

Hospital redevelopment: Building future-proof healthcare services

Hospital redevelopment provides the opportunity to build future-proof healthcare services and infrastructure that enables more preventative, community-based care tailored to the needs of the local population. This closely aligns with the strategic imperative of the left shift and the drive to move away from traditional hospitals and towards more holistic services that best cater to present and future need.

The framework below sets out key considerations to keep in mind when designing, developing and operationalising new hospitals:

1. Understanding the what

The first step is to understand local need through detailed demographic analysis of what the population looks like (now and in future). This market assessment and demand analysis will elucidate what services would best cater to local need, as well as what a viable and efficient operating scale may look like. A profitability model should also be built to understand and test revenue streams and project costs, revenue and profit over time.

This will enable establishment of appropriate resourcing requirements, including:



Estates of the right size for demand, location – and co-location to target patient populations, safety standards and future sustainability



Data and digital systems, designed with local needs and workflows in mind, ensuring equity of access and supporting proactive care



Corporate, leadership and governance to ensure accountability, risk management, regulatory compliance, and alignment with system-wide health strategies.



Workforce of an appropriate size and skills mix, with the appropriate team structures

2. Agreeing the how



Robust financial planning and modelling, including:

- **Sources of funding** (e.g. state provided, investor-led) and how funding will be utilised
- The **payment and pricing models** that will underpin ongoing and projected activity



Clinician-led clinical model design –conducted with a proactive, preventative approach that encourages multi-disciplinary team working –including:

- **Design of clinical service line specifications and clinical service configuration and prioritisation**, including identifying service interdependencies, clinical synergies and staffing optimization models
- **Patient flow** process mapping (included of intended referral mechanisms and routes into services), supported by clinical staff to ensure efficient patient flow and resource utilisation



Policies and other operating model elements that need to be considered are:

- **Partnerships with key third parties** (e.g. target payors, primary care)
- **HR** (e.g. workforce planning, role specific job description and competency profile creation for key positions, recruitment, onboarding including onboarding toolkits and orientation programs, training & development, HR policies)
- **External policies** (e.g. access considerations and transport support options)
- **Benefits realisation plan and mechanisms for reporting including continuous improvement cycles** and feedback loops supported by clear KPIs and user-friendly dashboards.(e.g. staff and patient feedback)

3. Design and implementation timeline

Business case development
and approval

Workforce planning and
finalisation of the operating model

Opening

Due diligence, including
market assessment and
financial modelling

Build phase

Test run and safety assessment

Ongoing monitoring and
evaluation