

acute services re juos

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things cannot go on the way they are!

of course they might.....

..... but we are supposed to make them better.

patient safety, workforce changes, new technology, raised expectations, the drive for greater efficiency all conspire to ensure that even if things try to stay the way they are, something will move them on. Economic realities suggest that the cosy model of 50+ years ago – District General Hospital, the first generation of NHS trained GPs and the safety net of child health and community health services all run by the state has to change.

reconfiguration takes knowledge, an understanding of factors during change, analytical capability to marshal the data, engagement of clinical support and leadership, capability to manage the political dynamics. In a perfect world you would have all of these. In this world durrow can bring the knowledge, expertise and experience to ensure that your aims are achieved. Your vision and understanding of the new tapestry of health delivery must be given form.

durrow has developed the concepts (the hypermodern local acute hospital, the investment grade community hospital) and the technologies for reviewing and improving community and acute services which will ensure you can achieve the measure of change and improvement you demand.



for an initial
discussion and
further information
contact derek smith:

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*much more care close to people's
homes - not just consultations but
diagnostic and treatment technology*

*local community hospitals able to
provide an extensive range of services
including the vast majority of medi-
cal emergency services*

*general hospitals where patients go
only if they need high technology
interventions*

durrow