

Hospitals: Europe

A new report helps you understand a changing sector, with forecasts for the coming years

February 2011

The healthcare sector is under pressure throughout Europe, caught between the rising cost of treatment, people's expectations of ever-improving care, and governments' attempts to control costs.

These pressures are being felt throughout Europe's hospital sector, where changes in payment systems coupled with hospital closures and mergers are changing the way that the sector operates.

Suppliers of equipment, consumables and services to Europe's hospital sector need to take these changes into account in their business planning and their sales and marketing activity.

A new market report designed for suppliers to the European hospital sector in the 12 largest countries:

- Analyse trends within the European hospital sector, by country, from 2005 to 2009, with data on the number of hospitals and hospital beds, and new forecasts up to 2014
- Compare the private and public hospitals sector in Europe
- Analyse the various sources of health care financing in each country
- Understand how each country is addressing the funding issues
- Discover the major private hospital groups in Europe



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This report is designed for business ease-of-use, combining MSI's analysis of official published statistics, coupled with forecasts for the main sector indicators based on a combination of original and secondary research, prepared through interviews with health ministries, hospitals, trade associations and trade magazines throughout Europe.

This report contains the most up-to-date information on the hospital sector in Europe. See inside for further details...

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Introduction

- Throughout the EU, health care spending has been increasing at a faster rate than national wealth for many years. Although cost-cutting measures slowed the rate of growth in the early 1990s, the growth in spending resumed more recently.

- Growing demand for health care services has been driven by many factors including higher household revenues, an ageing population, the appearance of new disabling illnesses, technical advances in the medical field, and the increasing demand for services that contribute to patient well-being.

- Several European countries now recognise the right to quality health care in hospital laws and patient rights, and give the patient the right to quality care that satisfies his needs measured by certain criteria.

- Over the last decade, reforms in the health care sector have been influenced by the New Public Management model, which has been gaining ground in the European Union and changing public sector management practices in order to improve efficiency.

- In general, these reforms have implemented new funding models with the aim of encouraging better performance from health care providers.

- As health care needs continue to grow and public resources continue to shrink, in particular in the aftermath of the financial crisis of 2008/2009, governments will need to look for ways to secure long-term funding for health spending without sacrificing the principles of universal access and quality care.

- The most frequent instruments adopted by national governments have included the following:

- reduction of the number of beds
- changes in the payment mechanism for hospitals in order to adopt a more performance-oriented approach, through DRGs for instance
- greater autonomy for hospitals in their management
- institutionalisation of the referring physician

- National governments have also reconfigured their hospital systems, through the use of better planning. In a number of countries, hospital planning has been decentralised to regions in an attempt to improve planning performance, to adapt to patients' needs and to ensure a better distribution of facilities across the region. Indeed, success in reconfiguring a hospital system is linked closely to the fact that a whole system approach is taken instead of only market-based strategies such as granting autonomy to individual hospitals. That is why, according to trade sources, planning strategies have been an important instrument for countries to redesign their hospital system.

- Thus, a number of major questions and challenges face suppliers and providers to the health care sector in Europe:

- What are the main reforms made in the different countries, and what will be the consequences of these reforms?
- Over which period of time?
- What are the main trends in these markets?
- What are the strengths, weaknesses, opportunities, and threats for each actor of the health care sector?
- How can actors evolve in such a context?

***With this report, you will find essential data to help you plan your European business strategy and budgeting.
The quantitative and qualitative analysis in this report includes:***

For Europe (12 countries):

Number of hospitals in Europe (12 countries), 2005-2014
Number of hospital beds in Europe (12 countries), 2005-2014
Average Length of Hospital Stay in Europe (12 countries), all Hospitals, by Country, 2004-2008
Number of Hospitals and Hospital Beds per capita in Europe (12 countries), by Country, 2004-2008

For Austria:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Number of Hospitals and Hospital Beds, by Status, 2008:

- Public sector owner/supporter
- Private sector owner/supporter

Number of Hospitals and Hospital Beds, by Type of Hospital, 2009:

- Acute General
- Acute Specialised
- Non-Acute

Number of Hospitals and Hospital Beds, by Hospital Status and by Hospital Size, 2009:

- Public Status
 - <200 beds
 - 200-499 beds
 - 500-999 beds
 - >1000 beds
- Private Status
 - <200 beds
 - 200-499 beds
 - 500-999 beds
 - >1000 beds

