# Wantage Community hospital next steps and recommendations
# January 2024

## A report co-produced with the Wantage Community Hospital Stakeholder Reference Sub-group

Submitted on behalf of the Stakeholder group by:

| Name | Organisation |
|---|---|
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*See appendix E for statements of support from partner organisations*

# Executive summary

Since June 2023, local stakeholders from the Wantage and Grove area and NHS partners have worked collaboratively with weekly meetings and three wider workshops to co-produce a proposal for the future role of Wantage community hospital. We are committed to keeping the hospital open and developing its services to improve the health and wellbeing of local residents.

The project has reviewed local priorities, supported by activity data and public engagement to agree 'How can we use space in Wantage Community Hospital to benefit the health and wellbeing of the local community'. This report brings together the work done to date and makes recommendations on next steps.

Following confirmation by Oxford University NHS Foundation Trust that the maternity services will continue to be provided on the first floor of the hospital, it was agreed that these services need not form part of the wider public engagement work.

A key principle throughout this work has been that whatever is decided must be sustainable so that it can be maintained for the community moving forward. Two of the most important principles of sustainability are the extent to which services match the local need, and their affordability in the context of the overall NHS budget. Consideration has also been given to both the workforce (ability to recruit staff) and estates (space in buildings and capital costs of any adaptations). All of these factors have been considered in recommending the role of the hospital moving forward.

Three types of care have been considered within this project based on the co-produced priorities agreed with stakeholders:

- Inpatient beds and the alternatives
- Planned care
- Urgent care

Since the Wantage community hospital inpatient beds were temporarily closed in 2016 there have been a number of changes to the role of community hospitals. More preventative care reduces hospital admissions. More complex care can be provided at home. When people are admitted to hospital, we work to enable them to return home more quickly after their stay. This improves outcomes for patients and their families and reduces the need for inpatient beds. Although there was some feedback around difficulties with coordination and support, it was acknowledged there has been a significant increase in the services to enable people to return and remain at home since 2016 and further plans are in place to continue to strengthen these services.

Reinstatement of inpatient beds has been considered carefully. The minimum sustainable size of an inpatient unit has been identified as 18-20 beds. This is a result of changes to modern safety standards and sustainability of staffing. This is more than were provided in 2016 (12 beds) and significantly more than the current local need of c. 5 beds/month. Additionally, the space needed would require closure of the current outpatient services pilot. Alongside consideration of the inpatient beds at the hospital, the need to include Wantage in the countywide review of end of life care has also been identified as a recommendation to support stronger palliative care.

If inpatient beds are not re-opened within the hospital, there would be an opportunity to maintain the pilot clinic services and significantly increase the number of these clinics. Two types of clinic services have been considered in this work, planned care and urgent care. Both types of clinics would require the ground floor to be redeveloped to maximise clinic space and remove remaining inpatient infrastructure. Community Infrastructure Levy (CIL) funding has been identified and if this path is agreed, the NHS partners are

committed to working with the local community to develop an application for this funding to expand the offer in the Wantage area. NHS partners are also committed to dedicating appropriate additional resource to co-produce the business case to deliver this.

Since 2021, a pilot of outpatient clinics including Ophthalmology (eyes), ENT (hearing) and mental health services have been offered at the hospital. These services have been largely well received by the local community and were positively reported on as part of the engagement work. Data shows that these planned care services are the ones needed most frequently by the majority of patients. This also aligns with the local population trends towards an older population and those with complex care needs who will require continuity of care via planned outpatient services.

There are a range of urgent care services currently available to residents of Wantage including a Minor Injuries Unit (MIU) in Abingdon and Accident & Emergency departments in Oxford and Swindon. The type of service required for this type of care and the frequency with which it is needed is much more varied then planned care. The most popular services identified by the engagement were those with an x-ray service, either an MIU or an Urgent Treatment Centre (UTC). However the cost and challenges associated with staffing this are significant.

Looking to the future, it is important that services are able to address this challenge of the growing number of people living with long-term health conditions. An option has been identified to bring together a team of expert clinicians to provide urgent care for those with identified health conditions who are experiencing a deterioration in their health. This would enable patients living with long-term health conditions or frailty to access a local, holistic care offer, reducing the need for admission to hospital. This care could be provided within the same type of clinical facility as outpatient clinics. It is therefore recommended that specialist urgent care is included within the development of a business case for clinic-based services in Wantage.

In summary, based on the co-production work and considering the evidence and findings from the engagement completed with local residents, it is therefore recommended that the community inpatient beds are confirmed to be permanently closed in order to develop the ground floor to provide an expansion of clinic-based services which will provide a mixture of both planned care and targeted urgent care services.

In order to deliver this, NHS partners intend to work with the local community to progress with an application to the Vale of White Horse District Council for Community Infrastructure Levy (CIL) funding for the adaptations against the allocated £600k of funding available for healthcare related capital development. If this approach is agreed, our ambition would be to complete the business case and adaptations to the building during 2024 with services transferring from the start of 2025. It is understood from our liaison with the District Council that a CIL funding application could be supported subject to its demonstration of meeting the changing healthcare needs of the community as a result of local housing related growth and developments which through the co-production process all partners are confident can be readily demonstrated.

**Summary of report recommendations**

In relation to inpatient beds and the alternatives:

- Based on co-production and considering evidence and findings from engagement we recommend the community inpatient beds at Wantage Community Hospital are permanently closed.
- In line with wider work the BOB ICB is taking forward work to improve the local end of life care pathway, to see how we can strengthen the local offer for patients requiring palliative care.

In relation to planned care services:

- ICB, OHFT and OUHFT work to confirm the outpatient services currently being delivered in Wantage Community Hospital.
- ICB to work with providers (including OHFT, OUHFT and other service providers) to identify sustainable community clinic-based services from Wantage Community Hospital. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.

In relation to urgent care:

- Due to the high capital cost of providing a large x-ray within the hospital against the significant demands and constraints of the limited available capital funding in the system alongside the concerns over the workforce implications, it is not recommended to take forward a walk-in service at the community hospital at this time. However, consideration should be given to what diagnostic services could be included as part of the same day services and this should be kept under consideration in the future.
- Based on the noted increased complexity of needs within the local population, it is recommended to focus on developing a specialist local response service for those with long term conditions. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.

# Contents

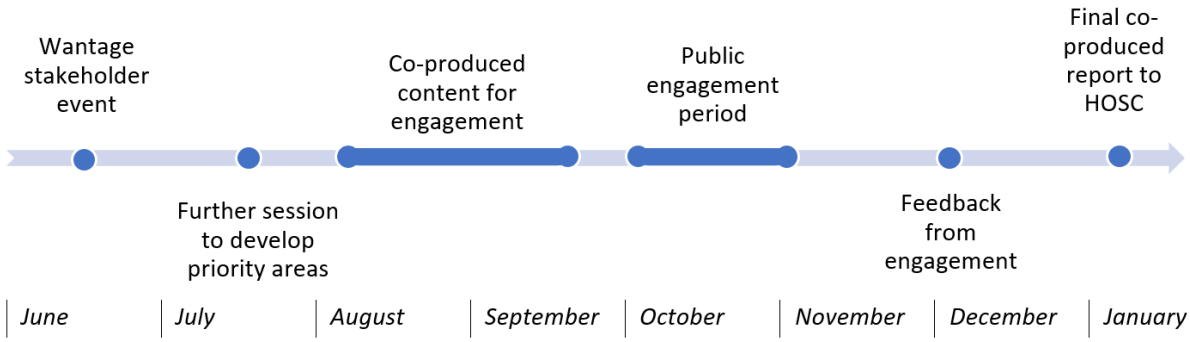
# Introduction & context

1 The objective of this project is to work with the local community and stakeholders to agree 'How can we use the space in Wantage Community Hospital to benefit the health and wellbeing of the local community'. This co-production project commenced in June 2023.

2 The Oxfordshire Place Director of Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board (BOB ICB) and Oxford Health NHS Foundation Trust confirmed at the outset that they have no plans to close Wantage Community Hospital and this commitment to keeping it open remains. Oxford University Hospitals NHS Foundation Trust also confirmed its commitment to continuing to provide maternity services at the hospital.

3 Initial work was facilitated by the consultation institute to agree the priority areas for consideration. During the development of the public engagement materials and approach it became evident that some additional time was required to refine the material and maximise the reach during the public engagement phase, such that a revised timeline was needed and agreed with HOSC in September 2023. As part of this it was agreed to bring in an independent organisation to facilitate and analyse the public engagement, to ensure there was sufficient resource to deliver the engagement.

4 The project has followed the below timeline (2023-24):




5 We have now completed the engagement process and the purpose of this report is to set out the co-production process that has taken place and detail the resulting recommendations to the Wantage Health Sub-committee and HOSC. This is to facilitate a decision as to whether the project has done enough to enable agreement of the long-term future service configuration to be provided from the community hospital.

