

# blurring the boundaries

John Cooper

17 06 2019



1992

# Fukuyama: The end of history and the last man

What we may be witnessing is not just the end of the Cold War, or the passing of a particular period of postwar history, but the end of history as such....

That is, the end point of mankind's ideological evolution and the universalization of Western liberal democracy as the final form of human government.

2012



2019





2019



I AM ONE  
WE ARE  
17.4 MILLION



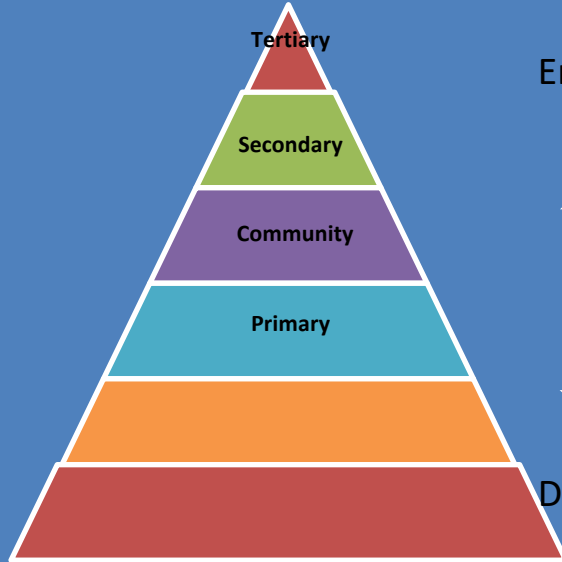
politics

policy

public faith

implementation

# Industrial age medicine



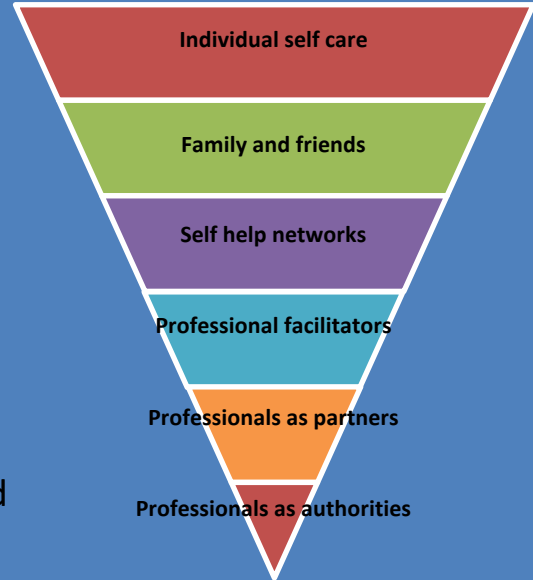
Encouraged



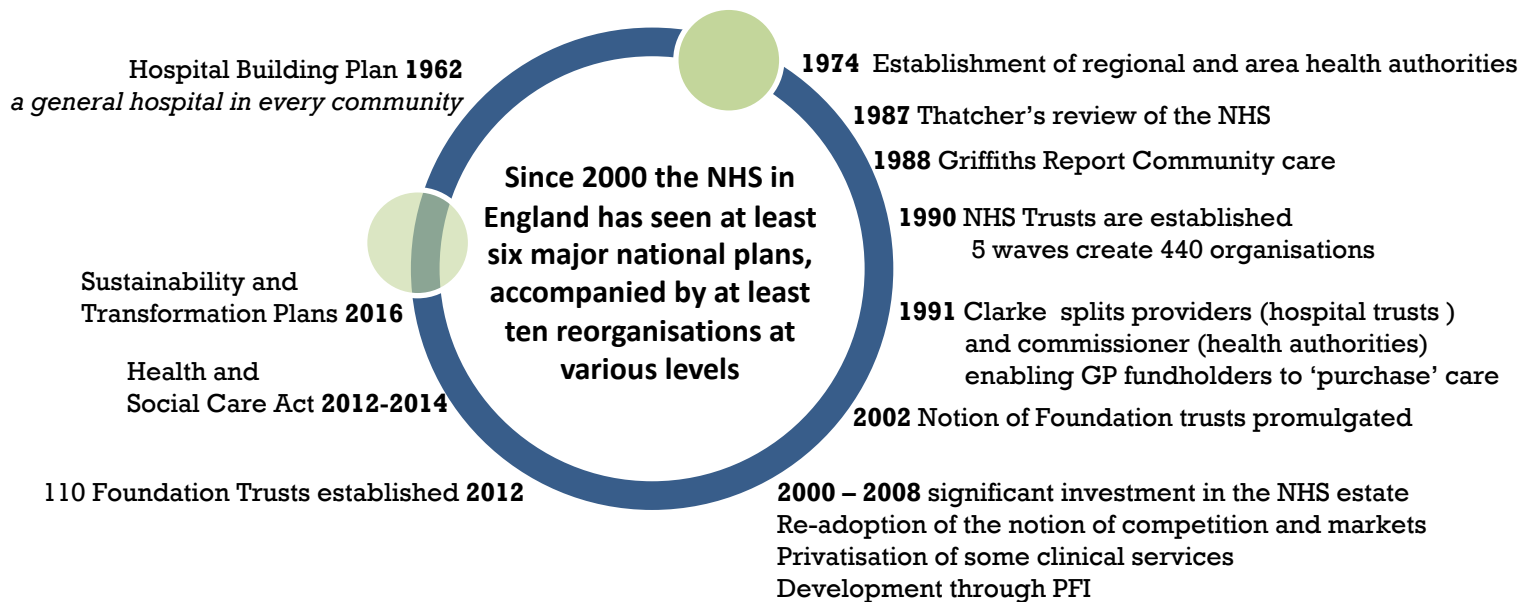
Discouraged



# Information age medicine



# we have made it rather difficult

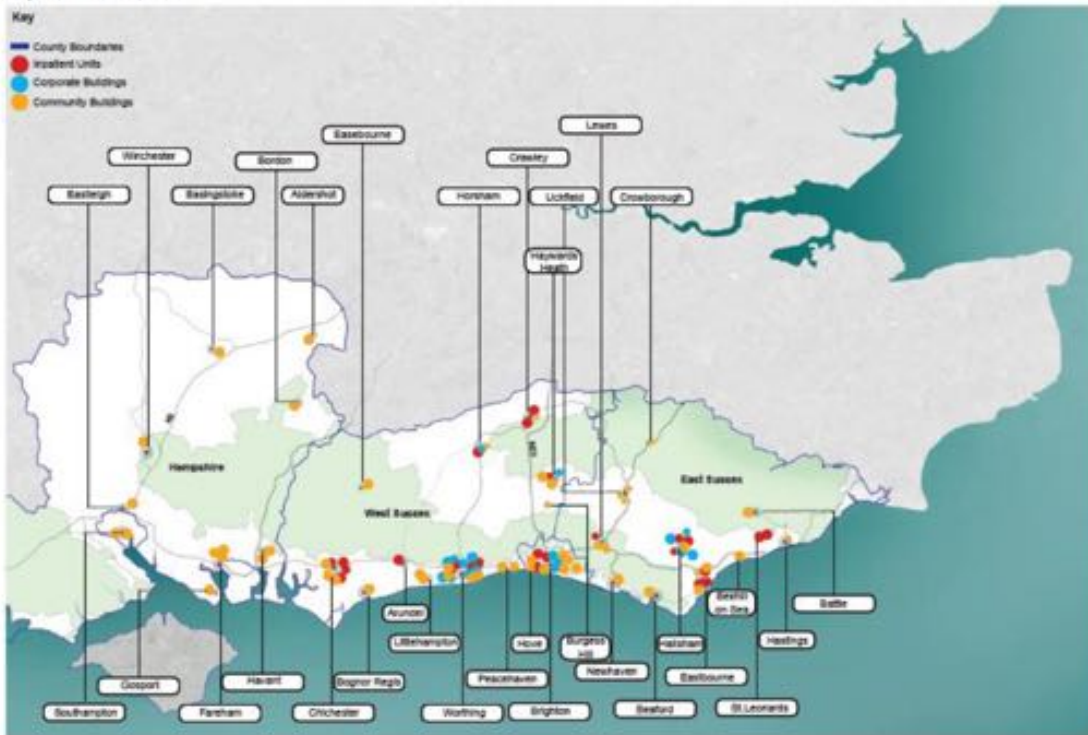




## 44 Sustainability and Transformation Partnerships



we have made it rather difficult



# Westminster Forum 19 01 2019

Author of the NHS property and Estates Review

Primary Care Workforce and Infrastructure Programme NHS England

The LIFT Council

Director Reform

Community Health Partnerships

NHS Property Services

One Public Estate

NHSI

A noble lord

An MP

and me



blurring the boundaries  
starting alliteratively with baking







MEPH

BOSS

10/11




396 396

25

WELCOME  
to MALDON  
- 1st & 2nd  
- 3rd & 4th  
- 5th & 6th  
- 7th & 8th  
- 9th & 10th  
- 11th & 12th  
- 13th & 14th  
- 15th & 16th  
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- 89th & 90th  
- 91st & 92nd  
- 93rd & 94th  
- 95th & 96th  
- 97th & 98th  
- 99th & 100th



A photograph of a bakery interior. In the foreground, there are several shelves filled with various types of bread, including round loaves and smaller rolls. The breads have a golden-brown crust. In the background, a person is visible working behind a counter. The lighting is warm and the atmosphere is cozy.

