



Q COMMUNITY

Special Interest Group on Community Hospitals

RESOURCE PACK #2 INTEGRATED CARE



Q is led by the Health Foundation
and supported by partners across
the UK and Ireland

FUNDED BY HEALTH FOUNDATION,
QUALITY EXCHANGE
AIMS ID 3009277

INTRODUCTION

THE COMMUNITY HOSPITALS ASSOCIATION (CHA) HAS DESIGNED A SUITE OF RESOURCE PACKS AS A WAY OF SHARING SOME OF THE LEARNING IN AN ACCESSIBLE WAY. THIS RESOURCE PACK FOCUSES ON THE TOPIC OF INTEGRATED CARE.

In this Resource Pack we have presented our learning from case studies and also links to national resources.

In order to create our Resource Packs, the CHA has assembled information from a number of sources. We have collated information from members and our special interest group. Also in 2021/22 the CHA carried out a study on the role of community hospitals during COVID-19, asking staff to describe quality improvements and initiatives that made a positive impact. We interviewed 85 staff and managers working in community hospitals from 20 provider organisations which generated reports and resources as well as 31 case studies which have now been shared widely.

During the project interviews with staff from across the UK, and there was a strong message about enhanced

collaboration and partnership working during COVID-19 and beyond. Staff used these terms during the interviews which included: “camaderie”, “resilience,” “all in it together,” and “the team is like a family.” Staff were open and honest about the difficulties and challenges during the pandemic, as well as sharing the improvements that were made for the benefit of patients and staff.

The topics in this Resource Pack are being discussed and developed in the Q CHA Community Hospitals Special Interest Group where staff have shared their case studies and experiences. We are sharing the outcomes of our online discussions groups widely to encourage learning across the community hospitals network. This Resource Pack reflects initiatives and schemes concerned with integrating care and will develop as the learning continues to be shared.

WHAT WE DID

85

PRACTITIONERS



85 STAFF INTERVIEWED
USING APPRECIATIVE INQUIRY

20

ORGANISATIONS



20 ORGANISATIONS
TOOK PART REPRESENTING
168 COMMUNITY HOSPITALS

31

CASE STUDIES



31 CASE STUDIES SELECTED
AND DEVELOPED

COMMUNITY HOSPITAL RESOURCES: INTEGRATING CARE

WE HAVE HIGHLIGHTED SOME EXAMPLES OF INTEGRATED CARE FROM OUR 31 CASE STUDIES FROM OUR Q CHA COVID-19 STUDY AND ALSO AWARD WINNING CASE STUDIES FROM OUR INNOVATIONS AND BEST PRACTICE PROGRAMME. DETAILS OF THESE CASE STUDIES CAN BE FOUND ON OUR [WEBSITE](#).

WE HAVE PROVIDED EXAMPLES OF 4 TYPES OF INTEGRATED CARE:

- 1 Multi-Disciplinary Team Working
- 2 Community Hospital and Primary Care
- 3 Community Hospital and Acute Care
- 4 Community Hospital and Local Community

1 MULTI-DISCIPLINARY TEAM WORKING

Don't panic, training in a pandemic!

SUSSEX COMMUNITY NHS FOUNDATION TRUST

Staff spoke of established staff teams and good team-working prior to the pandemic and how this further improved during COVID-19. At the start of the pandemic outpatient clinics were closed, so staff were redeployed onto community hospital wards. So an established staff team suddenly had additional staff who may not have had recent training appropriate to the services. Redeployed staff included physiotherapists, occupational therapists, health visitors etc. There were examples of Chaplains and administrative staff being redeployed to help communicate with relatives who were unable to visit when the wards were closed. Managing a new and different team of people needed leadership and support. In Sussex, a rapid training programme was created based on short and local videos, to help prepare staff.



CASE STUDY: DON'T PANIC, TRAINING IN A PANDEMIC!
SUSSEX COMMUNITY NHS FOUNDATION TRUST >>

Enhanced care model

CORNWALL PARTNERSHIP NHS FOUNDATION TRUST

In Cornwall, there was a decision to offer an enhanced model of care, extending the service to patients with dementia. In order to staff the ward, additional people were recruited from local furloughed staff from a range of backgrounds. People came forward to help, and received training and support. The enhanced model prompted additional training needs for all staff on mental health and dementia. The community hospital in Cornwall was able to offer a service to patients with additional needs, which made a significant contribution to the capacity management of the local health and care system. The teamworking on the ward was effective.

