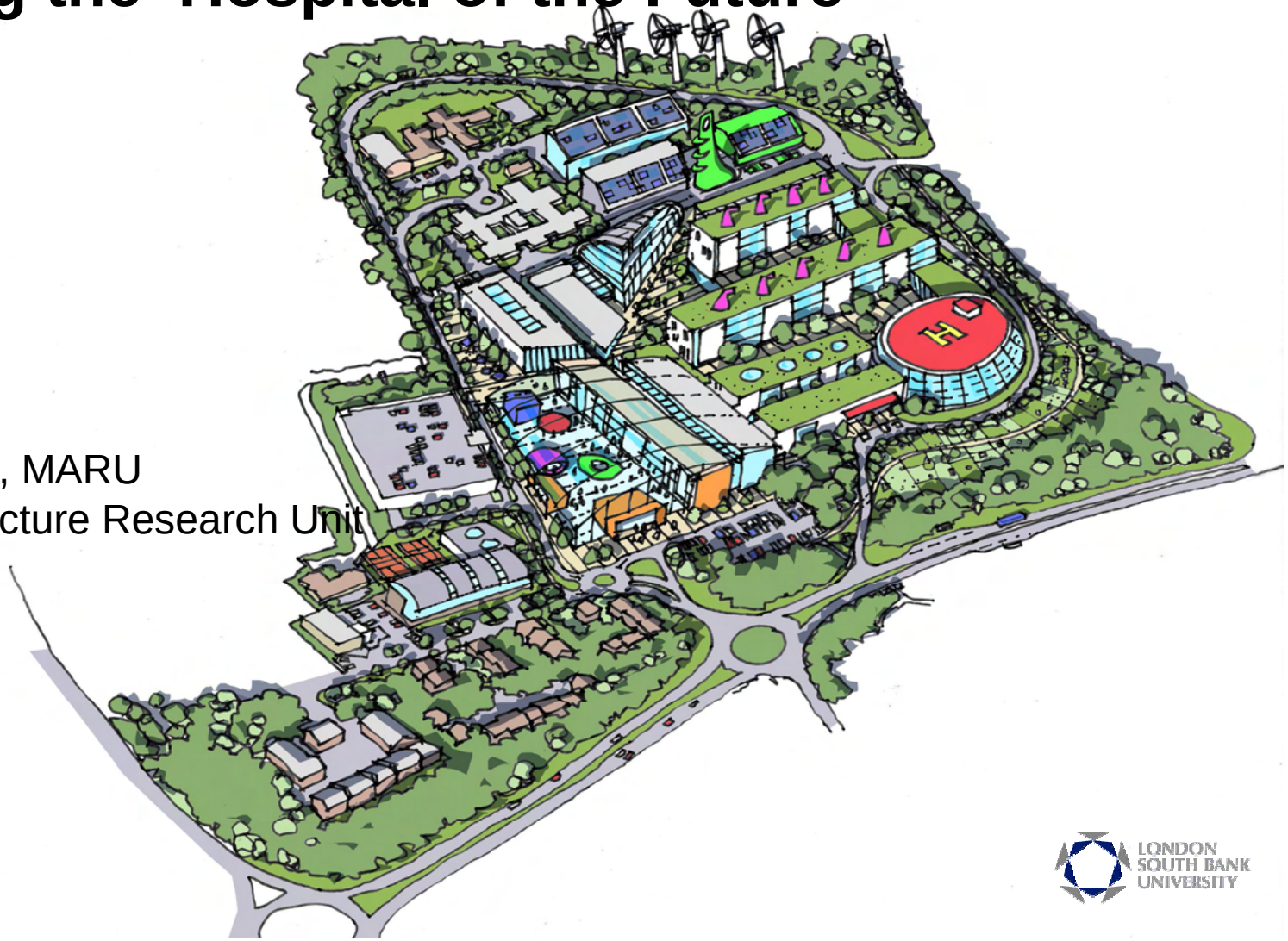
‘Anticipating Change’

