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**CHA Community Hospital Conference 2024**

**“Leading Best Practice Today**

**Shaping the Healthcare of Tomorrow”**

**Learning Points from Workshops**

**3 Key Learning Points Provided by Facilitators**

**Presentations are available on the CHA website**

[**https://www.communityhospitals.org.uk/conferences/workshops%C2%A0.html**](https://www.communityhospitals.org.uk/conferences/workshops%C2%A0.html)

**Integrating improvement - exploring how improvement can meaningfully support the way we think about our work**

Tarnia Mason - Community and Collaborative Change Manager, Q Community

Darren Wright - Strategy & Development Lead, Q Community

Beth Banfield - Programme Officer, Q Community

*Reflection on what is within your power to make an improvement within your service or organisation. As a guide – 15% of time or resources. Small steps. Take time to reflect. Task as an individual, then pairs, then in a small group.*

* There is more scope for individuals to take control and make some improvements than first thought
* Some small changes can make a big difference – such as in care to patients or efficiency at work
* We need a culture of support in order to feel able to suggest or make improvements

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* Q has something to offer everyone
* Improvement is a journey – each step on every path matters
* Tools available are often simple to use and bring great benefits

**Thriving with the New Model of Medical Care in Community Hospitals; Advanced Clinical Practitioners & GPs Using a Collaborative Approach**

Sam Vaughan, Advanced Clinical Practitioner & Jennifer Weston, Trainee ACP, Oxford Health NHS FT

* ACP training requires resources and supervision
* Medical support essential
* Collaborative approach working well opening up new dimensions of care

**Use of Community Hospitals as a progressive hub to provide community support, health and happiness**

Marc Jobson, Head of Seachange Devon

*“A fantastic scheme presented in a really personable and engaging way. Included brief video. Definitely worth capturing all of this and putting out there for others to look at if considering either / or a ‘Community health and well being centre’ approach and a Community owned facility.”*

* Great example of integrated model of health, social and wellbeing services
* Importance of demonstrating value for money
* Use of learned experiences to inform future developments.

**Our journey developing the roles of Healthcare Support Workers & the importance of Health & Wellbeing**

Julia Fairhall, Assistant Director of Nursing, Sussex Community NHS Foundation Trust.

* Collaboration throughout the project
* Bespoke support available for individuals
* Releasing potential in a workforce that’s underdeveloped and not always recognised for the care they deliver every day

**Working with Leagues of Friends - our Community Hospitals as Community Assets**

Heather Penwarden BEM, Honiton Hospital  Community League of Friends

Richard Hallett MBE, CHA Director & Treasurer & League of Friends Crowborough Community Hospital

* The Leagues of Friends are experts in our own communities – NHS needs to work closely with community groups
* If you want to look after patients, you need to look after your staff. It is important for the vitality of the community hospital, and community groups can help with this.
* Community Groups like LoF can promote positive messages about health and wellbeing.
* Leagues of Friends are usually trusted by the community and therefore should be asked to facilitate engagement and coproduction with local people
* If NHS have good relationships with LoF they can help the former understand and meet local needs
* They bring new and different expertise and lateral thinking
* Managers/NHS structures come and go but the Lof F remain constant with their commitment and interest in their local services

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* Community conversations are so important and Friends can help facilitate these – wellbeing, loneliness, young people, mental health and volunteering.  The community voice works in promoting change!
* Friends can be equal partners with community hospitals, promoting engagements and health messages – use them to help your Trust/hospital.
* “Stop defending the past” – we need to look to the future of what community hospitals can provide, not get stuck in what we used to do.

**Creating with Care – Art in Community Hospitals**

Angela Conlan, Project Lead

Paula Har, Creating with Care Co-founder, Creating with Care, Oxford Health Arts Partnership.

* Creativity is inclusive of people with all levels of ability
* Engagement in activity and community is positive for all those involved
* Meaningful engagement with the creative arts improves health outcomes

**Models of Medical Care for Patients living with Frailty in Community Hospitals - Inpatient beds, One Day Frailty Units or  Hubs**

Dr Kirsty Protherough, Geri GP & Senior Lecturer, University of Worcester.

* Definition of frailty not standardised (making comparisons difficult)
* No simple or standard model of care provision
* Little Point of Care testing in CHs

**Sussex Community Beds Programme - Getting up, dressed  and moving to get home!**

Steffi Bailey, Advanced Clinical Practitioner & Rehabilitation Transformation Lead,

Sussex Community NHS Foundation Trust.

* Strongly evidence based project
* Practical, realistic and transferable
* Clearly demonstrated importance of information about patient admission criteria, LOS and discharge planning

**Promoting Community Hospitals - past, present and future fundraising - an interactive workshop**

Dr Steph Haydon, Research Fellow, University of Birmingham

* The need for fundraising for community hospitals continues
* Some methods of fundraising have not changed over the years
* Focus on sources of funding such as legacies, particularly where the community hospital offers palliative and end of life care.

