



DEVELOPING
COMMUNITY
HOSPITALS
A STRATEGY FOR SCOTLAND

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FOREWORD BY THE MINISTER FOR HEALTH AND COMMUNITY CARE



In *A Partnership for a Better Scotland* the Scottish Executive made a commitment to develop a strategy for sustaining small, rural and community hospitals where they are safe and effective. This strategy goes far beyond that original commitment.

Our vision of the future provision of health services in Scotland as set out in *Delivering for Health* demands a new approach. The expansion of community-based, primary care-led services provides a new challenge in both rural and urban areas. We believe this challenge can be met in part by a new model of community hospital.

The strategy therefore provides a blueprint for NHS Boards and their Community Health Partnerships to develop modern, locally sustainable community hospital services that are responsive to local community needs in a wider range of settings than currently exist. It moves beyond the vision of community hospitals in rural areas to include urban settings.

Our community hospitals have been providing excellent services to local communities, some of them for many years. But the impetus given to developing community-based, primary care-led services by our national health policy, *Delivering for Health*, means that community hospitals are now in a position to look at developing new services in new ways.

The strategy never loses sight of the unique relationship community hospitals have with their local populations. Nor should it. The people of Scotland invest a great deal - physically, emotionally and economically - in their community hospitals, and their efforts should be rewarded by facilities that not only offer excellent clinical services, but which also provide a hub and focus for the local community. This strategy sees this kind of community facility used effectively in more places than the rural settings.

I want our NHS to develop its plans to ensure that the key messages in this strategy form part of the process of determining future service provision. This should not only meet the health needs of the local population and provide appropriate care for patients, but also play an integral part in the patient journey through healthcare services.

As *Delivering for Health* states, community hospitals will remain a key resource for the people of Scotland if they can refocus their services to meet the changing needs of the population. This strategy for community hospitals in Scotland puts them on the right track to achieving that aim.

Andy Kerr, MSP | [Minister for Health and Community Care](#)

INTRODUCTION

Community hospitals in Scotland have had an important role in the provision of healthcare in predominantly remote and rural communities. In many places they have been providing excellent services to local communities for many years. In the future, they offer ideal opportunities for Community Health Partnerships to develop a wide range of services and to provide a focus for bringing together health and social care services, not just in rural communities but also in urban areas. This strategy sets out a model for new community hospitals fit for a modern NHS where care is delivered closer to the community. Existing community hospitals will have to change if they are to prosper in this new environment. This strategy provides a prescription for that change, while also setting out a vision of the benefits that the new community hospital model could bring in urban and semi-urban settings. The challenge goes out to NHS Boards and their Community Health Partnerships to deliver on this vision as they plan future service provision.

Delivering for Health sets out a range of actions aimed at designing and providing community focused health services which strengthen local communities and enable the NHS to play a full part in promoting good health through community planning, thereby shifting the balance of care and supporting self-care skills. Our aim is a service that is predominantly community based, with services designed and delivered through Community Health Partnerships. Patient safety will always be the paramount concern, but services and care must be provided as close as possible to individuals' homes, with primary care teams working in a co-ordinated and integrated way. We seek to shift the balance of care from an acute setting to a primary and community setting, thereby reducing the need for care in acute hospitals.

Delivering for Health places increasing emphasis on improving health and well-being by targeting resources at the most socially disadvantaged communities in urban, remote and rural areas, providing effective health promotion and anticipatory care and bolstering people's ability to manage their own conditions in partnership with health and social care professionals.

Our challenge is to refocus community hospitals so that they meet these goals. We envisage a range of Community Health Centres that serve as a base for local diagnostics, treatment, advice and outreach and which could be housed in community hospitals. As such, this strategy supports an expanded role for redesigned community hospitals within wider and local healthcare systems.

The strategy has been developed by:

- mapping current provision of community hospitals in Scotland
- gathering views on future provision from stakeholders
- reviewing existing literature and policy.

Community hospitals need to be brought into the forefront of NHS Board planning for shifting the balance of care to the community through Community Health Partnerships. We need to move away from the old-fashioned narrow view of a community hospital to new community hospitals which will include a range of community resources and services in both urban and rural settings, with or without inpatient beds.