Designing the Hospital of the Future



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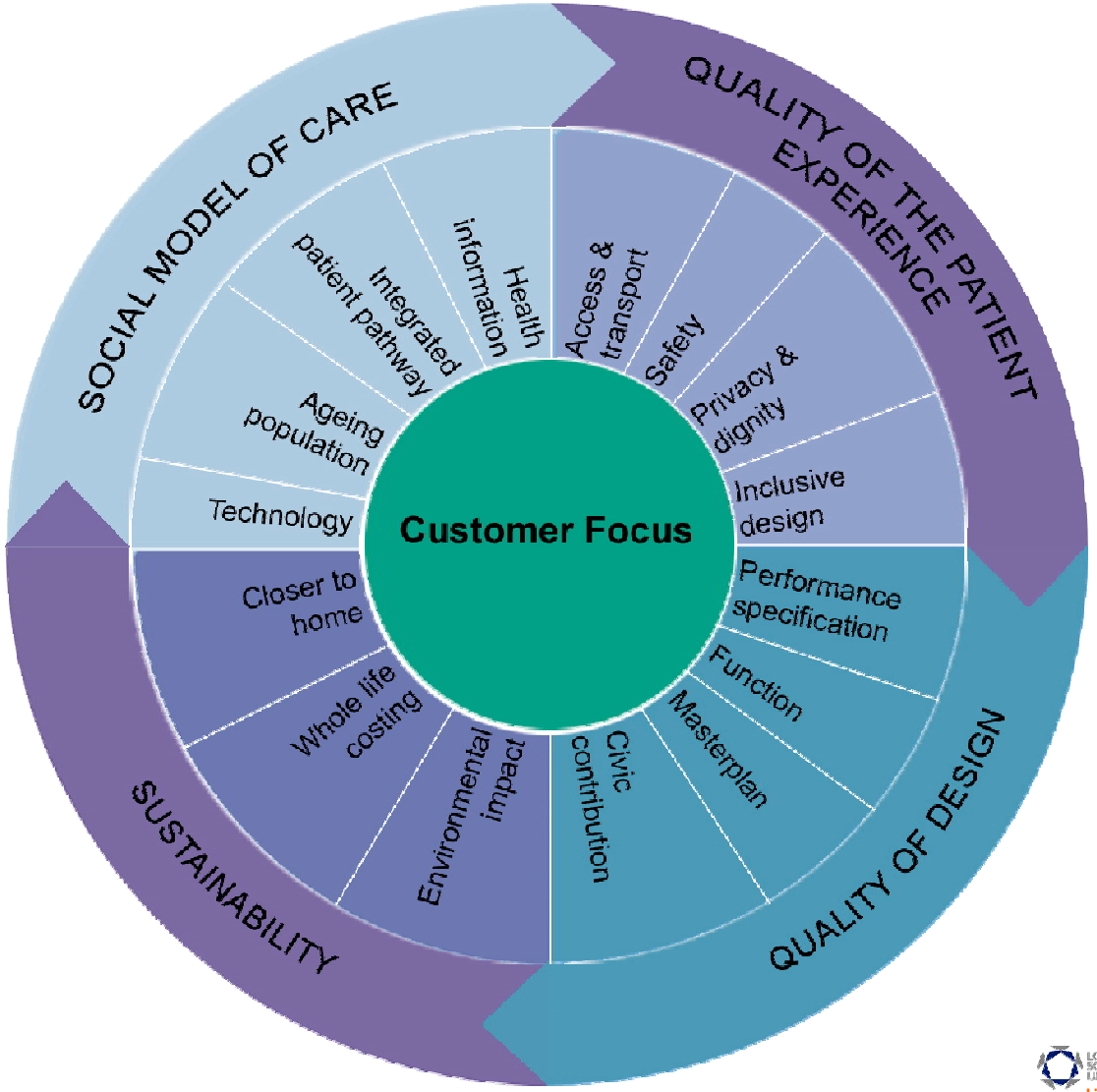
June 2009

