Report on the hospital landscape in Saxony-Anhalt

The difficult farewell to far too many beds

The expert report on the hospital landscape in Saxony-Anhalt was presented to the state's health cabinet at the beginning of April this year in the form of an interim status report, which is intended to determine the long-term investment needs in hospitals, the supply structures with emergency care and the emerging need for specialist staff up to the year 2035. On 1 July 2022, Partnerschaft Deutschland (PD) - a consultancy firm for the federal government, the Länder, local authorities and other public bodies and institutions and 100 per cent publicly owned - was commissioned to prepare the report after the coalition committee had agreed on 3 May 2022 on the key points to be assessed. Actually, the report should have been completed by the end of the year in order to be able to use the funds from the Corona Special Fund for hospital planning. The report, which will be completed in the coming weeks, is to be the basis for further planning in the state, also taking into account the federal government's hospital reform.

>> Partnerschaft Deutschland (PD) - a public sector consultant with offices in Berlin and Düsseldorf - is familiar with such reports. Together with Lohfert & Lohfert AG and the Department of Health Care Management at the Technical University of Berlin, it had already prepared a hospital report for the state of North Rhine-Westphalia with comparable objectives, but on a much larger scale. The main objective was to analyse the link between the outpatient and inpatient areas and to make statements on the required investments. In an extensive process, the experts analysed the hospital treatments carried out in Saxony-Anhalt in the last few years (2017 to 2021), surveyed all hospital operators and interviewed numerous stakeholders from the health sector. They were also able to draw on data from the outpatient sector to gain a comprehensive picture of the provision of healthcare services in Saxony-Anhalt.

The Saxony-Anhalt Minister of Health, Petra Grimm-Benne, said at the presentation of the interim report: ‚The sooner the results are available, the sooner we can make decisions for targeted investments.' As a central result of the study, the Health Minister named the finding that the provision of inpatient hospital services by the 54 hospital locations is well positioned overall, although she is well aware that the expert report also speaks of the fact that in the long term almost one third of the hospital beds available in the state could be dispensed with.

The experts justify this by pointing out that in 2021 Saxony-Anhalt will have a total of 14,600 (2019: 15,050) inpatient hospital beds, which is significantly higher than the national average. At the same time, the bed occupancy rate in the same year was only 63%, which was again the lowest occupancy rate in a federal state comparison. Moreover, this situation has existed in Saxony-Anhalt for many years and was only exacerbated by the Corona pandemic. And for the future, according to the expert report, a further decline in the number of cases of -6 to -21% is expected by 2035. This includes a significantly greater decline in elective cases compared to emergencies during the pandemic. Thus



- the number of inpatient cases fell by around 17% from 2019 to 2021 ,
- the number of full inpatient cases with the admission reason ‚emergency' decreased by about 9% from 2019 to 2021, and
- the elective full inpatient cases in the period of the Covid 19 pandemic decreased significantly more (-22%) .

For the experts, the figure of 2,000 to 4,000 hospital beds to be added can therefore only represent a lower limit, as they link the statement to the condition that an occupancy rate of 80% is necessary.

The reduction in beds is essentially made up of three effects:

- Reduction of previously unused beds to increase occup ancy.
- Demographic change and the associated decline in case numbers .
- Outpatientisation of cases previously treated as inpatients. For this to succeed, the outpatient care structures must be expanded, also at the existing hospitals.

Nevertheless, Grimm-Benne explained that it is not about closing individual hospitals, but about ensuring good medical care in the state, which must be set up to be future-proof. ‚With the report, we have a good basis with detailed data and findings that will help us to ensure inpatient medical care of the best possible quality in the state in the future,' said the Saxony-Anhalt Health Minister: ‚It is clear that the locations in the area must be preserved. Nevertheless, the problems arising from the lack of skilled workers and demographic developments in the state should not jeopardise medical care. Petra Grimm-Benne: ‚For this we need clever, sustainable structures such as the combination and interweaving of outpatient and inpatient services in thefield of paediatric and adolescent medicine.'

By means of a survey, the study also shows how the hospitals assess the skilled labour situation and the economic situation. In an online survey, 85% of the hospitals reported a shortage of skilled nursing staff. 43% of the hospitals surveyed declared a negative annual result and almost all hospitals expected permanently reduced case numbers. In the area of obstetrics, the experts also found that although in most areas an obstetrics clinic could be reached in less than 30 minutes, some obstetrics clinics did not even reach 300 births per year and half of

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the obstetrics clinics in Saxony-Anhalt did not reach the 600 births that are usually considered the economic lower limit. Nevertheless, almost all maternity clinics are considered necessary for acceptable care in the state.

In the area of paediatrics and adolescent medicine, according to the study, care in Saxony-Anhalt is currently comparatively good. 97% of the population can reach a hospital location with paediatrics in less than 40 minutes' travel time. From 2017 to 2021, however, a sharp decline in the number of cases was also observed here. In 2021, 22 locations would have provided paediatric services, but five of them would have had fewer than 500 cases in the age group of children and adolescents. Only at six locations were more than 1,000 inpatient cases treated. Therefore, due to the population decline in combination with the often insufficient financing of paediatric services, the experts consider the sustainability of small departments in particular to be at risk.

