

Health care capacity planning – a review of international experience

Ettelt S, Nolte E, Thomson S, Mays N

London School of Hygiene & Tropical Medicine (2006)

Executive summary

This report reviews approaches to planning health care capacity in nine countries.

Key findings are:

- Most countries plan health care capacity. Planning is usually undertaken by governmental actors or their respective subordinate authorities. The only exception is the Netherlands where corporatist actors, i.e. regional provider organisations, are now responsible for planning.
- Capacity planning is embedded in the wider institutional, legislative and political framework of countries. Responsibility for planning generally reflects the governance structure of the health system and may involve central, regional and legal authorities. This responsibility is often shared by authorities at different tiers of government and/or health authority.
- The planning process usually involves other stakeholders. This may include provider organisations, the health professions and the public. The degree of active involvement varies between countries, ranging from statutory participation to (limited) consultation.
- Strategic planning is generally undertaken by the authorities at the central or regional level; operational planning concerned with the translation of strategies into regional/local planning is the responsibility of regional/local authorities.
- Most planning is undertaken in the hospital sector; only few countries plan ambulatory and primary care. Workforce planning at regional or central level is less developed.
- Hospital planning usually includes capital investments, expensive equipment and the number of facilities. There is also evidence of bed capacity and service volume planning, although this varies between countries and in some cases within countries.