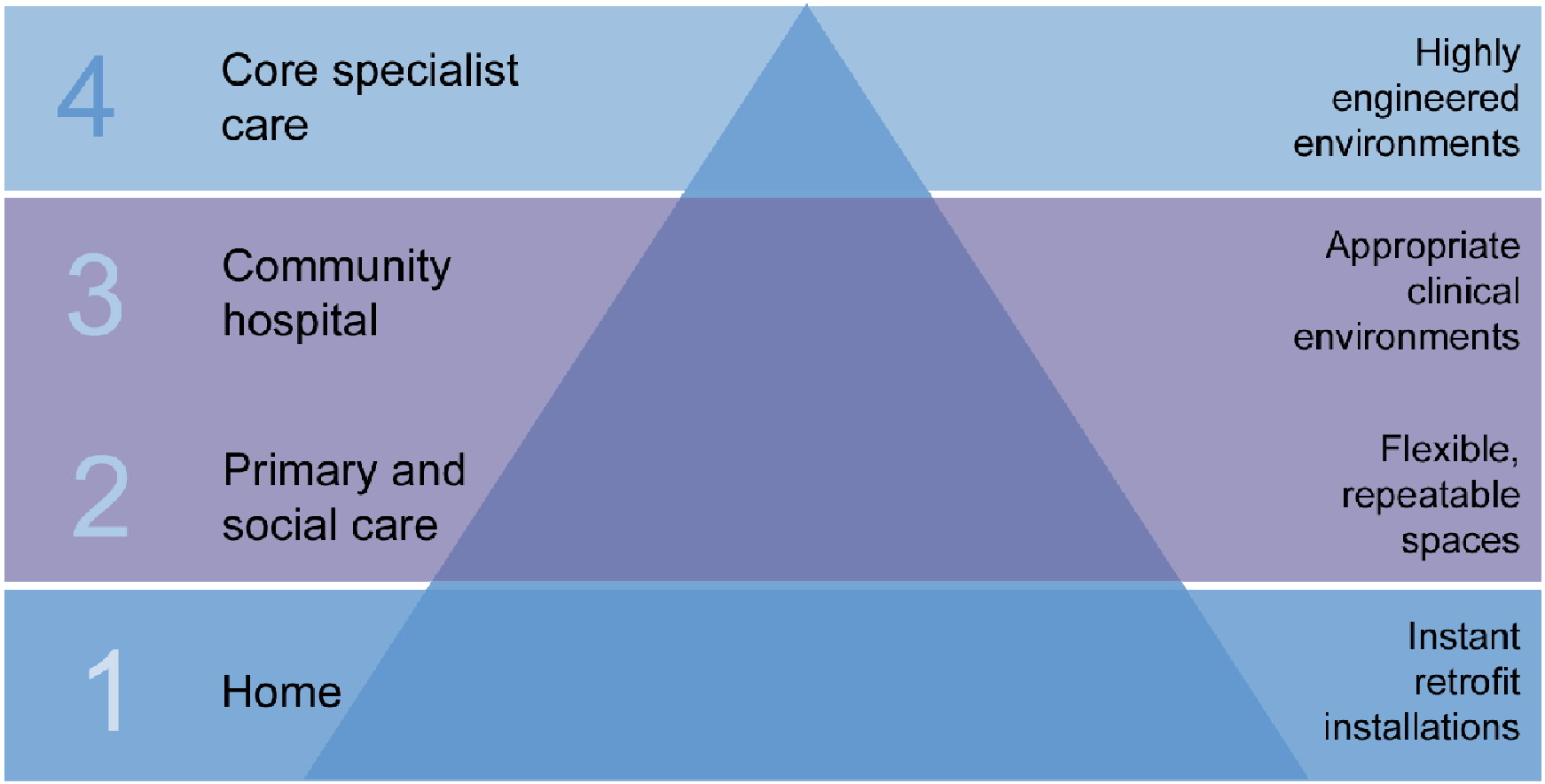
LONDON SOUTH BANK UNIVERSITY

Building a 2020 vision: Joined up thinking



Source: MARU

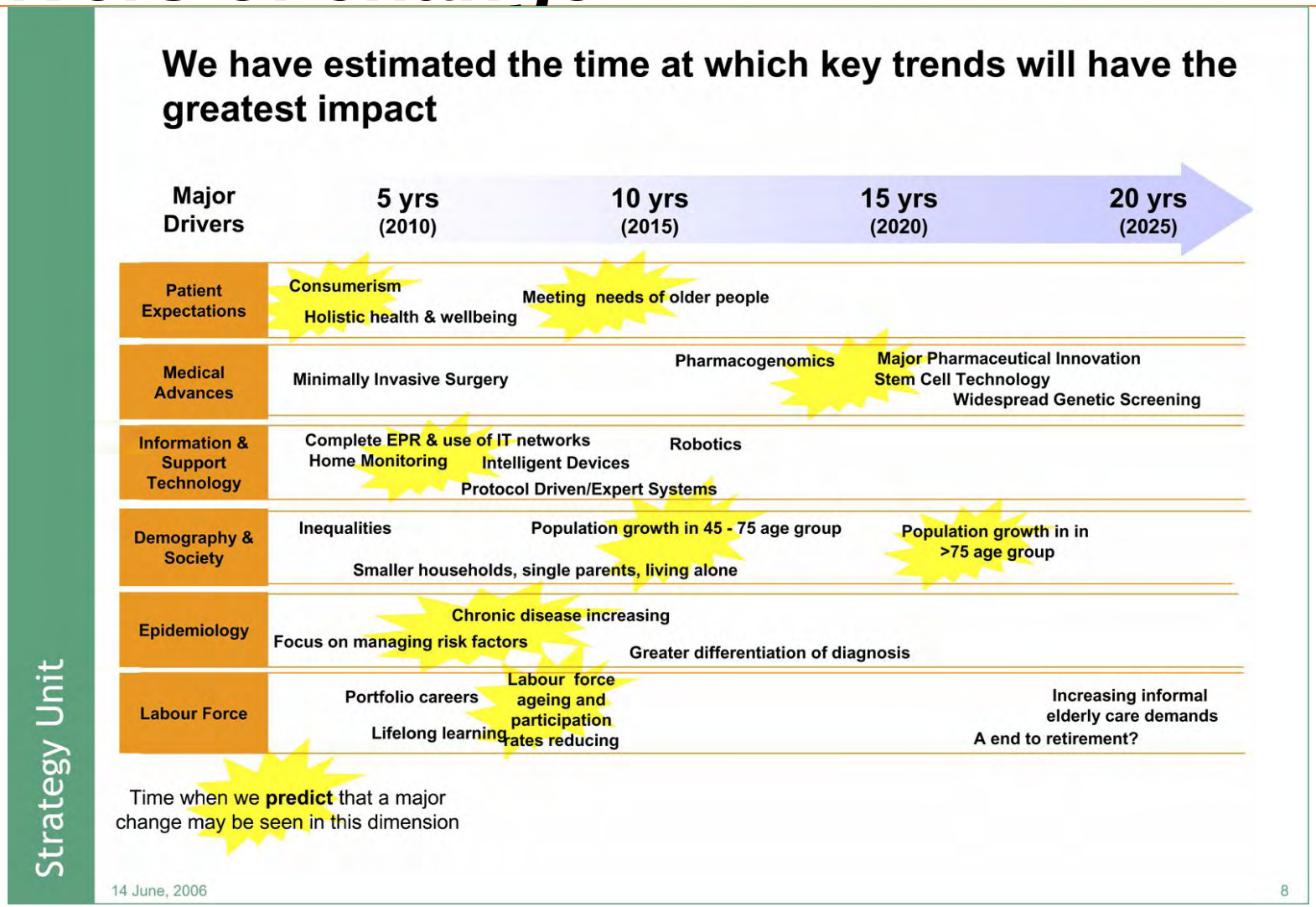
Networked services based on care pathways



