
ORAL ABSTRACT

Community Hospitals and Community Hubs – Integrated Care in Changing Models of Community Services in England

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1: Not applicable

Background: Community Hospitals in England are small local community-based hospitals located in mainly remote, rural and coastal locations. These local hospitals have a long tradition of providing community-based intermediate care through inpatient care, clinics, diagnostics and therapies. We wanted to identify recent changes and learn about the experiences of patients and communities.

Approach: The Community Hospitals Association (CHA), as a voluntary organisation is committed to promoting community hospitals, supporting staff, patients and communities. We adopted a mixed method approach to determine how the model of the community hospital is evolving and how this has affected integrated working.

We adopted the classification system our CHA Department of Health 2008 Profiling Study to identify 2 models: Community Hospitals and Community Hubs. The updating and validation of this database was carried out using our membership database, internet searches of provider organisations, and verifications from members. We carried out detailed data analysis on a random sample of 176 community hospitals to identify the trend for community hospitals. We selected a case study for each model to help to understand the partnerships in the models, and also to incorporate the experiences of people using the service. We regularly support local communities who want to be partners in designing their local services, and we wanted to evidence this community support in these case studies.

Results: Over the past 18 years the proportion of community hospitals with beds has reduced from 95% to 63%. This has created 2 models of community-based care – community hospitals and community hubs.

The case study of a community hub has shown that hubs have a role of health promotion and wellbeing, welfare, and citizen support. This is being achieved through integrated working with agencies such as voluntary agencies and community groups.

The case study of a community hospital shows the focus on clinical and intermediate care services. There is evidence of integrated working between acute and community hospitals as well as primary care and community hospitals.

Patient stories from individuals and “Leagues of Hospital Friends” in these case studies illustrate how these services meet the needs of local communities.

Implications:Community hospitals have been characterised as providing person-centred integrated care. In addition to the traditional community hospital, we now have community hubs. In combination they are demonstrating the positive impact of community-based care, designed around the needs of those who use the service and their local communities.

This is vital for communities in remote areas who rely on being able to access local services. There is evidence of new partnerships being forged and integrated working extending across sectors and agencies in these models which are designed to meet the populations needs for health care and wellbeing. We continue to support members who are developing these models of community-based care, and share the learning across our network and our growing international network.