



Europe's Health Economies' Exchange

Management &
Coordination Office

Semmelweis
University
Health Services
Management
Training Centre

Kutvolgyi ut 2
Budapest 1125
Hungary

Phone:
+3670 315 5466

Fax:
+361 488 7610

E-Mail:
ohr@hcn.sote.hu

Visit us on:

www.healthclusternet.org

The delivery of effective health care depends on a mix of four factors: people, technology, knowledge, and facilities such as hospitals and health centres.

The first three factors have had a lot of attention from researchers and policy makers for many years. In contrast the fourth – facilities – has been almost ignored. Yet it is obvious that facilities are instrumental in shaping the delivery of health care. They can provide a therapeutic, patient-friendly environment or (all too often) make the provision of care more difficult. They can also effect other investment decisions in a region.

The Health Debate

Health systems are changing rapidly in the face of new diseases, evolving demographics, advancing technology, and shifts in the interfaces between primary, secondary, and social care. This means that facilities built today not only have to meet current needs, but must also incorporate a high degree of flexibility. If we add in factors such as regional devolution, as well as the drive towards more responsive health services and greater citizen participation, then the result is a need for a thorough review of capital investment policy.

This debate centres on:

- The sustainability of the conventional, large generalist hospital
- How to link capital spending to measurable outcomes
- Assessment of the wider economic & social value of health capital policies
- New principles and methods of planning, procuring, and financing capital facilities
- Future ownership models

A Global View

Most governments now take a more globally informed view of the development of health systems, as communication and dialogue improve and as the public health agenda becomes more important. The need is to get better 'joined-up' government, where health capital spending is more central to broader economic and social issues.

This workshop aims to provide a focus for this debate by encouraging a wide spectrum of participants to take part in discussion and analysis, and, we hope, to reach a consensus outcome. Two of the key issues to be addressed, in the form of master classes, will be population-based structure planning and 'smart' procurement.

The European Health Property Network (EuHPN) is providing Health ClusterNET with external expertise support as we consider how this complex agenda is playing out in our partner regions. EuHPN is an international public service consortium, comprising specialists working in the field of health capital asset planning and management, principally in central or regional government, or in devolved capital service agencies.

EuHPN's aim is to provide a European forum for knowledge development, and for exchange of views and experience in planning and managing the health capital estate.

EuHPN is independent of the EU Commission, excepting for undertaking tendered research grants and participating in EU events.

EuHPN is actively engaged across the EU, with formal membership accorded to 12

countries, plus the European Investment Bank. Networking and communication are fostered between members by means of an annual workshop, regular newsletters, dissemination of research material, and the EuHPN website (www.euhpn.org).

EuHPN can call on an extensive international network of specialists, including policymakers and advisors, practitioners and researchers. Some of these specialists are involved in specific focus groups covering the following areas: strategic asset planning, capital financing and procurement, health architecture and design, benchmark costing.

Back Page Story

(for partner regions to insert)

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institution logo

A great way to add useful content to the Cracow newsletter is to develop and write your own article, include a calendar of upcoming events, write about your contribution to Health ClusterNET, about capital investment in your region.

You can write about a variety of topics. You can use these two columns to insert your article.