



# Centralising Expertise in Hospitals and Care Closer to Home

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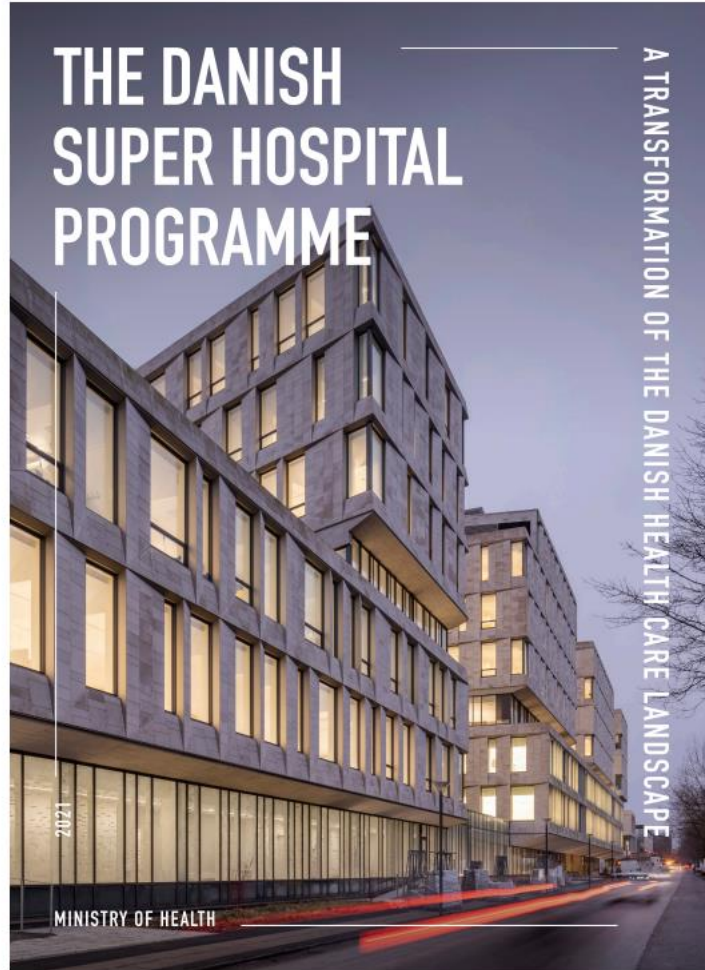
Centralising Expertise in Hospitals

**VERSUS**

Care Closer to Home

# THE DANISH SUPER HOSPITAL PROGRAMME

A TRANSFORMATION OF THE DANISH HEALTH CARE LANDSCAPE



2021

MINISTRY OF HEALTH

# Danish Super Hospitals

- Initially implemented in 2007
- Reduction in no of hospitals from 41 to 20
- Regions of ~300K pop
- Aligned with reconfig of administrative units
- New programme of extensions/builds announced 2021

# Rationale

1. Higher quality
2. Efficiency gains

‘It is believed the positives outweigh the negatives’

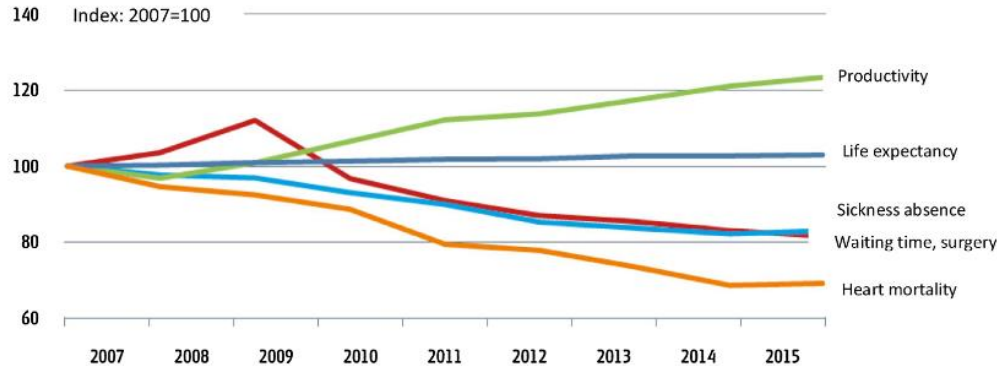


## Hospital centralization and performance in Denmark—Ten years on<sup>☆</sup>

Terkel Christiansen<sup>a</sup>, Karsten Vrangbæk<sup>b,\*</sup>

<sup>a</sup> COHERE – Health Economics Research, University of Southern Denmark, Denmark