## Historical context

6 Wantage Community Hospital (WCH) is home to a range of health and care services. The Hospital is managed by Oxford Health NHS Foundation Trust (OHFT) and provides a range of NHS services from several healthcare providers. These include maternity services, community therapy services and specialist outpatient services, providing clinical assessment, tests, treatment and therapy for the local community. These include a mixture of one-off and repeat visits depending on the service.

7 Oxford Health NHS Foundation Trust is the main NHS provider of community healthcare services for the population of Wantage and Grove and manages the services provided by several providers (including the Trust) in Wantage Community Hospital.

8 Until 2016, Wantage Community Hospital provided inpatient beds, maternity care and a range of other NHS services from a single site over two floors. Following the detection of legionella in the hot water system in 2016 the inpatient facilities were temporarily closed and in 2020-21 all the old pipework was replaced, and this enabled all the clinical areas of the hospital building to reopen, although the inpatient beds have remained temporarily closed.

9 A trial of a number of different specialist outpatient clinics (clinic-based tests, treatment and therapy) have been running downstairs for the last 18 months, alongside the community therapies, with maternity services operating upstairs.

10 As of December 2023, the hospital premises are used to provide:

- On the ground floor - a range of services (clinical assessment, tests, treatment, therapy, follow ups) for the local community. A trial of a number of different specialist outpatient clinics have been running downstairs for the last 18 months, alongside these services. The hospital also serves as the local base for some outreach community services (e.g. school nurses and vaccination teams). See appendix A for a full list of the services.
- On the first floor – maternity services including a community delivery suite

11 The local community were previously asked for views about Wantage Community Hospital in what was called the "OX12 Project" between 2017 and 2019, which concluded without a decision. Over the past 6 months, a co-design process has been developed by the NHS with the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) and the Town Council Health Sub-committee with a commitment shared across the partnership to work together, which was agreed at an extraordinary JHOSC meeting on 11 May 2023.

*See appendix C for the full HOSC history of Wantage community hospital*

## Governance and decision-making arrangements

12 Oxfordshire's Health Overview and Scrutiny Committee (HOSC) agreed a process of co-production at an extraordinary meeting on 11th May 2023 with Wantage Town Council Health sub-committee and key local stakeholders, in recognition of the need for the health and care system to work with the previously engaged community, with an aim to achieve a recommended way forward for the future type of services to be delivered from Wantage Community Hospital.

13 The NHS commissioning body responsible for the population, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), was formally established as a new statutory body on 1 July 2022, replacing the three former clinical commissioning groups. BOB ICB is the commissioner of community healthcare and NHS services provided at Wantage Community Hospital.

14 The stakeholder reference group for this project has the following representation who are committed to working in a co-productive way:

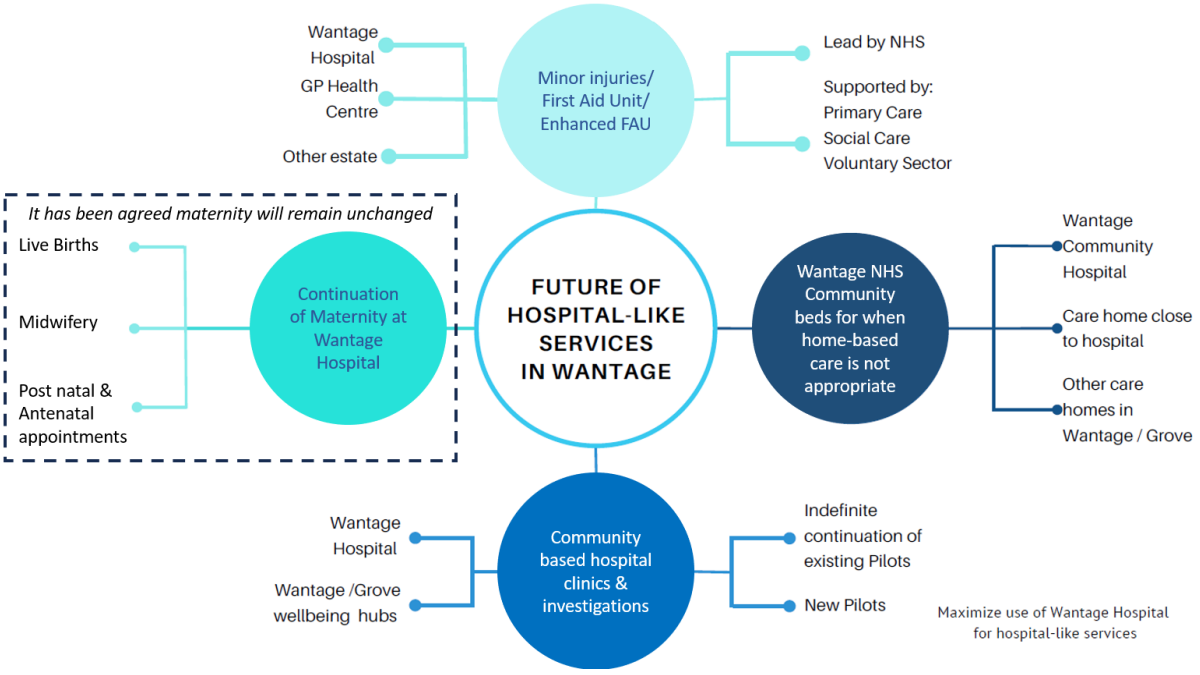
- Wantage Town Council
- Grove Parish Council
- Vale of White Horse District Council
- Wantage Hospital League of friends
- Wantage Patient Participation Groups
- OX12 Project representatives
- GrOW Families
- SUDEP Action
- Wantage Rural and OX12 Village

- Sanctuary Care
- Oxfordshire County Council
- BOB Integrated Care System & Board (ICS & ICB)
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Wantage Primary Care Network (PCN)
- Vale Community Impact
- Community First Oxfordshire
- Healthwatch Oxfordshire

15 From this wider stakeholder reference group a smaller working 'sub-group' was agreed to lead on the public engagement process. The sub-group consisted of local councillors, NHS representatives, Vale community impact and Wantage PCN.

16 Through our co-design process we also identified there may be a need for other types of health and care provision in other buildings and/or parts of the community to contribute to people's experiences and outcomes.

17 The below summary sets out, the co-produced summary of community needs for hospital-like services for the Wantage and Grove area:




## Public Engagement process

18 A phase of public engagement was completed between October and November 2023. This was co-ordinated through the sub-group and built on input from residents, clinicians and NHS managers as well as learning from previous completed engagement. The engagement sought to understand the broader views of local people to help shape final proposals.

19 The engagement process used a blend of face-to-face and online approaches to gather suggestions and feedback from a wide range of participants representative of the local communities. By providing a range of opportunities through an array of channels the aim was to make it as easy as possible for people to have their say and shape the future of health and care services based in the Wantage and Grove area.

20 Focus groups and deliberative events were selected because they are a particularly good approach where plans are at an early stage and the user perspective can influence thinking significantly; there are

co-dependencies or trade-offs to consider; complex choices that require rich, well-informed discussion. In addition, a survey was used to understand the viewpoints of the wider population which received 285 responses (see appendix B).

21 The objectives for this engagement were to:

- provide scope and focus which will support the stakeholder reference group in the next stage of co-design.
- explore views on the three scenarios developed through the previously engaged community and stakeholder reference group and gather over-arching comments through a structured process.
- identify themes to inform decisions moving forward, avoiding repeating earlier research and engagement
- enlist the help of an independent organisation to facilitate the process and provide analysis of findings

## Local population needs

22 This project has focused on developing the future role of WCH to ensure its long-term sustainability. In order to do this, consideration has been given to both existing and future needs of the local community alongside current and emerging models of health and care.

23 Wantage is located within Oxfordshire a county of around 725,300 residents, with a fast-growing population. Between the 2011 and 2021 census the population grew by 10.9% compared to 6.6% in England, and the number of people aged over 65 grew by 25%. Oxfordshire is the most rural county in the Southeast region but 60% of the population live in the city of Oxford or other main towns. Life expectancy and healthy life expectancy in Oxfordshire are each significantly higher than national and regional averages for both males and females. Oxfordshire is ranked the 10th least deprived of 151 upper-tier local authorities in England.

24 Wantage is a market town in Oxfordshire with just over 33,000 residents registered with local general practices. The area is within the local authority areas of Wantage Town Council, Vale of White Horse District Council and Oxfordshire County Council, and health services are within the purview of both the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) and the local Wantage Health Sub-committee of the Town Council.

25 For the purpose of this project, the Wantage and Grove local area has been identified through two measures, firstly the postcode area of OX12 and secondly the GP practices registration.


Wantage & Grove - OX12 postcode area

Newbury street practice boundary


Church street practice boundary

26 Within this geography which we have described as the Wantage & Grove area, there are a number of key trends which need to be considered.