All NHS Boards should take a fresh look at community health services and ask:

- **how could the provision of services in community hospitals improve the patient experience?**
- **how could community hospitals provide additional and new services more locally so that individuals do not have to travel significant distances to access treatment?**
- **whether existing community hospitals provide the right services in the right setting?**
- **what gaps in local services could be filled by community hospitals?**
- **whether additional community hospitals might be developed in order to provide these services?**

It is vital that all health services provided are safe and effective and NHS Boards will continue to be accountable for clinical quality, risk management and patient safety.

It is essential that the workforce requirement for new style community hospitals is determined and that staff are trained for new and evolving roles. Those working in community hospitals make a vital contribution to the healthcare system and are highly motivated; however, our proposals require Boards to carefully consider the size, competencies, skills and training needs of the community hospital workforce.

This strategy highlights the need for IT developments in line with our eHealth strategy to take account of the specific needs of the new community hospitals:

- to ensure that community hospitals are included in the development of the Electronic Health Record
- to maximise the use of IT for communication within community hospitals and across the NHS, for example for telemedicine consultations and remote diagnosis
- to enhance the training and education opportunities for staff in community hospitals.

The strategy sends out the following clear messages:

- **the new community hospital will play an important role in delivering and developing services needed within extended primary care, as set out in Community Health Partnership schemes of establishment and in *Delivering for Health***
- **the new community hospital model must be an integral part of plans for the whole health service provision within NHS Board areas and include the development of Community Health Centres**
- **community hospitals have a place in both urban and rural settings, with or without inpatient beds**
- **the potential of community hospitals will require the development of enhanced roles for staff, with training and educational opportunities for career development**
- **planning of technological needs of community hospitals must be aligned with the eHealth strategy and must make full use of the available opportunities through IM&T development.**

This strategy calls on NHS Boards to set in place the structures that are necessary to ensure that community hospitals can make the shift required by *Delivering for Health* and provides direction for NHS Boards as they work to provide and sustain community hospitals at the heart of local healthcare.

SHIFTING THE BALANCE OF CARE – NEW COMMUNITY HOSPITALS

Expanding the vision of community hospitals

The current distribution of community hospitals reflects history, rather than any single overall plan. Most community hospitals pre-date the NHS and many were established in small towns by local benefactors. Others were built with local donations as war memorials or as fever hospitals. Many community hospitals have a strong symbolic importance for communities, providing a breadth of locally available services which benefit from a sense of local ownership.

Services currently provided in community hospitals also reflect history. The time has come to embrace an expanded vision of the new community hospital with or without beds, that is fit for purpose and part of a rethink of related health and social care.

Two key strengths of community hospitals are that:

- they can provide local access to a wide range of services, potentially on a 24-hour, seven-days-a-week basis
- they can promote a multi-disciplinary, multi-sectoral approach to healthcare.

The foundation provided by community hospitals gives an excellent platform on which to develop community health resources to meet current and future needs.

The new community hospital will act as a local community resource centre and provide a bridge between home and specialist hospital care, through the delivery of both ambulatory and/or inpatient services closer to communities.

The new community hospital as a local community resource centre

Delivering for Health emphasises the need for locally accessible resource centres to enable the co-location of ‘traditional’ community and primary care, nursing, social work and voluntary sector personnel, working with visiting consultants and outreach service providers. This co-location of skills and expertise will foster a culture of collective understanding, shared information and flexible skills development, helping to ensure that there is a breadth of skills across the team and long-term sustainability of services.

The new community hospital will be ideally placed to fulfil this role. The aim should be to enable local primary care resource centres and local community nursing services to provide the bulk of care for the local community alongside local general practices.

Staff operating from community hospitals functioning as a community resource centre will co-ordinate complex packages of care involving multiple agencies and addressing both health and social care needs. Research studies have shown that community hospitals are particularly good at taking a patient-centred approach to identifying care needs and delivering the necessary care packages.

Community nursing teams, working from a new community hospital, will be well placed to contribute to ongoing care and other service developments such as unscheduled care/out-of-hours (OOHs) services.