CASE STUDY: ENHANCED CARE MODEL
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST >>

Senior Team Huddles

HIGHLAND HEALTH BOARD

Multidisciplinary working typically included the nurses, health care assistants, therapists and doctors, and also social care staff and community staff. Initiatives were introduced such as staff huddles, where staff from all disciplines as well as facilities management and administration, would come together for a focused meeting each morning, usually around a white board. This would enable issues such as capacity, safety of patients, staffing etc. to be discussed and planned for. This coordinated and integrated working was further developed.

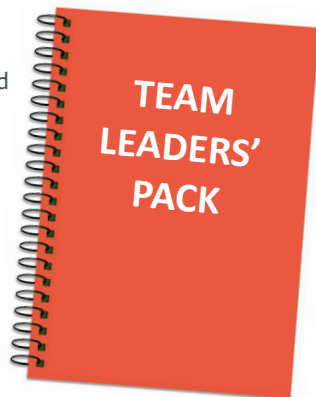
CASE STUDY: SENIOR TEAM HUDDLES
HIGHLAND HEALTH BOARD >>



Corona Voice staff survey – supporting staff

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

One Trust communicated intensively with staff through regular surveys, and responded by making changes swiftly. One of the examples as the creation of a Team Leaders Pack, was developed to provide useful information and practical tips to managers and team leaders to help them support their teams during the pandemic. COVID-19 rapidly brought colleagues together from lots of different disciplines with a shared commitment to respond to the health and well-being needs of our teams (Public Health, Staff Psychology, Psychiatry, HR, Staff experience, Communications and our Charity). There were high levels of cooperation and collaboration.



CASE STUDY: CORONA VOICE STAFF SURVEY – SUPPORTING STAFF
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST >>

“

QUOTES FROM STAFF

We have become a team. That is what Covid has done. It has defined what a team is here.

NURSE CONSULTANT

The trust developed with the ward teams allowed us to ensure the right patient received the right care at the right time. Working together saved time and resources and resulted in excellent person-centred care.

CLINICAL LEAD NURSE

Kindness is being embraced. Whether a Sister, Matron, Leader, Manager, CEO or housekeeping, there is more respect for each other and this flows through to ward staff and their relationships with patients.

NURSE MANAGER

What is notable is that the team has worked together for a long time – the lowest turnover in Trust, some staff very long standing. This made a difference to how they adapted positively.

CLINICAL SERVICES MANAGER

You have to look after your staff in order for them to look after other people. Never in any other time in my career, 25 years as a charge nurse, did I feel this so strongly.

CHARGE NURSE

I think for me, the blessing of this place is how closely everybody worked together.

SENIOR NURSE

Keeping our community safe

HIGHLAND HEALTH BOARD

A good example of collaboration and co-operation between primary care community hospitals and community services was shown in the case study featuring Nairn Town and County Hospital. The Clinical Lead and GP initiated early interventions at the very start of the pandemic to keep the community as safe as possible. His public health messages and early actions were seen as important to protecting the community, in advance of national measures being introduced. Staff worked together on this across primary and community services, and there was also strong and active support from the local community. At the time of the interview, there had been no patient deaths from COVID-19.

There is a history of joint working in Nairn across agencies, and the level of integrated working was strengthened during the pandemic. Frequent team leader meetings involved community ward staff, MIU staff, AHPs, community nurses, social work staff, GPs, hotel services staff and administration. Safe working practices, designed in early March by the GP Clinical Lead were reinforced. Team Leaders supported each other, and staff worked flexibly as needed. This initiative showed the benefits of local decision-making appropriate to local communities.

CASE STUDY: KEEPING OUR COMMUNITY SAFE
HIGHLAND HEALTH BOARD >>

Increased GP support

HYWEL DDA UNIVERSITY HEALTH BOARD

GPs working within the Hywel Dda University Health Board recognised they would need to adapt the way in which they collaborated with Community Hospitals during the pandemic. There was already a good, highly trusting relationship between the Community Hospitals and local GP practices which enabled flexibility and increase in support. During the pandemic, the practice allocated 2 GPs to offer a service which meant that there was a GP on the community hospital ward 8am-5pm and also available to support night staff.