27 **The population is growing, particularly within the Grove area**
In 2022, there were 33,179 patients registered with Wantage GP practices, this is an increase of nearly 10,000 since 2014 when it was 24,296. Based on housing growth trajectory, this is due to increase further to around 41,000 by 2030.

28 **The population is ageing, and more people are forecast to live longer**
As well as increasing in number, the population of the Wantage area is also getting older. Census data shows that between 2011 and 2021, the proportion of the population aged over 65 increased in both the Wantage and Grove areas.

| | Grove (% over 65) | Wantage (% over 65) |
|---|---|---|
| **2011 census data** | 17.0 | 19.6 |
| **2021 census data** | 18.0 | 22.0 |

*Oxfordshire insights, Wantage & Grove profile 2018*

29 ONS population estimates show that the number of people aged 75+ in Oxfordshire increased by 22,600 over the 20 years from 2001 to 2021. In the 20-year period between 2021 and 2041, this age group is expected to increase by 40,200 residents, almost double the number added in the previous 20 years (2001 to 2021). Both the ONS and Council's Housing-led forecasts predict a significant increase in people over the age of 65.

30 **More people both young and old are living with more complex needs**

According to Age UK, as we get older there are some conditions and illnesses that we are more likely to develop (*https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/)*. Applying the prevalence of long-term health conditions in 2011 to the actual and predicted growth in the older population, suggests that there could be 80,200 people aged 65+ living with a life limiting long term health condition or disability in Oxfordshire by 2031, an increase of 32,600 (+68%) (*Oxfordshire Older people's strategy 2019-24*). As a result, this population require an increase in planned care services often with regular appointments and more integrated care as identified in the ambitions of the NHS Long Term Plan[1] and recently published guidance on Proactive Care[2].

# Case for Change

31 The co-design project is now seeking to agree the long-term future of the hospital and confirm whether the inpatient beds should re-open or be permanently closed. There are a number of changes to the community and NHS best practice which have occurred since 2016, which impact on the way in which the hospital might be best used, and potential opportunities to fund new primary care developments in the Wantage area:

## Temporary closure of the inpatient beds

32 Inpatient beds on the ground floor of the community hospital have been temporarily closed in 2016, following the detection of legionella in the hot water system. In 2020-21 all the old pipework was replaced, and this enabled all the clinical areas of the hospital building to reopen, although the inpatient beds have remained temporarily closed. A trial of a number of different specialist outpatient clinics (clinic-based tests, treatment and therapy) have been running downstairs for the last 18 months, alongside the community therapies, with maternity services operating upstairs.

## Home First

33 Home First is the national NHS policy ambition to help older people receive care in their own homes wherever possible. NHS Reducing length of stay guidance describes taking a 'Home First' approach, providing patients with support at home or intermediate care. Home First requirements are that we should always seek to support people at home; assessing and intervening without a hospital admission wherever possible and getting people back to their own home before we assess their needs and plan their care [3].

34 A study carried out by the Better care support programme (available at reducingdtoc.com) found that on average, 27% (a range of between 19% and 35% across the areas) of the 10,400 individuals studied were declared to be medically fit for discharge yet remained in hospital. This study and other evidence support that an extended stay in a hospital bed is not good for vulnerable frail patient who is ready to go home, it can lead to disorientation, loss of physical conditioning and risk the person's future independence.

## Discharge to assess model

35 It is widely accepted that the vast majority of people admitted to hospital want to leave as quickly as possible and that almost everyone wants to return to the living arrangements they enjoyed prior to their admission with the highest level of independence, wellbeing and quality of life possible, given their

[1] NHS Long Term Plan » Ageing well
[2] NHS England » Proactive care: providing care and support for people living at home with moderate or severe frailty
[3] NHS England » Principle 5: Encourage a supported 'Home First' approach

circumstances. Staff caring for people also want them to be discharged to the right place, in the right way, at the right time[4].

36 Oxfordshire health and care system is committed to the discharge to assess model which sets out principles around the number of patients who should be supported to return home following an acute hospital admission[5]. The Oxfordshire Way is the vision for Adult Social care to support people to live happy, healthy lives here in Oxfordshire. It brings together the council, health and care organisations and voluntary sector groups and is focused on 'what's strong rather than what's wrong'. You can see a video about the Oxfordshire Way in practice here: https://player.vimeo.com/video/842913641?h=9bcf384398&app_id=122963

37 Oxfordshire has been piloting a discharge to assess home first model since July 2023. In the pilot, we took people home with support and assessed them at 72 hours after their discharge. All of the patients in the pilot had been assessed in hospital as needing *long-term care*. In the pilot we found that

A. 24% were fully independent at 72h
B. 32% were able to engage in reablement at 72h
C. 33% were for long-term care support at home

38 Although many patients benefit from an admission to hospital, this can also bring its own risks. For the more vulnerable, being in a hospital bed can mean:

- losing confidence in the ability to live independently
- losing the continuity of whatever care packages are in place
- losing mobility
- a risk of secondary health complications (e.g. higher risk of picking up an infection)

39 In addition, older patients can often experience confusion and disorientation in an unfamiliar environment and daily routine. As a result, the home first approach proposes that where an individual is able to return home safely, they should be supported to do this rather than remaining in a hospital bed. In the discharge to assess pilot above 56% of patients supported to go home would have otherwise been waiting in hospital for the Council to arrange long-term care at home with all these risks to their health, wellbeing and independence.

40 Aligned to The Oxfordshire Way, the NHS Hospital Discharge Policy requires all health and care systems to discharge 95% of people from acute beds directly home or to their normal place of residence, whether independently or with support. Currently in Oxfordshire and prior to the Discharge to Assess pilot we have been achieving about 91%. That amounts to approximately 20 people a week who will have been placed in a step-down bed rather than their own bed and who will probably have been unnecessarily delayed in hospital. When a person does not need bed-based care, admitting them to hospital unnecessarily may compromise their reablement, reduce independence and can cause harm. As learning from the discharge to assess pilot embeds, the number of people who return home directly and earlier is anticipated to increase. The Oxfordshire health and care system is committed to discharge to assess and has been rolling out a County-wide 7-day service from November 2023. This has involved a reorganisation of social work teams working into and out from hospital sites which will be completed in January 2024.

## Specialist bed provision

41 In recent years within the NHS, there has been a shift in approach to rehabilitation, to develop specialist centres of expertise which bring together staff with a specific skill set on one site, to better meet the needs of a particular cohort of patients. Although the majority of community hospital inpatient beds

[4] People-first-manage-what-matters.pdf (reducingdtoc.com)
[5] https://www.local.gov.uk/publications/developing-capacity-and-demand-model-out-hospital-care

continue to offer general rehabilitation, there has been a shift towards the development of specialist wards. Within Oxfordshire, as well as rehabilitation beds, there are also the following specialist beds:

- Oxfordshire Stroke Rehabilitation Unit (Abingdon)
- End of Life beds (Wallingford)
- Bariatric beds (Witney)
- Short-stay medical step-up beds for people with acute health problems (Abingdon & Witney)

42 Three community hospitals also provide an ambulatory care model, where the patient attends for treatment during the day and returns to their own home overnight (Henley, Abingdon & Witney).

43 This move towards more specialist provision means that where a patient has additional needs requiring inpatient care, they may be admitted to a specialist bed rather than to a general rehabilitation ward.

## Urgent community response (UCR)

44 With increases in the older population, more people in the community are living with one or more long-term health conditions. Many services were commissioned to manage specific illnesses rather than the whole person. This means that people with multiple conditions can experience disjointed care which can result in an individual having to have contact with multiple different services. People with one or more long-term condition need high quality, consistent and integrated health and social care. People with more than one condition, or who have a long-term condition when something else happens to impact on their health (such as having a fall), often require more complex support. Health and social care services need to be designed differently to respond to these needs.

45 In response to this and in accordance with the national standard for community health services to deliver two-hour urgent community response, we have developed Oxfordshire's Urgent Community Response service which is focused on reducing avoidable admissions (Further details are available on the NHS England website https://www.england.nhs.uk/community-health-services/community-crisis-response-services/).

## Preventative care to support sustainability

46 Preventing admissions and providing care at home is critical to managing hospital capacity. Many people with frailty currently admitted to hospital through A&E don't need inpatient care – estimates range up to 30%. Care Quality Commission (CQC) research (2018) has shown that investment in preventative services can lead to a reduced need for care and support and cost saving equivalent to £880 per person. Therapy-led reablement is proven to reduce need[6]. In order to increase the financial sustainability of community services it is therefore necessary to review the way in which we deliver services to ensure we are achieving the best patient outcomes within the financial resources available to the NHS. In general this would move from bed-based crisis care towards a more preventative approach based within the community. There is an opportunity to support this approach directly for local residents through the development of planned and preventative outpatient care in local community hospitals.