Major Public and Private Hospitals, by number of beds, 2008

For Belgium:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Number of Hospitals and Hospital Beds, by Type of Hospital, 2009:

- General Acute
- General Specialist
- Psychiatric

Major Public and Private Hospitals, by number of beds, 2009

For Czech Republic:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Number of Hospitals and Hospital Beds, by Type of Hospital, 2009:

- General Acute
- General Specialist
- Psychiatric

Ownership of Acute Care Hospitals and Other Inpatient Facilities, 2008

Major Public Hospitals, by number of beds, 2009

For France:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Hospital Beds, by Status of Hospital, 2009:

- Public
- Private for Profit
- Private non Profit

Major Hospitals, by number of beds, 2009

For Germany:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Number of Hospitals and Hospital Beds, by Type of Hospital and Status of Hospital, 2009:

- Acute care
 - Public
 - Private for Profit
 - Private non Profit
- Preventive care and Rehabilitation
 - Public
 - Private for Profit
 - Private non Profit

Major Hospitals, 2009

For Italy:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Major Hospitals, 2009

For Netherlands:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Major University and other Hospitals, 2009

For Poland:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Major Hospitals, 2009

For Portugal:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Hospital Beds, by Status of Hospital, 2009:

- Public
- Private for Profit
- Private non Profit

Major Hospitals, 2009

For Spain:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Number of Hospitals and Hospital Beds, by Type of Hospital, 2009:

- General Hospitals
- Other Acute Hospitals
- Long-stay Hospitals
- Psychiatric Hospitals

Major Hospitals, 2009

For Sweden:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Major Hospitals, 2009

For the UK:

Number of Hospitals and Hospital Beds, by Sector, 2005-2014:

- Private
- Public

Major Hospitals, by speciality, 2009

The report also discusses for all 12 countries:

Healthcare Resources, Utilisation & Expenditure per Capita, 2005-2014

Healthcare Financing: Situation and Reforms

Hospital Purchasing Reforms

Major Private Hospital Groups

Major Private Hospital Operators, by Country

Mergers and Acquisitions

Profiles of Major Private Hospital Groups:

Asklepios
 Asklepios Kliniken Hamburg
 Aspen Healthcare
 BMI Healthcare
 Capio
 Capio Germany
 Capio Healthcare France (Capio Santé)
 Capio Healthcare Spain (Capio Sanidad)
 Capio Nightingale Hospital (UK)
 Capio Norway
 Capio Sweden
 Centro Médico Teknon
 Cinven
 General Healthcare
 Générale de Santé
 HCA International
 Helios Kliniken
 Magnum Capital Industrial Partners
 Nuffield Hospitals
 Rhön-Klinikum
 Sana Kliniken
 Spire Healthcare
 USP Hospitales
 Vivantes

The report also presents **other indicators**, including:

Population data, by country
 Population aged 65 years and over, by country
 Fertility rates, by country
 Life expectancy for females, by country
 Life expectancy for males, by country
 Healthy life years at age 65 for females, by country
 Healthy life years at age 65 for males, by country
 Tobacco consumption, by country
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 Overweight and Obesity prevalence, by country

The report contains 221 pages of text and data presented in 155 tables. These tables are also presented in an Excel spreadsheet supplied with your report.

