COUNCIL OF EUROPE
COMMITTEE OF MINISTERS

RESOLUTION (76) 8

ON THE DEVELOPMENT OF TREATMENT OUTSIDE HOSPITALS

(Adopted by the Committee of Ministers on 18 February 1976 at the 254th meeting of the Ministers' Deputies)

The Committee of Ministers,

Considering that the aim of the Council of Europe is to achieve greater unity between its Members and that this aim can be pursued, inter alia, by the adoption of a common course of action in the public health sector ;

Noting that expenditure on health care is increasing rapidly in all countries, and that means must be studied of ensuring better management of health care and economising if possible ;

Considering that the main item of expenditure is the care given in hospitals, although not all cases of hospitalisation are equally necessary, nor all expenditure incurred in hospitals equally indispensable ;

Recognising that treatment outside hospital would in many cases be beneficial to the psychological and social well-being of the patient,

I. Recommends the governments of the member states to maintain a proper balance in the planning of public health measures between hospital care and out-of-hospital care, while having constant regard to the effectiveness of the care and to the well-being of the patients ;

II. Suggests a number of general guidelines, which are set out in an appendix to the present resolution ;

III. Invites the governments of the member states to inform the Secretary General of the Council of Europe every five years of the measures taken by them in the implementation of the present resolution, in order to enable the European Public Health Committee to follow developments in this sector with a view to its future action.

A. **Introduction**

1. *Reasons for a redistribution of the care provided in and out of hospital*

1.1. In the organisation of a health system, all methods of distribution are interdependent ; the personnel, equipment and funds allocated for hospital care are governed by the same considerations as are those allocated for out-of-hospital care. As situations differ greatly from one country to another, the following proposals represent only the broad lines of a reorientation of health policies.

1.2. Some of the reservations which patients once felt with regard to hospitals have disappeared ; doctors seek the scientific security of sophisticated equipment, and certain administrative and social security rules encourage hospitalisation.

1.3. Thus the number of hospital admissions has increased ; among them cases are recorded which are unnecessary or premature or too long ; the needless expense entailed is difficult to assess but is certainly considerable. Hospitals are costly, difficult to manage and cause disadvantages to the patients. As few patients as possible should be admitted to them and for as short a time as possible ; patients who can receive appropriate treatment out of hospital should not be hospitalised.

2. *Aims of an extension of out-of-hospital care*

2.1. Easier access to diagnosis and treatment in terms of time and distance, and increased well-being of patients through domiciliary or out-patient care instead of hospitalisation, are the major aims of the proposal.

2.2. An extension of out-of-hospital care may well result in lower costs for the patient and for the community.

3. *Prerequisites for out-of-hospital care*

3.1. Every effort should be made to ensure that the quality and safety of the treatment and the speed and quality of the care should be as good whether given outside or inside hospital. To this end the competence of the staff and the safety of the equipment must be ensured, if necessary by means of tests and inspections.

B. **Recommendations**

4. *Possible medical fields*

4.1. As it seems at the moment impossible to classify types of medical care or pathological conditions according to whether they should be provided or treated inside or outside hospital, the decision as to where to treat a patient must be based on the level and intensity of care which he needs.

4.2. Primary care treatment may be considered the best field of action for any system of out-of-hospital care ; admission to hospitals when out-of-hospital treatment is possible is needless.

4.3. Experience in several countries shows that complex treatment requiring specialist staff and elaborate equipment can also be dispensed outside hospitals ; this sector should be developed as far as possible.

4.4. Of all the population it is old people and children who would particularly benefit from the development of out-of-hospital care, although designed for the benefit of the whole population.

4.5. Out-of-hospital care is influenced by the patient's environment and by his medico-social conditions, and it can be given a greater role in primary and secondary prevention than hospital care.

5. *Necessary staff*

5.1. The general practitioner is the essential figure in any system of out-of-hospital care. Governments are recommended to see that their numbers are maintained or increased, to see that medical undergraduate training is relevant to general practice, to keep their remuneration at a

level similar to that of other doctors, to avoid excessive professional constraints and patients' demands on them (for example, by grouping the areas composing their practices), to associate them with research work, and to consider ways of arranging for them to undertake continuing refresher training.

5.2. The specialist should participate in out-of-hospital treatment, and should not be confined to the hospital. For the sake of better management and greater accessibility of treatment, the numbers of specialists in the various disciplines should be planned.

5.3. Nurses are an indispensable part of the system of out-of-hospital care. Particular attention will have to be paid to how they are recruited, trained and employed.

5.4. Staff from other professions are just as necessary to the non-hospitalised patient as medical personnel : social workers, for example.

5.5. The progressive development of out-of-hospital care should be based on the principle of a health care team and no longer that of a single practitioner. Depending on circumstances, this team will include general practitioners, psychologists, specialists, dentists, midwives, nurses, masseurs, physiotherapists, social workers, secretaries etc.

5.5.1. The level of competence of the team is all the more important since inadequate professional training leads to unjustified cases of hospitalisation.

5.5.2. Links between teams working inside and outside hospitals have hitherto been too often neglected. Their cohesion will depend on similar basic professional training, interchangeability of jobs where appropriate and comparable careers.

5.5.3. Exchanges of information on patients should be developed between the hospital and out-of-hospital sectors ; in particular duplication of medical investigations should be avoided since such duplication is costly and sometimes dangerous.

6. *Premises and equipment*

6.1. Experience acquired by member countries shows that many types of premises for out-of-hospital treatment have already been tried out with their attendant advantages and disadvantages. They should be extended and new systems explored. Several countries are giving priority to the development of health centres.

6.2. The geographical distribution of the places of treatment should depend on existing installations, and on geographical and demographic factors.

6.3. It is impossible to codify the equipments used in these places, but their rationalisation is necessary : it should allow simple diagnosis with adequate safety, without unnecessarily duplicating hospital equipment.

7. *Administrative machinery*

7 1 Increased emphasis on out-of-hospital care will have legal, administrative and professional implications which must be borne in mind.

7.2. A single regional authority in which all the staff concerned are represented should plan the out-of-hospital treatment and co-ordinate it with hospital treatment.

8. *Financing arrangements*

8.1. As out-of-hospital care is only a part of any health system, provision should be made for it in medical planning ; all the usual financing methods can be applied : national, regional, or local authorities, health insurance bodies, mutual insurance companies, private, voluntary or profit-making organisations etc. Development of out-of-hospital care will have implications on hospital planning.

8.2. In order to develop out-of-hospital care effectively, certain governments will have to consider modifying their public health or insurance regulations which sometimes encourage hospitalisation.

9. *Role of the public*

9.1. The re-organisation of a health system presupposes that the public it serves is thoroughly prepared for it psychologically. Health education should teach them that as most simple forms of treatment can be given outside hospital they should not enter hospital unless it is justified.

10. *Later studies*

10.1. With a view to extending out-of-hospital treatment national and international statistics could be improved by the following studies :

10.1.1. A comparative study of the work of general practitioners and specialists.

10.1.2. A comparative study of the cost of care given inside and outside hospital.

10.1.3. A medical and social epidemiological study of morbidity and mortality on patients treated inside and outside hospital.

10.1.4. A long-term study of chronic illnesses according to the place of treatment.

10.1.5. A study of the consequences for hospitals of the development of out-of-hospital care.

10.1.6. Comparable studies in various countries of the length of stay and factors influencing it.

10.1.7. Comparable studies of hospital equipment in different countries and of the present bed/population ratio, and possibly study of the criteria to be used by a country to reach an optimal hospital equipment.