ten years old

gone from one to two to three arches

now employs 60 people

retail and wholesale baking

totally organic

mills its own flour (1 tonne per week)

sources directly from english farmers

teaches baking

charitable projects



4. A new recruit for the hard-pressed crew. Actually it is only fotherington-tomas you kno he sa Hullo clouds hullo sky he is a girlie and love the scents and sounds of nature tho the less i smell and hear them the better.





core part of the local community

strengthens the urban fabric

re-uses redundant spaces

social enterprise

commercial enterprise

health and well being



# Cumberlege Report 1986

## 6 aims

- People need informed choice
- Community nursing needs to promote good health and prevent ill-health
- Independence needs to be fostered
- Partnerships with carers
- A network of care – education and social care
- Local people need to be involved

*also advocated nurse management*

### Mrs Cumberlege defends her neighbourhood nursing report

A senior former Medical Services Committee has welcomed the report on neighbourhood nursing as a major step towards a new era in health care. Mrs John Cumberlege, who presented the report on 11 September to explain the aims and objectives of the service that she has chaired, welcomed the report's emphasis on patient participation.

Although her team had been given only six months to complete the task, it had managed to produce a report of high quality. It was, she said, a study into the way in which the service was run and the way in which it could be improved. The report had called for a new structure and a new way of working. It had also called for a new way of thinking about the service and its role in the community.

The report had concluded that there were three main areas of concern: the way the service was run, the way the service was delivered, and the way the service was funded. It had also called for a new way of thinking about the service and its role in the community.

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The main general practitioners feared that the report would mean their practice would be closed. They thought it was a sign that the service was being run in a way that was not in the best interests of the community. They thought it was a sign that the service was being run in a way that was not in the best interests of the community.

### Concerns at work management

When the report was first looked at, it was clear that the service was being run in a way that was not in the best interests of the community. It was clear that the service was being run in a way that was not in the best interests of the community. It was clear that the service was being run in a way that was not in the best interests of the community.

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Mrs John Cumberlege

Chair, steering of neighbourhood nursing, and its overall vision.

It would be a disaster if such agreement was not reached. It would be a disaster if such agreement was not reached. It would be a disaster if such agreement was not reached.

### Locally

• Dr John had been appointed chairman of the Medical Practices Committee for the year ending 1 April 1982. The present chairman, Dr Brian Whetton, has been re-elected as a member of the committee for two years.

• The Joint Committee for Postgraduate Training in General Practice and the UK Committee of Postgraduate Advances in General Practice have concluded that they do not have a policy and to appoint neighbourhood general practitioners to research. The local Practice Association had been concerned that this was the case.

• The International Society of General Practice has awarded the Hippocrates Award to Dr Alan Rivers for his contribution to general practice.

