



Community Hospitals Association

STRATEGIC BRIEF

**Community Hospitals:
Embedding COVID-19 positive impact
changes through shared learning**

September 2022

EXECUTIVE SUMMARY

Community Hospitals are a vital part of local health and care systems whose beds are used predominantly for older adults with multi-morbidity. Older adults were disproportionately affected by the COVID-19 pandemic with highest excess deaths occurring in this age group. Yet, there has been little shared on the role and contribution of Community Hospitals during the pandemic.

There are five hundred Community Hospitals across the UK¹. These long-established health-care facilities are generally small hospitals that provide a wide range of locality-based outpatient and inpatient services, including rehabilitation and recovery, end of life care, day hospital and diagnostic services². Specific service configurations differ between Community Hospitals with services tailored to population based needs and proximity to a larger general acute hospitals³.

This project aimed to capture the experiences of practitioners working in UK Community Hospitals during the COVID-19 pandemic, with a focus on positive changes in clinical care for patients and families and shared learning to embed and sustain change.

This national project over two-years enabled 85 practitioners from across different disciplines and levels of seniority to reflect in a systematic way on their experiences and innovations from 20 organisations representing 168 Community Hospitals during the pandemic.

The findings, including 31 Case Studies, facilitated wider shared learning on embedding innovations in clinical care hospitals providing opportunities to strengthen high-quality clinical care for patients and families. Six key features of Community Hospitals to meet the rapid rise in demand for health care including being resilient, compassionate, flexible, creative, responsive and integrated.



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

6

**KEY FEATURES OF
COMMUNITY HOSPITALS**
to meet the rapid rise in demand
for health care

- | | |
|--------------|-----------------|
| 1 RESILIENT | 4 CREATIVE |
| 2 FLEXIBLE | 5 COMPASSIONATE |
| 3 RESPONSIVE | 6 INTEGRATED |



4

THEMES WITH RECOMMENDATIONS
for practice and policy, were identified
to maximise care provision in
Community Hospitals

- 1 **MAKING DECISIONS LOCALLY**
Policy makers ensure that Community Hospitals remain a core part of Integrated Care Board service development, place-based care planning and quality improvement
- 2 **BENEFITING FROM EXCELLENT LEADERSHIP**
Policy makers ensure compassionate and bold leadership is core to the quality of services in Community Hospitals
- 3 **RECOGNISING AS COMMUNITY ASSETS**
Policy makers ensure digital enablement; space utilisation and volunteers are considered to maximise Community Hospitals as community assets
- 4 **LOOKING AFTER STAFF**
Policy makers ensure staff wellbeing is core to the quality of services in Community Hospitals and new roles developed during the pandemic are reviewed and sustained where they add value



[VIEW THE FULL REPORT HERE >>](#)

BRIEFING

This project illuminates the contribution that Community Hospitals made, and continue to make, to the health and wellbeing of their local communities during and after the pandemic. Practitioners in Community Hospitals shared their stories in moving accounts that described how they delivered care and support to patients and families in the context of the fear and anxiety of the pandemic. 30 interviews were completed with 85 staff from 20 organisations representing 168 Community Hospitals across all 4 nations.

Where appropriate these positive changes are being sustained and further developed as the learning has informed on-going quality improvement providing opportunities to improve clinical care for patients and families at local and system level. The interviews provided a rich narrative which supported identification of six key features of Community Hospitals that enabled response to meet rapid rise in demand for healthcare.

30 INTERVIEWS WERE COMPLETED WITH 85 STAFF FROM 20 ORGANISATIONS REPRESENTING 168 COMMUNITY HOSPITALS ACROSS ALL 4 NATIONS.

STAFF INTERVIEWED REPRESENTED A RANGE OF DISCIPLINES AND LEVELS OF SENIORITY

JOB TITLE	NO.	%
Nurse / Nurse Manager	52	61%
Therapist	8	9%
Social Worker	1	1%
Health care worker	1	1%
GP	7	8%
Medical Consultant	1	1%
Manager	15	18%
Total	85	100%

“Community hospitals are brimming with expertise often untapped! The pandemic demonstrated the true place for them as a major team player in community care provision. Let’s be brave in the development of these wonderful places. Let’s get it absolutely right for our communities.”