According to the report, there is good nationwide coverage in basic emergency care, and in rescue services there is basically a good, albeit small-scale and heterogeneous, care landscape. In the higher levels of emergency care, however, there are sometimes considerable gaps and resulting long journey times. Air rescue, which in Saxony-Anhalt is only distributed over two locations in Halle and Magdeburg, can only ensure its goals through cross-state provision, the experts explained.

According to the report, many special services are only accessible to a small part of the population through travel times of more than 45 minutes. This also applies to the accessibility of extended emergency care (so-called G-BA level 2), which is only available in Stendal. The experts also note that in the area of life-threatening diseases (e.g. strokes) the distances are too long and thus the time to treatment is too long, and they give advice on how this can be counteracted.

All in all, the PD experts consider it absolutely necessary to use all possibilities of cross-sectoral care. Already established models of cooperation between physicians in private practice and hospitals could be expanded. This also includes outpatient services (MVZ) provided by hospitals or municipalities. However, new models are also needed in which hospital doctors can fill gaps in outpatient treatment and become active. The state is already promoting closer integration of outpatient and inpatient services in Gardelegen, and a project is also planned in Genthin. The experts recommend a tiered system of hospital care to the state. Basic care with internal and surgical services should be possible close to home. Similarly, paediatric and maternity clinics should be available regionally. The more specialised the medical services become, the more the services will be concentrated at large focal point providers, maximum care providers and the university hospitals. <<

by: MVF Editor-in-Chief Peter Stegmaier

Entwicklung der vollstationären Fallzahlen zwischen 2017 und 2021

Nr.	Leistungsbereich	Vollstationäre Fälle			Veränderung 2019 vs. 2021	
		2017	2019	2021	nominal	prozent
1	01 Allgemeine Innere Medizin	158.823	150.028	124.456	-25.572	-17%
2	09 Allgemeine Chirurgie	115.127	110.504	87.574	-22.930	-21%
3	21 Frauenheilkunde und Geburtshilfe	54.820	50.393	44.722	-5.671	-11%
4	08 Kardiologie	28.843	29.656	26.200	-3.456	-12%
5	23 Kinder- und Jugendmedizin	35.547	33.522	25.093	-8.429	-25%
6	20 Urologie	24.772	25.693	23.065	-2.628	-10%
7	26 Neurologie	25.681	24.348	22.893	-1.455	-6%
8	31 Psychiatrie und Psychotherapie und Psychosomatische Medizin und Psychotherapie	23.738	22.030	19.618	-2.412	-11%
9	03 Gastroenterologie	16.431	17.700	16.099	-1.601	-9%
10	24 HNO	21.672	21.488	14.839	-6.649	-31%
	Zwischensumme Top 10 Leistungsbereiche	**505.454**	**485.362**	**404.559**	**-80.803**	**-17%**
	%-Anteil an allen vollstationären Fällen	**84%**	**83%**	**83%**		
	Vollstationäre Fälle gesamt	**599.483**	**582.411**	**485.676**	**-96.735**	**-17%**

Fig. 1: Development of full inpatient case numbers between 2017 and 2021 in the top 10 service areas with the most cases. Source: own presentation based on the §21-KHEntgG datasets of the respective years. From: Report on the hospital landscape in Saxony-Anhalt; presentation of the results in the Health Cabinet, Magdeburg.

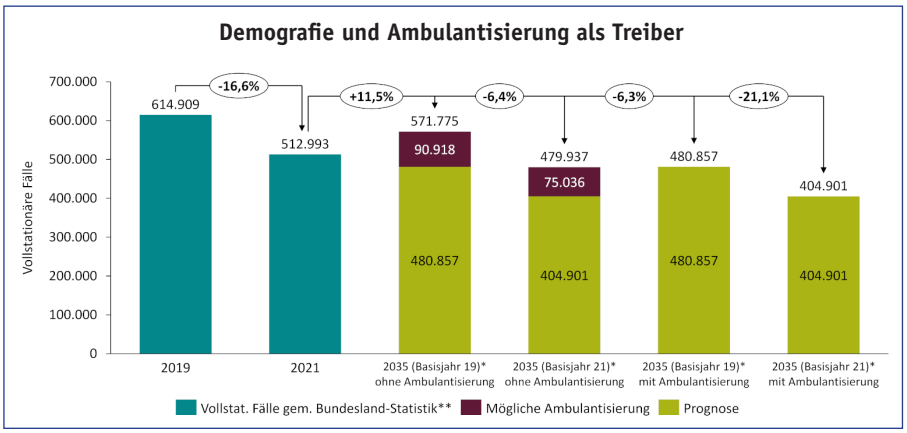


Fig. 2: Demography and outpatientisation as drivers: a further decline in full inpatient cases with place of residence in Saxony-Anhalt is to be expected until 2035. Legend: * forecast based on disease incidence from 2019 to 2021 in Saxony-Anhalt in conjunction with the 7th regionalised population forecast Saxony-Anhalt and assuming a prospectively determined outpatientisation factor ** slight deviation from official federal state statistics. Source: Expert opinion on the hospital landscape of Saxony-Anhalt; presentation of the results in the Health Cabinet, Magdeburg.