## Workforce sustainability

47 Like many other parts of the NHS, community services are facing significant challenges in recruiting and retaining sufficient staff to meet the needs of the population. Central to addressing this challenge is ensuring that staff teams are supported to have an appropriate workload and mix of skills to be able to meet patient needs. Over the past 2 years Oxford Health NHS Foundation Trust has invested in both community urgent community response and community hospital staffing teams to increase their capacity and resilience. As part of this, a project to reduce use of agency staff has developed an

[6] Evidence review for adult social care reform (publishing.service.gov.uk)

international nursing recruitment campaign which has enabled the Trust to reduce vacancy rates within staff teams. In order to maintain staff retention however it is necessary to ensure services are both financially sustainable and there is sufficient capacity to meet the demand for services. This means that whichever services are agreed to be provided within Wantage community hospital there will need to be a sustainable approach to staffing them, including consideration of how these plans will impact on teams across other sites. Once the future of the community hospital is confirmed we would be looking to work with the local community to explore options to support recruitment within the local community.

48 Nationally the NHS has committed to the ambition of delivering seven-day services to ensure that patients receive consistent high quality safe care every day of the week. This has been shown to have significant patient benefits and reduce variation in patient care. However, in order to move to this model, services need to either change how they provide services or increase staffing by nearly 30%. In order to deliver this model sustainably it is necessary therefore to review how services are provided and identify opportunities to align services better to meet patient needs every day of the week.

## Estates considerations

49 The buildings in which community inpatient services are provided are no longer cost effective or best suited to the needs of patients. A report produced in 2021 by NHS Benchmarking showed that Oxfordshire community hospitals are relatively inefficient to run compared to the hospitals in Buckinghamshire and Berkshire. This is due to the limited number of beds operating at each site and the old design of the buildings, requiring proportionately higher staffing numbers to deliver the same safety and quality of care as in larger bedded units. Within BOB ICS, Oxfordshire operates nine community hospitals of which six have inpatient wards; in contrast, Berkshire West has consolidated its provision to three, larger inpatient units; Buckinghamshire has closed its community hospital wards at Thame and Marlow and co-located its inpatient rehabilitation with its acute hospital care.

50 In addition, Wantage Community hospital site has particular limitations relating to the physical estate including parking, building size, design and age, and requirements to share space with other services.

51 Having reviewed the site, the Oxford Health estate team are of the view there is no opportunity to expand the ground-level footprint of the hospital. There is potential to look at what development could be done on the upper floor, but careful consideration would need to be given to the business case as it is anticipated this would have a significant cost. It is also important to assess the staffing implications and restrictions on parking space associated with expanding the space within the hospital.

**NHS capital constraints**

52 OHFT have already invested capital funds into Wantage Community Hospital since 2020/21 to rectify the old pipework and provide the clinical accommodation for the pilot outpatient/clinic/therapy services on the ground floor. Any funding for further estate refurbishment works to create space for additional clinical space (i.e. to enable expansion of services beyond the current pilot services) must be classed as NHS capital spend under the NHS finance regime (annual revenue funds cannot be used). There are nationally set constraints on how this is funded. Unless funded via NHS England under a national capital framework, such as the new hospitals programme, this must be funded via provider capital funds. This amount must be affordable for providers, in having available cash in the bank, and fit within their capital department resource limit (CDEL), which is a fixed amount and has not increased in line with population changes. For OHFT the majority of its capital funding for next year is pre-committed against existing multi-year programmes. Additionally, there are a number of urgent maintenance programmes requiring funding meaning there are pre-commitments against new CDEL allocation where the Trust has a continuing ageing estate. This means that any hospital site requiring new refurbishment

will require an external funding source and use of Local Authority community infrastructure level (CIL) funds would support this.

**CIL funding**

53 Following the May 2023 JHOSC meeting, a meeting was held with the District Council Infrastructure and Development Team Lead who is responsible for CIL funding, which identified that there is £2,503,892 of funding for CIL allocated for Health within the Vale area. It is understood that of this, approximately £2m has been identified as required for primary care developments which are currently at the early phases of development. An update on this funding opportunity was brought to the July Reference group session and a discussion took place to explore how this funding might be used in reference to this project.

54 It is understood from our liaison with the District Council that a CIL funding application would be supported through its demonstration of meeting the changing healthcare needs of the community as a result of local housing related growth and developments. The co-production process has generated significant enthusiasm and confidence of being able to describe a long-term future plan for Wantage Community Hospital that meets these requirements to enable a strong application.

# Community hospital inpatient beds and the alternatives

55 In the period prior to their closure in 2016, 12 general inpatient rehabilitation beds were being provided within Wantage Community Hospital. Following their temporary closure due to the replacement of the plumbing system in the community hospital, this inpatient care has been provided at other community hospitals in Oxfordshire. Any long-term decision on the services to be provided at Wantage Community Hospital needs to address whether or not these beds should be reopened at that site, not least as this determines the facilities and space available at the hospital for other services.

56 As described within the case for change above (paragraphs 33-54), there are a number of changes in policy and approach which have taken place since 2016, in particular the focus on reducing length of stay within a hospital[7] and providing more care at home, both to reduce admissions to hospital and to support individuals to return home sooner. As such the consideration of the role of these beds and the option to reinstate them also considers the alternatives to bed-based provision, what services are available to individuals as well as the impact of reopening a ward within the community hospital on the currently available services.

## The current service offer

**Inpatient beds**

57 The following types of inpatient beds are currently provided within Oxfordshire:

**A. Community hospital inpatient beds**

58 Community hospital inpatient beds provide rehabilitation following an admission to an acute hospital for those who are not able to return home. Within Oxfordshire, there are currently 8 community hospital inpatient wards open across 6 sites (see appendix D). These provide a mixture of general rehabilitation and specialist care (including Stroke, end of life, medical and bariatric care).

[7] NHS England » Reducing length of stay

59 Each month around 5 people from the Wantage and Grove area are admitted to a community inpatient bed. Despite the ageing population it is not anticipated that this will change because of the growing number of alternative health and care pathways to avoid hospital admissions.

60 Most people from the Wantage and Grove area (55%) currently go to either Abingdon (10 miles from Wantage) or Didcot (8 miles from Wantage) community hospitals. Of those that don't go to these hospitals (45%) the median distance travel from Wantage is 20 miles to other community hospitals. The average (median) length of stay in a community hospital bed is around 34 days.

**B. Short Stay Hub Beds**

61 In addition to community hospital beds, bedded care is also provided within care homes as part of the short stay hub bed model. This model was developed by Oxford University Hospital NHSFT in the winter of 2015-16 as what was planned to be a short-term provision to create the capacity to maintain hospital flow where there was not sufficient home-care capacity for the patient to go home. At that time, Oxfordshire had one of the worst performances in terms of delayed transfer of care ("bed-blocking") in the country. The model was retained over succeeding winters and then was integrated with the Council's intermediate care model in 2019. The current "short-stay hub beds" were recommissioned and contracted by the Council from November 2019 and the model is currently under review.

62 The short-stay hub beds are supported by a dedicated team of nurses, social workers, and therapists (the "Hub team") that is hosted by OUH. Medical cover is provided by local GP practices under an additional contract which reflects the fact that patients are not registered permanently with the practice. The average length of stay is intended to be relatively short at 14 to 21 days at which point the individual is then discharged home (in 70-80% of cases).

63 Each month, approximately 2 people from the Wantage and Grove area require either bed-based reablement or a period of bed-based assessment and are admitted to short stay hub beds in care homes (mainly to The Close in Burcot, 15 miles from Wantage) where they are supported by the Hub team and local GP practice as set out above.

**C. Winter/ surge beds**

64 As part of the approach to managing capacity over the winter or in times of increased demand, additional beds may be purchased within care homes normally to support further assessment outside of hospital for people who are likely to need Council or NHS Continuing Healthcare funded residential care in the longer term. The Oxfordshire health and care system currently has no plans to purchase any additional capacity for 2023/24 but if required would go to the care market to ascertain what could be made available for short periods of stay, typically 1 – 2 weeks per stay for a few months of the year. When this capacity is purchased, we also need to fund additional therapy in-reach and dedicated GP cover from the GP practice local to the home. This is in line with the system's ability to flex beds up or down as required.

**D. Palliative and end of life care (EOLC) (outside of the individual's home)**

65 Most people wish to receive a package of care to pass away in their own home, but sometimes alternatives are needed, particularly at times of crisis. Specialist end of life beds are currently provided at Wallingford Community Hospital (16 miles from Wantage) and within the Sobell House hospice in Oxford (20 miles from Wantage).

**Home-based services**

66 In addition to inpatient beds, as described within the case for change, there has been a significant increase in recent years in the number of services provided in an individual's home. Within Oxfordshire this includes:

**A. Admission avoidance services (Hospital@Home & Urgent community response)**

67 Provide healthcare in your own home and facilitate earlier discharges from hospital. Oxfordshire has both children & young people and adults Hospital@Home services. Around 45 people from the Wantage and Grove area currently access the service per month with the service continuing to expand over the coming 6 months to provide 40 places per 100,000 population by April 24. In addition, around 150 people from the Wantage and Grove area access the urgent community response service per month. In the past, many of these patients would have been admitted to a hospital bed as there was not the ability to diagnose the cause of the health crisis or offer the care to enable them to remain at home.