<sup>b</sup> Department of Public Health and Department of Political Science, Center for Healthy Aging and Center for Health Economics and Policy, University of Copenhagen, Denmark



No cost reduction  
Productivity 2%




**Fig. 1.** Indices of development in hospital productivity, life expectancy, sickness absence and waiting time for surgery 2007–2015. Note: Sickness Absence is absence by employed in regions and municipalities. Life expectancy is for the whole population. Source: [21].

# Clinical Outcomes

- Increase in unplanned emergency activity
- Impact on LoS mixed – prob increase LoS for WD and shorter WE
- Increase 7 and 30 day readmissions (claim would have been higher without reconfig)
- Increase in mortality for pts with COPD transported by ambulance

# Mortality before and after reconfiguration of the Danish hospital-based emergency healthcare system: a nationwide interrupted time series analysis

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Marianne Flojstrup <sup>1,2</sup> Søren Bie Bie Bogh <sup>3,4</sup> Mickael Bech,<sup>5</sup>  
Daniel Pilsgaard Henriksen,<sup>6,7</sup> Søren Paaske Johnsen,<sup>8</sup>  
Mikkel Brabrand <sup>2,9</sup>

**Conclusions** The Danish emergency care reconfiguration programme was not associated with an improvement in overall in-hospital mortality trends and was associated with a slight slowing of prior improvements in 30-day mortality trends.