Support services across the local health economy

Source: MARU

Drivers of change



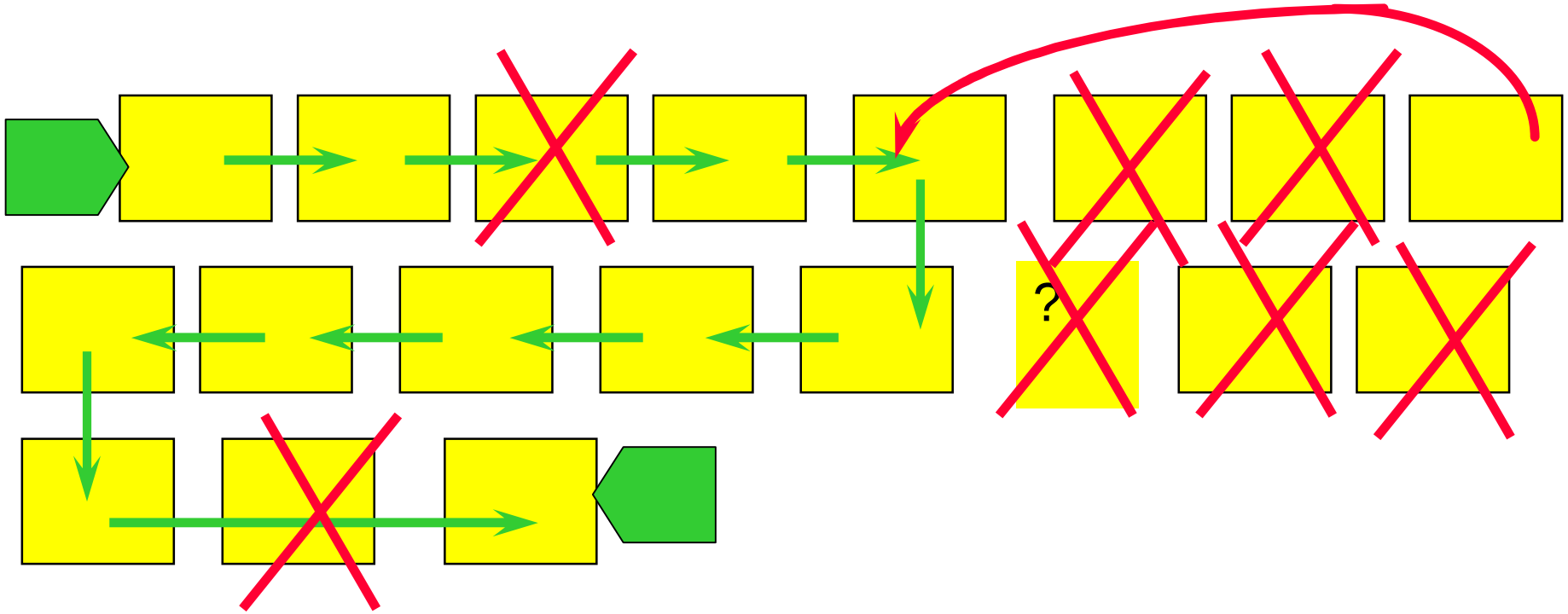
Source: Imison C. Future Health Care Trends- an overview, DH Strategy Unit