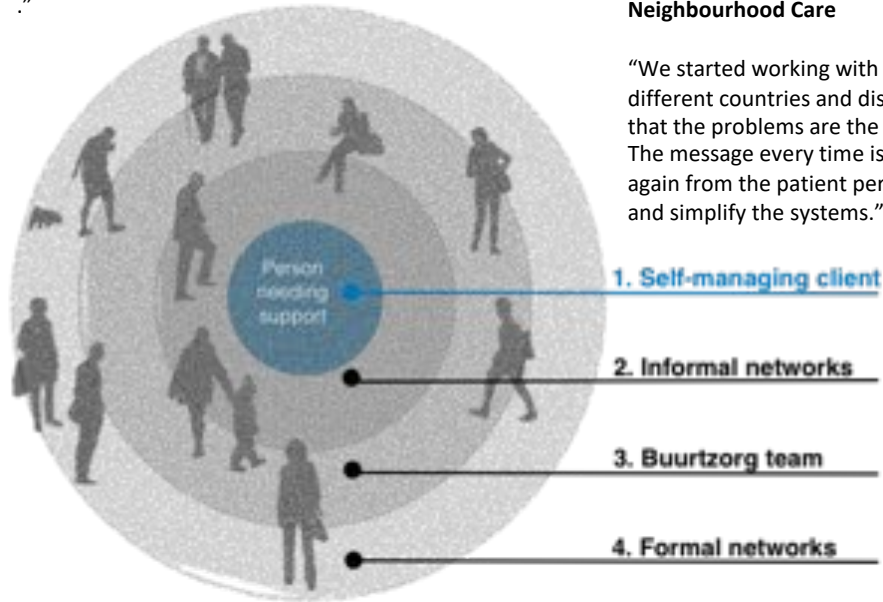
• The consultation document on complaint investigation procedures is the lasty procedure document (12 August, p 15) will be considered by the committee in October together with a memorandum on the status and objectives of the committee. A report will then go to local medical committees and representatives in time for the annual conference on the primary health care consultation document in November.

• The negotiations have raised the question of nurse regulation/ pay with the Department of Health. Although no new money will be available the DHSS is prepared to look at a redistribution exercise, any proposals will be brought back to the GMC.

# Examples that seem to fit the bill: NETHERLANDS

## Buurtzorg – a pioneering healthcare organisation

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### Neighbourhood Care

“We started working with different countries and discovered that the problems are the same. The message every time is to start again from the patient perspective and simplify the systems.”



## Examples that seem to fit the bill: NETHERLANDS

*Essentially, the program empowers nurses (rather than nursing assistants or cleaners) to deliver all the care that patient's need. And while this has meant higher costs per hour, the results have been fewer hours in total. Indeed, by changing the model of care, Buurtzorg has accomplished a 50 percent reduction in hours of care, improved quality of care and raised work satisfaction for employees.*

Buurtzorg scaled very quickly across the Netherlands from 1 to 850 teams, in just 10 years, Growing in other areas of care such as mental health, children and families and also supported other Dutch international care organisations to take on the Buurtzorg model of care.

Potential savings up to 40% and very popular

- *Teams: 10 – 12 nurses for 60 people - must spend 61% of their time nursing*
- *900 teams now – 75 000 people supported by 50 administrators and 15 trainers.*
- *Flat simple organisational structure*
- *Being adopted in 24 countries*

# Bromley by Bow



# Bromley by Bow



## Your patients' eConsult experience

- Patients can choose self-help or pharmacy advice for their condition, and send through an admin request online or self-refer to local services
- If patients want advice from their doctor, they can submit a short form and photograph (if relevant) about their symptoms or condition which is sent to the practice
- eConsult captures over 100 common clinical conditions, with built-in red flags to highlight critical symptoms that may require immediate or urgent intervention

## You receive the patient's eConsult

- eConsult reports are sent securely as a short PDF directly into the clinical system, to be triaged by your staff as appropriate
- Standardised questions mean nothing is missed, and allows GPs to familiarise themselves with the reports
- Having a patient history up front means you can quickly decide on the next steps, with only around 30% patients needing a face-to-face follow up