**B. Discharge to Assess**

68 The Oxfordshire health and care system is committed to discharge to assess and has been piloting a discharge to assess "home first" model since July 2023. The County-wide 7-day service has been operational from November 2023 including covering the Wantage and Grove area. This has involved a reorganisation of social work teams working into and out from hospital sites which will be fully completed in January 2024.

69 Discharge to assess is also a new service for people who are clinically optimised for discharge (i.e. considered medically well enough to return to their home or usual place of residence) and do not require an acute hospital bed, but may still require care services. They are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting where a package of care is provided whilst an assessment for longer-term care and support needs is then undertaken.

**C. Reablement services**

70 Reablement is a type of care that helps someone to relearn how to do daily activities. Most people who receive this type of care do so for 1 or 2 weeks after they have been discharged from an acute hospital. This service is commissioned by the Council and is in place across Oxfordshire including to Wantage and Grove residents. This has been a priority area for increased capacity and in November 2023, 91% of patients from this service (137 people) were discharged independent or with reduced dependency. Going forwards we understand this service may be wrapped into the Discharge to Assess model as this works by taking people directly home and then determining whether the person needs reablement.

## Engagement feedback on inpatients and the alternatives (see appendix B for further details)

71 Within the inpatient services considered, rehabilitation beds were the clear priority over the other kinds of inpatient services with the view that other beds might be better provided less locally.

72 The rationale behind support for these services, as with other services, related to the ease of travel. If visiting a loved one recovering in hospital involves a long, difficult and expensive journey, that is good for neither patient nor visitor. Having patients return closer to home to recover enables them to receive greater social support, which has been shown to speed up recovery, something from which all parties gain, including the NHS as it frees up a bed earlier.

73 There was significant support for having more local beds within Wantage; when looking at the bigger picture, more people felt that if the price of providing rehabilitation beds is the loss of outpatient clinics, then the latter should be the priority - especially when looking at the relative demand for each service (based on the presentation handout made available during the focus groups).

74 Other inpatient possibilities – palliative care and specialist stroke rehabilitation beds – were felt to be best offered regionally rather than necessarily locally and, though it is difficult to find places, palliative care can be offered though care homes.

75 Home based services were seen as a high priority and provide a really good alternative to admission as an inpatient at a regional hospital, with consequent travel issues for visitors. However, the importance of having sufficient capacity and a joined-up approach were highlighted and feedback reflected a mixed experience of these services currently.

## Options identified

76 Were inpatient beds to be reinstated within Wantage community hospital, the following options have been identified:

**A. Re-open an inpatient ward of around 20 inpatient beds within the community hospital**

- General rehabilitation
- Mixture of specialist (e.g. EOLC beds) and general rehabilitation

As part of this work, the sustainable staffing models for community hospital inpatient units have been reviewed. The Lord Carter review (2018) noted that *"…one thing is certain – an isolated 10-bedded inpatient facility is unlikely to be clinically or financially secure"*[8]. In order to provide a safe and sustainable service, it is recommended that a minimum staffing level (equivalent to 15-20 general beds) should be maintained on each site. It is neither clinically safe nor sustainable from a workforce perspective to operate a smaller number of beds at Wantage nor to shift resources to Wantage from other community hospital inpatient units to reduce their bed numbers further.

77 Based on an assessment of the building layout of Wantage Community Hospital, and on the advice of local hospital clinicians, it is recommended that any inpatient unit operated at the hospital should consist of a minimum of 18-20[9] beds; this would ensure that there is sufficient staffing and expertise available on the ward to cover the 24-hour rotas and manage sickness and other absences sustainably, to ensure safe care can be reliably maintained.

78 If a higher number of specialist beds are provided, with a higher workforce to patient ratio than the 1:6 nursing ratio used for generic rehabilitation beds, the total number of beds on the inpatient unit could be slightly lower than 18-20 due to the proportionately larger staffing team required for each of the more complex patients, although this would not reduce the size of the overall workforce requirement of the unit.

79 Throughout this work the focus agreed by the stakeholder group has been on ensuring that all options identified for the hospital must be safe and sustainable; an option to operate fewer than 18 generic inpatient beds within the hospital is not recommended on this basis.

## Enabler considerations

**Estates implications**

80 To deliver this option it would be necessary to modernise and refurbish the whole ground floor of the community hospital to an inpatient ward with 18-20 beds in line with current infection prevention and control standards. It would be necessary to upgrade the kitchen facilities**.**

81 If Community hospital beds were provided in Wantage there would be no space for any outpatient (tests, treatment and therapy) services or potential urgent care type service. Wantage and Grove residents would need to access these at other hospital and health and care locations (e.g. Oxford).

[8] Lord Carter review (2018)https://www.england.nhs.uk/wp-content/uploads/2019/09/20180524_NHS_operational_productivity_-_Unwarranted_variations_-_Mental_....pdf p3

[9] Productivity in NHS hospitals - GOV.UK (www.gov.uk)

82 Were this option to be taken forward it would be necessary to review the location and configuration of community hospital beds across the County as a whole, in order to redistribute the available NHS staffing expertise and resources. Additional investment in staff recruitment, staff consultation and training programmes would be required to develop the required ward workforce.

**Workforce implications**

83 The cost would be dependent on number of beds and type of care interventions provided. A ward would be typically staffed for an equivalent size ward with nursing ratio 1:6 (24 hours per day), Therapy ratio 1:8 (7.5 hours per day) Occupational Therapy, Physiotherapy, Dietetics and Rehab Assistants, ward medical input and on-call cover (GP and Advanced Care Practitioners), and ward discharge support by a patient flow team.

84 Where a ward and overall hospital site has only a small number of beds, and a correspondingly smaller expenditure budget, it is much harder to maintain a core team with the headcount, skill mix and expertise to provide sustainable staffing, which can impact on the ability of that environment to provide optimal care. To ensure wards can be staffed appropriately to meet patient needs, consideration needs to be given to a viable ward size and smaller units have higher running costs on average where they have limited opportunities to share resource across multiple wards including the more specialist workforce.

## Wider dependencies within the Wantage & Grove area

85 The following were identified as dependencies relating to the provision of inpatient beds within the community hospital:

**Local short stay hub beds for reablement care**

86 Most reablement care is provided in the person's own home. Some people, however, require a short period of reablement in a bedded care facility, such as a care home. We understand the profile of this demand may change with the adoption of the discharge to assess model set out above and the need to divert more people home to meet the NHS policy requirement of 95% of people going home from hospital. Using the *current* model, the need to provide short stay bedded reablement care to Wantage and Grove area residents has been considered during this work, including the option to provide this care in local care homes. However, the demand data suggests, only 2-3 Wantage and Grove residents require this type of bed at any one time in the current model.

87 As noted within the case for change, there is a national focus on moving to provide as much care as possible at home, as part of the 'discharge to assess' and 'home first' approach. Oxfordshire has only ever achieved c 90-91% of people going directly home. This amounts to 20-25 people per week who go into a bed who should not need one and could instead be diverted to Home First. To address this, an extended reablement service is currently being developed to offer additional assessment, reablement and long-term care in people's homes together with any equipment and/or assistive technology. As part of this work it was agreed in May by Oxfordshire County Council and the ICB that the number of short stay hub beds should be reduced from the current 94 to 40-45 over time. The impact of discharge to assess and the implications for the step-down bed provision in the County will be considered at the January 2024 extraordinary JHOSC meeting.

**Local end of life care home beds**

88 A second area identified for review was the need for local specialist beds to support people receiving care at the end of life.

89 Members of the stakeholder group expressed the view that more resilient and responsive EOLC should be provided in the person's home or usual place of residence, if this is their choice, and this should be priority area of focus for the future development of the end-of-life care pathway in Oxfordshire.

90 End-of-life care is not ideally provided in a busy acute hospital or inpatient rehabilitation ward optimised for the delivery of strengths-based therapy, due to the different nature of the care environment, therapy facilities, clinical expertise and skill-mix required for this cohort of patients.

91 Two areas of end-of-life care identified for possible development in Wantage are:

- Enhancing end-of-life care support for local residents at the end-of-life whose usual place of residence is a local care home, enabling more people to die in the place of their own choice
- Developing end-of-life care 'crisis beds' (24-48 hours stay) in local care homes - this was seen to be particularly relevant where the families and carers of people at the End of Life may need a brief period of additional end-of-life nursing support in a community setting, if the dying person is temporarily not able to remain at home but does not require admission to an acute hospital.

92 It is agreed this is an important area to get right for people and is therefore recommended that these proposals are taken forward as part of the End-of-Life care pathway development work being progressed by the Oxfordshire system.

