

Bulletin: Community Hospitals Research Project, Progress Update

In 2006 in England, the Government heralded a new direction for community services, focusing on care closer to home with a call for commissioners to shift resources from secondary care to the community, wherever it was cost effective and beneficial to local people. The fundamental driver for this care closer to home policy was the need to stem the flow of unnecessary hospital admissions into acute care. The potential for outpatient tests, clinics and treatments taking place in community settings and replacement of acute bed days through better use of community hospital (CH) services and intermediate care facilitating early discharge or admission prevention, were key themes in this shift of services and resources. A financial commitment was made available to develop CHs as a key element of a strategy to create capacity for integrated health and social care services. However, by 2010, the Audit Commission suggested little progress had been made in England with unplanned emergency admissions growing at 3% per annum.

There are a number of interdependent issues insufficiently addressed in previous research on Community Hospitals, which need to be understood. Our interest is to map, explore and understand three specific issues:

1. Community hospital definitions and functions

A lack of robust research means little is known of the numbers, distribution and facilities offered by community hospitals. While this has been addressed to some extent in previous work a number of factors make classification complex. These include: the increased emphasis on a primary care-led NHS, different national approaches, contrasting characteristics and differences in client groups, the range of services, the organisations involved and ownership.

As we know little about the overall numbers, distribution, facilities and services offered by CHs, we will conduct a national mapping exercise. The data from this exercise will enable us to construct a national database and directory, and work with the Community Hospitals Association to provide this as an open resource on their website.

This element of the research project will have five key phases:

- reconciliation and consolidation of existing national data sets of CHs.
- construction of a national database of CHs.
- conducting a national survey of CHs (drawing on the Young study).

- developing a directory of CHs and accessible web-based resource at the CHA.
- developing a typology of CHs.

Nine case study sites in England will be selected, and two further areas of research undertaken.

2. Patient experience

NHS services, particularly hospitals, are consistently rated highly [x] with patients rating doctors the most trusted and respected professionals. [xi] However, as a result of a series of major healthcare scandals in the last 20 years, community campaigning groups, the media and politicians have all made the quality of NHS care a matter of public concern. National campaigns to address this have emerged, focusing on areas such as respect, dignity and patient safety, and improving patient experience is a key priority. More recently, the scandal into patient deaths at Mid-Staffordshire NHS Foundation Trust highlighted the poor quality of care and re-emphasised the need for compassion.

The trend towards 'bigger is better' arguments in favour of larger healthcare institutions, along with increased use of technology as a cost saving mechanism, are depersonalising patients' experiences and their need for a 'connected and reciprocal relationship with staff'.

Against this background, some studies appear to suggest that patient satisfaction and outcomes of care in CHs compare favourably with other models of care, with patients saying that they are treated as an individual. However, little systematic research has been undertaken on patient experiences in CHs, and the evidence base for such claims remains under-developed.

We will explore and understand the nature and extent of patients' experiences of community hospital care and services, focusing on five areas:

- Organisational Factors
- Human Factors
- Relationships
- Quality
- Micro-practices

3. Community value

Local community hospitals are known and valued by their communities, [xix] and play an important part in responding to the health and social care needs of local populations. They help to take pressure off acute hospitals

by treating people locally so they do not have to go into a big general hospital or as a step down from a big general hospital as part of rehabilitation. [xx]

Support for, and satisfaction with, CHs by the public, patients and staff remains steadfast, [xxi] as does professional support from GPs. [xxii] However, given the lack of research into the wider role that CHs may play in the communities in which they are located, this is a key focus of our study, and provides an opportunity to generalise new knowledge.

In particular, we seek to establish the extent to which community engagement can be encouraged, nurtured and developed, and understand the variations in community engagement, and consequently the scope of and limitations of policies predicated on community support.

This study seeks to:

1. Construct a national database and develop a typology of CHs.
2. Explore and understand the nature and extent of patients' experiences of community hospital care and services.
3. Investigate the value of the interdependent relationship between CHs and their communities.

we will do this through drawing on a review of the literature on community hospitals and services; a mapping exercise (numbers, location, size, age, services); and nine case studies examining and comparing community hospitals in England, looking at patient experience and the ways in which local communities are involved with their local hospitals.

The research will be conducted over a period of 36 months commencing September 2014.

Detailed Summaries from each

Professor John Young team's summary

Research studies have shown that older people treated in community hospital wards do better than people treated in general hospitals. However, two national surveys by NHS Benchmarking have shown that measures of community hospital care such as staffing, leadership, lengths of stay, outcomes and costs vary greatly between community hospitals. It is not known why such differences occur, or how they affect the quality of care and costs. A popular (and possibly cheaper) alternative to the community hospital ward is short-term rehabilitation in residential care homes

but differences in results for patients and costs between the two types of services are unclear. Our proposed study will address these issues.

