

## Media Release

### Smaller, specialised hospitals – the way of the future

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Big budget mega hospitals are set to become a thing of the past, with smaller hospitals that focus on only one or a few specialties (for example, a cardiovascular hospital) or a demographic (aged care) set to become more commonplace, says a Royal Australasian College of Physicians (RACP) Fellow.

According to Associate Professor Ian Scott, the move to smaller, highly specialised hospitals will be more cost effective and provide better levels of health care for patients. He will today present his projections as part of his presentation at the RACP Congress event in Melbourne.

Associate Professor Scott, who works at the Princess Alexandra Hospital in Brisbane, the University of Queensland and Monash University, said in an environment of tightening health budgets it is time to rethink our current mega hospital approach.

“There will be no more great Taj Mahals like the new Adelaide hospital that’s cost \$2.1 billion that is still yet to open, or the \$2 billion Sunshine Coast University Hospital that opened earlier this year,” explained Associate Professor Scott. “They will be things of the past, we can’t afford them anymore.

“Hospitals of the future will focus on complex patients with particular diseases. They won’t offer the full spectrum of services.

“Too often hospitals try to be all things to all people. But by focusing on a more narrowed spectrum of patients or functions, smaller, specialised hospitals will be more efficient and the service will be of higher quality and safer. Hospital professionals will also become more trained and knowledgeable about the management of specific conditions.”

The move to smaller, specialised hospitals, combined with better triage systems, will also alleviate some of the pressure on the overburdened Australian hospital system.

“People needing less-specialised treatment won’t go to hospital at all. They may call a call centre staffed by a clinician who will direct them to the most appropriate alternative care setting, for example a rapid access clinic or an ambulatory care centre or a general practice with GPs that have particular interests and expertise.

“These new triage measures will mean the only patients in hospital are the ones that actually need to be there. These new models of care have been successfully trialled in the United Kingdom and have led to a 30 to 40 per cent decrease in emergency department admissions.

“This means that everyone is getting faster access to appropriate medical care.

“It’s about giving the right patients, the right care, in the right place, at the right time,” added Associate Professor Ian Scott.

*More than 1000 physicians will attend RACP Congress 2017 to discuss a broad range of medical issues including ADHD, obesity, mental illness, cognitive bias and medical ethics. There are about 80 sessions/presentations with the full program available [here](#). Media are welcome to attend and audio/video of select sessions is available.*

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**About The Royal Australasian College of Physicians (RACP):** The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.