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



SHARING THE LEARNING FROM INNOVATIONS



RECOGNISING IMPROVEMENTS IN QUALITY



SHARING BEST PRACTICE IN INTEGRATING CARE



BUILDING AN INTERNATIONAL NETWORK

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 (NGO) 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.

A COMMUNITY HOSPITAL IS A SMALL NURSE-LED HOSPITAL, TYPICALLY IN A RURAL LOCATION, SERVING ITS LOCAL COMMUNITY.



WHAT WE DID

85

STAFF



85 staff interviewed using appreciative inquiry

20

ORGANISATIONS



20 organisations took part representing 168 community hospitals

30

CASE STUDIES



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.

DOCTOR

[During Covid-19] patients felt it was a safe environment to come to.

CHIEF EXECUTIVE



I think for me, the blessings of this place is how closely everybody works together.

MATRON

CASE STUDIES

Hearing staff voices

Understanding, and meeting, the needs of all staff during the pandemic – 'Corona Voice' Northumbria

As the pandemic started, Northumbria Healthcare NHS Foundation Trust was determined to provide staff with a safe and effective way to raise issues, voice concerns, provide information or just share how they were feeling at the time. They developed a series of very short, Covid specific, staff surveys, to be presented each week to gain a better understanding of staff well-being across the Trust.

'Corona Voice' – a web-based platform was launched on April 6th 2020 as the country went into lock down. In the first three months, it exceeded all expectations, and received 10,400 responses from staff which included their 7 community hospitals/intermediate care units.

Staff motivation was tracked on a weekly basis, with the Trust able to quickly identify which hospital sites or groups needed more support. Staff felt that the

survey had given them the opportunity to reflect not only on their own feelings and emotional state over time as the pandemic played out, but also on some of the devastating effects of the virus. Also the Trust was able to respond to the issues that the staff were raising, resulting in focussed actions under the 7 core needs headings that emerged:

- 1 Listen to me
- 2 Care about me
- 3 Keep me safe
- 4 Keep me connected
- 5 Lead me
- 6 Keep me going
- 7 Notice me – honour my work

“Everyone had the opportunity to feed into our exec teams. Every matron and team manager had that feedback from their teams.”

ANNA-LISA WOOD, MATRON OF ALNWICK AND BERTHOV COMMUNITY HOSPITALS

Advance Practice Team

The creation of an Advanced Practice Team led by a Nurse Consultant, expanding the clinical services offered to patients with frailty during Covid

The pressures on the community hospital services during Covid led to the creation of an Advanced Practice Team. This was led by Jules Kerr, a Nurse Consultant, with the aim of improving the clinical services offered to patients with frailty. The team consists of the Nurse Consultant, Advanced Nurse Practitioners (ANP) and Trainee ANPs. Included in the professions are nurses and paramedics.

The focus on frailty is for all services – bed-based services, the urgent treatment centre and the Rapid Assessment Unit. A simplified pathway has been created so that staff can refer their patients to the services they need.

There is close working across the community hospital and community services to offer continuity of care to patients and families. There is an aim for the community hospital to be a 'hospital without walls.' One of the benefits of being able to offer an extended and integrated service is that there has been a reduction in acute admissions.

“We wrap the team around patients on admission. There is a much better flow in care.”

JULES KERR

The team have a philosophy of focusing on assets not deficits, and are aiming for excellence for frailty.

The community hospital has also gained a reputation in compassionate care for patients at the end of life. The focus on developing outdoor space for patients and staff contributed to wellbeing, and helped everyone in facing the challenges of Covid. The community involvement was impressive.

The community hospital has developed a reputation as “the community hospital that says yes”; and there is an improving understanding of the role of the community hospital in the local health and care system.

Keeping our community safe

Keeping our community safe during Covid – making swift local decisions, working more closely together, and making the most of our community hospital and our community.

Early action was taken by Dr Adrian Baker, GP and clinical lead in response to the warnings of the pandemic. As early as 11th March 2020, Dr Baker had taken steps to safeguard the community hospital and GP practice, instigating measures such as limiting and managing access, requiring hand washing and social distancing. It is understood that this is the first hospital and practice to be locked down in the UK.

Dr Baker made a public information video on Covid-19 explaining why changes were being made, and advising on action to protect patients, staff and the community.

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 Dr Baker, were

reinforced. Team Leaders supported each other, and staff worked flexibly as needed. There were many examples of community support as well.

This early intervention, supported by strong collaborations across the community, helped to safeguard the community. Staff have advised that none of the inpatients had Covid to date. The system of safe practices meant that compassionate care could be managed, and visits were made possible to patients at the end of their life.

This case study shows the benefit of local decision-making, which in this case was swift and appropriate. This is in keeping with the policy in Scotland of “place-based” care.

The study shows clinical and managerial leadership, and also the strengthening of collaborative working across the whole community.

This study was funded by the Health Foundation and NHS England & Improvement. It was undertaken by the Community Hospital Association in the UK.



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‘The national voice for Community Hospitals’