The staff view was that the community hospital staff and GPs all worked together to keep everything as safe as possible and a real trusting relationship was built.

Staff described the experience as harrowing but said it had bonded the team and community further.

CASE STUDY: INCREASED GP SUPPORT
HYWEL DDA UNIVERSITY HEALTH BOARD >>



“

QUOTES FROM STAFF

Our GPs flexibility and willingness to support us was highly valued. There were already good relationships, but this extended support really shone through, especially with more complex patients and with more (COVID-19-related) deaths.

MATRON

Relocating Cancer Care

TORBAY AND SOUTHERN DEVON
NHS FOUNDATION TRUST

A Staff reported that collaborative working across the Acute Hospital and Community Hospital was a positive experience. The realisation that Community Hospitals can manage patients with a range of acute needs beyond rehabilitation move their NSCS (Non- Surgical Cancer Services) to a “super green” site to help protect their most vulnerable patients and to ensure the continuation of essential Systemic Anti-Cancer Therapy (SACT).

CASE STUDY: RELOCATING CANCER CARE
TORBAY AND SOUTHERN DEVON NHS FOUNDATION TRUST >>

Leadership & autonomy enabling a 7 day service

OXFORD HEALTH NHS FOUNDATION TRUST

The COVID-19 pandemic accelerated the requirement for data transparency across the whole health system, and this provided a basis for improved understanding and a strengthening of relationships. This has led to a new provider collaborative between the Acute and Community Trust.

CASE STUDY: LEADERSHIP & AUTONOMY ENABLING A 7 DAY SERVICE OXFORD HEALTH NHS FOUNDATION TRUST >>



System impact of organisational innovation

BIRMINGHAM COMMUNITY HEALTHCARE
NHS FOUNDATION TRUST

The profile of patients being seen in the Community Hospitals changed. There was a shift from rehabilitation to delivering more sub-acute care to support discharge from acute wards. This challenged staff to develop additional skills and gain confidence in managing different situations. Extra training was quickly put in place to support this change. This change will ensure a long-term flexibility in the care local Community Hospitals can provide. Patient Flow Liaison Team. Non-clinical staff acted as the link between patients and their families. This was positive in terms of communication, linking with families on Facetime and using iPads. Families were incredibly grateful for this connection with their loved one. Redeployment made a difference and brought opportunities around greater therapy input in End-of-Life Care. This was made possible by the redeployment of Occupational Therapists (OTs) into Community Hospitals where some patients were approaching End of life.

CASE STUDY: SYSTEM IMPACT OF ORGANISATIONAL INNOVATION BIRMINGHAM COMMUNITY HEALTHCARE NHS FOUNDATION TRUST >>

“

QUOTES FROM STAFF

The acute sector had a deeper appreciation of community hospitals.

SENIOR NURSE

Our Community Hospital step-down beds became general nursing beds to free up acute beds for Covid patients. Coupled with the community engagement that we are doing, this is making us a stronger player.

SENIOR MANAGER

The pandemic demonstrated the true place for them as a major team player in community care provision.

Local Community support

LANARKSHIRE HEALTH BOARD

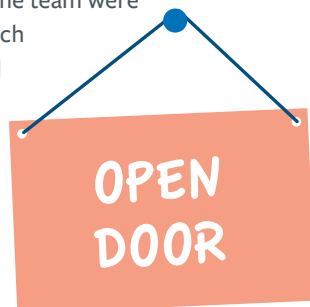
NHS Lanarkshire had the support of the local community in helping them through the worst days of the COVID-19 pandemic, boosting staff morale and reinforcing the role of community hospitals not only as a key player in the local health system, but a valued part of the community. Local communities came together to show their support and provide practical help and kindness to the community hospital settings. This engagement has ensured greater awareness of the role Community Hospitals play in their communities, for residents and other health and care partners. Examples of support included the community contributing meals for staff, local distilleries supplying alcohol gel in individual dispensers for staff personal use, Schools and other groups making visors to contribute to the supply of PPE, schoolchildren playing music by the windows of the hospital, window displays showing support and many more initiatives.

