How does a hospital work?

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8 August 2019
“An institution providing medical and surgical treatment and nursing care for sick or injured people”
But this is a story of variation not standardisation

A typology (of sorts)

Type of services
- Acute
- Mental health
- Specialist
- Community

Ownership and operation
- Public
- Private – not for profit
- Private – for profit

Form
- Foundation status
- Part of a group
- Multi-site

Teaching status
- Teaching or university hospital
- District General Hospital

Size
- Small
- Medium
- Large

Though starting to break definitions down with integrated acute-community or acute-mental health trusts
But this is a story of variation not standardisation

"active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery"

ie. Not chronic or long-term care
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Community hospitals, sometimes called ‘cottage hospitals’, vary significantly in scope... but they are small local often rural hospitals that provide **sessional medical services** such as x-ray, minor injury units, antenatal services, **intermediate care** ie short term care to help you recover and increase independence eg step down or step up care to avoid hospital or get you home.
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In the NHS, if primary care is the first point of consultation (eg GP)...

And secondary care usually occurs after referral to a hospital setting (eg inpatient care)...

Specialist care is tertiary or quaternary care delivered in a few – usually mono-speciality – centres after referral from secondary care.
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On the basis of financial revenue / turnover, beds, or staff.

Less used than in the past, but when used it’s often on the basis of financial size..from Weston to Barts
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Attached to universities for the training of (mainly) medical staff.

DGHs in contrast focus on care delivery, rather than teaching and research.
A word on trust

- NHS trusts were created in waves in the 90s. Public sector corporations that provide goods and services for the purposes of the health service.

- Named ‘Trusts’ (I assume) in the corporate sense of holding assets for beneficiaries ie patients and local populations.

- The current default unit of planning and management in the provider sector. But not the unit of thinking for patients and the general public...or staff?
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Foundation trusts are a legal form (public benefit corporations).

‘Set free’ from central control, more commercial freedoms, run by unitary boards and accountable via governors to members and the public.

Freer only in theory now?
UK about average in the number of hospitals, but perception that our hospitals are bigger on average (in terms of beds) compared to other European countries.

Interesting for commitment to community and primary care medicine.
General medicine and general surgery dominate.

But boundaries not always neat eg gastro and general surgery, vascular and the medical take
Substantial variation in the mix of what hospitals do. Some dominated by general medicine, emergency and maternity; others surgical factories; others a more even mix.
A story of variation in size

c80 per cent of hospitals have between 250 and 1000 beds
A unitary board of execs and non-execs ie decisions by consensus rather than NEDs having a purely supervisory role.

Inpatient directorates and divisions or business units...

Most hospitals split inpatient work into 4-8 units e.g. children & womens, surgery, medicine & emergency, specialist.

Run through a fractal triumvirate structure of medic, nurse, manager.
Where does power fit in a structure like this?

Who can make things happen?
Floors and rooms, bricks and mortar matter to people