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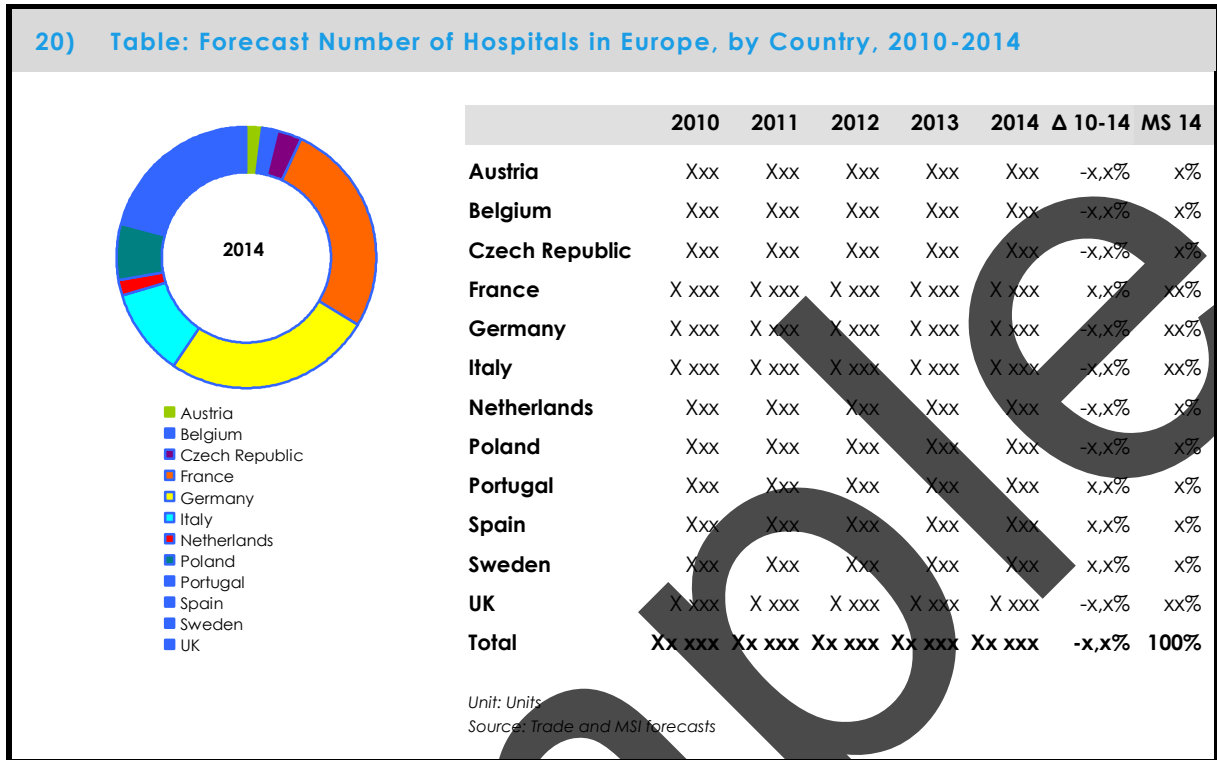
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All quantitative data presented in the report is also contained in an Excel spreadsheet, along with other supporting data, allowing you to:

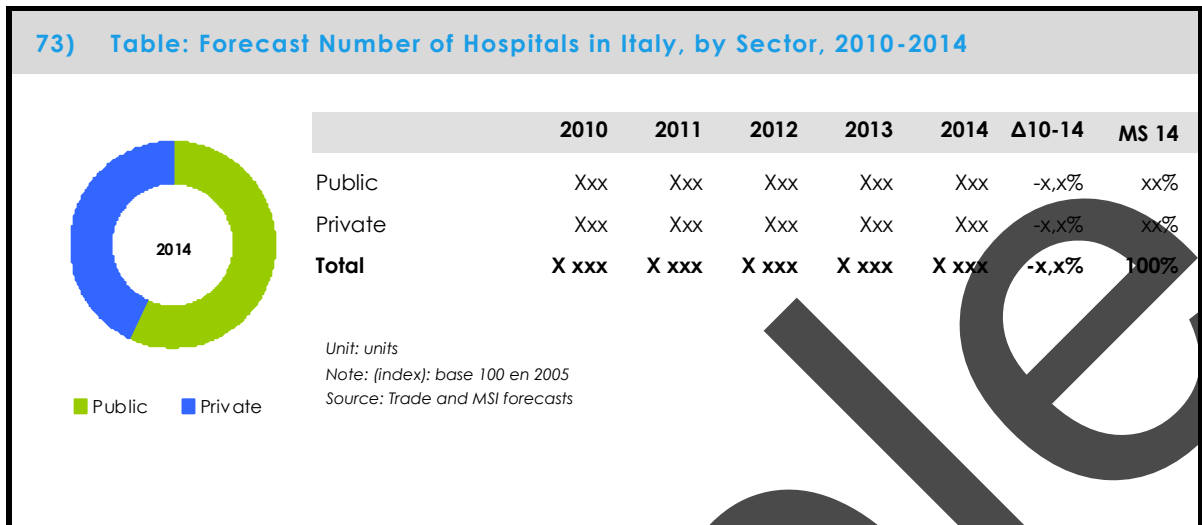
- **Work on the data yourself**
- **Make your own estimates and calculations**
- **Integrate the data into your own presentations or reports**