Developing community hospitals as primary care resource centres will open the door to partnerships being formed with the local community in providing a range of health-related community activities in the daytime and at evenings and weekends. Physical activity classes, complementary therapy sessions and supportive activities for mental health service users are possible examples. Clinical pharmacy and other specialist and supportive services also have an important role in the provision of local services.

New community hospitals should be local community resource centres in which to provide people with more holistic and integrated services quicker and closer to home.

NHS Boards are encouraged to develop this agenda in partnership with and with the support of others in the NHS, such as the Scottish Ambulance Service and NHS 24.

Urban community hospitals

People tend to associate community hospitals with remote and rural settings, where larger hospitals may be many miles away. However, in urban settings there is still a need for local provision of services away from large acute and specialist hospitals. This may not include a need for inpatient beds depending on the identified needs of each area. Urban community hospitals have the potential to make a real difference to local areas with significant health needs.

There is a growing number of such community-based centres in urban settings, for example:

- The Links Unit in Aberdeen City: a 24-bed urban community-based facility offering GPs an alternative to admission to the acute sector for medically stable older people. It provides nurse-led, GP-supported care with a focus on the promotion of independence through rehabilitation and co-ordinated health and social care.
- The Leith Community Treatment Centre in Edinburgh provides healthcare for local people in the centre of their community. As well as providing a range of diagnostic services and outpatient clinics, including paediatrics, it also offers rehabilitation assessment for older people and services such as dietetics, physiotherapy, midwifery and community dentistry. Co-located services include social work, psychiatric nursing, voluntary services and school nursing. There are no inpatient beds.

NHS Boards should adopt the new community hospital model for urban use, providing services more locally.

Service provision at community hospitals

As these examples show, the range of services delivered in community hospitals should be based on an analysis of local needs and existing services. The following sections describe some of the services that might be delivered from the new community hospitals we envisage.

Planned care

Community hospitals will strengthen the primary-secondary care interface by providing intermediate care. They are well positioned to facilitate timely discharge of people from larger hospitals and to provide pre-admission and post-discharge care from these hospitals. Community hospital staff have an important role in supporting the proactive management of long-term conditions and the prevention of crisis episodes.

Admission to a large acute hospital can have adverse effects on individuals, especially older people, such as undermining personal confidence, and the dislocation of local support structures and family networks. Community hospitals

offer the ideal environment in which to provide care and treatment for patients with health needs who cannot be cared for at home, but who do not require the level of specialist care provided in an acute hospital. By providing services more locally, it is anticipated that the length of admission might be shortened by the improved co-ordination of discharge planning and the positive effects of maintaining community links for the patient.

In addition, community hospitals could provide more ambulatory services locally avoiding lengthy journeys for individuals and potentially preventing admissions to acute hospitals for diagnosis and treatment merely because of the logistics of travel.

NHS Boards should look at the role of community hospitals in providing a range of planned care services.

NHS Boards should design services using a whole systems approach which understands and responds to the needs of the local population. In so doing, they should consider which of these needs can be met by new community hospitals and whether there is a need to move particular services either into or out of the new community hospital environment.

More specifically planned care services could include:

(a) Day case surgery

The vision of community-based services set out in *Delivering for Health* and the expansion of day case surgery now offer opportunities for a greater number of planned surgical procedures to be carried out locally in a community hospital.

Examples of day case surgery already being delivered are:

- a day case vasectomy service at Kincardine Community Hospital in Stonehaven through a locally based accredited GP
- plastic surgery day case services such as melanoma removal at Brechin Community Hospital, provided by a visiting specialist plastic surgeon
- minor surgery services at many community hospitals provided by local GPs.

(b) Pre-admission assessment and post-operative aftercare

The individual's journey for elective surgery in larger hospitals would be improved through the provision of pre-admission assessment and post-operative aftercare in community hospitals. Investigative procedures such as x-rays and blood tests could be performed before admission to larger hospitals and patients could be discharged to the local community hospital for inpatient post-operative care and rehabilitation or outpatient follow up. Many community hospitals already admit orthopaedic and other post-operative surgical patients.