## Summary & recommendations

93 There have been a number of changes to the role of community hospital beds since the Wantage community hospital inpatient beds were temporarily closed in 2016. Recently, there has been an increase in the amount and complexity of care which can be provided at home. This means that more people are able to return home quickly after a stay in hospital and fewer people are admitted in the first place.

94 It has been widely recognised that preventative care, and providing more care in the patient's home, leads to better outcomes for them, their families and carers, and reduces pressures on the health and care system. This also means that, despite a growing and ageing population, there is less need for inpatient beds than there was in the past. In addition, there have been changes to the needs of the local population which mean that it is important to focus more on the older population and those with complex care needs. All of these factors have impacted on the way in which we have approached determining the role of the hospital moving forward.

95 In order to be sustainable from a staffing perspective a ward needs to have between 18-20 beds. To open a ward of this size in Wantage would require an equivalent number of beds to be closed within other community hospitals within the county, and these beds would not be efficiently scaled to the needs of the local community. Moreover, due to the space required, difficult choices would then need to be taken on which of the current planned care pilot services currently provided in WCH would need to be downgraded or removed to make room.

96 When considered against all the options within the engagement process, although there was a significant level of support for the future role of the hospital being to provide inpatient beds within the survey, this view was expressed by significantly fewer people than the number who supported both outpatient and same day services. Taking the evidence, the costing and service implications, in conjunction with the stakeholder views, into consideration, it is therefore recommended that the inpatient beds are not reopened.

97 However, this is not the only way to provide beds in the local community. The role of local care home beds and end of life specialist beds were identified as areas for consideration by the local community. It is recommended that the work to review the local offer for these alternative beds options should be taken forward alongside discussions with local care homes, in line with the countywide approach to strengthening reablement and end of life care.

98 If inpatient beds are not re-opened within the hospital, a strong alternative identified as part of this project is to use the hospital to provide clinic space. Two types of clinic services have been considered, planned care and urgent care. Both types of clinics would require the ground floor to be redeveloped to maximise clinic space and remove remaining inpatient infrastructure.

99 **In relation to inpatient beds and the alternatives it is therefore recommended that:**

- **Based on co-production and considering evidence and findings from engagement we recommend the community inpatient beds at Wantage community hospital are permanently closed.**
- **In line with wider work the BOB ICB is taking forward work to improve the local end of life care pathway, to see how we can strengthen the local offer for patients requiring palliative care.**

# Clinic-based services

100 If the ground floor of the community hospital were not to be used to provide an inpatient ward, then it could be redeveloped to provide an expanded range of clinic-based services. There are two types of clinic-based service which we have considered as part of this work:

- Planned care (tests, treatment and therapy for planned care appointments) – booked in advance
- Urgent care (minor injury, common illness and mental health issues) – accessed on the same day

## A: Planned care (tests, treatment and therapy for planned care appointments)

101 Planned care refers to care or treatment that is scheduled in advance, most commonly for a long-term health condition or a problem which is not deemed to be urgent. This may be accessed directly by a patient or may follow a referral to a specialist service by a GP or other primary care practitioner or by another specialist team. Planned care tends to be preventative in nature and is focused on maintaining health and wellbeing as well as treating chronic injury or illness.

102 A range of these types of services is currently being piloted within the hospital (see appendix A). These services have been operating at the hospital since the inpatient space was refurbished in 2020-21 and have received positive feedback from patients overall.

### Securing and extending the current service offer

103 The types of services required by the local population vary significantly based on age, socioeconomic factors and demographic characteristics. This could include therapy, specialist appointments or diagnostic services for example. Currently, the specialist outpatient service most needed by residents from the Wantage and Grove area is Ophthalmology (specialist eye appointments). This is the outpatient clinic that people attend most often. Between April 22 and April 23 an average of 299 patients per month used ophthalmology outpatient services from the Wantage and Grove area.

104 The mental health service within the Wantage & Grove area with the highest number of referrals between April 2021 and August 2022 was the Children and Adolescent Mental Health Services (CAMHS) Team followed by Adult Mental Health team. Outpatient appointments for both these services have been provided as part of the outpatient pilot within the community hospital.

105 Clinic-based planned care services are currently available at the below locations:

**A. Wantage community hospital pilots**

106 An initial review of these pilot services identified that, 1,445 patients came to an outpatient clinic as part of the pilot services being provided on the ground floor of Wantage Community Hospital between

November 2021-22. Most of these patients were seen by Ophthalmology and they mainly (57%) came from an OX12 postcode. On average 120 people per month come to Wantage Community Hospital to access the range of clinic-services currently provided.

**B. Outpatients within John Radcliffe/Great Western hospitals**

107 A wide range of clinic-services are available within acute hospitals, for most people in Wantage this would either be the John Radcliffe hospital in Oxford (23 miles from Wantage) or Great Western in Swindon (34 miles from Wantage).

**C. Oxford city clinic bases**

108 Clinics can also be accessed at the Churchill hospital site in Oxford (20 miles from Wantage) or at one of the other clinic bases within Oxford.

**D. Other community hospitals**

109 Most other community hospitals also have some clinic-based appointments providing community clinics with outreach from Oxford University Hospital specialists, community teams and mental health teams.

## Engagement feedback on planned care (see appendix B for further details)

110 Residents are aware of many of these services currently offered at the Wantage Community Hospital, many of which are well used, such as podiatry and ophthalmology. People want these existing services to remain now that they have become accustomed to having them and are loath to lose them.

111 Ease of access that comes with a locally-based service is seen as the key benefit, especially when considering the alternative of having to travel to regional hospitals. The inconvenience involved in having to travel to the John Radcliffe in Oxford (especially) clearly weighs heavily on residents, and having appointments in Wantage is welcomed even by those able to travel further. Those who reported driving to the John Radcliffe cited frequent holdups on the A34, heavy traffic and the difficulty and high price of parking once there, and travel issues are significantly worse for people reliant on public transport. Outpatient clinics, especially those which might require frequent visits, mean that the inconvenience and cost pile up to an extent that would cause real stress to patients and carers alike.

112 It is worth noting that in workshop introductions, the frame was “hospital-like” services. Services like podiatry and physiotherapy may have felt to participants very much like hospital outpatient services and hence seen to provide a coherent and consistent service offer. The feeling is that what is offered at Wantage Community Hospital Community Hospital needs to be well defined, with clear demand and avoid replicating services covered elsewhere. Views were also more mixed on children’s and mental health services.

## Options identified

113 If the decision were taken to focus on clinic-based services within the community hospital rather than inpatient beds, then there would be an opportunity to both confirm the current pilot services and look to increase the number of clinics available.

**A vision for outpatient care at Wantage Community Hospital**

114 There is considerable support in the stakeholder group to develop additional clinics within the community hospital to deliver more planned and preventative care locally and reduce the number of people who need to travel to acute hospital sites, such as the John Radcliffe.

115 There is potential to secure the existing outpatient and therapy clinics at the hospital and also to expand the space available for additional clinics and outpatient services. This potential has been confirmed by the ICB Place Team, the Community Hospital Estates Team and by the clinical and

operational leads at Oxford Health NHS Foundation Trust (OHFT) and Oxford University Hospitals NHS Foundation Trust (OUH). This approach of providing more clinics and outpatient services (planned care) out into local community sites and through greater service integration is a key objective of both OHFTs Community Strategy[10] and OUH Clinical Strategy[11].

116 This development of the hospital would enable additional clinic-based services to be provided to local residents. A number of new services have been proposed, based on three main sources:

A. The health needs data for the local population
B. Service data and operational information from the NHS providers
C. Experience from local residents and other local stakeholders through the engagement work

117 If this option were taken forward, examples of the types of services could include:

- Community gynaecology and menopause services
- Community Urology and men's health services
- Specialist planned and outpatient services
- Services supporting people with epilepsy and other neurological conditions
- Children's mental health services
- Art therapy services at the hospital, particular for people with long-term health issues and mental health conditions
- Facilities for digital health and multi-disciplinary team working

If this option were taken forward the lead partners (Wantage Town Council health subcommittee, BOB ICB and Oxford Health NHS Foundation Trust are committed to continue to work within the local community and with its provider NHS partners to identify which clinics can be provided.

## Enabler considerations

**Estates implications**

118 As mentioned above, if the option to develop additional clinical space were to be taken forward, then NHS partners would be looking to access local CIL monies to fund the development of the new rooms. Consideration would also need to be given to improving transport and accessibility to the hospital for those using the additional outpatient services.

119 OHFT Estates have undertaken an indicative assessment of refurbishment of the ground floor space of Wantage Community Hospital not currently used for clinical activity, in order to convert it to general/flexible clinical space. This could realise up to approximately 12 additional clinical rooms, which could be used to support an expanded range of services available at the hospital (the exact number of additional clinical rooms would depend on service and clinical design requirements).

120 Redevelopment of the whole ground floor would involve removing the currently unused kitchen space to maximise clinic room provision and to improve waiting areas. There would also be an opportunity to consider the relocation of non-clinic-based services currently hosted within the hospital to maximise clinic space. Due to space restrictions, it is not possible to provide both the inpatient and outpatient options on the ground floor of the hospital.