CASE STUDY: LOCAL COMMUNITY SUPPORT LANARKSHIRE HEALTH BOARD >>

Creating a Communications Open Door

NORTHERN HEALTH AND SOCIAL CARE TRUST

Staff from one Trust spoke of the need to establish a connection with families during the pandemic and create an “open door” to ensure they felt reassured that their loved one was being well cared for, informed of their clinical condition especially when the patient was deteriorating and comforted that they were not alone when dying. There was a lot of positive feedback about the open door system. The multidisciplinary team members were all involved in communicating with families. Social Workers were having more conversations with families as they were not seeing the patient who would have passed information on previously. Staff reported that the team were good at communicating with each other and that they were joined by redeployed staff, who brought additional communication skills with them. Communications improved between the community hospital staff and patients, families and the community.



CASE STUDY: CREATING A COMMUNICATIONS OPEN DOOR NORTHERN HEALTH AND SOCIAL CARE TRUST >>

COMMENT ON CASE STUDIES

One of the staff interviewed was asked to say what the most significant change in practice has been during the pandemic.

Collaborative working, teamwork and a greater understanding and appreciation of each others' roles and contributions. Staff said that it had brought their teams closer together. The case studies show the range of integrated working for the benefit of patients and staff, as well as families and the community.

“

QUOTES FROM STAFF

We have done more good through communication than many other measures. Communication was the thing that we could do, and do well.

TEAM MEMBER

Discussions with relatives required different and enhanced skills. There was an additional intensity to the conversations and usual feedback such as non-verbal cues was often absent. Difficult conversations had to happen remotely and often quickly.

NO JOB TITLE GIVEN

We could not change the outcome for patients but the thing we could change was our communication with the families as this was what was going to make the biggest difference to the perception of care. GP

The community hospital is cherished by its community.

NURSE

CHA SPECIAL INTEREST GROUP ONLINE DISCUSSIONS

THE CHA HAS BEEN PLEASED TO HOST A SERIES OF DISCUSSION GROUPS, WHERE STAFF FROM THE Q CHA STUDY HAVE PRESENTED THEIR CASE STUDIES. THE RECORDINGS OF THE DISCUSSIONS CAN BE VIEWED ON THE LINK.

OXFORD - LEARNING FROM NEW 7 DAY MANAGEMENT OF COMMUNITY HOSPITALS IN OXFORDSHIRE

Kate Riddle and her team from Oxford Health NHS Foundation Trust presented their case study to the online discussion of our Special Interest Group on community hospitals. Their response to the pandemic was to create a new clinical and management system that has proved to be beneficial for patients, the service, and the local health and social care system. The team talked about improved joint working with the acute sector, and stronger team working overall.

[VIEW A RECORDING OF THE SESSION](#)



CORONA VOICE – UNDERSTANDING, AND MEETING, THE NEEDS OF ALL STAFF DURING THE PANDEMIC

Anna Burhouse, Director of Quality Development, and Annaluisa Wood, Matron of Alnick and Berwick Community Hospitals from Northumbria Healthcare Foundation NHST present their case study and answer questions.

The discussion was far ranging with examples given of the wider cultural change in the Trust.

[VIEW A RECORDING OF THE SESSION](#)



KEEPING OUR COMMUNITY SAFE

This event focused on how Community Hospitals supported the health and care system to respond to COVID-19. Dr Adrian Baker, Nairn Hospital, Highland Health Board described the steps taken to keep staff and the community safe. This involved an integration of primary care community hospital and the local community. Attendees shared their own stories and discussed ways to share and sustain good practice.

[VIEW A RECORDING OF THE SESSION](#)



FURTHER DISCUSSIONS ARE POSTED HERE >>

NATIONAL RESOURCES

NHS England

Integrated Care

This links to the structure changes in the NHS to create 42 Integrated Care Systems with Integrated Care Boards.

<https://www.england.nhs.uk/integratedcare/>

The Productive Community Hospital

This includes reports toolkits and modules which can be downloaded.

<https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/The-Productive-Series-generic-flyer.pdf>

Multi-disciplinary team working

The publication is designed for clinical leaders, department managers and senior therapists, and offers practical support, information and resources.