(c) Planned day care and rehabilitation

This could include people requiring palliative and terminal care, ante-natal and post-natal care and patients requiring rehabilitation for conditions such as stroke. Community hospitals could provide and develop rehabilitation services, supporting people at home or providing a homelike environment for patients within their own locality.

(d) Diagnostics and treatment

The list of possible diagnostic and treatment services which could be delivered by community hospitals ranges from complex high technology services, through endoscopy and diagnostic ultrasound/x-ray, to simple near-patient testing and anticoagulant monitoring.

(e) Outreach clinics and GPs/health professionals with special interest

Many community hospitals in Scotland already have outpatient clinics so that patients do not have to travel far for appointments. These clinics can be run by visiting consultants, but consideration should be given by NHS Boards to provision of services by GPs, nurses and other health professionals with special interests, for example mental health and speech and language therapists.

In summary, the new style community hospitals could provide:

- **day case surgery**
- **pre-admission and post-discharge care (intermediate care)**
- **planned admissions where specialist care is not required or could be accessed remotely**
- **a wide range of diagnostic and treatment interventions**
- **outreach outpatient services run by consultants and/or health professionals with special interests.**

Unplanned care

Many people are admitted as emergencies to hospital to receive diagnostic services or to treat an exacerbation of a long-term condition. The nature of someone's problem should always dictate where he or she is treated, and some people will always require the expertise and resources of a specialist acute centre. Others, however, could safely and effectively be cared for locally at community hospitals with appropriate resources of personnel, equipment and telecommunications capability. Nurses and allied health professionals have opportunities to develop their role further to meet people's needs in these areas. More specifically, new community hospitals might provide the following type of unscheduled care services:

(a) Community casualty units

Delivering for Health made a commitment that NHS Boards would develop practitioner-led community casualty units. The vision is that hospital-based specialist emergency centres will deal with serious and life-threatening emergencies, while community casualty units, led by a range of practitioners such as GPs, nurses and paramedics, could provide for the approximately 70% of current attendances at accident and emergency departments that do not require hospital attendance.

Some community hospitals already have practitioner-led minor injury units, so adopting community casualty unit status could be a logical next step. The co-location and integration of a community casualty unit with a local OOHs service in a community hospital would make sense in a number of areas.

NHS Boards should look at community hospitals as potential sites in which to base community casualty units, with possible co-location of OOHs centres.

(b) Investigations before, or instead of transfer

Extending primary care professionals' access to community hospital investigative and diagnostic facilities would enable patients presenting as emergencies to be diagnosed and possibly treated locally, with links and referral to specialist centres as appropriate. This service development would be enhanced by the possibilities of telehealth with the capacity for remote consultation and results reporting as

described later. Those patients requiring transfer to the specialist centre may be considered for post-discharge treatment and/or rehabilitation at the community hospital.

(c) Stabilisation prior to transfer

Community hospitals in many remote and rural areas of Scotland already provide essential treatment to people, stabilising their condition prior to transfer to a specialist centre. Local GPs and teams at community hospitals offer, for example, thrombolytic therapy to patients who have suffered a heart attack. This function could be considered in other community hospitals as part of the overall planning of unscheduled care.

(d) Local special skills development

It may be possible to develop this model further, for instance the local extended primary care team at the Mid Argyll Hospital in Lochgilphead, provides treatment to seriously ill emergency patients, including airway management and assessment and management of head injuries, prior to transfer via the Rapid Retrieval Team to the acute unit at the Southern General Hospital in Glasgow.

In summary, some community hospitals could provide:

- **community casualty units**
- **pre-transfer investigation of an acutely ill patient prior to transfer to an acute hospital**
- **pre-transfer stabilisation of those who need to be admitted**
- **local special skills development which will support this process and co-located OOHs centres.**

Sustaining and developing communities

Communities and stakeholders have been clear about the wider role community hospitals play in their local context. They not only fulfil a key health care function, but also provide employment and are a source of community pride and identity, consequently contributing to what has come to be described as ‘social capital’ – the idea that communities working together create benefits for the whole community and for the individuals within it.

Many people in communities feel ownership of community hospitals and are positively supporting them and undertaking voluntary work. NHS Boards can utilise the energy of local communities in developing the role of community hospitals by:

- setting up links with voluntary and volunteering organisations, carers and carer organisations, care providers (including those in the social, private and care home sectors) and local businesses
- being responsive to new opportunities to work with and for the community.

