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REPORT

Wantage Community Hospital Public and Stakeholder Engagement

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1. EXECUTIVE SUMMARY

1.1 OVERVIEW

This report collates and presents an analysis of residents' views heard during public engagement on community healthcare services in the Wantage and Grove area. It has been independently written by Verve Communications, and our team facilitated a series of events during the engagement period to complement a survey conducted by the NHS team which was open from 11 October to 06 November 2023.

Our brief for the project was to explore the types of services residents would like to be provided locally, including those services which might be provide from Wantage Community Hospital. In analysing both the survey, meeting notes and other feedback, we were asked to focus on three specific alternatives (referred to throughout this report as "scenarios"):

1. Clinic based services (tests, treatment and therapy) for planned care appointments
2. Community inpatient beds and the alternatives when care in your own home isn't appropriate
3. Urgent care (minor injury, illness and mental health issues) access needs on the same day.

1.2 FACTORS DRIVING PREFERENCES

- Travel and convenience. The major benefit of outpatient services provided locally is accessibility and convenience, and this is the same for local provision of a Minor Injuries Unit (MIU) for Wantage residents. Having to travel to and find parking at the John Radcliffe in Oxford or to the MIU at Abingdon is seen as a major inconvenience, especially when these journeys need to be made frequently or when already in some distress. This is compounded for those without cars.

- Filling a genuine gap. Residents took a generally pragmatic approach in prioritising the services they wanted to see. While it would be nice to have everything locally, people do realise that this is not possible and only want to see services made local that fill a genuine need or at least optimise added value (as with eliminating travel time above).

- Familiarity and stability. Those who are aware of and have used some of the existing piloted outpatient clinics at the hospital are reluctant to see them removed. In the focus groups every individual cited these outpatient services as something they felt it was important to be offered locally with many also feeling that the Wantage Community Hospital was the best site from which to provide these services.

- Services that people need regularly. The feeling was that clinic service provision should prioritise the kinds of tests and clinics that require people to go on a regular basis, rather than focus on services that someone might need on, say an annual basis. This makes sense on an individual level - however not everyone will need the same services at the same frequency.

- Whatever is provided, it must be done well. Not unreasonably, residents seek reassurance that any services that are provided will be adequately resourced and fully functional. Thus, they qualify preferences with questions such as whether a Minor Injuries Unit (MIU) would be equipped with an X-ray machine and whether it will be open outside 'office hours', or whether the capacity for nursing support will be available at any inpatient facility.

1.3 WHAT IS IMPORTANT TO PEOPLE?

Within Scenario 1 (Clinic Based Services and Planned Care Appointments), the retention and expansion of outpatient services currently being piloted at the Wantage Community Hospital are strongly supported. Those who are aware that these services are currently being provided are loath to see them disappear, especially if they or someone they know has used them.

If not provided at Wantage Community Hospital, then the clear feeling is that these services should be retained locally. Thus, there will be a cohort of the local population who will feel that they have lost something if this is not part of what is offered either at best at the hospital or at worst elsewhere locally.

Within Scenario 2 (Community In-patient Beds and Alternatives), calls for some form of rehabilitation bed provision strongest. Here too, if this is not provided at the hospital it is acceptable that it is at least provided locally. Although not a statistically valid exercise, the data suggests that overall inpatient beds are seen as less of a priority than other services.

Servies within Scenario 2 delivered at home seem to be less of a priority, although they are clearly seen as eliminating the inconvenience of travelling to visit patients at regional hospitals and supporting carers. Views from those with experience of these services were mixed – some had a positive experience, while others were less positive, citing the level of support available and examples of poor communication, and rushed provision.

Within Scenario 3 (Urgent care), the strongest call was for a minor injuries unit (MIU) which people feel would be a valuable addition to the healthcare services provided locally, and for which Wantage Community Hospital would be an ideal location. This is the only service within Scenario 3 that gets much traction, with others felt to be well covered already elsewhere.

It was felt important by some that, if provided, this must provide a comprehensive urgent care offer e.g. X-ray with capacity for reasonable opening hours.

1.4 NEXT STEPS

We understand that this engagement was undertaken at one point in time in a longer-term process. From everything we heard during the project, some strategic next steps suggest themselves, and we set out some high-level questions for next steps relating to these:

- How to focus dialogue about needs and services from the 'place' perspective
  Wantage Community Hospital – and its history – represents more than a 'bricks and mortar' health facility. The pride, sense of ownership, and local identity are palpable, and could play a hugely valuable role in making community healthcare services in Wantage and Grove successful - and a real asset for this growing community in future.

- How to manage expectations around choices and trade-offs
  Whatever decisions are reached, it will be important for both the Stakeholder Reference Group (SRG) and the NHS to avoid giving the impression there are "winners and losers".

- What might future co-design look like?
  The involvement and commitment across agencies and institutions within (and beyond) the public sector stands out. Under the auspices of the SRG, a robust, inclusive process has been developed - arguably ahead of the curve in the design and commissioning of healthcare in partnership with communities.

2. BACKGROUND AND INTRODUCTION

2.1 CONTEXT

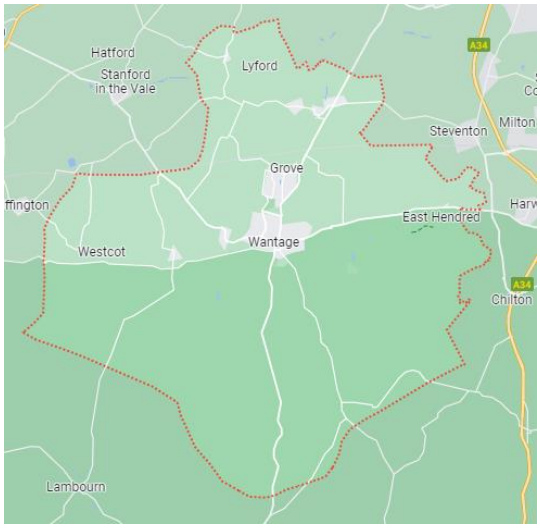
2.1.1 ABOUT WANTAGE AND GROVE

Wantage is a market town in Oxfordshire with just over 33,000 residents registered with local general practices. It has a population which is ageing and growing, largely within the Grove area. The total local population is forecast to grow to around 41,000 by 2030, and the proportion over 65 years increased in both the Wantage and Grove areas between 2011 and 2021.

As a result, the health needs of the local population are also changing, with both younger and older people living with more complex needs.

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.

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.



OX12 boundary *Source: Fact*

2.1.2 ABOUT WANTAGE COMMUNITY HOSPITAL

Oxford Health NHS Foundation Trust provides physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset.

The Trust is the 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.

Until 2016, Wantage Community Hospital provided inpatient beds, maternity care and a range of other NHS services from a single site over two floors. Due to Legionella risk, inpatient services were closed temporarily and, although remedial works to address this were completed in 2020, inpatient beds have remained temporarily closed.