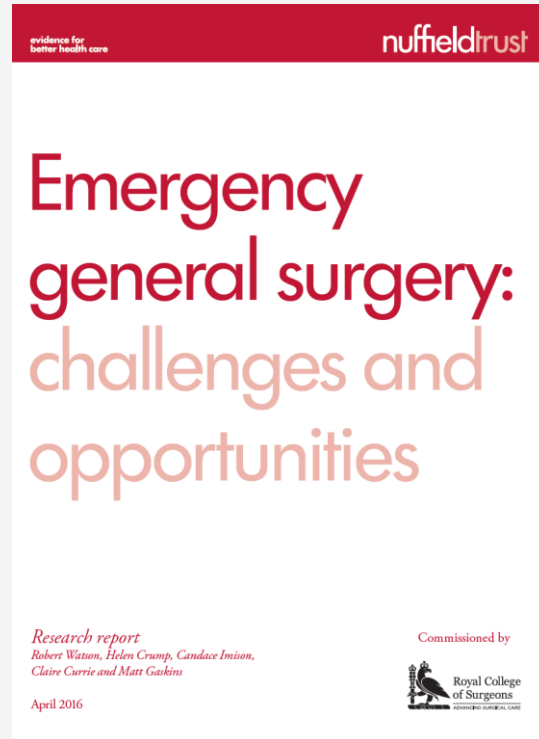


**WHY DIDN'T THIS  
WORK???**

**Premise:**

**Smaller Hospitals Provide  
Worse Care**

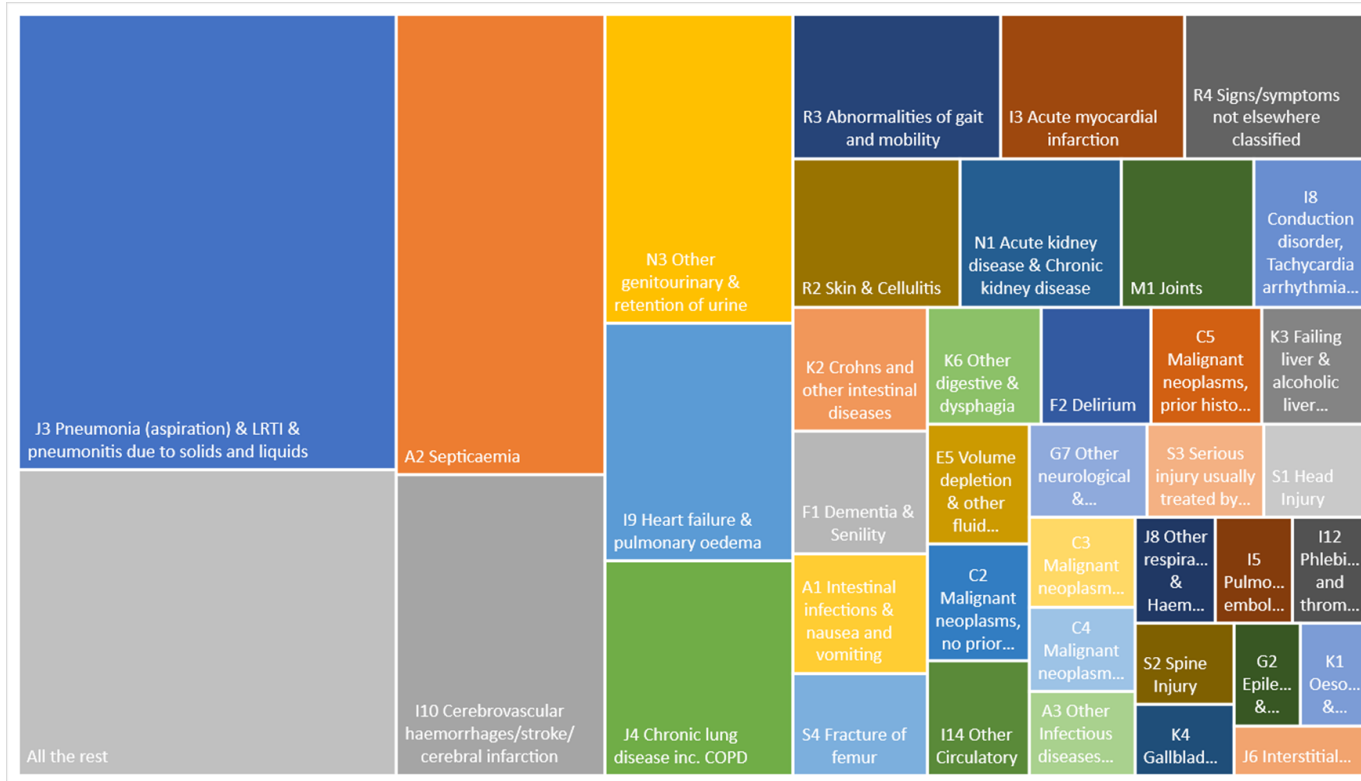
# NO good evidence that outcomes are worse for smaller hospitals



**Premise:**

**All Patients Benefit From  
Specialist Care**

# Pts With Specialist Need = Minority



**Premise:**

**Centralisation of Services  
Produces Better Outcomes**

# Centralisation Not Necessarily Better

Changing the System - Major Trauma Patients and Their Outcomes in the NHS (England) 2008–17

Christopher G. Moran <sup>a</sup>, Fiona Lecky <sup>b</sup>, Omar Bouamra <sup>c</sup>, Tom Lawrence <sup>c</sup>, Antoinette Edwards <sup>c</sup>, Maralyn Woodford <sup>c</sup>, Keith Willett <sup>d</sup>, Timothy J. Coats <sup>e,\*</sup>

Fulop et al. *Implementation Science* 2013, **8**:5  
<http://www.implementationscience.com/content/8/1/5>



IMPLEMENTATION SCIENCE

**STUDY PROTOCOL**

**Open Access**

Innovations in major system reconfiguration in England: a study of the effectiveness, acceptability and processes of implementation of two models of stroke care