Community Health Partnerships and local management recognise the investment local people and stakeholders have in the service. These groups must be involved at the earliest possible stage in thinking about new developments, identifying innovative, locally orientated models, planning their implementation and evaluating their effectiveness.

This strategy presents an important opportunity for modern community hospitals to develop and grow and for local communities and other stakeholders to be involved and to reap the benefits.

NHS Boards must recognise and harness the investment local communities have in community hospitals and involve them at all stages of development and delivery of services.

Examples of ongoing practice can be found at www.scotland.gov.uk/Topics/Health/NHS-Scotland

NEW COMMUNITY HOSPITALS – INVESTING FOR THE FUTURE

Supporting actions need to be set in place to maximise the potential for successful development of care in community hospitals.

Delivering high-quality, safe and effective services

It is essential that services offered in community hospitals are safe, effective and, where possible, evidence-based. Professional teams involved in providing services in community hospitals should adopt a consistent approach, using evidence-based standards and guidelines to inform practice. Clinical audit arrangements in community hospitals should be consistent with clinical governance arrangements in place across NHS Board areas.

The lack of research-based evidence in the literature on the safety and effectiveness of services in community hospitals should be addressed through a programme of commissioned evaluative research and monitoring of emerging research evidence.

NHS Quality Improvement Scotland (NHS QIS) will continue to work closely with NHS Boards and other stakeholders to ensure that relevant evidence-based standards and guidelines are used to guide practice in community hospitals and to determine further work necessary to support the range of NHS services provided for local communities.

NHS Boards should ensure that community hospitals work within the existing Board clinical governance framework using appropriate NHS QIS standards and guidelines.

NHS Boards should work closely with NHS QIS to develop standards and guidelines in line with the development of services in community hospitals.

Technological developments

Delivering for Health identifies information sharing as being at the heart of the programme to promote integration across the NHS. It builds on and enhances the eHealth strategy for NHSScotland, centred on the Electronic Health Record (EHR).

Planning for new style community hospitals must include steps to use and develop IT technology to support their work. This includes the move towards the EHR and ensuring good electronic communication both within the hospital and across other NHS services.

For community hospitals, there are three key areas for particular development:

1. Data collection

Robust, accurate and up-to-date data and information are crucial in underpinning efforts to develop an ongoing evidence base for healthcare services. Regular clinical audits will only be possible through the development of robust data collection and retrieval processes.

2. Remote consultation and reporting

Capacity for telediagnosis and low-cost imaging is developing. Picture archiving and communication systems (PACS) will allow a radiological test to be conducted in one place and to be reported in another. Such technologies should be deployed where appropriate in community hospital services. The development of the Scottish Centre for Telehealth in NHS Grampian will further enhance the capacity of technology to enable diagnostic services to be offered locally.

Telehealth links will benefit patients and professionals in enabling them to receive expert advice from specialist and tertiary centres.

3. Education and training

For staff, use of IT will enhance education and training opportunities by allowing access to online and electronically stored evidence-based resources and by the use of teleconferencing facilities for distance learning. These resources will support high-quality care and will provide opportunities for community hospital staff to access learning locally.

NHS Boards should ensure that they incorporate community hospitals in their overall implementation of the eHealth strategy, including development of the Electronic Health Record.

NHS Boards should maximise their use of technological developments to enhance the potential of community hospitals to deliver safe and effective services, and to optimise training and educational opportunities for community hospital staff.

NHS Boards should strengthen their technological infrastructure to support these developments.

Building the new community hospital workforce

Responses from stakeholders consulted during the strategy development process indicated that community hospital staff are motivated, dedicated, resourceful and innovative. They provide a solid foundation from which new community hospital services can be developed. Recruitment and retention problems or lack of access to training opportunities can limit the potential for service development.

Delivering for Health identifies measures to address the challenges of staffing and providing education and training for NHS services in remote and rural areas. These measures are likely to have significant positive impact on staff working in new community hospitals in remote and rural areas in Scotland.