Since 2020-21, the hospital could be re-opened fully, and is currently 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.
- On the first floor – maternity services.

2.1.3 ENGAGEMENT ABOUT COMMUNITY HEALTHCARE SERVICES FOR WANTAGE AND GROVE

The community hospital inpatient ward has now been temporarily closed for almost eight years, and a partnership project has been established to consider the right mix of services for the future - with a focus on "hospital-like" services at Wantage Community Hospital in the context of local needs and other community health services available.

A co-design process has been developed by the NHS with the Oxfordshire 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.

A Stakeholder Reference Group (SRG) has been appointed to shape this work (see Appendix 2 for membership of the SRG) and, from among its members, a smaller Sub-Group leads on engagement and has commissioned this exercise which reports to the SRG in the first instance.

The local community were previously asked for views about Wantage Community Hospital in what was called the "OX12 Project" between 2017 and 2019. However, this concluded without a decision and we heard prompted widespread community dissatisfaction. In addition, there have been stakeholder workshops over the course of 2023.

2.1.4 ABOUT THIS ENGAGEMENT EXERCISE

The starting points for this engagement exercise were:

- A shared commitment among NHS organisations and partners to retaining services in Wantage Community Hospital that are sustainable and best meet the needs of the local community (confirmed by the BOB ICB Place Director for Oxfordshire on 11 May 2023)
- No changes proposed to the current maternity services which are located upstairs in the hospital – and consideration of these is out of scope for this engagement.
- For use of the ground floor, a recognition that there is an opportunity to consider the service mix at an early stage and before proposals are finalised.

The SRG Sub-Group has developed three scenarios for services for consideration developed through a process of co-design informed by previous engagement and with input from residents, clinicians and NHS managers, and the SRG now seeks broader views from local people to help shape final proposals.

The central frame of reference for the project was therefore these three scenarios to explore the types of services to be provided from the hospital:

1. Clinic based services (tests, treatment and therapy) for planned care appointments
2. Community inpatient beds and the alternatives when care in your own home isn't appropriate
3. Urgent care (minor injury, illness and mental health issues) access needs on the same day.

Through the co-design process, it was also identified that there may be needs for other types of healthcare provision locally to complement effective healthcare pathways, and the SRG also seek to understand residents' views on these links and co-dependencies.

2.2 OBJECTIVES

2.2.1 THE OBJECTIVE OF THE SRG

The stated objective pursued by the SRG is to provide sustainable "hospital-like" services from Wantage Community Hospital for the longer term to meet the needs of the local population now and in the future that maximises use of the available space. This is articulated in discussion by the Oxfordshire JHOSC (11 May) in the question:

> *How can we use space in Wantage Community Hospital to benefit the health and wellbeing of the local community?*

Within this, the objectives for community involvement set out in the specification for this project are to ensure that public, patients, and stakeholders have an opportunity to:

A. Receive clear and accessible information about the options for future delivery of services at Wantage Community Hospital (and potentially other local health sites in Wantage)
B. Provide input to the development of local plans for the hospital, through a process of meaningful community co-production.
C. Demonstrate their support for these plans, once developed.

This engagement exercise therefore helps to meet objectives A and B.

2.2.2 THE BRIEF FOR THIS ENGAGEMENT

The brief for this work was therefore set out:
The Wantage Community hospital engagement programme will use a blend of face-to-face and online approaches to gather as representative as possible suggestions and feedback from a wide range of participants. This will inform current and future decision making.

By providing a range of opportunities through an array of channels we will seek to make it as easy as possible for people to have their say and shape the future of health services based in the Wantage and Grove area.

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 require rich, well-informed discussion.

The objectives for this engagement are therefore:

- To provide scope and focus which will support the SRG and partners in the next stage of co-design.
- To explore views on the three scenarios and over-arching comments through a structured process.
- Identify themes which inform decisions moving forward, avoiding repeating earlier research and engagement.

2.3 ABOUT VERVE COMMUNICATIONS

Verve Communications was commissioned to conduct the engagement exercise and produce this independent report to inform the co-design process. We use social research methodologies to support transformation and change in health services, including with patients at the early stage of developing a vision for clinical pathways and new models of care.

We bring experience supporting NHS clinical programmes, service reconfigurations, mergers/acquisitions and spinouts, and workforce engagement, as part of which we specialise in independently conducting engagement and evaluation of consultation.

We are a values-led company, and our focus is involving patients, service users and communities in developing vision and plans for their care.

Our role in this project was to work with the SRG Sub-Group to develop and conduct the engagement exercise using a range of methods and to produce this independent report summarising the views of participants and making relevant recommendations.

We would like to put on record our grateful thanks to the Sub-Group and NHS staff for their patience and all their support during the project.

3. METHODOLOGY

3.1 OVERVIEW OF ENGAGEMENT ACTIVITIES

The engagement ran from 11 October to 06 November 2023. In conducting this engagement, a range of opportunities was provided for people to participate:

- Public workshops
  Two workshops were held in person at The Beacon Centre in Wantage. These were open to all - however participants were invited to register using the Eventbrite platform.

  The events were independently facilitated by Verve with a structured agenda which is described in this section.

- Focus groups
  An invitation event was held for patients or carers of people with long-term health conditions, held in person at The Beacon Centre, independently facilitated by Verve.

  Two online focus groups were also scheduled, with the aim of engaging people with an interest in community health services for families, and to provide an additional opportunity for those who are not confident with technology or were unable to attend one of the in-person events.

  Although a significant number of people signed up for the online events, across both events only a small minority turned on their camera and actively participated. This was obviously disappointing – however, facilitators noted all comments made by those who contributed, and their views are incorporated into this report.

- Community engagement
  Members of the SRG Sub-Group and NHS staff engaged actively with local people to provide information about the engagement, encourage completion of the questionnaire and to collect information.

  For example, the team went out and about in the Market Square, Wantage on Saturday 28 October and held a drop-in session at the Beacon Centre to answer questions and promote the questionnaire. The notes of comments and questions raised during this activity, as well as any relevant correspondence received, were also included in this analysis.

- Online and printed copy questionnaires
  The questionnaire was hosted on the ICB's Your Voice engagement portal and open throughout the engagement period.

  Printed copies returned during the engagement period were added to the online response to enable analysis of a single quantitative data set.

  The client team undertook quantitative analysis, producing tables and coding free text comments. As described in the approach to analysis section, the code frame was designed in collaboration with the Verve team, to enable comments from workshops, focus groups and questionnaire to be considered in this single integrated report.

3.2 GATHERING DATA

3.2.1 ABOUT THE QUALITATIVE APPROACH

This engagement used qualitative methods to ensure that people's views and experiences could be explored in detail.