**GP :**

**15 minute consultation on the phone**

**60% reduction in face to face encounters**

**(Southampton Pathfinder Project)**







MEPH

BOSS

10/11

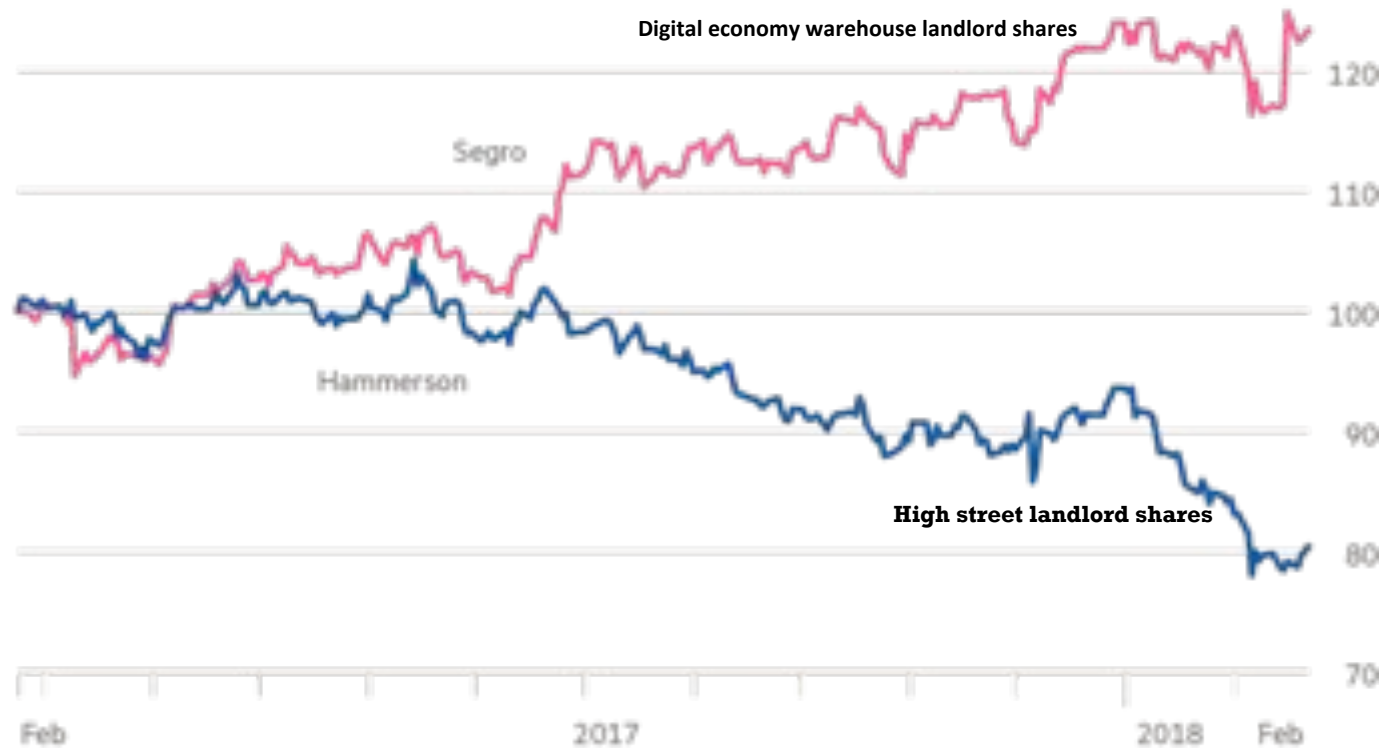


396 396

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WELCOME  
MILKSHAKE  
- Milk & Honey  
- Strawberry  
- Caramel  
- Lemon & Tea  
- Fudge