<https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2020/06/Productive-community-hospital-Multi-Team-Working.pdf>

The Health Foundation

Person-Centred Care

An animation on person-centred care.

<https://www.health.org.uk/video/person-centred-care-made-simple>

Integrated care: organisations, partnerships and systems

The Health Foundation submission to the House of Commons Health and Social Care Committee inquiry.

<https://health.org.uk/consultation-responses/integrated-care-organisations-partnerships-and-systems>

The Health Foundation – Q Community

Creating an effective integrated care team – using a systems approach

An integrated care team of frontline health and social care professionals was designed using systems thinking. In a presentation on zoom, John Mortimer shared what the essentials are to have in place when undertaking this level of change, and shared outcome measures that demonstrated real impact.

<https://q.health.org.uk/event/creating-an-effective-integrated-care-team-using-a-systems-approach-with-john-mortimer/>



Institute of Healthcare Improvement (IHI)

Person- and Family-Centred Care

Putting the patient and the family at the heart of every decision and empowering them to be genuine partners in their care. IHI is working with systems both to improve the care experience (building stronger coordination, communication, and compassion) and to increase the level of the patients' voice and influence.

<https://www.ihl.org/Topics/PFCC/Pages/Overview.aspx>

Kings Fund

Improving Care for Mrs Smith

Peter Thistlethwaite

This paper tells the story of health and social care integration for older people in Torbay, and how the known barriers to this were overcome.

It shows how integration evolved from small-scale beginnings to system-wide change. Central to the work done in Torbay was how care could be improved for 'Mrs Smith', a fictitious user of health and social care services. Brixham, was selected to trial integrated health and social care. This was an established and self-contained community that comprised 23,000 residents, three GP practices, a community hospital and a local authority residential home/day centre. Improvements included increased confidence, and increased access to intermediate care.

<https://www.kingsfund.org.uk/publications/integrating-health-and-social-care-torbay>

Integrated Care – Chris Ham

Experience in Torbay illustrates how these benefits have been realised in the NHS. Starting from recognition that health and social care services for older people were often fragmented, leaders in Torbay established an integrated health and social care team in Brixham to serve a population

of 23,000 people. The team brought together expertise from adult social care and community health services and was co-located under a single manager at the local community hospital. The team worked closely with general practices in Brixham to identify and support older people at risk of admission to hospital.

<https://www.kingsfund.org.uk/publications/articles/integrated-care-summary-what-it-does-it-work-what-does-it-mean-nhs>

Nuffield Trust

The Nuffield Trust is an independent health think tank. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate. The Nuffield Trust has published a series of papers on integrated care, and offer a toolkit to support integrating care.

What is integrated care?

Sarah Scobie sets out the aim of integrated care which is to join up the health and care services required by individuals, to deliver care that meets their personal needs in an efficient way.

<https://www.nuffieldtrust.org.uk/resource/integrated-care-explained>



International Foundation of Integrated Care

IFIC's Vision is that people, families and communities benefit from person-centred integrated care and support to maximise their health, wellbeing and independence. The IFIC strategy is to accelerate the movement for change.

IFIC holds international conferences, and supports a network of IFIC groups in countries across the world. The CHA has contributed to conferences and raised the profile of community hospitals as integrators.

<https://integratedcarefoundation.org/>

CHA Presentation at Conference in Denmark

Dr David Seamark and Dr Helen Tucker presented a paper at the ICIC22 in Denmark.

"Community hospitals have been described as integrators, and the experience of staff during the pandemic has shown that collaborative working has strengthened over time. Staff have reported that there is a greater appreciation of the role of community hospitals locally within communities and within the wider health and social care system."

Follow the link to watch the presentation, read the poster, and view the abstract.

<http://www.communityhospitals.org.uk/quality-improvement/sharing-learning.html>

Knowledge Tree

The Knowledge Tree is built upon IFIC's pillars of integrated care. It provides a way of searching knowledge and resources within the context of the pillars and simplifies searching for research published by IFIC.