As feedback was received through a variety of channels, we have aimed in this report to ensure that comments gathered are analysed to provide insight which will inform commissioning decisions as fully as possible:

- Feedback from all channels integrated into a single set of conclusions.
- Analysis of comments reported thematically, with the aim of understanding the reasons behind participants' views and priorities.
- Although this is a qualitative exercise, we will aim to comment on commonly emerging themes and/or where high levels of agreement are suggested by the data.

The aim of qualitative research is to define and describe the range of comments and emerging issues and to explore linkages, rather than to measure their extent. The use of qualitative methods means that this report is not based on collecting, or reporting, on the numbers of people holding particular views or experiences.

Please note that caution should be exercised in considering majority opinions suggested by the data:

- The research received views from a relatively small number of respondents in comparison with the population of Wantage and Grove; they were not selected randomly to participate; nor do they comprise a representative sample of residents.
- For these reasons we cannot assume that the proportion of people holding any particular views reflect those of the population at large.
- While we asked questions to explore preferences, it was made clear to participants that primarily the aim was to understand their priorities and inform complex decisions about future services – and it was emphasised that this did not represent a referendum or "voting" for any specific service.

3.2.2 RESEARCH CO-DESIGN

The public workshops and focus groups were designed to enable a single integrated report, and the discussion guide was developed using the same themes as the questionnaire with prompts designed to explore these questions in more depth. While we would expect the response to differ between cohorts of patients or different groups within the community, we are aiming to collect views around a consistent set of topics.

The central principle of co-design was incorporated into the methodology. The purpose of this engagement is to support the SRG and NHS clinicians and managers to make decisions about services for the future. It was designed to:

- Enable the SRG to take stock, having developed some over-arching service models.
- Hear the views of patients and public at this key stage in the process.
- Ensure that views are independently analysed to inform next steps.
- Produce a report to support and build on the co-design process.

The engagement was therefore shaped to explore views about the models ("scenarios") developed on behalf of the SRG, and this was the key focus for the process. We were seeking insights which, over the coming months and years, will inform:

- Thinking about current services and needs and local priorities for future services
- Understanding about how services are, or should be, integrated and joined up into a single local system.
- Focus on local health and care.
- Commissioning decisions about the future of Wantage Community Hospital and (potentially) other community health services.

While qualitative research allows deeper exploration of people's experiences and allows them to tell their stories in their own way, the addition of a questionnaire also enables the measurement of variables and comparison of data from different types of respondents – where justified in the data.

As ever, our aim is to create a clear, positive report focused on supporting effective decisions and implementation. This means:

- Seeking to understand not only the views people hold, but also the rationale and drivers behind views.
- Exploring priorities and indicating the most common theme and indicating likely majority views where these are suggested in the data.
- Picking up all substantive points made across the engagement, to enable a comprehensive and inclusive report.
- Covering the key elements of the scenarios, while also leaving open the opportunity for people to add relevant information, for example suggested alternatives.

3.2.3 FACILITATION

The workshop and focus group sessions were structured and facilitated by the Verve team of experienced engagement and research professionals, who used their notes and recordings to synthesise the material thematically under a set of headers relating to the scenarios under consideration; anything which was discussed which fell outside of the main themes was noted.

We created discussion guides (see Appendix 4) for facilitators to shape, stimulate and facilitate workshop and focus group discussions, as well as a simplified version for use during community outreach. We are grateful for the opportunity to attend meetings of the SRG Sub-Group as the three engagement scenarios were fleshed out which were especially helpful in preparing prompts for the discussions.

At the outset of each face-to-face session, facilitators sought permission to record the discussion to support accurate notetaking, and all sessions were conducted under Chatham House Rules (i.e. verbatim comments were not attributed to any individual).

At the end of the fieldwork debriefing discussions took place where all those involved in the fieldwork explored the main themes arising. The findings were then analysed, looking for major themes and identifying similarities and differences, where these exist.

3.2.4 PRIORITY-SETTING EXERCISE

To focus attention on people's priorities within the qualitative consultations, participants were asked to select the eight services across all three scenarios that they would like to see provided locally, though not necessarily at Wantage Community Hospital.

Respondents were given eight coloured stickers to distribute between the 20 service options set out in the questionnaire. These could be allocated singly to services, or multiple stickers could be allocated to higher priorities.

This was conducted as an individual exercise rather than a collective discussion, which was different from the rest of the workshop discussions and intended to provide a clearer steer on preferences with equal influence for each participant's opinions.

It is important to be clear, and it was explained to participants, that the exercise was neither in any sense a 'vote' or conducted on a large or representative enough scale to be statistically reliable. Nevertheless, with this proviso, a picture emerges of participants' priorities when responses are aggregated.

Once this first exercise was complete, respondents were given three further (differently coloured) stickers and asked to prioritise – again across all three scenarios – the three services they felt it was most desirable to be provided at Wantage Community Hospital.

3.2.5 RECRUITMENT

The engagement was publicised by the NHS team and a leaflet was distributed with QR code and URL link to the questionnaire as well as promoting participation at the events (see Appendix 3). Participants were invited to register in advance using Eventbrite. The promotional activity has been summarised and reported separately to the SRG Sub-Group (07 November 2023).

We are also grateful to the SRG Sub-Group for distributing material through their networks and via community locations.

4. SUMMARY OF PARTICIPATION

4.1 EVENTS AND SURVEY

	Participation
Public Workshop 1 11 October – 12.00 – 2.00pm	8
Public Workshop 2 17 October – 12.00 – 2.00pm	9
Focus Group 1 - People living with long term/chronic health conditions (in person) 11 October - 2.30 - 4.30pm	7
Focus Group 2 – Services for families and people aged 18-40 years (online) 19 October – 7.00-8.00pm	1
Outreach – Drop-in at the Beacon Centre and Market Square, Wantage 28 October	Approximately 30 people attended the drop-in session 5 comments gathered in 1:1 conversations
Questionnaire survey	285

4.1.1 ATTENDANCE AT EVENTS

Overall, the events relied on individuals coming forward voluntarily and they participants were heavily skewed to an older demographic, with well over half of respondents over 60. Women also make up a clear majority, representing around three quarters of the total sample. The same pattern was also evident in the survey response.

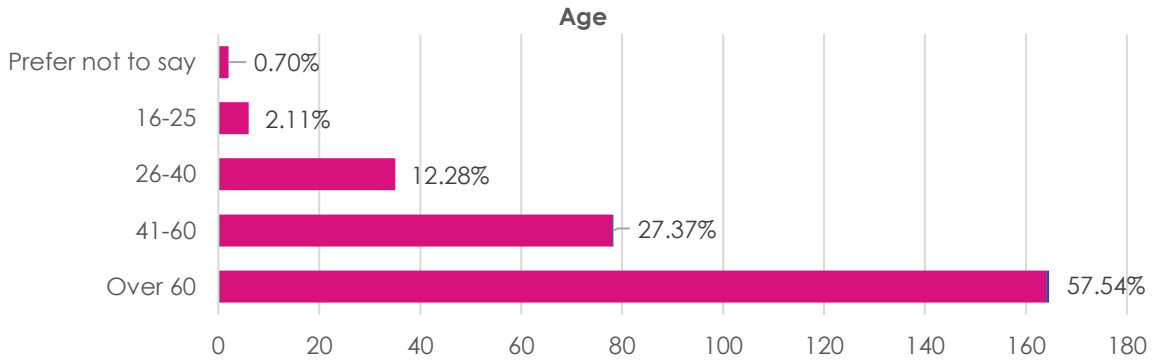
People serving as representatives or advocates for patient groups were well represented in the face-to-face focus group discussions. Nonetheless, residents' stated preferences and priorities in the focus groups are largely consistent with those that emerge from the wider survey exercise, suggesting a robust perspective has been gathered from the overall research study.

