

Models of generalist and specialist care in smaller hospitals in England: a mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

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Plain English summary

People aged > 65 years with multiple health problems are the heaviest users of hospital services. There are growing concerns that the care that they receive during emergency medical admissions does not always meet all of their needs. This may be because most doctors have become more specialised, focusing on the problems of a single organ. Medical generalists, doctors with a broader range of skills, may provide the growing numbers of complex patients with more comprehensive care, especially in smaller hospitals that have fewer staff. This study sought to explore this theory.

We looked at how medical consultants work in smaller hospitals in England (income of < £300M per year) and sought the opinions of both patients and staff about the differences between specialist care and generalist care, using a range of methods including interviews to define models of care in 50 hospitals, case study visits of 11 hospitals, a national online survey and an analysis of the NHS hospital database. We found that most patients could be cared for by generalists and that differences in patient outcomes between hospitals were not explained by either patient workload or the model of care; there was little difference in costs. However, very few hospitals matched staffing with patient need. Patients have some preference for specialist care but considered overall hospital quality to be more important. Preferences of doctors depended on their training and experiences. Healthy organisational culture and a co-operative approach to managing emergency work were associated with doctors enjoying generalist ways of working.

Although the evidence suggests that most patients in smaller hospitals could be cared for by generalists, we did not find any best ways of organising care. Ensuring that hospitals have the right staff to meet the local needs and the creation of more collaborative working environments appears critical to improving care in smaller hospitals.

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