Naomi Fulop<sup>1\*</sup>, Ruth Boaden<sup>2</sup>, Rachael Hunter<sup>3</sup>, Christopher McKeivitt<sup>4</sup>, Steve Morris<sup>1</sup>, Nanik Pursani<sup>5</sup>, Angus IG Ramsay<sup>1</sup>, Anthony G Rudd<sup>6</sup>, Pippa J Tyrrell<sup>7</sup> and Charles DA Wolfe<sup>4</sup>

**Premise:**

**High Volumes Produce Better  
Outcomes**



- Some good evidence for volume relationship for key conditions and procedures (stroke, trauma, myocardial infarction)
- BUT less account for <1% of all ED presentations



# Complexity Around Procedures

Original Investigation

FREE

July 2013



## Utilization and Outcomes of Inpatient Surgical Care at Critical Access Hospitals in the United States

Adam J. Gadzinski, MD, MS<sup>1</sup>; Justin B. Dimick, MD, MPH<sup>2</sup>; Zaojun Ye, MS<sup>1</sup>; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

*JAMA Surg.* 2013;148(7):589-596. doi:10.1001/jamasurg.2013.1224

## BMJ Open Volume and in-hospital mortality after emergency abdominal surgery: a national population-based study

Deirdre M Nally <sup>1</sup>, Jan Sørensen,<sup>2</sup> Gintare Valentelyte <sup>2</sup>, Laura Hammond,<sup>2,3</sup> Deborah McNamara,<sup>3</sup> Dara O Kavanagh,<sup>1</sup> Ken Mealy<sup>3</sup>

**Premise:**

**System Reconfiguration  
Improves Clinical Outcomes**

**POLICY** The drivers and impact of emergency care reconfiguration in Ireland: Results from a large mixed-methods research programme

Author: John P Browne<sup>A</sup>

- No obvious signal at national level of harm or benefit wrt case fatality rate
- Trends towards worsening CFR in areas where EDs closed
- Increase in trolley waits and ED overcrowding in many places
- No efficiencies or savings realised

## **Is Emergency Department Closure Resulting in Increased Distance to the Nearest Emergency Department Associated with Increased Inpatient Mortality?**

**Renee Y. Hsia, MD, MSc,**

Department of Emergency Medicine, University of California, San Francisco San Francisco  
General Hospital San Francisco, CA USA

*Health Aff (Millwood).* 2014 August ; 33(8): 1323–1329. doi:10.1377/hlthaff.2013.1203.

## **California Emergency Department Closures Are Associated With Increased Inpatient Mortality At Nearby Hospitals**

**Charles Liu, AB<sup>1</sup>, Tanja Srebotnjak, PhD<sup>2</sup>, and Renee Y. Hsia, MD, MSc<sup>3</sup>**

Charles Liu: charles\_liu@hms.harvard.edu; Tanja Srebotnjak: tanja.srebotnjak@eius.org; Renee Y. Hsia: renee.hsia@emergency.ucsf.edu

*Health Aff (Millwood).* 2019 September ; 38(9): 1496–1504. doi:10.1377/hlthaff.2019.00125.