During the online sessions (in particular) it was clear that most of those on the calls were not from the Wantage area, but working with the client team we are confident that the contributions of the small number of local participants were recorded and kept separate and that views of non-participants were not taken into account.

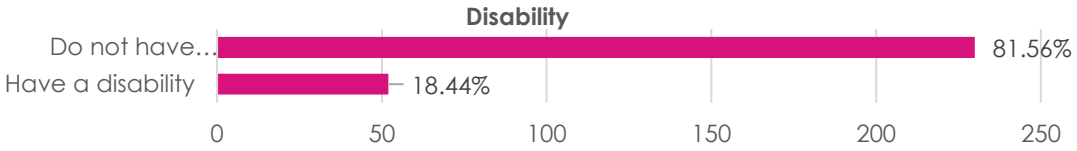
4.2 QUESTIONNAIRE

The questionnaire included demographic monitoring questions, and the profile of those responding was as follows.

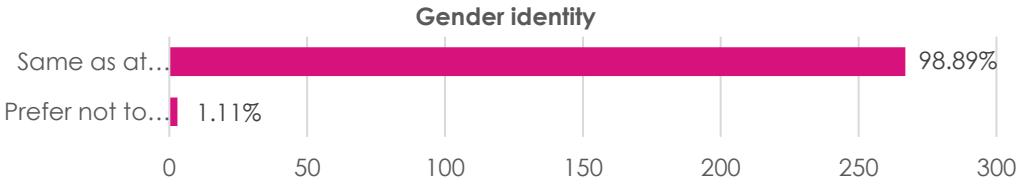
As accessibility and hence reach to individuals and groups experiencing health and other inequalities is an important element of this work, the background of those completing the survey is helpful to understand the perspectives and views we heard:



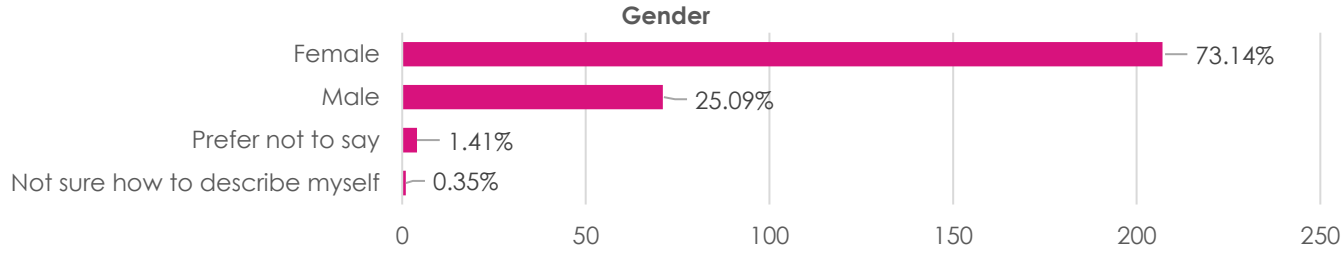
Base: All who responded = 283



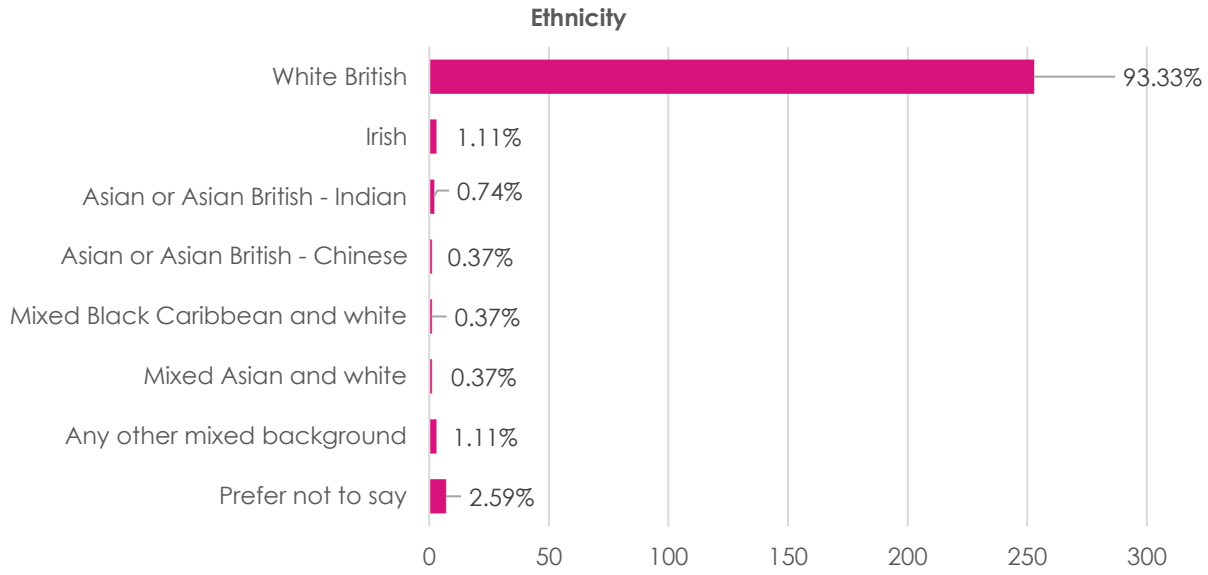
Base: All who expressed a view = 282



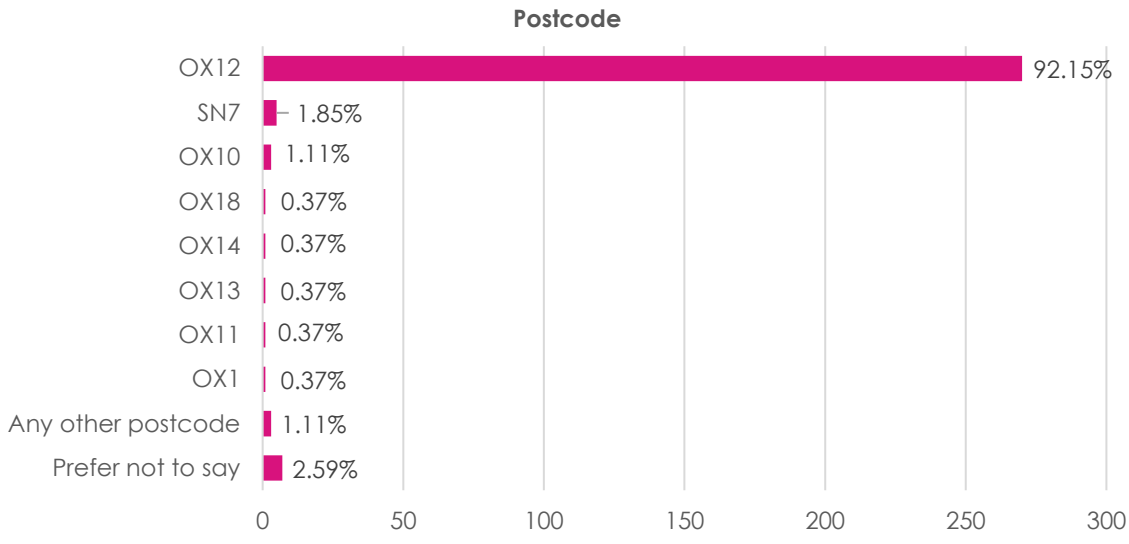
Base: All who completed question



Base: All who completed question = 283



Base: All who completed question = 270



Base: All who completed question = 283

5. APPROACH TO ANALYSIS AND REPORTING

5.1 SUMMARY

The data collection approach for this project includes:

- Notes and recordings from public engagement workshops.
- Notes and recordings from face-to-face and online focus groups.
- Attendance at a local community festival (28 October) and other ad hoc comments received.
- An externally hosted survey, with questions developed by the SRG Sub-Group.

Analysis and reporting therefore incorporates a mix of qualitative comments and quantitative data, the latter derived from demographic monitoring survey questions.

Open questions with free text response in the survey and facilitated discussions at events were used to explore people's use of services, as well as their views on the scenarios and wider perceptions about local health and care.

Survey questions and prompts used at events were designed around the same topics in order to enable a single, consistent process for analysis. The discussion guide used at the workshops is attached for reference, along with the survey questionnaire.

5.2 IDENTIFYING THEMES

The central frame of reference for the whole project is the three scenarios developed through co-design by the SRG Sub-Group in light of previous engagement and with input from residents, clinicians and NHS managers:

1. Clinic based services (tests, treatment and therapy) for planned care appointments.
2. Community inpatient beds and the alternatives when care in your own home isn't appropriate.
3. Urgent care (minor injury, illness and mental health issues) access needs on the same day).

We therefore used these to structure discussion guides and the analysis. We should be clear that both development of the service model and NHS guidance around public engagement makes it inappropriate to regard this exercise too simplistically as a referendum between competing services.

Rather we are seeking to understand in more depth people's views and priorities to provide insight which will usefully complement clinical, financial and other data to inform commissioning decisions about future services.

5.3 INTEGRATING QUALITATIVE AND QUANTITATIVE DATA

5.3.1 QUALITATIVE ANALYSIS

In analysing qualitative comments, we aim to produce a comprehensive report which reflects all substantive points made and to explore the reasons behind people's priorities, especially where they may share the same or hold different views. These are reflected in the narrative report.

This report is set out thematic sections, and we aim to be clear where we are reporting:

- Individual comments (verbatims included to encapsulate key points)
- Inferences based on thematic analysis
- Our views and conclusions informed by comments received. These are based on Verve's experience and our understanding of the wider objectives of the engagement, and are set out in section 7.

The narrative report is complemented by an approach to "quantifying qualitative data". This is achieved by developing a coding frame in which similar answers are clustered together to develop categories.

This approach was used in the analysis of questionnaire free text comments by the NHS team. Each theme is given a numeric code (e.g. "I am concerned about xxxx" might be code 1, and "I am concerned about yyyy" might be code 2). The coding frame is constantly checked against new answers and modified if new categories were needed.

The advantage of this approach is that it provides an overview of the degree to which certain themes are raised more or less commonly, and also enables the analysis to "funnel" into more detailed comments on similar themes.

5.3.2 QUANTITATIVE ANALYSIS

Monitoring questions in the survey included five of the nine 'protected characteristics' identified in the Equality Act. Where survey respondents answered these, it is possible to produce a summary profile showing participation broken down by:

- Age
- Disability
- Gender
- Transgender
- Ethnicity.

6. REVIEW AND ANALYSIS

6.1 OVERVIEW

Residents' priorities around services that they want to see offered both locally and from the Wantage Community Hospital seem often to be strongly driven by prior experience, either personal or heard through word of mouth.

As for the priorities themselves, there are services participants valued across all three scenarios presented, though generally they understand that when opting for one type of provision, it means that other priorities may necessarily be excluded; that difficult choices need to be made.

6.2 SCENARIO 1 - CLINIC BASED SERVICES

Residents are aware of many of these services currently offered at the Wantage Community Hospital, many of which are "so well used", such as podiatry and ophthalmology. We understand that these are currently the most well-used services, and some of the participants had used these themselves.

People want existing services to remain now that they have become accustomed to having them and are loath to lose them. Because many of these services are located in Wantage Community Hospital, it seemed a reasonable proposition to participants to keep them there.

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.

> *"Excellent, very well organised. When this appointment was made for me by my GP, I was expecting it to be at the JR, so was very surprised when I was told it was at Wantage. For such an appointment, I would have been quite happy to travel to the JR."*

For many people, however, travel and distance is a real issue. Those who drive cite frequent holdups on the main A34, heavy traffic and the difficulty and high price of parking once there, and we heard that 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.

> *"It's so much easier than having to go to the John Radcliffe Hospital in Oxford which takes 90 minutes on the bus. It works very well. We used to go up to the JR and as you can imagine she's blind and very frail and for me it's an everyday trip but for her it's a trek and she's frightened of people bumping into her and you have the parking etc, so it's a godsend having it here".*

> *"Do not do away with the clinics now that they're there".*

The provision of local community healthcare clinics and therapies are relatively high on residents' priorities for what should be offered locally and, if possible, through the hospital. 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.

Though 'nice to have', many question the need for a GP clinic at Wantage Community Hospital specifically. It was pointed out that there are several practices elsewhere in the area, though there were the complaints around the current availability of GP appointments and ease of communication with practices.

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.

> *"Most (if not all) of these outpatient clinics could be held upstairs at the Mably Way Health Centre"*

Two of the services considered drew a more polarised response. While many clearly value the provision of local children's services, others question provision through the Wantage Community Hospital. It seemed to some to be a specialism which would necessarily crowd out the more 'volume' outpatient and community services. This view was not shared by everyone, however, and – while the survey data suggests a relatively low priority for paediatric services – perhaps the older demographic profile of respondents explains this.

Similarly, while some stress the importance of mental health provision locally, others questioned why support for mental health should be offered at the hospital; they feel it is more of a specialised service and one that can be offered elsewhere – perhaps through specialist mental health facilities or primary care.

