
CONFERENCE ABSTRACT

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

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

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Introduction: This study has been 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 for a community hospital.

Method: 85 staff including nurses, therapists, doctors and managers were interviewed guided by a semi-structured questionnaire and using an appreciative inquiry approach. 20 organisations participated in the study, responsible for managing one third of the 500 community hospitals in the UK. Practice examples have been chosen by the project team and the staff as case studies in order to share and learn across the Community Hospitals Association, Q networks and beyond. Progress with the study and emerging findings are shared on the Q website and a Special Interest Group has been formed for further discussion.

Results: Staff described a strengthening of existing relationships and also new collaborations. Staff discussed the impact on ways of working across their local health systems and communities. In particular staff described new ways of communicating with patients and families. Staff shared their innovative ways of supporting patients during this challenging time. 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.

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. Case studies have been written with the staff to illustrate good practice in three categories: practice, people and planning. Themes include support for staff health and wellbeing, changing clinical practice, staff learning new ways to support patients and families, improvements in communication across teams and sectors, and support from the community for patients and staff in community hospitals.

The study findings are being shared through a variety of learning events and the impact assessed.

Discussion: Improvements in integrated working were shown at a micro, meso and macro level. 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 patient feedback on the changes and improvements.

Conclusion: Community hospitals have been described as integrators and 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.