Impact of changes to service delivery

1. Day surgery as the norm for elective surgery
2. Improving access to key diagnostic tests across the NHS
3. Manage variation in the patient admission process
4. Manage variation in patient discharge thereby reducing length of stay
5. Avoid unnecessary follow-ups for patients and provide necessary follow-ups in the right care setting

http://www.wise.nhs.uk/cmsWISE/HIC/HIC+Intro.htm

Redesign and simplify the process



Beyond functionality: new spatial relationships

New markets? Fourth Age: Paris

- Outpatients – major specialties
- Diagnostics
- Occupational therapy
- Physiotherapy
- Medium stay beds -rehabilitation
- Long stay beds

Centre de Gérontologie Henri Dunant Hôpital

New community hospitals

- Specialist outpatient consultation
- Diagnostic services – one stop shops
- Day surgery
- Urgent care during day
- Inpatient care

Lymington hospital
Murphy Phillips Architects

step down care – recovery closer to home
short stay without access to critical care

Realisation

Balance between access and efficiencies of scale at the specialist level

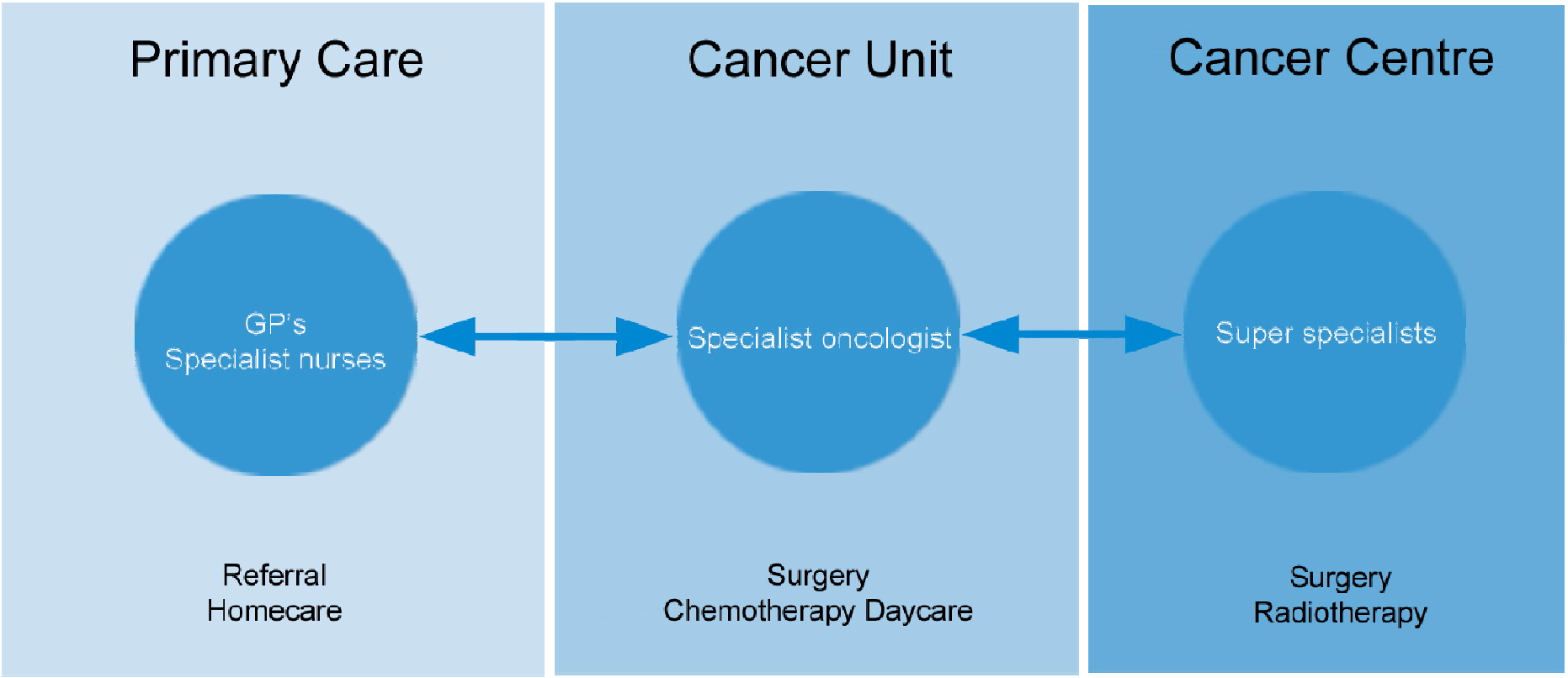
New regional strategic framework:

- rural
- small towns
- large cities

leading to different models of specialist care

A Managed Clinical Network

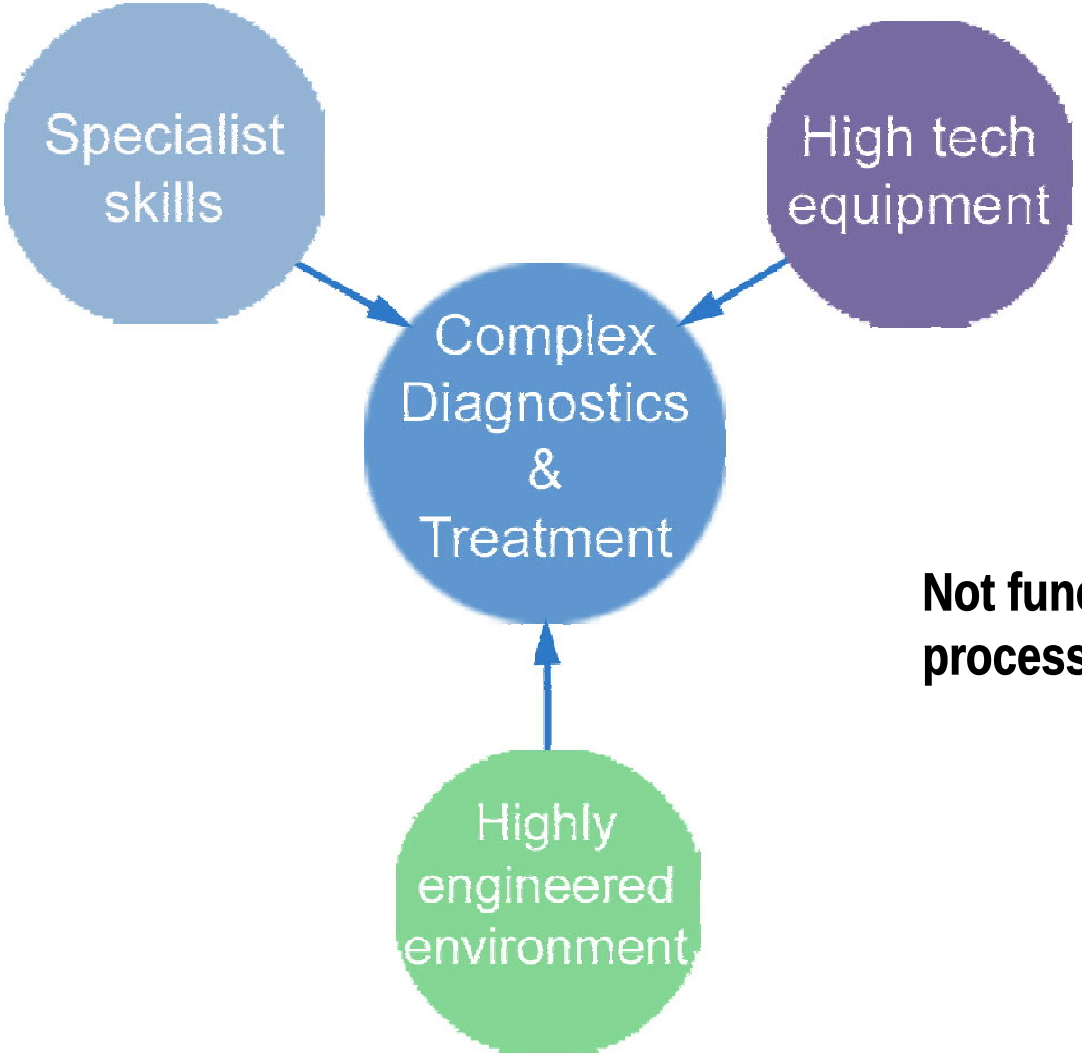
Networked services based on patient pathways