So we heard concerns to avoid spreading Wantage Community Hospital Community Hospital facilities too thinly and we heard the view that it is better to do a small number of things well.

Several questioned why online services were included in the list of potential services to consider as these can be located anywhere.

> *"You can do that out of an office block."*

Regarding digital services generally, participants have mixed views. Services such as eConsult and phone appointments were felt to be acceptable for relatively minor conditions, but if feeling really ill, filling out an eConsult can feel like too much.

Further, some elderly residents are either not online or find using digital services challenging without help: participants felt that those most in need of care often lack the digital skills necessary to negotiate the process.

There were criticisms of digital appointments in some instances. Some had themselves called on younger relatives to help them. If required, for instance, to post a photograph then a family member needs to be on hand, which is not always possible.

> *"There are areas on your body you can't photograph yourself". And "A lot relies of people's ability to negotiate the digital age, my husband is hopeless".*
>
> *"When you're my age it's not a good deal. When you're old you get very upset when things are not happening. You can't just phone up anymore and you get frustrated and bothered."*
>
> *"No amount of digital is going to substitute for face-to-face in any (minor injury) scenario."*
>
> *"If you're under stress it's very difficult to use the system even if you're a trained computer professional. I know from experience."*

Scenario 1 clinic-based services were the subject of most discussion during the focus group with people living with long-term and chronic health conditions, perhaps because these patients require frequent outpatient appointments and there were a mix of patients and carers in the group.

Their views were consistent with the wider groups and survey respondents, but the experiences we heard and the problems were more pressing, so views were strongly held.

Transport to appointments/services outside of Wantage is the main issue, and parking is often a problem – one person, caring for an elderly, visually impaired relative, said that it was difficult taking the person they care for to the John Radcliffe Hospital in Oxford:

> *"It isn't just that it's a long drive, but there are parking problems there too as there aren't enough Blue Badge spaces. So it's very traumatic."*

Travelling for appointments can also be difficult for people on the autistic spectrum, meaning that being able to be seen locally serves them better.

Many people are not eligible to use NHS transport services, and even when they are they sometimes have to wait hours for transport to take them home after appointments.

It was felt that some people simply do not attend appointments they find difficult to get to, for example those requiring eye treatments and people with mental health issues might find public transport daunting.

> *"So people just don't go"*

From an equalities perspective, given the local population demographics these patients probably face the greatest access challenges of any group.

6.3 SCENARIO 2 - COMMUNITY INPATIENT BEDS AND ALTERNATIVES

Across the range of inpatient beds, feelings were less strong and the consensus seemed to be that many of these services can be provided regionally rather than locally.

That said, thinking just about inpatient services, rehabilitation beds would be the clear priority over the other kinds of inpatient services discussed from the showcard - both locally and as something that could be provided through Wantage Community Hospital.

The rationale behind support for these services mirrors that behind support for local provision of outpatient clinics; 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.

We heard that having patients return closer to home to recover enables them to receive greater social support, which many believe helps to speed up their recovery, something from which all parties gain, including the NHS as it frees up a bed earlier.

Further, with care homes at full capacity, Wantage Community Hospital feels like a good place to provide these beds.

> *"My belief is that it's a very good step out from a major hospital to a community hospital."*

> *"Most of the care homes, to my knowledge are pretty well full up most of the time. There's no nursing home in Wantage that has any capacity at all."*

Some though, looking at the bigger picture, felt that if the price of providing rehabilitation beds is the loss of outpatient clinics, then the latter must be the priority - especially when looking at the relative demand for each service (based on the presentation handout made available during the focus groups).

Forcing a choice, participants tended to opt for retaining the outpatient clinics.

> *"I'd hate to have in-patient beds to the detriment of a lot of people losing out on all these outpatient clinics".*

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. These remain 'nice to have' options which are relegated down the order of priorities when residents are considering a range of alternatives and considering the trade-offs.

> *"I mean there's always give and take isn't there, and you've got to choose which beds you're going to provide."*

As an alternative to inpatient care, residents were asked to consider in-home care options: Hospital at Home, Urgent Community Response and Social Care Community Support for Reablement.

These 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.

> *"Recently I needed Hospital at Home services which were excellent and saved me and my carer 3 weeks of daily visits to the John Radcliffe and got me well again without the need to be a hospital inpatient."*

Perhaps not surprisingly given its name, Urgent Community Response is seen as a priority for local provision, though not necessarily as something that should be offered through Wantage Community Hospital as it is, by definition, provided through home visits.

Collectively, these services are popular. Those with caring responsibilities reported feeling unsupported and would value being able to call on services like these to provide support and temporary respite from their caring duties.

> *"I'm unable to go on holiday".*

That said, knowledge of what help is available is patchy. Some reported that social services can be very helpful in providing funding for support, including home adaptations to help the carer and the patient cope better with their recovery.

Conversations around help at home highlight the importance of seamless communication between various healthcare strands.

Access to patient information is felt to be vital to be able to offer optimal care.

> *"With all medical records computerised there should be no reason for a paramedic arriving at your house without having a total history of the patient. There needs to be a one stop shop."*

The idea of Hospital at Home care was felt to sound good in that intuitively patients would be likely to recover better at home tended to by family in their own familiar environment.

> *"(My) mother in law had really excellent post hip op and stroke in-home care from specialist home teams for 6 weeks after. Without this she could not have come home."*

Contact with the Hospital at Home service by participants was limited, however some with experience of it reported being unsatisfied with the quality of delivery, with one describing it as "*absolutely appalling*".

We heard that poor communication was an issue, with carers unaware of the patient's circumstances and visits rushed, leaving carers, family and friends to fill in the gaps.

Reinforcing one of the key themes driving residents' views, this suggests that if a service is to be delivered, it has to be delivered well or not at all.

Just as both the focus groups and the wider survey highlight concerns around insufficient support for those undergoing rehabilitation at home, so we also heard a consistent list of what services residents feel might improve the situation.

GP support is key here as are sufficient availability of nurses, being able to access help and advice by phone and better interdisciplinary communications, so that any visiting healthcare professional will have a good knowledge of the patient's background.

6.4 SCENARIO 3 - URGENT CARE

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. Is it: 111; 999; visiting A&E (assuming there is one within reach and people have access to transport); MIU; calling their GP?

This is 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.

Clearly, the severity of the injury or condition can help drive people to a specific option, but we heard that this 'self-triage' can still be a challenge.

> *"Trying to negotiate which service you need and even getting a reply when you phone and when you're panicking".*

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.

Residents feel, though, that there is a range of relatively minor injuries which need medical attention, but which fall short of the threshold for A&E attendance.

Self-triaging these can be difficult. Some respondents gave example of experiences of this type of injury with relatives as evidence for the value of a local MIU. As well as the long journey to A&E – even by car – patients must often face many hours' wait to be seen.