## **Emergency Department Closures And Openings: Spillover Effects On Patient Outcomes In Bystander Hospitals**

**Renee Y. Hsia, MD, MSc<sup>1</sup>, Yu-Chu Shen, PhD<sup>2</sup>**

# Patients Travel Further/Longer

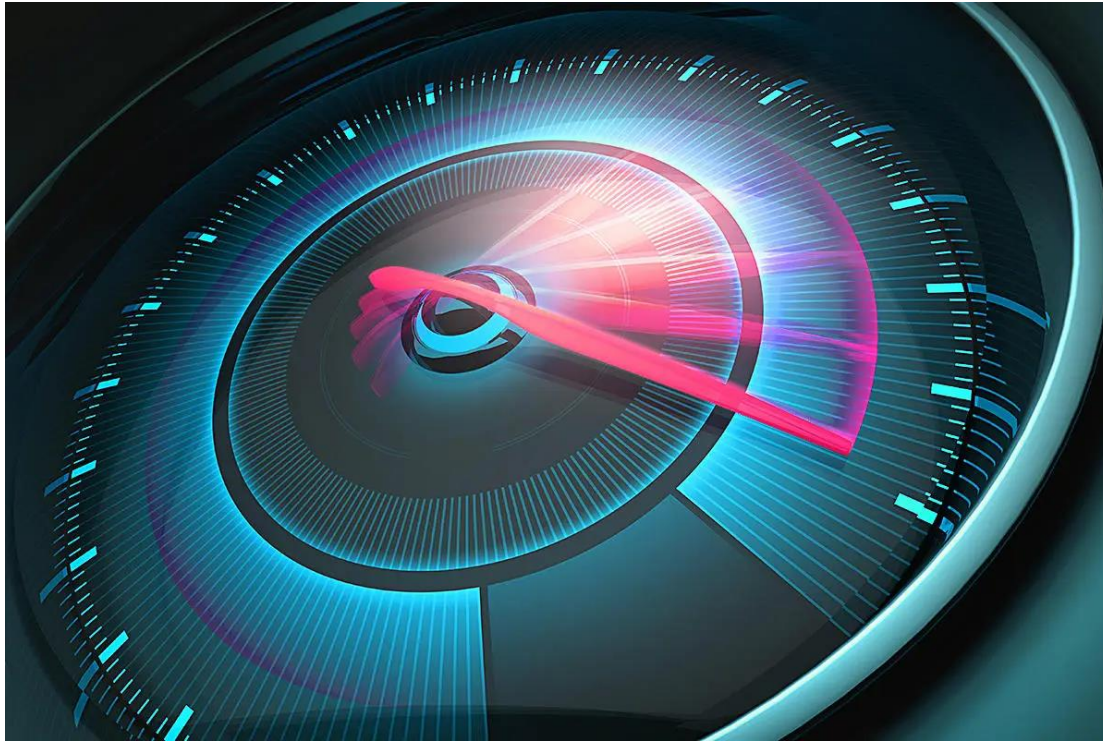
- ~1% increase in mortality for every 10km/10 min travelled



# Increases Overcrowding



# 'Speed Up'





# Disrupts Systems

- Increases in ambulance time 'on the road'
- Increases in ambulance incidents
- Increases in waiting times on trolleys
- Increases variety of forms of 'operational strain'

**Premise:**

**Reconfiguration Improves  
Cost/Efficiency/Productivity**

# Hospital Closures/Mergers in the UK



**Outcomes no better, few (if any) savings**

**Premise:**

**Reconfiguration Concentrates  
Staff**

# Staff Leave Or Are Unhappy



**Premise:**

**Reconfiguration Has No Other  
Impacts**

# ‘Deserts of Care’



# Economic Impact on Towns





# Abandonment, Injustice, Inequity



# Dishonest Framing?

# Small as a Convenient Excuse?

News > Medscape News UK

## NHS Should 'Do Better' As Figures Show Scale of Never Events

Barts Health NHS Trust in London had the most errors, with 17 never events in the 16 month period, including eight cases of wrong site surgery.

Walsall Healthcare NHS Trust had the next highest with 13, followed by Guy's and St Thomas' NHS Foundation Trust and University College London Hospitals NHS Foundation Trust, which had 12 each.

## Belford Hospital in Fort William records highest death rate in Scotland



by Tom Peterkin

May 15, 2019, 7:25 am

But when the crude figures were adjusted to take into account a patient's risk of death, Belford recorded a "standardised mortality ratio" of 0.93%, which suggested there were marginally fewer deaths than predicted.

Mr Cameron said: "Local residents will naturally be very concerned that the crude mortality rates seem high at the Belford compared to other hospitals in Scotland.

# Clinicians and Politicians Want



# Patients Want



# Reconfiguring emergency and acute services: time to pause and reflect

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Louella Vaughan <sup>1</sup>, John Browne <sup>2</sup>

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