<https://integratedcarefoundation.org/the-knowledge-tree>

The poster is titled "The response of United Kingdom Community Hospitals to the Covid-19 Pandemic: an appreciative inquiry". It features a header with logos for the Health Foundation, CHA, and a quote: "Q is led by the Health Foundation and supported by partners across the UK and Ireland". The poster is divided into several sections:

- OVERVIEW / ABSTRACT:** The study was designed to capture the experiences and learning of staff working in community hospitals during Covid-19. The aim was to record changes to practice and the quality improvements from those who worked through the pandemic. The design of the study benefited from input from members of the Q community, who commented on the initial idea, helped refine the study and continue to contribute. An advisory group also contributes to the study, and is led by a Chair of a League of Friends (NLG) for a community hospital. Community hospitals have been described as integrators. The experience of staff during the pandemic has shown that collaborative working has been strengthened during this time. Staff have reported that there is a greater appreciation of the role of community hospitals locally within communities and within the wider health and social care system.
- WHAT WE DID:** 85 STAFF interviewed using appreciative inquiry. 20 ORGANISATIONS took part representing all community hospitals. 30 CASE STUDIES selected and developed.
- KEY FINDINGS - INTEGRATED CARE:**
 - Strengthening of existing relationships and also new collaborations.
 - Positive impact on working across their local health systems and communities.
 - Types of integration included multidisciplinary working (horizontal) and integration between the community hospital and acute sector (vertical).
 - There were also examples of multi-agency working, and joint working with communities.
 - New ways of communicating with patients and families.
 - Person-centred care has been illustrated through initiatives that have been designed to provide support for patients, to encourage creativity and independence and provide compassionate care.
- CONCLUSIONS:**
 - Staff described the flexibility of these small typically rural community-based hospitals, and the benefits of being embedded within their local communities.
 - Imaginative ways were found to provide compassionate care to patients and families, and to achieve appropriate, high quality and safe care.
 - Staff reported that many of the improvements will be sustained and shared details of positive patient feedback on the changes and improvements.

There is more autonomy to plan now... red tape has been removed, we just get on with it. There is stronger decision-making. We look, improve and adapt - it adds to the quality of care.

[During Covid-19] patients felt it was a safe environment to come to. We're now... I think for me, the blessings of this place is how closely everybody works together.

International Journal of Integrated Care

The International Journal of Integrated Care has documents the trends, developments and newest findings in the research, policy and practice of integrated care. The CHA & Helen Tucker has had conference abstracts published on integrated care and community hospitals.

Conference Abstracts

The response of United Kingdom Community Hospitals to the COVID-19 Pandemic: an appreciative Inquiry

Helen Tucker, David Seamark, Evelyn Prodger, Trish Jay, Emma Gibbard

04 Nov 2022 Volume: 22 (S3):221

22nd International Conference on Integrated Care, Odense, Denmark May 2022

<https://www.ijic.org/articles/abstract/10.5334/ijic.ICIC22108/>

An 'inclusive' model of integrated care

Helen Tucker

06 Dec 2010 Volume: 10 (6)

<https://www.ijic.org/articles/abstract/10.5334/ijic.640/>

Community Value – Community Hospital

Helen Tucker

27 May 2015 Volume: 15 (5)

<https://www.ijic.org/articles/abstract/10.5334/ijic.2165/>



BMJ Open Quality

Response of UK community hospitals to the COVID-19 pandemic: an appreciative inquiry

“The UK community hospitals responded to the COVID-19 pandemic in a rapid and flexible manner with enhanced integrated working and individual innovation. This study illustrates some of the strengths of smaller, mainly rural, hospitals that are embedded in the community including resilience and creativity. Staff described innovative, flexible and rapid changes in their community hospitals in response to the pandemic. Examples of quality improvements, innovative practice and enhanced integrated working to meet the local needs were evident.”

Seamark DA, Prodder E, Jay T, et al Response of UK community hospitals to the COVID-19 pandemic: an appreciative inquiry BMJ Open Quality 2022;11:e001958. doi: 10.1136/bmjopen-2022-001958

<https://bmjopenquality.bmj.com/content/11/4/e001958>

BMC Public Health

BMC Public Health is an open access, peer-reviewed journal that considers articles on the epidemiology of disease and the understanding of all aspects of public health. The journal has a special focus on the social determinants of health, the environmental, behavioural, and occupational correlates of health and disease, and the impact of health policies, practices and interventions on the community.