However, though some cited Abingdon as an alternative, getting there can also pose a challenge.

> *"We want it brought back locally"*

> *"My husband drove to Abingdon with a very badly cut hand and didn't know if he'd get there."*

> *"Abingdon A&E is excellent, but it is difficult to get there so it would be good to have it available locally."*

> *"That 'urgent' bit, to have that more local is a huge reassuring factor, because you don't plan for it, do you?"*

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 are 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.

While there is a MIU in Abingdon, this is ten miles away and for many, felt to be too far to travel Further. These views were justified by reference to the rising population in the area of both older

people and children – exactly the age groups expected to need such a service most and, for older people especially, the patients who might find mobility most challenging.

> *"They used to have the option of the nurse calling a GP if required. We've used that. Years back really. And it was very successful. We used it a number of times with our children . . . and it was very efficient and effective. I think it operated from about six in the morning until ten in the evening. That's quite good, isn't it? I thought it was excellent."*

> *"So as the population increases, you presume employment's going to increase. You could have quite a few people going into a minor injuries unit due to injuries at work, which wouldn't be picked up in this sort of survey."*

> *"if you could fit an X-ray service in as well, I mean that seems like a logical extension of a minor injury unit".*

Other services within Scenario 3 were seen neither as priorities for local provision or for siting at Wantage Community Hospital. A full A&E service is available at the John Radcliffe if the case is serious, and the First Aid service sounds too much like a 'nice to have' – so the MIU is a more popular priority. Further, any MIU ought to be able to dispense First Aid, so the distinction seemed a little academic to many.

Jargon is an issue here. Throughout discussions and the comments on unplanned care, we note a lack of public understanding and "incorrect" use of clinical terms which have a specific meaning within healthcare management, but sound interchangeable to the non-specialist.

Local Specialist Services sound like they could be offered within a MIU and while we heard many complaints about the difficulty of seeing a GP, Urgent GP Appointments sound like replication of a service which should be available anyway.

6.5 PRIORITIES

6.5.1 PRIORITY-SETTING

Participants at the workshops were asked to indicate two sets of preferences:

- Which services they would like to see locally. They were given eight 'tokens'
- Which services they felt should be offered from the Wantage Community Hospital. Here they offered only three options (so the numbers against the hospital will always be lower than against local provision).

Clearly numbers are very small and no statistical robustness is claimed for these figures. However, they do give offer an idea of the direction of residents' priorities.

The first exercise gives a sense of local priorities across community healthcare options more broadly, while the second is probably most usefully seen as indicating expression of preferences – especially of preferences between the alternative services presented within each Scenario.

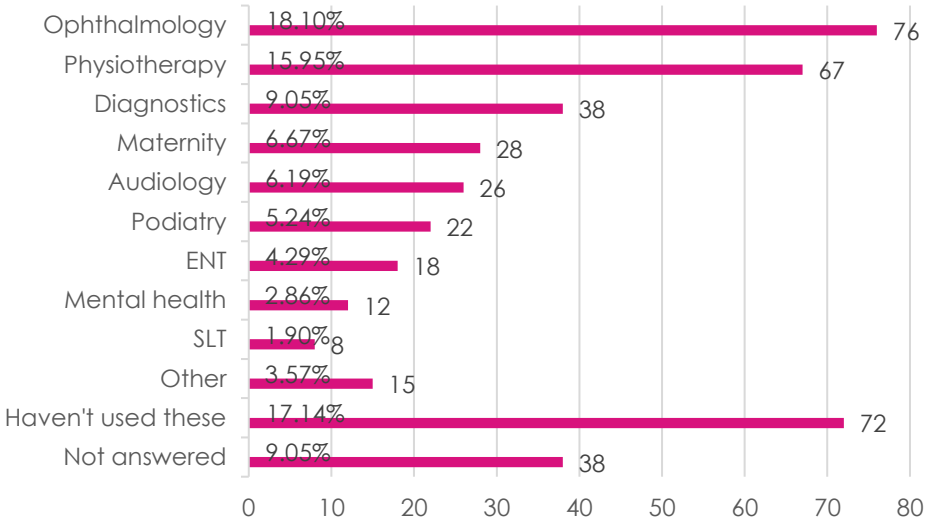
The summary of this exercise is shown in the table at Appendix 1, which indicates the levels of response for each of the 20 services described across all three scenarios.

6.5.2 SURVEY CODED QUESTIONS

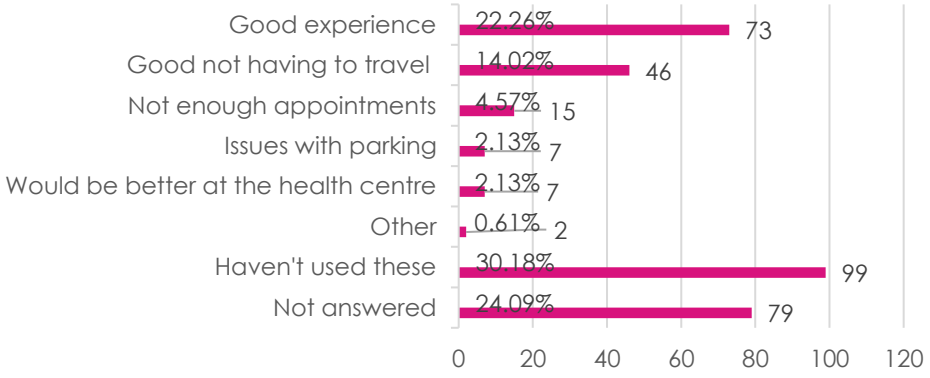
As described earlier (see 5. Approach to analysis and reporting) each free text comment received through the questionnaire was given a code to enable us to visualise the relative frequency with which each theme or comment was made.

These are shown in the following tables – there is one table for each questionnaire question.