# Collapse of High Streets



Weston Supermare



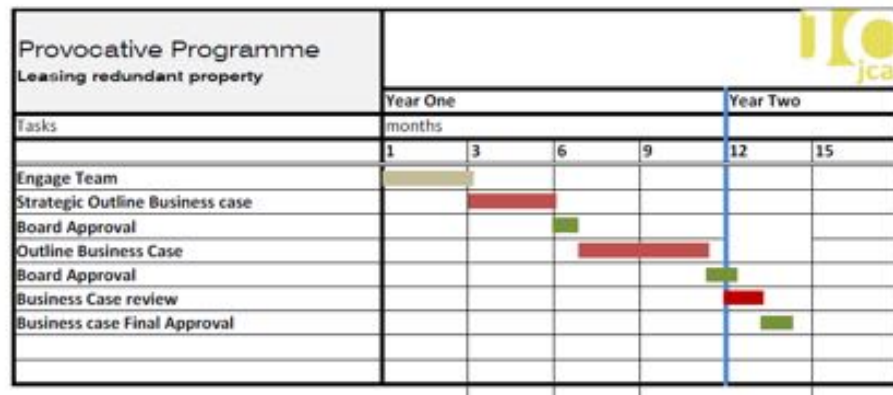




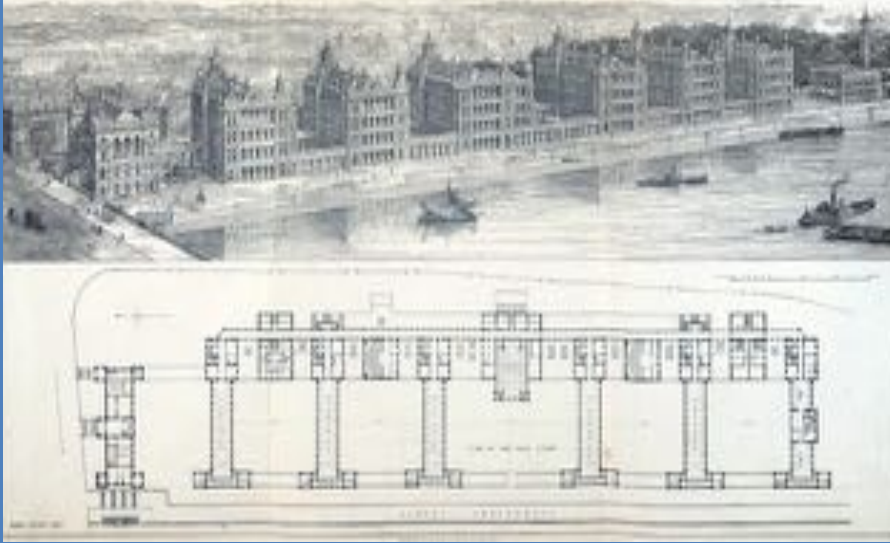




# Time is of the Essence



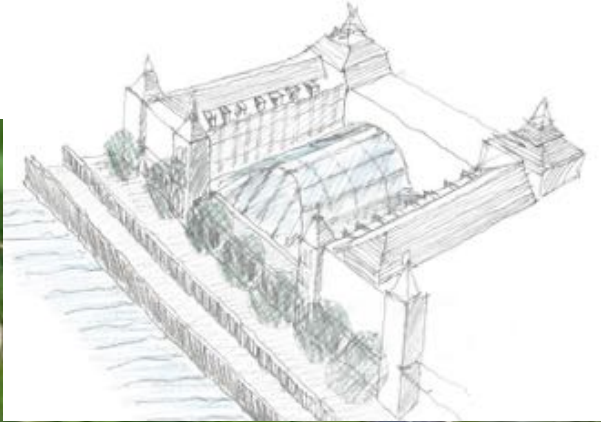
# St Thomas'











Healthcare Architect

Healthcare

Architect



# Bromley by Bow

Social prescribing, for the first time, gives GPs hundreds of further treatment options without increasing their workload. It is based on the concept that 70% of health outcomes are delivered by the wider social determinants of health, not by traditional NHS services.

Social prescribing also supports the voluntary sector as it reduces the need to market projects to staff in the NHS and local authorities. From a commissioning perspective it focuses on what matters to patients. This increases satisfaction, delivers better health outcomes and reduces prescribing and referral costs.