**Workforce implications**

121 If this option is preferred, further work would be required to determine the workforce requirements for the type of clinic-based service to ensure viability.

[10] Community Services strategy - Oxford Health NHS Foundation Trust

[11] Our Clinical Strategy 2023-2028 (ouh.nhs.uk)

122 As existing NHS providers of clinic-based services at Wantage Community Hospital Oxford University Hospitals NHS Foundation Trust (OUH) and OHFT have committed to identify the services which could be sustainably staffed to provide expanded outpatient services should this be the preferred option. Consideration would need to be given to both the size, specialities and skill mixed needs of a service offer to ensure that these services remain sustainable. Other local NHS providers of clinic-based services would also be approached.

123 This option could be delivered through the reallocation of existing resources to focus on the provision of more community-based specialist services. This means that substantial additional funding would not be required to support these services; instead this could be delivered from within existing system resources.

## Wider dependencies within the Wantage & Grove area

124 The following were identified as dependencies relating to the provision of clinic-based planned care services within the community hospital:

**Role of the GP health centre**

125 Some planned care services are currently provided at the health centre alongside GP services. Currently this includes District Nursing, Health visiting and community dentistry. As part of any considerations around services to be located within the community hospital, there is an opportunity to review the services within the health centre and also whether some of the services currently provided within the community hospital would better be provided from the health centre.

126 As part of this work it was also considered whether there is any opportunity to expand the number of services provided at the health centre, however, it has been advised that there is no additional capacity within the building to increase the number of clinics provided there. Consideration could be given to deliver services at alternative times outside of current health centre operating hours, subject to resource requirements and appropriate measures being able to be put in place.

**Kingsgrove & Grove community hubs**

127 Other local sites have also been considered as dependencies within this type of service provision. In particular, the development of additional community sites within the local area including community hubs at:

- Kingsgrove (due to be completed in Summer 2025)
- Grove (timeline still under development)

128 As part of any future discussions these options should be considered to identify any services which would better be located at sites other than the community hospital.

## Summary & Recommendations

129 Since 2021, a pilot of outpatient clinics made up of a range of service types has been offered at the hospital. These services have been largely well received by the local community and were positively reported on as part of the engagement work. In particular, respondents highlighted the benefits of not having to travel to access regular appointments. The data shows that these types of services are the ones needed most frequently by the majority of patients. Should the decision be made to not reopen the inpatient beds there would be an opportunity to significantly increase the number of these clinics available within the hospital

130 In this eventuality, the NHS partners are committed to dedicate appropriate additional resource to co-produce the business case for expansion of the services offered from the hospital, complete the work to redevelop the hospital and to work with OUH specialty departments, NHS partners and other planned care providers to deliver these.

131 **In relation to planned care clinic-based services it is therefore recommended that:**

- **ICB, OHFT and OUHFT work to confirm the existing outpatient services currently being delivered in Wantage Community Hospital.**
- **ICB to work with providers (including OHFT, OUHFT and other service providers) to identify sustainable community clinic-based services from Wantage Community Hospital. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.**

## B: Urgent care (minor injury, illness and mental health issues)

132 Alongside planned care services within a clinic, consideration has also been given to services which people need urgently. A range of these services have been reviewed as part of this project which include unplanned services including minor illnesses, injuries and mental health crisis.

## The current service offer

133 There are many reasons why someone might need an appointment on the same day. As noted within the case for change, the local population is ageing, and there is an increased complexity of care needs. This means that it is important to consider the different types of urgent care needs that are required currently and in the future.

**A. 111 service**

134 The 111 service provides an initial assessment, and signposting to same-day healthcare services; this includes 'option 2' to seek mental health support on the same day.

**B. Minor Injuries Units (MIUs)**

135 MIUs are for injuries, such as deep cuts, eye injuries, broken bones, severe sprains, minor head injury, minor burns and scalds. There are currently two MIUs in Oxfordshire, one in Abingdon and one in Witney.

136 On average a resident of Oxfordshire visits an MIU once every 7 years. The most recent data available tell us that the Wantage & Grove population made 1361 visits to an MIU over one year, which equates to an average of 3.7 total visits from this area to an MIU a day. (164 visits a month to Abingdon MIU).

137 When considering forecast population growth and assuming similar demand patterns, the average number of visits from Wantage and Grove area could increase to 4.8 visits a day to an MIU (1745 visits per year).

**C. Emergency Department (A&E)**

138 If you have had an accident and contacted the 111 service, you would usually be recommended to go to a Minor Injuries Unit (MIU) or the Emergency Department (ED). From Wantage the majority of patients go to the John Radcliffe (23 miles from Wantage) or the Great Western in Swindon (34 miles from Wantage). Between 2017 and June 2023, 53% of patients attended an OUH site, 36% an Oxford Health MIU and nearly 5% the Great Western hospital site.

**D. Ambulatory Assessment Unit or Emergency Multidisciplinary Unit (EMU)**

139 Where an older person needs additional assessment which cannot be provided at home then they may be referred to an ambulatory care service. Within the community this would usually be to either Abingdon or Witney Emergency Multidisciplinary Unit (EMU) or the John Radcliffe Ambulatory Assessment Unit (AAU).

140 Between April 2021 and August 2022, the vast majority of patients from the Wantage area who required these services, were usually referred to Abingdon EMU (387 patients) or the John Radcliffe AAU (847 patients) rather than Witney EMU (only 18 patients).

**E. GP same day appointment**

141 In addition, people can also contact their GP to access a same day appointment. This is a key part of the same day care offer for minor illnesses. Across the two Wantage and Grove GP practices an average of around 800 same day appointments are offered each week.

**F. GP Out of hours**

142 Outside of GP practice hours, patient support is provided by the out-of-hours GP service. Where a patient needs to be seen they can either attend an out-of-hours base or can be seen at home. Where a patient from the Wantage and Grove area requires a base visit they nearly always go to Abingdon. On average over the period of April 2019 – March 22, this equated to 83 patients per month. In addition, when a patient needed to be seen at home there were, on average a further 35 home visits per month by the out of hours GP team over the same period.

**G. Mental health crisis support hubs**

143 Mental health access on the same day is through the 24/7 Mental Health Helpline (via 111) or through referral to a crisis support hub.

## Engagement feedback on urgent care (see appendix B for further details)

144 Suddenly being presented with the need to seek urgent treatment can be stressful and people reported sometimes being at a loss around the most appropriate first port of call. This was reflected both in responses in the focus groups and the multiple options quoted in the wider survey when people are asked where they would turn in such circumstances.

145 With the A&E department at the John Radcliffe hospital seeming so far away and feeling quite inaccessible, people feel that only the most serious injuries merit seeking help there. Although some cited Abingdon as an alternative, getting there can also pose a challenge.

146 When asked specifically how urgent care can be made more accessible, the clear response is the provision of a minor injuries unit (MIU) as well as clearer information around the options available to deal with these cases. Many residents were keen to see such a unit provided locally and see Wantage Community Hospital Community Hospital an ideal site. Some remember fondly a similar service provided locally and would like to see it return.

147 Jargon is an issue here. It is important to note that due to the large number of clinical terms used to refer to urgent care services, there may be some confusion among members of the public about which services would meet a specific need. An MIU for example, has a specific meaning within healthcare management, but may be used by a non-specialist to cover a broader range of services.

## Options identified

148 There are a range of types of same day care which could be provided within the community hospital which have been considered within this project:

**Whole population services**

149 There are a range of similar urgent care services open to the whole population, of these three have been identified which could be provided at Wantage community hospital:

**A. Nurse/AHP led first aid service**

Like a MIU but with narrower criteria, run by a team of highly qualified nurse practitioners with a lot of experience and expertise in the treatment of minor injuries. Does not have access to x-ray facilities https://www.oxfordhealth.nhs.uk/service_description/minor-injuries-units/

**B. Nurse/AHP led minor injuries unit with x-ray on site**
See above, an urgent service for those who have had an accident but do not need to go to an emergency department (A&E).

**C. GP led urgent treatment centre with x-ray on site**
Urgent treatment centres provide medical help when it's not a life-threatening emergency. They can diagnose and deal with many of the common problems people go to A&E for. Unlike MIUs they are overseen by GPs.

**Specialist urgent care response for those with long term conditions**

150 Based on public feedback and stakeholder discussions, one urgent care service that has been proposed for development at the hospital is an urgent care service for people experiencing a worsening of their long-term health condition(s) that requires a prompt review by a multi-professional expert team, avoiding the need for an acute hospital attendance or outpatient referral.

151 This service would focus on providing a rapid response to local residents with complex health needs, including people who live with multiple long-term health conditions (LTCs) and older people with frailty. It would provide rapid access to nurse- and therapist-led assessments, therapies and treatment interventions at the hospital for people identified by a suitable healthcare professional as needing same-day/next-day care to manage a flare up of a known long-term health condition, in order to prevent this from further deteriorating.

