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Myths of ideal hospital size. Response to the MJA press release on Hospital Overcrowding

I entered the NHS in 1992 after a career change from biotechnology and process engineering. I quickly acquired a long list of health service myths regarding the way health care was supposed to behave in terms of growth in demand and the measurement of efficiency. Hence, 'the population is getting older' means that changes in age structure must be driving increasing demand and therefore that is the way we work out future demand to size health care facilities. Sounds 'right' but has no scientific basis for its validity. Likewise 'the health service is getting more efficient' therefore length of stay will continue to decline. Sounds 'right' but length of stay is a reflection of far more subtle factors than simple 'efficiency'. Or even, 'the same operation should cost the same no matter where it is performed'. Once again sounds 'right', but sadly the resulting HRG and DRG tariffs contain serious financial flaws which create greater financial pressures than the ones they are supposed to eradicate.

Over the past 18 years I have been forced to go through a process of evaluating these myths and have reached the conclusion that health care planning is based on dubious foundations all of which seem designed to assure health departments that hospitals need to be smaller.

The issues are complex and increasing efficiency due to medical technology, rapid recovery after surgery, etc coupled with the potential for joint working between health and social care do offer some degree of compensation for the trend toward larger hospitals. These factors are stronger in some countries than others depending on how services are arranged. For example, the particular way that primary care is structured in Australia may hinder certain types of efficiency (as indeed can be said of any way that services are different in one country to another). Hence I am not arguing for bigger hospitals just for the sake that bigger is better.

However, to build a hospital, emergency department or outpatient clinic which is too small will likewise lead to a different set of inefficiencies and it is at this point that I feel it would be helpful if health care planners were exposed to an alternative view of how health care demand behaves. This view is the outcome of 18 years of hard won experience and of many thousands of hours of detailed research.

In order to make this experience more widely available I have published a range of articles in various medical and health service journals and have placed around 50 reports and discussion documents on my website (www.hcaf.biz). These are freely available to health service managers and planners. My only plea is that government health departments consider the implications of my findings rather than rejecting them because they give what is perceived to be a politically incorrect answer and that research in this sadly neglected area is encouraged.

Health care is far more complex than any of us realise. To build a hospital slightly too big is a small waste of money compared to the far greater waste, aggravation and inefficiency that arises from building it too small.