Recruitment and retention

Capacity for staffing new style community hospitals must be built through strategies for recruitment and retention and maintaining a skills base within the primary care and community health care team.

The community hospital team profile will need to develop in response to community and individual need. The team could include a range of ‘specialist generalists’ from medical, nursing, allied health professional, social care and voluntary care backgrounds, and may also include community members. Specialist inputs could be provided by visiting medical and nursing consultants and GPs/health professionals with special interests and skills.

Community nurses, in partnership with other professional and voluntary groups, have an important role in providing care to individuals and families in domiciliary and community settings. The recent review of nursing in the community recommends that this role is built on and strengthened to meet the aims of *Delivering for Health*.

Recruitment and retention strategies should highlight new style community hospitals as an exciting and valued career route. Job satisfaction will be enhanced by team working and the development of multi-disciplinary education and training opportunities to equip staff for new types of roles and posts.

NHS Boards should develop a strategy for recruitment and retention of staff for community hospitals within their overall workforce plan. This will include the development of new roles.

Education and training

Education and training are cornerstones of ensuring high-quality, effective and safe care and are crucial to the long-term sustainability of primary care and health care teams providing services in community hospitals. Education and training needs should be developed in parallel with the development of services in community hospitals.

Education and training activities must be delivered in ways that suit the circumstances of local teams including a balance of face-to-face and online teaching. However, nurses have a key role in developing and providing new services in Community Health Partnerships. Facilities should be in place to ensure staff in the workplace can access online education resources and up-to-date evidence through, for example, the NHS e-library and online distance learning courses provided by Further and Higher Education Institutions.

In general, staff training and development should increasingly be planned for teams rather than for single professions or individuals. Clinical leads for Community Health Partnerships have a key role in ensuring that multi-disciplinary education and training is promoted. Guidelines on training, education and skills acquisition must reflect population, clinical and technological developments.

It is known that people are more likely to stay in the settings in which they have already worked, therefore undergraduate and postgraduate placements should be established in community hospitals for all professional groups. Existing schemes such as the Rural Fellowship Scheme currently operated by NHS Education for Scotland and other locally based schemes provide a model for how to meet this challenge.

NHS Boards should ensure that the training and education of staff is integral to the development of new services and to multi-disciplinary working in community hospitals.

NHS Boards should work with educational institutions to establish clinical placements in community hospitals for all professionals undertaking education.

Infrastructure

Planning for the new community hospital infrastructure should be an integral part of NHS Boards' forward strategies. The design of individual community hospitals will be informed by the needs of local communities and the range of services to be delivered through Community Health Partnerships. Plans must also ensure community hospitals are effective, adaptable and flexible. It is also important that any new assets recognise and support the Scottish Executive's sustainable development strategy.

It is acknowledged that given the historical and cultural developments of community hospitals over many years, NHS Boards will face complicated and sensitive issues when making decisions about re-provision or development of services which may include the closure or selling of premises. This community sense of ownership is also an asset and steps should be taken to harness it, even if the physical building with which it is associated ceases to exist.

Capital investment

Developments are under way to establish the new HUB initiative, which is intended to provide NHS Boards, local authority colleagues and other public sector partners with a new, robust, joint-venture delivery vehicle, drawing in private sector funding and expertise for community building projects. Local HUB company activity has the potential to incorporate health, joint-working and local authority projects which previously would have been pursued independently or within local regeneration or development plans. This will assist NHS Boards in planning new community hospital provision. The HUB has the potential for more cost effective delivery over the lifetime of individual projects and works within a framework where local partners including Community Health Partnerships and Community Planning Partnerships have clear roles.

In order to support service developments and improve the quality of the patient and staff environment capital investment is increasing on average by £60 million each year from 2005-06 to 2007-08. By 2007-08 capital funding will be almost £532 million. The significant increase in capital asset investment will ensure that NHSScotland is better equipped and resourced than ever before, offering opportunities to develop and expand existing provision, to improve facilities and equipment and to deliver the best care.

NHS Boards should ensure that estate planning around community hospitals is integral to the whole service and is driven primarily by strategic service development rather than current estate availability.

NHS Boards should maximise the use of joint planning with local authorities in developing existing and additional community hospital premises according to service needs.

