

**SUMMARY OF REPORT
SCOTTISH ASSOCIATION OF COMMUNITY HOSPITALS ALUMNI**

**“PAST, PRESENT & FUTURE”
“Keeping It Local”**

Members of the SACH Alumni commissioned a study into the 30 years of the Association with a brief to reflect on SACH Alumni views and experience, consider SACH Alumni current contribution and report on the SACH Community Hospital Vision. Members of SACH Alumni contributed through interviews and discussion groups.

Scottish Association of Community Hospitals

“SACH wanted to re-shape attitudes. It was wildly optimistic but it gave people the inspiration.”

Those interviewed gave their views of how the Association worked as a network, and as a community of practice. The views and experiences were grouped into achievements and challenges, and lessons learned.

“We were a network of like-minded people sharing support and education.”

Achievements	Challenges
1. Developed a Vision	1. The Role of SACH – for GPs or Teams
2. Influenced the Community Hospital Strategy	2. The Focus of SACH – Clinical or Strategic
3. Raised the Profile of Community Hospitals	3. Independence of SACH
4. Provided a Network for Staff and Communities	4. Conflicting Strategies
5. Persisted and Achieved New Community Hospitals	5. Status and Recognition
6. Developed Innovative Services	
7. Collected Evidence	
8. Helped Prevent Closures	

“There is a risk that we underestimate what we have done.”

The study gave an opportunity to collect together all of the achievements, publications, and resources, and to reflect on the impact of the Association on Scottish health services.

“Know where you are going and stick to it. Do not get diverted or compromise on your vision. Have patience.”

“You need local imagination and local champions. Not just clinical champions – we needed local leaders who were prepared to be accountable to the local population, and had the confidence of local people.”

The lessons learned about being a successful networking and membership organisation involve support, a shared vision and a shared purpose.

Lessons Learned

1. Support Each Other
2. Have a Shared Vision
3. Demonstrate Evidence
4. Know Who to Talk to
5. Challenge and Be Challenged
6. Make it Fun

“Find a way to energise everyone.”

Community Hospitals

SACH members have spoken of the value of their community hospital, and how they have viewed its role and contribution to their community.

“I wanted to be pro-active within my community with a full panoply of services. The community hospital was integral to the way I wanted to practice. I wanted to be a physician to my community.”

Themes from interviews included considering the model of a community hospital as a “hub” for health and social care with a range of services and facilities. Those interviewed spoke of the value of team-working, the involvement of communities, ways of managing change and the benefits of sharing good practice. Factors influencing the services were also the arrangements for employing GPs and the way that education and training was provided.

“GPs in SACH came up with ideas for the potential for the community hospital which is now accepted and is now being implemented.”

Community Hospital Themes

1. Defining the Role of Community Hospitals
2. Developing a Model for a Local Health and Care System
3. Working in Integrated Teams
4. Employing GPs in Community Hospitals
5. Promoting Education and Training
6. Involving Communities
7. Managing Change
8. Sharing Good Practice

Particular features of community hospitals were recruitment, employment, education and professional development.

“If you have an active community hospital offering an exciting range of services, this can also help with recruitment.”

“Medical students need to be exposed to this pattern of care. Then they will understand the model and may espouse the values.”

“Involvement in community hospitals would expose students to clinical competencies needed, but also team working and the leadership required.”

“The Community Hospital is a good learning environment for all staff.”

SACH Model

A local community hospital is described as a service for the whole community.

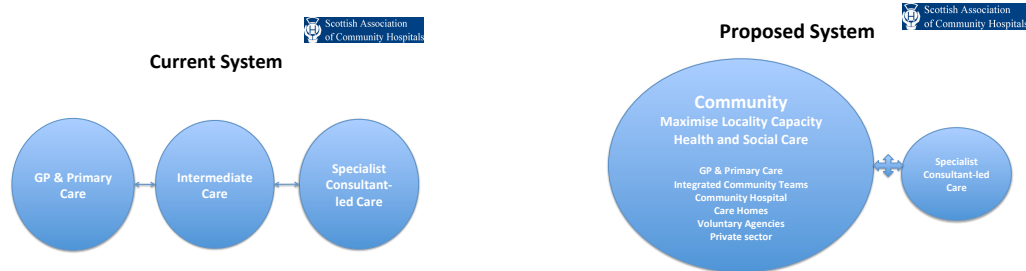
“Helping people to keep well, supporting people when they die, and everything in between.”

*“I like the model of **“cradle to grave”** for a community hospital. That is how it should be. The natural balance of things.*

“The community hospital model is a hub for local multi-disciplinary, inter-agency and inter-disciplinary working and hosting a wide range of health professions, services and therapies



“There is a need to take into account the bigger picture – the community hospital, primary care and also care homes, voluntary agencies and others and see how it all fits together.”



“Recognise community hospitals as a focus for extended generalism and primary care in its broadest form.”

The model of care is one in which local and accessible services are provided.

“GPs to provide as many services within the community as possible so patients do not need to go farther afield.”

A Locality Model

- * The service must be local
- * The community must be involved
- * All local resources for supporting the health and wellbeing of a community must be considered and integrated

“A unique feature of community hospitals is the level of community engagement and we need to celebrate that.”

SACH Principles

10 principles are strongly held in SACH, based around the locality model of care. The model shows the community hospital embedded in the community, and how sectors, disciplines and services are interlinked. The model blurs the distinction between primary, community and intermediate care, and focuses on local care.

SACH Principles

1. Local Care
2. Community capacity
3. A Hub of Healthcare
4. Working in Teams
5. 99% Older People at Home
6. Listen to Patients
7. “Our hospital”
8. Local Resources
9. Share Good Practice
10. Appropriate Care

“The single most important change in our new community hospital has been the multi-disciplinary team meetings including social work. We have not had this before. We are no longer isolated GPs. We work collaboratively.”

“It is about having time together, learning together, practicing together and training together.”

SACH Mantra

Common sayings were also quoted, known as the SACH mantra.

SACH Mantra	
1.	A clinical decision is a purchasing decision
2.	Good care costs less than bad care
3.	Steal with pride
4.	Which bed did you sleep in last night?
5.	Locality planning is the key
6.	Build community capacity
7.	Everybody dies

“We need to strengthen community involvement and build community capacity, so that we can, between us, cope with the changing population.”

“We need to find ways of knowing about achievements in community hospitals and then steal with pride.”

Discussion

It is hoped that the SACH report has helped to promote a debate, and has achieved the aims and objectives by:

- Capturing of the collective experience and translating this to shared learning
- Reflecting the emerging model and vision for community hospitals
- Formalising the guiding principles of SACH
- Developing a toolkit for assessing service developments
- Offering resources such as a reference list and case studies of good practice
- Providing a document to promote further discussion

The SACH Alumni are committed to improving services to their patients and the community, and have been keen to share their knowledge and experience of how this might be achieved through integrated locally-based services.