

European Health Forum

Tomorrow's hospitals must be far more flexible than their predecessors. They must be less wedded to the static concept of bed numbers and more adaptable to patients' changing needs. That was one of the messages directed to participants at this year's annual European Health Forum in Gastein, Austria.

Professor Martin McKee, the Research Director at the European Observatory on Health Systems and Policies, believes that hospital architects and planners need to show greater imagination. "We are concerned hospitals are still being built to reflect the needs of patients from the nineteenth and twentieth centuries, not the twenty first," he said.

The advocates of a new approach have set out their arguments in *Investing in Hospitals of the Future*. They argue that rather than working on the basis of bed numbers, the emphasis should be on issues such as the frequency of contacts between doctors and patients and the number and type of operations that may be carried out. All too often, they add, projects are driven by short-term tactical considerations, notably the political desire to build a new hospital, rather than an analysis of long-term strategic performance and need. Steve Wright, one of the authors, acknowledged that taking such considerations into account could complicate initial design and planning, but maintained this would lead to greater efficiency in day-to-day activities.

Similarly, the publication notes that giving higher priority to factoring running costs, such as heating, into the planning process would reap dividends, particularly since the cost of building a new hospital is only two to three times annual operating expenditure. As an example, Bernd Rechel, a lecturer at the London School of Hygiene and Tropical Medicine, pointed out that it was just 2 percent more expensive to build single bed rooms instead of the traditional four-bed model. "If the individual rooms are properly adapted, patients do not need to be moved around so much, thus reducing the chances of their falling or of giving them the wrong medicine," he noted.

Supporters of changes in hospital design also stress that wider considerations should be taken into account. Energy efficiency will become increasingly important as efforts are taken to tackle climate change. Attention needs to be given to satisfying the different interests and needs of patients, staff and the local community and to constructing pathways through the hospital system so that care is organised in a smooth flow, minimising unnecessary waiting, mistakes and inappropriate procedures. Finally, thought should also be given to possible future uses of the premises, such as offices or hotels, once they have outlived their practical use. Inequalities in healthcare was another of the themes examined at this year's Gastein Forum and, coincidentally, it is also an issue the European Commission addressed at the end of October with publication of a policy paper to reduce such inequalities within the European Union.

As Androulla Vassiliou, the EU health commissioner, explained: "I want to see a Europe where everyone has the opportunity to enjoy a high level of health regardless of where they live or their social or ethnic background. We have recognised that health inequalities need to be tackled."

While public health standards have undoubtedly risen across Europe in recent years, significant differences remain in basic indicators such as mortality rates, incidence of disease and available treatment. Life expectancy at birth varies from up to eight years for women and 14 for men. These differences could be exacerbated if the current economic crisis hits groups, notably the unemployed, which are most vulnerable.

In practical terms, Mrs Vassiliou, wants to see the EU give health issues a higher priority when drafting its various policies and to back this with finance from its many funding programmes, in particular the billions of euro spent annually on regional and social projects. Some of this expenditure, which is traditionally directed at large infrastructure schemes, could then be used for primary healthcare facilities, water, sanitation and housing renewal.

Member states would have to give their agreement to open up these new avenues for EU spending and Commission and national officials are currently examining what new possibilities would be feasible. Ideas already on the table include using EU funds to co-finance national health information and promotion campaigns and to encourage wider use of e-health.

Politically, the Commission's move is significant. It has been tabled just as crucial negotiations are set to begin next year on the future size and shape of the EU's annual budget and the policy priorities it should support.

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