NURSE CONSULTANT



KEY FEATURES OF COMMUNITY HOSPITALS

RESILIENT

1

- Continuity of Service
- Bold leadership – clinical and operational
- Staff going above and beyond their role
- Well-established teams
- Maintained staffing with local support
- Support for staff health and wellbeing

FLEXIBLE

2

- Making service changes swiftly
- Changing and adapting the building and facilities
- Redesigning the model of care to meet new needs
- New ways of working
- Adopting technology to support service provision
- Supporting staff redeployed to Community Hospitals through training and buddies
- Increasing staffing capacity to meet rise in demand for care through redeployment, developing new roles using generic workers, moving to 7 day working

RESPONSIVE

3

- Making local decisions for early COVID-19-safety in response to international developments
- Responding to pressures on acute services with services & facilities
- Developing clinical teams to meet increasingly acute and complex patients' needs
- Meeting local needs such as dementia care
- Caring for COVID-19 patients requiring oxygen therapy

COMPASSIONATE

4

- Enabling family visits for patients at the end of life
- Measures to reassure and comfort patients and relatives
- A caring response to patients needs and wishes
- Thoughtful innovations to bridge the lack of visiting
- New ways of communicating virtually with families and external services such as acute Consultants

CREATIVE

5

- Developing ways to stimulate and encourage isolating patients
- Using technology to enhance the patient experience
- Providing emotional support to patients and relatives
- Developing novel approaches to support rehabilitation outside of the physio gym

INTEGRATED

6

- Strengthening team working within the hospital and with community services and partners including in reaching to acute sites
- Improving relationships between acute, mental health, palliative care and Community Hospitals
- Joint working across the whole local health and social care community
- The local community supporting the hospital and its teams



ANALYSIS SUPPORTED FOUR RECOMMENDATIONS TO MAXIMISE RESPONSIVE CARE PROVISION IN COMMUNITY HOSPITALS:

1 Making Decisions Locally

- Making decisions locally through local autonomy
- Playing a full part in the local health and care system

The case studies demonstrated how much could be achieved when staff were granted local autonomy and could make decisions appropriate to the local circumstances. In sharing their experiences, staff talked about how much they appreciated the trust that was placed in them, and how liberating it was to be able to make locally sensitive decisions.

Staff described the removal of some of the “red tape” which created opportunities, particularly when working in partnership with other organisations and needed to share information and work collaboratively. Issues such as financial implications were paused for some of these arrangements. The size and scale of Community Hospitals meant that changes could be made swiftly. Innovative practice could be introduced quickly.

The strong message coming from staff was that the role of the Community Hospital was now being appreciated more than ever. The pandemic led to an increased cooperation across organisations within the NHS, with those with Community Hospitals having a seat at the table for planning and managing the crisis. Staff said they appreciated the local autonomy, and the support for their quality improvements that were generated “bottom up” rather than “top down.”

→ RECOMMENDATIONS

POLICY MAKERS, COMMISSIONERS, EDUCATORS, SYSTEM LEADERS AND PROVIDERS SHOULD ENSURE:

- Community Hospitals remain a core part of service development, quality improvement and place-based care planning
- Collaborative cross-organisational working and devolving decision making autonomy is encouraged and supported
- System level research relating to decision making and delivery includes Community Hospitals and its interfaces with primary and secondary care

“It’s about how we can demonstrate all the good services being delivered and the opportunities to be creative and meet needs. Coming out of the second wave we are more creative. We are taking patients who are sicker and more complex than before – we are giving them the best chance to get home.”

CLINICAL MANAGER



2 Benefiting from Excellent Leadership

- Being led by bold and compassionate leaders
- Being truly person-centred in all that we do

Leadership was expressed by staff as a critical factor in being able to provide an appropriate service in the circumstances of the pandemic. Staff spoke of bold and compassionate leadership.

Managers spoke of the challenge of having a central and national focus at the start of the pandemic, to the detriment of the local services. This was adjusted as the pandemic progressed, and leaders and managers sought ways to support front line staff.

Staff spoke of being person-centred and how this was emphasised during the pandemic when staff were the main and often only contact for patients in the hospital. Staff provided care and support for patients who were isolating and unable to see their loved ones, and the ways in which staff went out of their way to reassure and care for patients was inspiring and heart-warming.