4.1.4 Forecast Number of Hospitals in Europe, 2010-2014



- Austria and Germany will experience the steepest decline in the number of hospitals during the forecast period due to a rationalisation process in both countries. This process should lead to a number of mergers and hospital closures.
- In Spain, the number of hospitals will continue to increase due to the dynamism of the private sector but also due to the relatively low provision of hospitals in the country compared to other European countries.
- In all European countries, healthcare restructuring will be one of the main priorities of governments. Indeed, in all of the EU countries, the hospital sector remains one of the most important items in healthcare expenditure. Therefore, the number of acute hospitals will continue to decrease during the forecast period. During this time, technological advances in medicine will make it possible to change the management of the hospital and patients, with the development of alternatives to full hospitalisation.
- In the same way, other synergies and types of collaboration will emerge between different public hospitals or between the private sector and the public sector. These different measures will help to create synergies and cut costs and in so doing will also reduce the number of sites and hospitals.
- Indeed, collaboration between the private and public sectors or between several hospitals (public and/or private hospitals) will take many forms with varying degrees of responsibility and risk transferred to the private sector or the main hospital. For example, public sector operations such as laundry services or technical medical-related activities including radiology or laboratory analysis will be outsourced, thus delegating traditionally public services to the private sector.
- As part of the same trend and indeed facilitating this trend, PPP will increase in the forecast period in most of the countries.

4.2.6.4 Forecast, by Sector, 2010-2014



- The private sector is expected to continue to gain market share in the hospital sector in Italy during the forecast period.
- The number of public hospitals and beds will continue to decrease at a faster rate than in the private sector.
- Indeed, local health units will increasingly contract private providers due to their efficiency compared to under-funded public hospitals.
- Concentration in the sector should also continue to increase. This will be especially the case in the private sector since that sector is important in Italy. Many private hospitals are small and have financial difficulties, and they could become acquisition targets for bigger hospital groups trying to reinforce their positions on a regional basis.
- Specific attention will also be given to enhance competition between all health care actors. By these measures, the Italian government will also try to reduce waiting lists and improve care quality all over Italy. Nevertheless northern Italy will be still better positioned for private investments and the south will still suffer from its bad image of disruption and corruption.

5.8 Netherlands

- Since the 2006 reform, the Dutch government is longer more in charge of the day-to-day management of the healthcare system. Private health suppliers are responsible for the provision of services in this area while the government is responsible for the accessibility and quality of the healthcare.
- By this reform, the main challenges and goals of the Dutch health and long-term care sectors are quality, innovation and prevention. Priorities set by the Dutch government to accomplish these challenges are:
 - opening the care market for new players
 - prevention
 - developments concerning the measurement and awareness of care quality
 - enhancing transparency for patients and enlarging their options in relation to costs and quality of care institutions and insurers
 - increasing freedom of policy-making for care institutions
 - addressing the shortage of skilled personnel within the health sector
- The Dutch healthcare policy is to provide high-quality, affordable and accessible care. In the Netherlands most initiatives and policies are applicable for health as well as long-term care, and this approach stresses the interfaces and similarities in challenges of both.
- The Dutch Government even anticipates a more extensive interaction by acknowledging that health and long-term care are also interconnected with socio-economic and social inclusion issues that need a broader scope and approach to the challenge.
- Passing the Insurer Act in 2006 launched the reform of the Dutch health-care system. It integrated the former sickness fund scheme and private health insurance into a single mandatory insurance for all residents. Also, it assures access to health care regardless of gender, age, health condition or socio-economic status.
- The main objectives of the reform were:
 - to make health care more consumer-driven
 - to strengthen solidarity arrangements
 - to make health care more efficient and innovative
 - to improve quality of health care
- The main incentives used to achieve these objectives were:
 - market competition and consumer choice
 - enhancing room for contracting between insurer and provider agents
 - risk-pooling by means of adjusted capitation payments to health insurers to achieve fair market competition
 - measuring the performance of health-care providers and insurers
 - government regulation used to ensure universal access to health insurance
- The mandatory insurance covers basic needs and people can complement this with an additional insurance policy. Also, a new Health Insurance Income Support Law compensates lower-income groups for the substantial increase of the nominal premium rate they must pay.
- The basic insurance package consists of:
 - medical care provided by general practitioners, hospitals, medical specialists and obstetricians
 - medication
 - IVF up to three times, maternity assistance, medical aids, certain types of paramedical care, dental care up to the age of 22, specialist dental care and dentures, hospitalisation, and patient transport
- Recent changes to the law include:
 - Exceptional Medical Expenses Act: The reform of long-term care and mental care targets a