Support services across the local health economy: Factory environments

Source: MARU

New Specialist Care Model



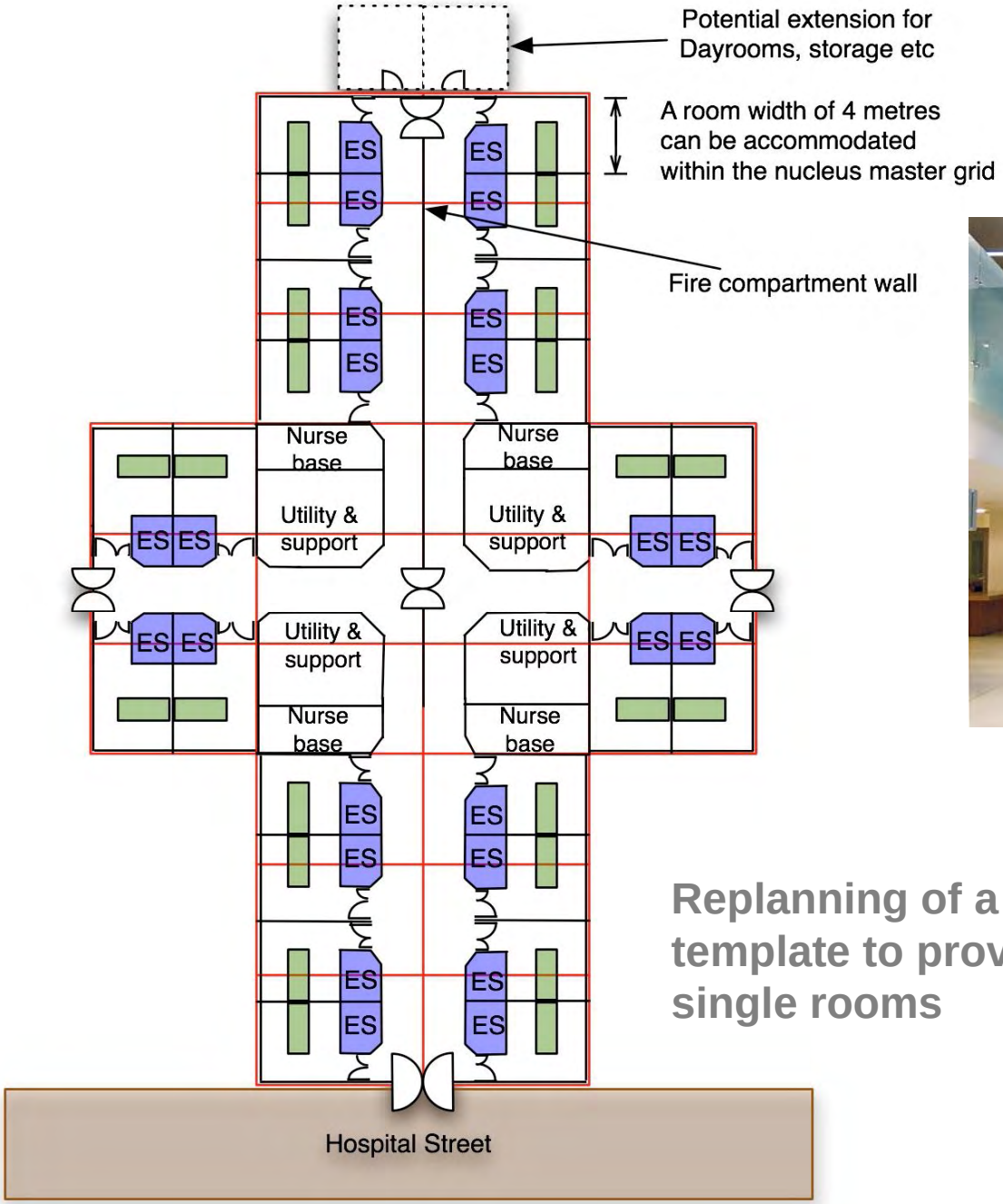
Not function but processed based

Source: MARU

Design Principles

- Service change and multi-functional use
- Technological advances
- Carbon management
- Spatial growth…or reuse
- Separation of systems

- How many spaces are there?
- What is out of date?
- What are the dynamic means to predict growth?



