at when we judge how well the NHS is performing.

Think about the ways that NHS performance usually hits the headlines – waiting times targets, ambulance response times, how many beds or nurses or doctors we have.

These things are all important measures – but they do not tell the whole story. They do not tell us whether the NHS has given good, effective care that has made the patient feel better.

Recently, the Health Minister said in her speech to the Public Health Wales conference that she wants the NHS to start measuring and reporting more clearly what health outcomes it achieves.

The Welsh NHS Confederation, which represents all Local Health Boards and NHS Trusts in Wales, agrees.

A focus on outcomes helps to keep our focus firmly on the needs of patients while we plan how to meet the challenges we are facing.

These are difficult times financially, and health boards in Wales are considering very carefully what services they need to provide and where. By focusing on outcomes, this decision-making process is based on what is best for patients.

It sounds simple, but can actually lead to some unpopular proposals.

For example, evidence overwhelmingly shows that outcomes for patients are much better when complex, specialist services are delivered from larger, busier hospitals.

That raises questions about whether some of our smaller hospitals should be providing the range of services that they currently provide.

Discussing the role and function of local District General Hospitals can be a very emotive subject – this very issue was debated in plenary by Assembly Members last week.

Much of the discussion centred on safeguarding services for local hospitals and ensuring that people can get to their local centres easily.

Travelling times are certainly important, but there is a question that is often overlooked in the heat of the debate – what achieves the best outcomes for our patients?

There are ways of achieving better outcomes by avoiding the need to go to a District General Hospital altogether – for example, community nursing staff can support patients with chronic conditions to maintain their health and independence and avoid the need for hospital care. Cancer patients can have check-up appointments with their consultant via a video conferencing link to a major specialist centre.

There will undoubtedly continue to be much discussion about the geographical location of services.

But rather than focus our energies on buildings and where they are placed, a more productive debate would look at services and the outcomes they achieve for patients. Remembering, of course, that the majority of NHS care is provided outside of hospitals and through local primary and community services.

The NHS fully supports the Minister's aim of providing clearer information on what outcomes all these services are achieving.

It is only by doing this that the NHS can show that changes are being made in order to improve services, and not as many people fear, just to save money.

With a clear focus on outcomes and making things better for patients, we have an opportunity in Wales to reach a consensus on the way forward for our health service.