**Electronic Prescribing and Medicines Administration Roll Out and Dispensary Integration**

Rebecca Gosrani, Senior Clinical  Pharmacist - Digital, Sussex Community NHS Foundation Trust.

* The key to success was a planned, supported and staged rollout of electronic prescribing and medicines administration system across the community hospital wards.
* An identified and dedicated lead clinician enables success
* Change takes time.

**What next for Community Assessment & Treatment Units: Same Day Emergency Care within a Community Hospital setting**

Sue Greenwood, Modern Matron MBE QN, Community Hospital Association Committee member.

* Strong leadership important (a Matron like Sue!)
* Proven usefulness to the acute sector
* Phased introduction of SDEC was important

**NHS Benchmarking Community Hospital Data**

Sarah Handby Senior Project Manager, NHS Benchmarking Network.

Joylin Brockett Senior Project Manager, NHS Benchmarking Network

*NHSBN collects data from membership organisations on a wide range of health care services. Members can access the data (anonymised) and see how they compare with others.*

* Data is needed on community hospitals and services, individually and collectively
* Support for NHSBN reintroducing their data project specifically for community hospitals, and the need for e CHA working group to contribute
* Encourage organisations across the UK to sign up to NHSBN

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* The astonishing range of data/evidence collected (qualitative and quantitative) and available for us to access and use/learn from
* The quantity of data evidencing the volume of work carried out in community hospitals across a range of services (and notably by MIUs and wards) to support healthcare services and take pressure off acute services
* The facility to work with NHSBN to use their skills and resources to answer questions your own community hospital services would like answered whilst contributing to their own data sets.

**Why hospitals matter - Saving community hospitals from closure through local ownership**

Dr Steph Haydon, Research Fellow,  University of Birmingham. The history and development of 10 community hospitals that came out of the NHS and are now run by charities.

*“An interesting and thought provoking presentation based on Steph’s research. Some good indicators from this on what you need for any campaign group / community group to succeed in transferring a Community Hospital to Community ownership. This was an important contribution for me to the whole question coming out of the conference regarding the future of community hospitals.”*

* Best if there is a respected and tenacious local person or persons leading the campaign
* Need the community to unite around one/two key goals – otherwise there can be divide and rule
* The leaders (and the community) need to be willing to talk, negotiate to get the best possible/realistic outcome

**Sustainability in Community Hospitals-Rye Working Towards Net Zero Carbon & Frome’s Earthly Ideas-creating a sustainable hospital**

Jo Posnette, Trustee of Rye & Winchelsea District Memorial Hospital

Peter Harvey & Melissa Messenger, Frome Community Hospital.

Working Towards Net Zero Carbon - Jo Posnette

* Investment is needed in facilities management such as utilities and solar panels. For instance, Rye hospital is now net zero
* Recognise the need to comply with the green agenda and find ways to be energy efficient throughout
* Celebrate the benefits to staff and patients, such as more control on environment such as heating, air conditioning and lighting.

Earthly Ideas - Peter Harvey & Melissa Messenger

* Start small, such as replacing plastic cups and having seed swaps.
* Involve everyone in the hospital – staff, patients, visitors and families.
* Promote awareness with many visuals – such as the bright yellow clothes bank

**Minor Injury and illness Units**

Sarah Deo, Matron Countywide  MIIUs, Cirencester Hospital

Michelle Lewis, Senior Emergency  Nurse Practitioner & Team Lead MIIUs, Vale Community Hospital.

* The MIIUs are an Emergency Practitioner-led service in a community hospital with a nurse or paramedic background, with support from staff nurses, paramedics and health care assistants
* The value of supporting staff wellbeing which is led by a clinical psychologist and with wellbeing champions
* The importance of further collaborative working with OOH and Clinical Assessment Unit (CAS)

**Palliative & End of Life Care in Community Hospitals: what the  national audit tells us**

Dr Mary Miller, Clinical Lead, National  Audit of Care of the Dying (NACEL)

Joylin Brockett, Senior Project  Manager, NHS Benchmarking Network.

* Have started to analyse CH cases separately from national data
* Uncovered a lack of access to specialist palliative care in CHs
* Overall CHs compared well with National Stats

**The Four Pillars of Advanced Clinical Practice & Demonstrating Excellence across Community Hospitals**

Sam Vaughan, Advanced Clinical Practitioner

Jennifer Weston, Trainee Advanced  Clinical Practitioner, Oxford Health NHS Foundation Trust.

* The importance of developing and supporting trainee ACPs
* The importance of MDT working
* The importance of Continuing Professional Development opportunities and job planning

**Gloucestershire Dementia CARE Tool**

Lucinda Williams, Ward  Sister & Dementia Lead, Tewkesbury Community Hospital Briony  Zabelberg, Dementia Education lead nurse & mental health liaison,  GHC

* Value of the Gloucestershire Dementia Care tool, adopted across the trust
* Providing people with dementia and their families with ways of communicating such as “Life Tree” and magic white boards
* Promoting person-centred care on the wards