→ RECOMMENDATIONS

POLICY MAKERS, COMMISSIONERS, EDUCATORS, SYSTEM LEADERS AND PROVIDERS SHOULD ENSURE:

- Compassionate leadership and locally sensitive person centred care remain key tenets of quality within service development, quality improvement and place-based care planning
- Community Hospital are enabled to provide locally appropriate person centred care through bold leadership of their services within the wider health and social care system
- The positive contribution of Community Hospitals to the wider health and care system within service development, quality improvement and Place based care planning is recognised and developed
- Research is focused on the impact of bold and compassionate leadership within Community Hospitals and its impact on patient outcomes and support of the wider system
- Community Hospital staff are encouraged and supported to access NHS Leadership programmes

“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



3 Recognising Community Hospitals as a Community Asset

- Providing care, treatment and support
- Supporting the wider community as a community asset
- Investing in community hospitals
- Making the most of digital options

Staff wanted to make sure that there was an appreciation that Community Hospitals were an asset to the community in its wider sense. In addition to providing high quality care, treatment and support to patients whether they be inpatients, visiting clinics or attending urgent care centres, staff supported relatives and friends as well as volunteers and the wider community.

Local communities value their local hospitals, and staff spoke of the contributions of food and essential supplies from community groups and businesses. Staff spoke of the need to invest in their Community Hospitals and recognised the generosity of Leagues of Hospital Friends and local voluntary groups.

The use of digital technology transformed the way that staff worked. Staff referred to systems in which they could share clinical information across the local health and social care economy.

Staff spoke of the challenge of keeping patients connected with their families through digital technology. Staff needed to be well versed in using technology

differently. Staff gave moving accounts of how virtual communication may have been the only connections between dying patients and their families.

→ RECOMMENDATIONS

POLICY MAKERS, COMMISSIONERS, EDUCATORS, SYSTEM LEADERS AND PROVIDERS SHOULD ENSURE:

- Understanding of where digital enablement supported collaboration, flexible and responsive care delivery with effective use of scarce resources, and build this into future planning
- Digital enablement is considered for Community Hospital alongside primary and secondary care with interoperability core to planning and decision making
- Consideration of the scope of voluntary organisations such as Leagues of Friends to support digital enablement locally
- Maximisation of space at Community Hospital sites to incorporate additional clinic based and urgent care services to support place based care and sustainability

“ So we have learned that it is possible to create change if we really need to. The key is, we can do this! ”

SENIOR MANAGER



4 Looking After Our Staff

- **Attending to staff health and wellbeing**
- **Providing staff with opportunities for development and growth**

Staff health and wellbeing became an increasing concern, as staff were working under intense pressure, often in full PPE, and working long hours with extremely sick patients. Staff spoke of the number of deaths witnessed early in the pandemic. They also spoke of their worries for their own families and managing illnesses.

Community Hospitals created sanctuaries for staff (wobble rooms or garden areas) where they could go to take time out, and this feature was mentioned often by staff as a valuable way of managing the stresses of the situation. Organisations offered psychological help, and there were local initiatives to try and raise spirits.

The need to support staff continues. There has been particular attention on training and development, as staff have had to adapt and learn new skills in some circumstances. There is an increase in staff being supported to become Advanced Clinical Practitioners with a recognition of how much can be offered within a Community Hospital setting.

→ RECOMMENDATIONS

POLICY MAKERS, COMMISSIONERS, EDUCATORS, SYSTEM LEADERS AND PROVIDERS SHOULD ENSURE:

- The added value of roles developed or enhanced during the pandemic is assessed with a view to supporting non-traditional management of Community Hospital services to promote responsiveness and increase system capacity
- Staff wellbeing is maintained as a key tenet of quality within service development, quality improvement and Place based care planning
- The long term psychosocial impact of the pandemic on local communities is considered and support local initiatives to address this
- Research is focused on the specific wellbeing needs of teams in Community Hospitals

