

HOSPITALS FOR THE WORLD

E.C. Beck

Chairman of the British Hospitals Export Council talks to Richard Lambert, a journalist.



LAMBERT: Mr. Beck we understand that the planning, designing, building and equipping of hospitals has become big export business for Britain. Is that so?

BECK: Indeed it is. British firms are involved with over £180,000,000 worth of hospitals outside Britain right now. We are certainly recognised as one of the world leaders

LAMBERT: Why is it that so many countries have turned to Britain for this kind of help?

BECK: There are three reasons, we believe. Most important is the experience we've gained through our National Health Service. Then too, we learned a lot about the needs of tropical countries in our days as colonial power. The third factor is technological advance; we happen to be one of the countries where much of it is taking place.

LAMBERT: What has Britain learned from its National Health Service that makes its experience so valuable in planning and building hospitals for other countries?

BECK: The National Health Service started in 1948 but between then and 1958 only £100,000,000 was spent on new hospital construction, largely because schools and homes had priority during reconstruction in Britain just after World War II. So our really valuable experience has been picked up fast, just over the last decade. You see, between 1958 and 1968 things speeded up so much that five times more hospital building went on than in the previous ten years. Hospital schemes worth £ 660,000,000 were finished by the end of 1968, with another £ 400,000,000 worth under way. Right now Britain is building hospitals at the rate of £ 100,000,000 worth a year.

LAMBERT: That's impressive, but what does it mean in physical terms?

BECK: It has meant the addition of 76,000 beds, 750 operating theatres, more than

550 X-ray diagnostic and radiotherapy departments, over 400 nurse training schools.

LAMBERT: That certainly suggests a vast amount of experience:

BECK: Experience of a special kind, I might add, which undoubtedly enhances its value to other countries. Because this development was done under the National Health Service we learned to become very cost-conscious, and that makes our bids in other countries highly competitive. But perhaps most important of all is our approach to hospital problems. We are concerned with total planning and not just the building of hospitals.

LAMBERT: What are some of the things you've learned that most interest other countries ?

BECK: I should say the main ones are the development of regional planning of hospital and health services, the rationalisation of planning procedures, the standardisation of components, and the development of industrialised building techniques, more or less in that order. Our Department of Health has experimented with system building for some time and has also done a lot of research into hospital planning, with the result that it is now possible to build two hospitals for the price of one, using a new hospital design they have introduced.

LAMBERT: Have they actually built any to the new design ?

BECK: Yes, it's happening now. The first two, in England at Bury St. Edmunds and Frimley, are due to open in 1972 as district general hospitals. They will cost about £ 3,000,000 apiece instead of the £ 5,500,000 each would have cost if done to earlier designs and they will take only five years to build instead of eight.

LAMBERT: What about advances in technology and equipment?

BECK: Much is going on. The Department of Health is now sponsoring more than 120 research and development projects on hospital equipment, particularly for advanced techniques and apparatus for such things as renal dialysis, cryogenics, lasers, optical systems, infra-red diagnostic equipment, dental instruments and materials and automated diagnostic systems, including automated laboratory apparatus. In these fields we are now producing some very interesting systems and equipment that should find a ready market both at home and abroad.

LAMBERT: I imagine that hospital needs vary considerably from country to country. What types of contract does Britain tend to be called in on ?

BECK: Sometimes British firms are asked to plan, design and build the whole thing. For example, a British firm has just won a contract worth £ 3,000,000 to supply the complete infrastructure for a hospital service throughout the interior Amazon region in Brazil. It may be the first contract of its type and size in the world. It calls for a network of prefabricated health centres comprising seven hospital units, 44 health centres and 13 outpatient/emergency units situated at 44 sites, plus 25 fully equipped houses for the doctors to live in. The medical units are fully planned and supplied with everything from X-ray and surgical equipment to bandages and cutlery. They even include preparation of staffing

schedules, maintenance requirements, and arrangements for loan finance, as well as provision of professional and technical consultancy services. Everything is provided, even furniture and electrical generators and water purification systems. The major hospital units will each have an operating theatre, obstetric ward, radiography, laboratory and outpatient department as well as a kitchen, staff canteen and administration block. Out there the Amazon is often the only "road", so the contract includes twelve boats converted into floating medical units, to be used both as ambulances and as outpost units to serve the more remote areas.

LAMBERT: Where British teams aren't called upon to undertake the whole job, as along the Amazon, what tends to be the part they are selected to handle?

BECK: It often happens that local design teams are used and British firms are called in to do the construction. It rather depends on how well a country is equipped with architects and experience of hospital planning. At other times British firms are only called upon to equip new or existing hospitals. That's happening to the tune of nearly £ 20,000,000 a year now.

LAMBERT: What would you say is the potential for hospital exports?

BECK: I believe the potential is enormous, especially in developing countries. You can get some idea of the need from the fact that in developing countries they may average one hospital bed per 1,000 population, whereas in Britain it's 10 beds per 1,000. Or look at it in terms of doctors per million of population. In the United States of America they have 1,600 doctors per million. In the U.K. it's 1,200. But in India it's 175 and in Nigeria there are only 25 per million.

LAMBERT: What type of hospital unit is most needed in the developing countries?

BECK: The greatest need is for a network of simple dispensaries and health centres, backed up by district hospitals which are in turn supported by teaching hospitals and specialist centres.

LAMBERT: How does the British Hospitals Export Council function in all this?

BECK: The Council was set up in 1964 to help promote the design, construction and equipment of hospitals overseas using British goods and services. Its members are representatives of professional and trade associations concerned with hospital matters and it is financed by their associations and interested companies. The Council gathers information about export opportunities and new developments which it circulates to its subscribers. It encourages export business by sponsoring visits from team of leading overseas doctors, administrators, architects and engineers who are invited to Britain to see for themselves what British "know-how" can do. It also arranges special exhibitions and demonstrations in countries all over the world. Essentially the Council is an information clearing-house aimed at acquainting other countries with what Britain has to offer in this increasingly complex field.

LAMBERT: To give some idea of the extent of hospital work being done by British firms outside of Britain at the moment, can you tell me about some of the larger contracts?

BECK: By all means. There's the 650-bed hospital recently finished near Amman in

Jordan, and a 216-bed specialist hospital at Riyadh, Saudi Arabia, which is designed for extension to 400 beds. In that part of the world they have to cope with extremes of temperature varying from 30 to 130 degrees Fahrenheit (minus one to 54 degrees Centigrade) and dust storms, but the consultants solved the problems nicely. In Zambia and Uganda and the Caribbean there are huge hospital complexes going up or recently completed which have heat and environment problems of a different kind but these too posed little difficulty for British firms. Canada has become a good customer for British hospitals. A £ 6,000,000 one was finished not long ago at Edmonton, Alberta, and a £1,500,000 hospital at Granbrook, British Columbia, has just been handed over. Other hospitals built by British contractors are to be found in Cyprus, Malta, Tripoli, Aden, Bahrain, Brunei, Dubai, Khag Island, Iran, Iraq, Kuwait, Ghana, Sierra Leone, Nigeria, Malawi, Tanzania, South Africa, Jamaica, Trinidad, Mauritius and Fiji.