We should be wary of well-intentioned, corduroy 'good ideas'. Social prescribing – GPs making exercise referrals, suggesting an angling club or a basket-weaving course – is a waste of time and will achieve nothing. Frequently, commentators suggest that GPs could be a social hub and 'signpost' patients to local services or use prescription-style referrals. This is hardly a new idea and is what GPs have been doing informally for years.

For the core function of general practice has always been to dispense common sense, to point out the obvious to the oblivious and to de-escalate the illogical advice of our hospital colleges. But now there seems a need to formalise these intangible aspects of the job, no doubt fuelled by an expert academic GP department seeking 'research' grants





## READERS' COMMENTS (12)

Anonymous | Practice Manager23 May 2016 11:09am

**More bleeding hearts who think GPs should now be a gateway to social services. You naive people, all you will do is generate extra demand from the inadequates who now think you are their social worker and will want appointments with GPs to get referred on to non-medical services, thereby depriving people with real medical need of an appt with the GP.**

**For goodness sake stop trying to be so fluffy popular, and just get on with being a medical doctor, and stop dragging the standing of the profession down into being a glorified social worker clerk.**

Anonymous | Sessional/Locum GP23 May 2016 7:25pm

Practice Manager 11:09am

Totally agree

Anonymous | GP Partner24 May 2016 8:57am

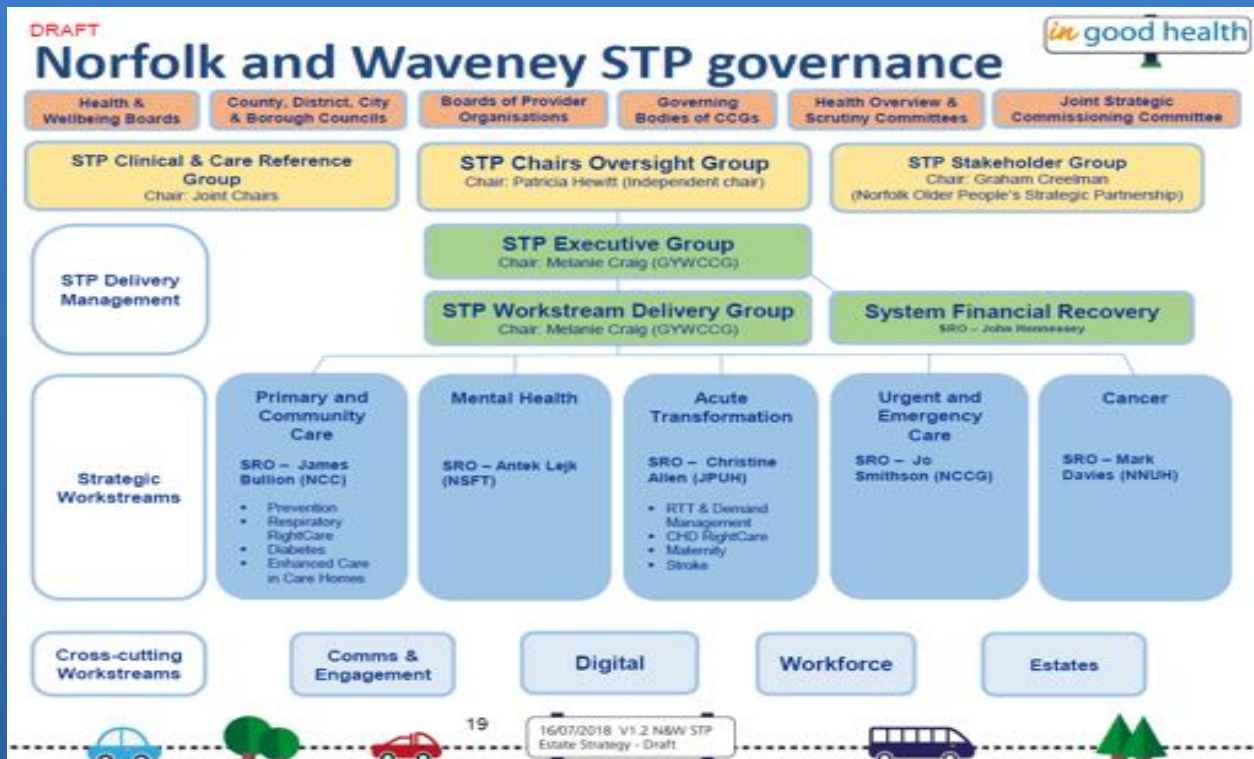
**I didn't spend 8 years in medical school & GP Training just to tell patients what they should already know as part of common sense.**