152 The service would integrate closely with the planned care Integrated Neighbourhood Team being developed in Wantage between the GP practices (Primary Care Network) and the community services (District and Community Specialist Nursing teams). It would also link closely with the relevant consultant-led specialist services, such as the diabetes, cardiology/heart failure, respiratory, geriatric medicine and neurology teams in secondary care.

## Enabler considerations

**Estates implications**

153 If it were decided to develop a same day offer at the hospital this would align with the redevelopment of the ground floor as clinic spaces. This could be offered alongside planned care clinic spaces. The capital considerations to do this are therefore as above to develop clinic space.

154 If the decision were taken to install x-ray services at the hospital, this would have significant additional costs made up of a one-off capital investment for the estates works as well as equipment and ongoing maintenance costs. However, consideration will be given moving forward to the diagnostic options that could be included within any future provision.

**Workforce implications**

155 There are significant workforce pressures associated with the specialists needed to run urgent-care services so consideration would need to be given to the impact this would have on other local services and challenges associated with recruitment. In particular, were a GP led unit to be developed this **c**ould impact on the local GP services recruitment. Radiographers are also very hard to recruit so if an x-ray service were to be developed consideration would need to be given to the impact this might have on other local services and the sustainability of the service offer.

156 In contrast, the multi-disciplinary team needed to provide specialist urgent care could be brought together through improved co-location and collaboration between existing teams. This would therefore be a more sustainable offer.

## Wider dependencies within the Wantage & Grove area

157 The following were identified as dependencies relating to the provision of same day care services with the community hospital:

**Walk in minor injuries at the health centre**

158 Alignment with services at the health centre is important as highlighted within the enablers around managing workforce pressures. Consideration has been given to whether urgent care could be provided within the health centre in line with the expanded GP offer, however as highlighted earlier there is very limited space at the health centre and concerns have been expressed around how this would be staffed so any proposal would need to address these issues.

**Alignment with the Primary Care Network (PCN) frailty service**

159 Work is currently in progress to develop same day services to patients with long-term conditions and frailty, who may have more complex health needs. The integrated neighbourhood teams within the GP practices to support patients with identified long-term conditions. Clinicians from the PCN have been involved throughout the discussions to date and are supportive of working alongside this project to support development of preventative care within the local area.

## Summary & Recommendations

160 There are a range of urgent care services currently available to residents of Wantage including an MIU in Abingdon and A&E departments in Oxford and Swindon. The type of service required for this type of care and the frequency with which it is needed is much more varied. Within the engagement work, local access to these services was identified as a priority by many respondents, although not all felt this needed to be within Wantage, particularly if it conflicted with the planned care services that could be provided from the WCH site. The most popular services identified were those with an x-ray service, either an MIU or a UTC. However the cost and challenges associated with staffing this are significant. Therefore, although this option was preferred by many, it is not considered to be affordable or sustainable within the current service model.

161 The other area within urgent care which was identified relates to the complexity of patient needs which is increasing alongside the ageing population. Looking to the future, it is important that services address this challenge. In this regard, we will develop clinics to bring together a range of specialist clinicians to provide urgent care for those with identified conditions who are experiencing a health crisis. These clinics would help avoid unnecessary hospital attendances and admissions and ensure that they are given a holistic care offer. These clinics could be provided within the same space as outpatient clinics. It is therefore recommended that we include specialist same day care within the development of a business case for clinic-based services in Wantage.

162 **In relation to clinic based urgent care services it is therefore recommended that:**

- **Due to the high capital cost of providing a large x-ray within the hospital against the significant demands and constraints of the limited available capital funding in the system alongside the concerns over the workforce implications, it is not recommended to take forward a walk-in service at the community hospital at this time. However, consideration should be given to what diagnostic services could be included as part of the same day services and this should be kept under consideration in the future.**

- **Based on the noted increased complexity of needs within the local population, it is recommended to focus on developing a specialist local response service for those with long term conditions. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.**

# Summary of project outcomes and next steps

163 To summarise the above, the following recommendations are made on the basis of this report:

164 **In relation to inpatient beds and the alternatives:**

- **Based on co-production and considering evidence and findings from engagement we recommend the community inpatient beds at Wantage Community Hospital are permanently closed.**
- **In line with wider work the BOB ICB is taking forward work to improve the local end of life care pathway, to see how we can strengthen the local offer for patients requiring palliative care.**

165 **In relation to planned care services:**

- **ICB, OHFT and OUHFT work to confirm the outpatient services currently being delivered in Wantage Community Hospital.**
- **ICB to work with providers (including OHFT, OUHFT and other service providers) to identify sustainable community clinic-based services from Wantage Community Hospital. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.**

166 **In relation to urgent care:**

- **Due to the high capital cost of providing a large x-ray within the hospital against the significant demands and constraints of the limited available capital funding in the system alongside the concerns over the workforce implications, it is not recommended to take forward a walk-in service at the community hospital at this time. However, consideration should be given to what diagnostic services could be included as part of the same day services and this should be kept under consideration in the future.**
- **Based on the noted increased complexity of needs within the local population, it is recommended to focus on developing a specialist local response service for those with long term conditions. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.**

167 Therefore on the basis of the work done to date through the co-production with local stakeholders and the feedback from the local community as reflected above, it is recommended that the closure of the community inpatient beds is made permanent.

168 If the above is confirmed, then our preferred option for the ground floor is to continue to work collaboratively with local stakeholders to:

- NHS partners to work with local community to progress with an application in 2024 to The Vale District Council Community Infrastructure Levy (CIL) fund to provide necessary capital to support a sustainable range of outpatient and community clinics to be delivered from the ground floor of the community hospital building.
- Continue to work with the countywide end of life project and with local care homes to strengthen the local palliative and end of life care offer.

- Agree to further develop and confirm a range of outpatient services and community clinics through a detailed proposal of which services, operating hours, estimated activity will be delivered from within the community hospital.
- Develop urgent care offer including consideration or diagnostics for those with long term conditions and work with GP practice to support local urgent care for the wider population.

**Proposed Future Project Delivery Plan**

169 If the recommendations described in this co-produced report are endorsed and accepted following consideration through the governance framework of BOB ICB, OHFT, Wantage Town Council Health Sub-committee and Oxfordshire's HOSC, then the following proposed project delivery plan would realise the ambitions described in the report and secure a sustainable future for Wantage Community Hospital.

170 OHFT Estates and Facilities are a dedicated specialist team that manage and operate the estates infrastructure for the Trust across its entire operating footprint that encompasses Oxfordshire as well as Buckinghamshire, Bath, Swindon and Wiltshire. The specialist team have been engaged throughout the co-production process and have provided advice and guidance to help inform the final options and recommendations in this report. The team have a track record of delivering significant estate refurbishment and reconfiguration works working closely with services, community partners and other key stakeholders. If the report recommendations are agreed, the Estates Team would directly support delivery of the refurbishment works at Wantage Community Hospital by assisting with architectural design through to required NHS building design specification to meet such things as infection prevention and control through to informing procurement of contractors and fit out stage to works completion. Alongside, OHFTs Transformation Team would provide the required project support and co-ordination with the sub-group formed from the stakeholder reference group (the sub-group) and the other NHS provider partners.

| Date | Action |
|---|---|
| Jan 24 | Wantage Community Hospital report recommendations agreed. |
| Jan-Feb 24 | Notification to Vale District Council by NHS partners to apply for £600k CIL funding for Wantage Community Hospital and provisional allocation confirmed. |
| Feb 24 | Small proportion of provisional CIL funding allocation confirmed to enable appointment of Project Team to work alongside OHFT Estates and Sub-Group |
| Feb 24 | Long Term Condition (LTC) and frailty Wantage pilot commences through Integrated Neighbourhood Teams (INTs) Oxfordshire Improvement Programme and Oxfordshire's Primary Care Strategy |
| March 24 | Project Team commence |
| March-May 24 | Project Team alongside sub-group work with NHS providers including OH, OUH, local PCN, MSK and GP feds to confirm which clinics/therapy/assessment type services for the ground floor.<br>Estates design and costings finalised.<br>Art therapy plan confirmed.<br>Re-establish activities through Wantage Community Hospital League of Friends |
| Jun 24 | Business Case and full CIL application submitted to Vale District Council. |
| Jul/Aug 24 | CIL decision confirmed (estimated awaiting Vale confirmation of likely decision timeline) |
| Sept-Oct 24 | Procurement of contractors for refurbishment and fit out. |
| Nov 24 | Estates improvement works commence and any temporary relocation of services whilst works takes place put in place |
| Jan/Feb 25 | Works complete. CIL project work concludes. |

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| Feb -June 25 | Service configurations confirmed and transfers take place. |
| Summer 25 | Wantage Community Hospital service portfolio is managed through usual NHS system mechanisms. |