Community hospitals – the place of local service provision in a modernising NHS: an integrative thematic literature review

The authors report that the services that may be offered are varied and can include not only inpatient facilities, but also outpatient, diagnostic, day care, primary care and outreach services for patients provided by multidisciplinary teams. The paper sets out the staffing and collaborations.

<https://bmcpubhealth.biomedcentral.com/articles/10.1186/1471-2458-6-309>

Journal of Integrated Care

The Journal of Integrated Care (JICA) has a role in publishing practical evidence for service improvement. JICA facilitates the dissemination of research and practice relevant information about the integration of health, social care and other community services to the benefit of service users, patients and health care providers. Membership of the Editorial Board includes Dr David Seamark and Dr Helen Tucker of the CHA. Also Dr Anne Hendry, who was a member of the Advisory Group to the CHA Q Study on the contribution of community hospitals during COVID-19.

Integrating Care in Community Hospitals

“There is a strong tradition of integration in rural community hospitals which has been largely unrecognised in the past. The challenge is to demonstrate that community hospital services are valued models of person-centred integrated care, and to demonstrate their contribution to the health and wellbeing of their communities.”

Tucker, H. (2006), “Integrating Care in Community Hospitals”, Journal of Integrated Care, Vol. 14 No. 6, pp. 3-10. <https://doi.org/10.1108/14769018200600041>

Discovering integrated care in community hospitals

“This study has shown that integrated working is present in community hospitals. This research provides new knowledge on the types of integrated care present in a range of community hospital services. The study shows a tradition of joint working, the presence of multiple simultaneous types of integration and demonstrated that integrated care can be provided in a range of services to patients of all ages in local communities.”

Tucker, H. (2013), “Discovering integrated care in community hospitals”, Journal of Integrated Care, Vol. 21 No. 6, pp. 336-346. <https://doi.org/10.1108/JICA-10-2013-0038>

Additional Publications

Hasan MZ, Neill R, Das P, Venugopal V, Arora D, Bishai D, Jain N, Gupta S. Integrated health service delivery during COVID-19: a scoping review of published evidence from low-income and lower-middle-income countries. BMJ Glob Health. 2021 Jun;6(6):e005667. doi: 10.1136/bmjgh-2021-005667. PMID: 34135071; PMCID: PMC8210663.

Bhat K, Easwarathan R, Jacob M, et al Identifying and understanding the factors that influence the functioning of integrated healthcare systems in the NHS: a systematic literature review BMJ Open 2022;12:e049296. doi: 10.1136/bmjopen-2021-049296

ACKNOWLEDGEMENTS

THANK YOU TO THE ORGANISATIONS WHO AGREED TO TAKE PART IN OUR CHA Q PROJECT ON THE ROLE OF COMMUNITY HOSPITALS DURING COVID-19. THE 20 ORGANISATIONS ARE LISTED BELOW. WE ARE GRATEFUL TO THE 85 STAFF AND MANAGERS WHO AGREED TO BE INTERVIEWED, AND HAVE CONTRIBUTED THEIR EXPERIENCES AND VIEWS. THANK YOU.

PROVIDER TITLE

Northern Ireland

Northern Health and Social Care Trust

England

Birmingham Community Healthcare NHS Foundation Trust

Cornwall Partnership NHS Foundation Trust

Derbyshire Community Health Services NHS Foundation Trust

Gloucestershire Health and Care NHS Foundation Trust

Herefordshire & Worcestershire Health and Care NHS Foundation Trust

Hounslow & Richmond Community Healthcare NHS Trust

Lincolnshire Community Health Services NHS Trust

Northumbria Healthcare NHS Foundation Trust

Oxford Health NHS Foundation Trust

Somerset NHS Foundation Trust

Southern Health NHS Foundation Trust

Sussex Community NHS Trust

Tetbury Hospital Trust

Torbay and Southern Devon NHS Foundation Trust

Scotland

Highland Health Board

Lanarkshire Health Board

Wales

Betsi Cadwaladr University Health Board

Cwm Taf University Health Board

Hywel Dda University Health Board





Contact us



infocommunityhospitals@gmail.com



communityhospitals.org.uk



Community Hospitals Association



@CommHospUK



Community Hospitals Association