We will use new versions of two NHS Benchmarking surveys (currently includes 180 community hospitals). We will analyse the survey results and refine our findings with a special panel of patient representatives and experts to develop a classification system of community hospital wards based upon the important characteristics affecting the quality of patient care and costs. We will then use the classification system to select 4-6 community hospital wards for very detailed studies in which local ward teams will work in partnership with the research team to further improve our understanding of the characteristics of an ideal community hospital ward. We will then be in a position to survey by post all the UK community hospitals to find out how far they differ from this ideal and how much work would be needed to improve the situation. We also plan to use the NHS Benchmarking surveys to compare results and costs between community hospital wards and short term rehabilitation in residential care homes. NHS Benchmarking are experienced in the development of quality improvement toolkits and we will produce a web-based toolkit available to NHS teams to collect, analyse and review the characteristics of their community hospital wards and help them to develop a plan to improve the quality of care provided.

The main benefit of our study is to ensure that older people who need rehabilitation in community hospital wards get the same high standard of care regardless of where they live.

We will be able to describe the characteristics of a community hospital ward that lead to good outcomes for patients and for the tax payer. We will develop a toolkit to enable NHS teams to improve the service they provide. We do not believe there are any ethical issues as any patient information will be collected by ward teams as part of quality improvement work and only shared with the research team in a fully anonymised form. Our team is well placed to carry out this research as it consists of members with considerable expertise in the health care of older people, patient involvement, health economics, and in conducting national surveys and qualitative types of research. We have costed the applicants at a sufficient percentage to ensure the project will meet its objectives, and for a research assistant and a project manager of sufficient seniority to ensure the project will be completed on time and to cost.

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www.bradfordresearch.nhs.uk/research/mocha-a-study-to-understand-and-optimize-community-hospital-care-in-the-nhs/86

Dr Ellen Nolte team's summary ***Advancing community hospitals and services in the NHS: learning from international experiences***

Community hospitals are already an established part of the healthcare system in

England but there is potential for them, and related models, to take on a more strategic role in community health care, particularly in meeting the health and social care needs of future populations. This study aims to: (1) review the existing evidence base on community hospitals and equivalent service delivery models nationally and internationally, examining a range of organisational characteristics and outcomes; and (2) draw on experiences in other countries on the contribution of community hospitals to the healthcare system, by looking at equivalent service delivery models.

The work will be undertaken in two parts. Firstly, we will carry out a comprehensive scoping literature review to understand how community hospitals have been conceptualised and defined in the UK and other high income countries.

Secondly, we will conduct five country reviews to gain a detailed understanding of the nature, scope and distribution of service delivery models that are comparable to community hospitals in England. We will conduct interviews with key informants in each country to better understand the more salient issues surrounding community hospitals in the wider system. We will also undertake detailed case studies of selected community hospital models in the review countries to provide in-depth understanding of innovative models and to offer learning to service development in England. Two of these case study community hospitals will be in Scotland. The case studies will include a local stakeholder mapping, document review, population assessment, interviews with stakeholders and non-participant observation.

With a view to facilitating change and improving the quality of healthcare services provided by the NHS, the research outputs will be actively disseminated to relevant stakeholders including policymakers, providers, patient groups and researchers. Written outputs will include articles in peer reviewed journals, short research briefs and a final report.

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Glasby's team summary

Local community hospitals (CHs) are known and valued by their communities, but there is significant variation in what we understand to be a community hospital, with differences in size, use, services offered, organisations involved, and how they fit with other local health and social care services.

However, because there is so much variation, it makes it difficult to define them, and assess their role, effectiveness and value to the NHS and local communities. Up to now, research on community hospitals has not been strong, and little known of the numbers, distribution, and services offered across the UK. In addition, studies show that patient satisfaction and outcomes of care in community hospitals compare favourably with other models of care, and when citing what they value, patients say it is that they are treated as an individual; but little systematic

research has been undertaken on patient experiences in community hospitals.

Finally, community hospitals are known and valued by their local communities, and play an important part in responding to both health and social care needs of local populations. They help to take pressure off acute hospitals by treating people locally so they do not have to go into a big general hospital or as a step down from a big general hospital as part of rehabilitation. Support for, and satisfaction with, CHs by the public, patients and staff remains steadfast, as does professional support from GPs. Given the lack of research into the wider role that CHs may play in the communities in which they are located, this is a key focus of our study, and provides an opportunity to generate new knowledge. In particular, we seek to establish the extent to which community engagement can be developed, the extent of geographical variation, and consequently the scope of and limitations of policies predicated on community support.

In these contexts, we aim to produce rigorous and relevant evidence of the classic Community Hospital in contrasting local contexts and in relationship with local communities. In doing so, this collaborative project offers the prospect of a systematic evaluation of patient experience and community value of community hospitals, which will benefit local commissioners, services, patients that access them and the local communities that they are intended to serve. This study seeks to:

1. Construct a national database and develop a typology of CHs
2. Explore and understand the nature and extent of patients' experiences of community hospital care and services
3. Investigate the value of the interdependent relationship between CHs and their communities

We will do this through a drawing on a review of the literature on community hospitals and services; a mapping exercise (numbers, location, size, age, services); and nine case studies examining and comparing community hospitals in England, looking at patient experience and the ways in which local communities are involved with their local hospitals.

The research will be conducted over a period of 36 months commencing July 2014.

We will involve service users, carers and local community members throughout the research, on a cross study National Steering Group, through local Reference Groups and through Annual Learning Events (we plan to bring people from across all nine case study sites together on an annual basis, to share experiences, best practice and network).

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www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/research/projects/2014/community-hospitals-research-programme.aspx