“ 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

“ 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



COMMUNITY HOSPITAL ASSOCIATION

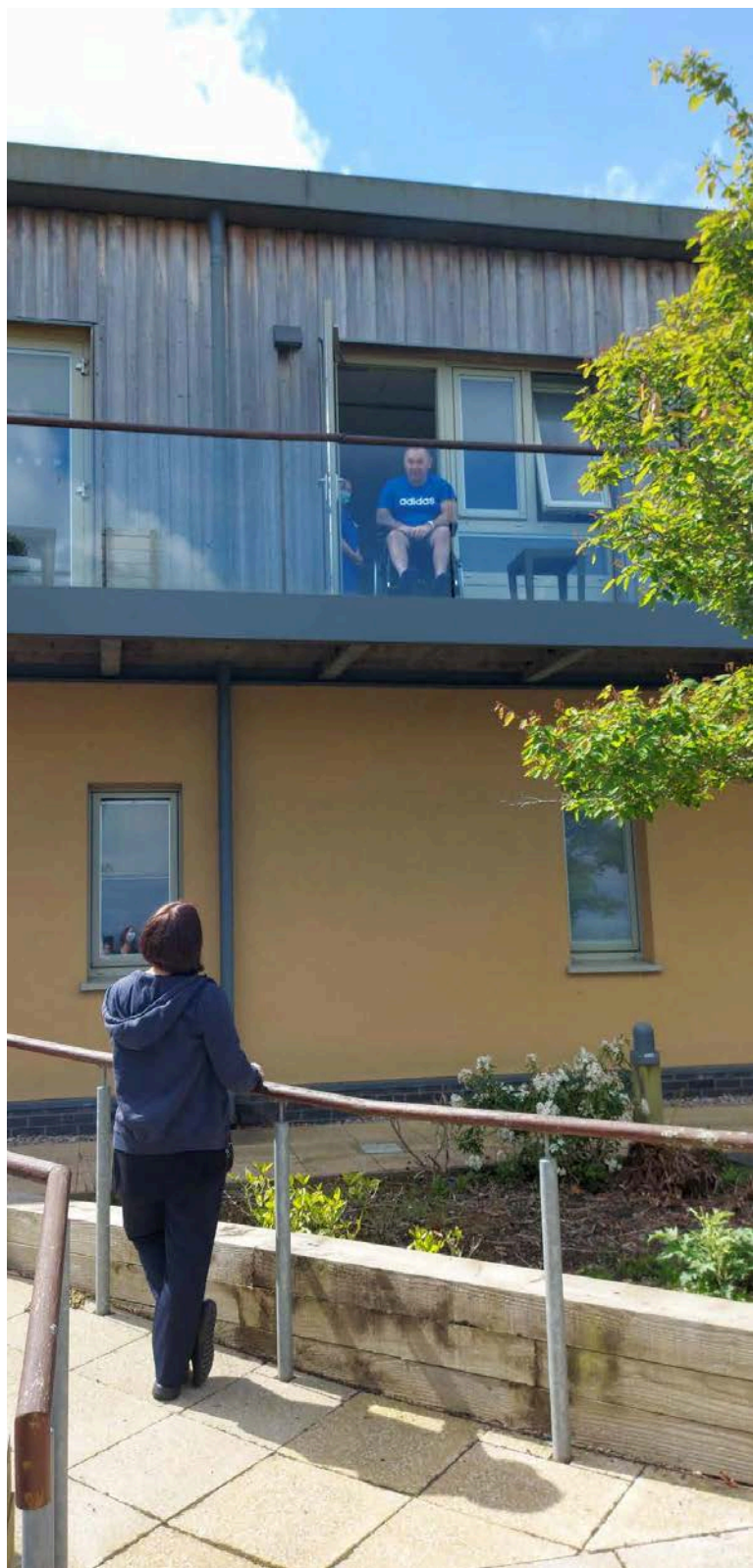
The Community Hospital Association (CHA) identified a lack of awareness, understanding and strategic approach for Community Hospitals within the UK health and care systems. The vital role of Community Hospitals in their response to the rapid rise in healthcare needs during COVID-19 was largely overlooked.

To redress this, the CHA successfully gained Health Foundation Quality Exchange funding to explore and collate the experiences and learning from Community Hospital staff during COVID-19 using an Appreciative Inquiry approach.

The CHA continues to work with organisations, staff and all those concerned with community hospitals, and is disseminating the learning from this study. We trust that this project will help inform future strategic discussions about the role, contribution and potential of community hospitals in our local health and care systems in the future.

“ The case studies are such a celebration of the work of the teams and as a whole they are a wonderful reminder of the importance of Community Hospitals and the role they played at this epic moment in time. ”

THE FULL SUITE OF REPORTS & CASE STUDIES CAN BE ACCESSED ON THE CHA WEBSITE >>



REFERENCES



- 1 Community Hospitals Association website <http://www.communityhospitals.org.uk/what-are-community-hospitals.html#resources> personal communication Accessed 23rd March 2022
- 2 Heaney D, Black C, O'Donnell CA, Stark C, van Teijlingen E. Community Hospitals--the place of local service provision in a modernising NHS: an integrative thematic literature review. BMC Public Health. 2006 Dec 21; 6:309. doi: 10.1186/1471-2458-6-309.
- 3 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-10-20130038>

A FULL LIST OF REFERENCES ARE INCLUDED IN THE MAIN REPORT >>

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Community Hospitals Association



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