Replanning of a Nucleus template to provide 24 single rooms

MARU Research

‘Flexible Hospitals: Interlocking Strategy and Estates Planning’

Investigated concepts of flexibility at 4 broad levels:

1. Strategic estate planning approaches (organisational)
2. Designing flexibility in the planning of buildings
3. Procurement arrangements
4. Operational utilisation of buildings and clinical facilities.

Findings

- Master planning *increasingly* adopted as planning tool
- Flexibility not considered at strategic stage but more at OBC and detailed design
- Trusts have uncertainly over transfer of ambulatory care to community level not materialising
- Realities of change not seem to be met by applications of design features

Findings

- Weakening of ‘large scale’ redevelopment increasing short term ‘tactical’ refurbishment (eg P21) packages
- Increased focus on customer in business activity planning eg for new specialty centres
- Trusts IBPs improving efficiency and speed of provision but may not be enhancing design quality

MARU Research 2009 - 2010

‘Planning Dynamic Open Environments for Acute Trusts’

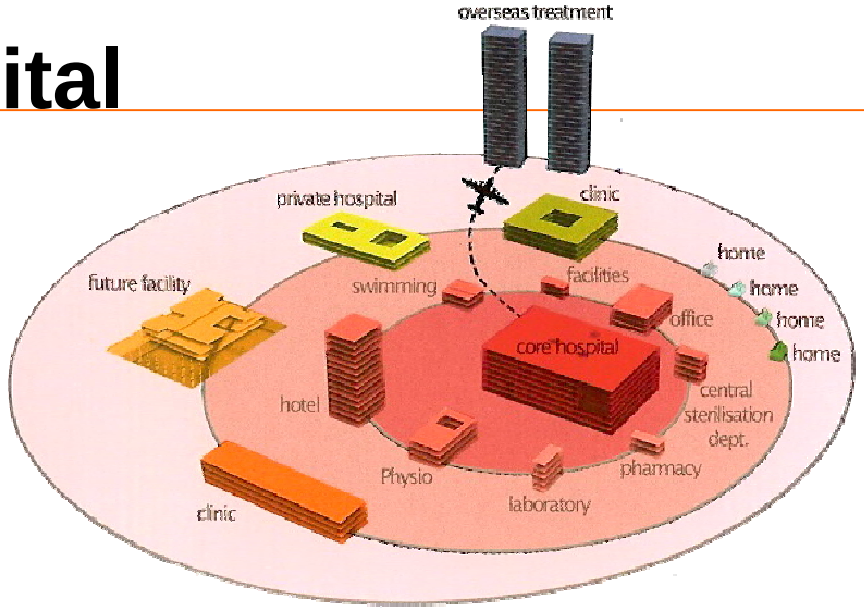
- Estate Strategy ‘Site Development Plan’ not comprehensive enough
- Needs more than a technical (Estate Strategy) solution in its development life
- Our development rationale needs to move from the **static** to a **dynamic** and relevant ‘Open’ Plan

Redefining the hospital estate

- Redefining its character from one of **insular** development to one of **inclusive** development
- Hospitals as Community Resources not isolated and self –serving symbols
- Need designs and plans to promote and react with the community in which it resides

What are others in Europe doing?

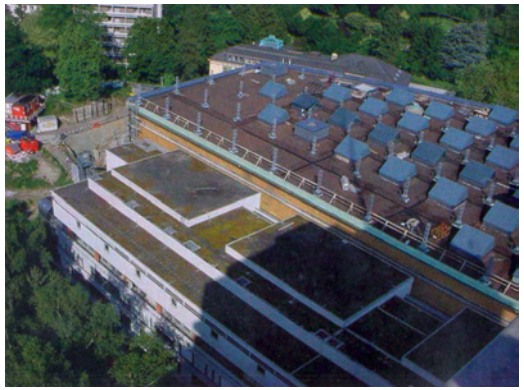
Netherlands core hospital



- Care process focus
  - network organisation
  - routine care closer to home
  - high dependency care only
- All non core functions off site
- Small footprint- city centre site

Source: Bouw College

INO Canton Berne, Switzerland



Open ended primary and secondary systems separation

- Focus on clinical pathways at inception
- Service and design development continue in operation