Transport

It is essential that transport is in place to ensure people have optimal access to community hospitals. There is a need for an integrated approach to transport planning for community hospital access including public and private transport, Scottish Ambulance Service and voluntary patient transport. Community Health Partnerships are ideally placed to ensure an integrated approach to transport planning. It is vital that patients, carers and their families can access services as easily as possible. This requires liaison between NHSScotland bodies and local authorities, regional transport partnerships and other stakeholders in the planning and implementation of local and regional transport strategies. Through integrated transport policies and site-specific travel plans, NHSScotland facilities can be made accessible to all.

NHS Boards should have an integrated patient transport policy to include community hospitals.



CONCLUSION

In this strategy we have underlined our support for a new vision of community hospitals as an essential part of the implementation of *Delivering for Health*. The future role of the new style community hospitals, as presented in this strategy, is geared to providing services and functions necessary in today's modern Scotland. The extended primary care role of the community hospital should be well-suited to all parts of Scotland, not just rural areas where the existing facilities have developed.

We are committed to continuing and developing the future role of the community hospital, and we expect NHS Boards to develop strategic plans for their development and to build on the excellent services already being provided. We are clear that many community hospitals already provide patient-centred care in many areas, but it is possible that plans may lead to a rationalisation of existing community hospital services where there is a more effective and appropriate pattern of provision. What the strategy highlights is that there is very real potential for the development of new and additional community healthcare resources to fulfil this role in urban and semi-urban areas as well as in the remote and rural settings.

The new community hospital must be at the forefront of NHS Board planning to shift the balance of care into the community. Plans should be developed through Community Health Partnerships in an integrated way with local communities and agencies such as local authorities and the voluntary sector. Planned in this way we should expect to see a generation of new and revitalised community hospitals providing excellent patient-focused care within a locally based setting. This is the vision of the new community hospitals in Scotland.

RECOMMENDATIONS

- NHS Boards should consider using new community hospitals as local resource centres in which to provide people with more holistic and integrated services quicker and closer to home. The aim should be to enable local primary care resource centres and local community nursing services to provide the majority of care for the local community alongside local general practices.
- NHS Boards are encouraged to develop this agenda in partnership with and with the support of others in the NHS, such as the Scottish Ambulance Service and NHS 24.
- NHS Boards should adopt the new community hospital model for urban areas, providing services more locally.
- NHS Boards should look at the role of community hospitals in providing a range of planned care services.
- NHS Boards should consider whether community hospitals are appropriate sites in which community casualty units could be based and whether OOHs centres might be co-located with these.
- Community Health Partnerships and local management must recognise the investment local people and stakeholders have in the service. They must be involved at the earliest possible stage in thinking about developments, identifying innovative, locally orientated models, planning their implementation and evaluating their effectiveness. This includes the development of new community hospitals and resource centres.
- NHS Boards should ensure that new community hospitals work within the existing Board clinical governance framework using appropriate NHS QIS standards and guidelines.
- NHS Boards should work closely with NHS QIS to develop standards and guidelines in line with the development of services in new community hospitals.
- NHS Boards should ensure that they incorporate new community hospitals in their overall implementation of the eHealth strategy, including development of the Electronic Health Record.

- NHS Boards should maximise their use of technological developments to enhance the potential of new community hospitals to deliver safe and effective services, and to optimise training and educational opportunities for community hospital staff.
- NHS Boards should strengthen their technological infrastructure to support these developments.
- NHS Boards should develop a strategy for recruitment and retention of staff for new community hospitals within their overall workforce plan. This will include the development of new roles.
- NHS Boards should ensure that addressing the educational and training needs of staff is integral to the development of new services and to multi-disciplinary working in new community hospitals.
- NHS Boards should work with educational institutions to establish clinical placements in new community hospitals for all professionals undertaking education.
- NHS Boards should ensure that estate planning around new community hospitals is integral to the whole service and is driven primarily by strategic service development rather than current estate availability.
- NHS Boards should maximise the use of joint planning with local authorities in developing existing and new community hospitals according to service needs.
- NHS Boards should have an integrated patient transport policy to include new community hospitals.

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