Anonymous | GP Partner24 May 2016 11:16am

**There is a great danger if a GP referral has more weight than a self referral, as a social script will become the new ticket to services in the way a med cert entitles housing benefit in the unemployable.**



# drawn into strategy



overburdened with information



# questionable DQIs

## Evidence Based Hospital Design



## INTRODUCTION

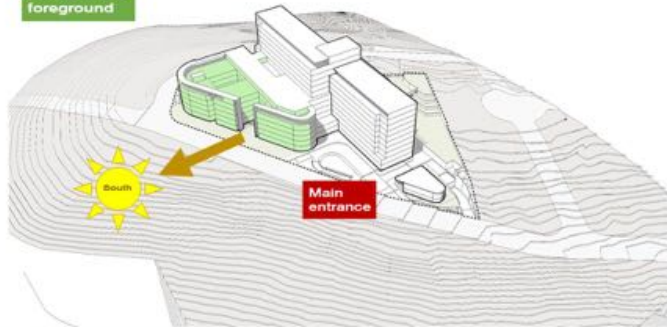
Evidence-based design (EBD) has become the fastest growing trend in healthcare development. It is a scientific analysis methodology that emphasises the use of data acquired in order to influence the design process in hospitals. It measures the physical and psychological effects of the built environment on its users. EBD uses formularization of hypothesis, testing/analyzing and outcome gathering as a framework.

Considering the above facts, Hospacx team work on the market trends and dynamic of evidence based hospital design. This is macroficial study of Evidence Based Hospital Design if you want to get into more detail you can contact [info@hhbc.in](mailto:info@hhbc.in)

1972	Evidence-based movement started
1985	First Planetree Model Hospital
1993	The Centre for Health Design
2000	Pebble Project
2004	600+ studies that provides evidence
2005	The Fable Hospital
2008	EDAC certification
2008	1200+ studies that provides evidence
2009	100 Individuals received EDAC certification



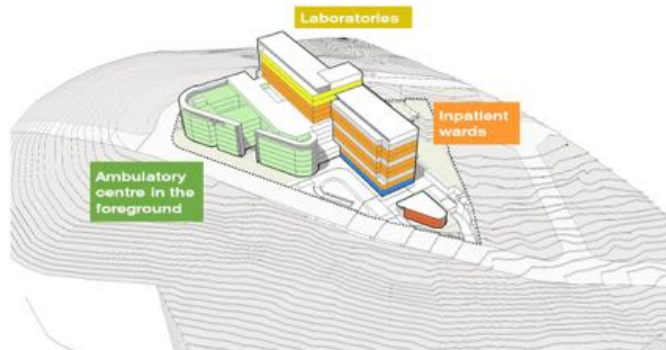
Ambulatory  
centre in the  
foreground



Laboratories

Inpatient  
wards

Ambulatory  
centre in the  
foreground











Hospitals should play  
an essential part in  
the city they serve

Hospitals are not  
airports despite many  
comparisons



# salus in urbe

Medicine is changing fast but at very differential rates

AI will disrupt the health care professions and systems

Most changes to the design of healthcare buildings will be driven by social issues enabled by digital technologies and not technological change

In essentially urban societies the hospital must regain its role as an essential part of the urban fabric



Moorfields Eye Hospital Central London

art



university learning research



medicine research



life sciences  
commercial  
application





Lariboisiere Paris













Hvad skal vi ændre ?  
Hvornår skal vi være klar ?  
Hvornår kan vi gå i gang ?





KØGE



ODENSE



GØDSTRUP



SKEJBY



AALBORG



HILLERØD



# stakeholder engagement





integrated care hub





hospital

hospital

hospital

hospital

# Communication



# Circulation



## Waiting, offices and social spaces





Offices with wash hand basins







Offices with wash hand basins