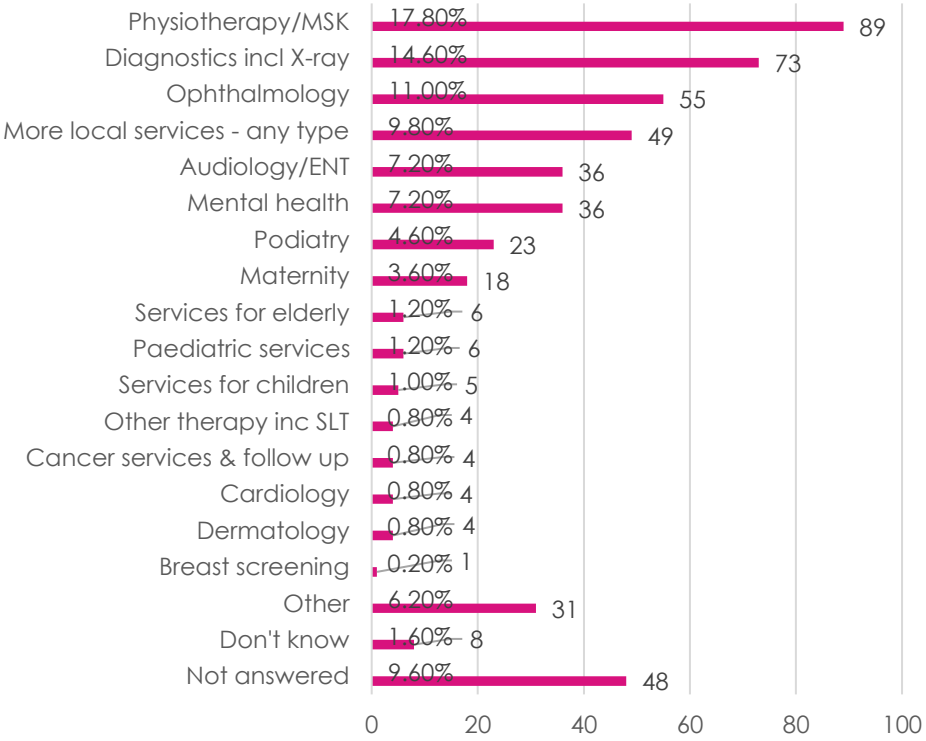
Q1. What type of planned care services have you or your family used or know about locally?



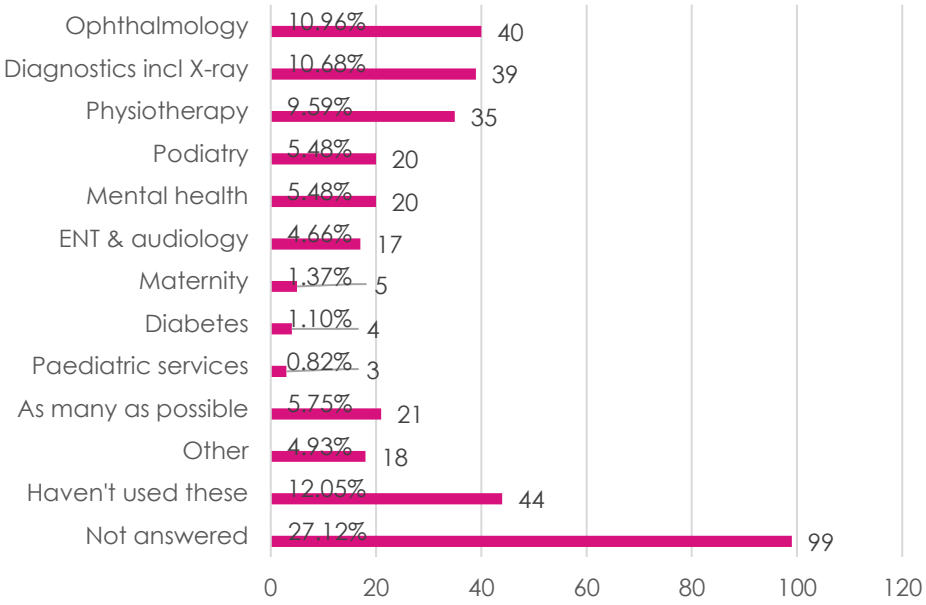
Q2. If you have accessed any of the outpatient clinics made available at Wantage Community Hospital (some of which have been running as pilots for the past 18 months), what has been your experience using them?



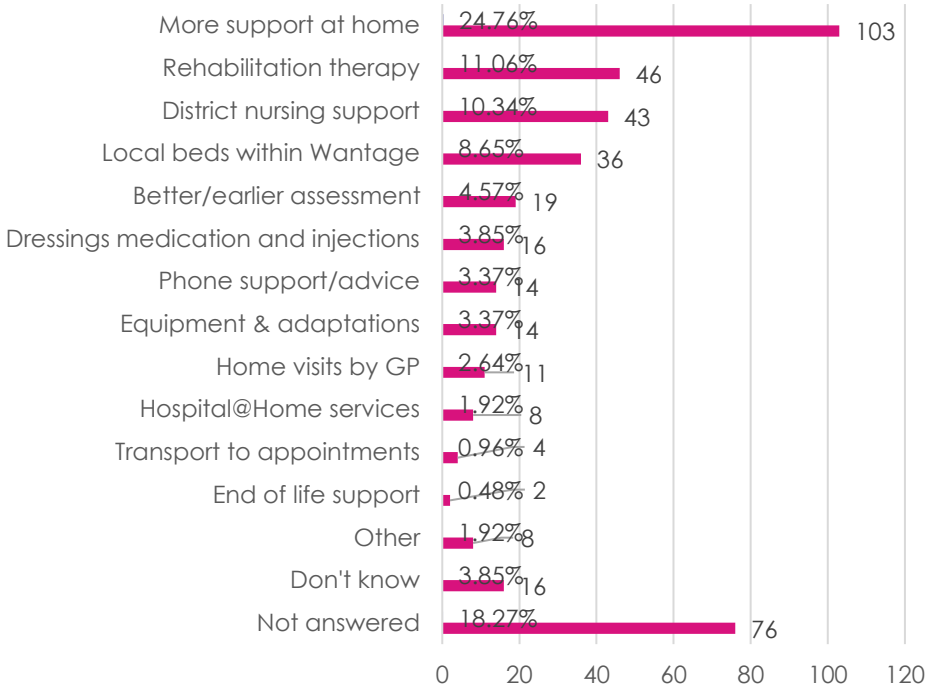
Q3. What types of planned care services would you value locally? These could be existing services (so a continuation) or services not currently available



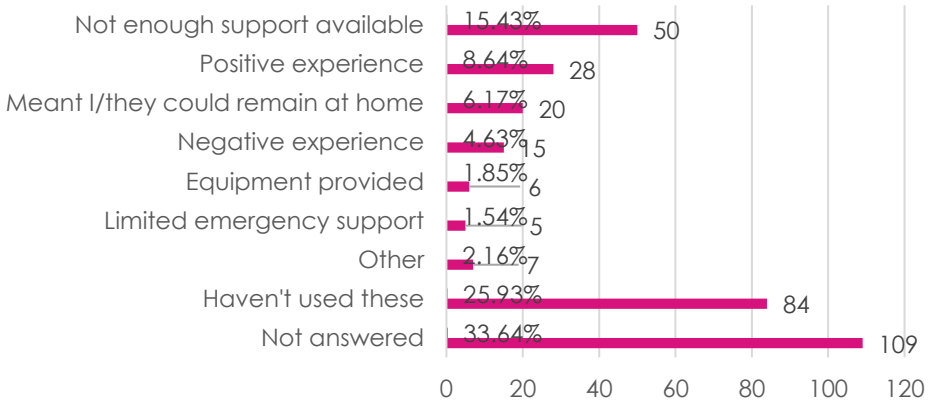
Q4. Thinking about the planned care services you or your family use most frequently (i.e., weekly or six-weekly), which services should be made available locally?



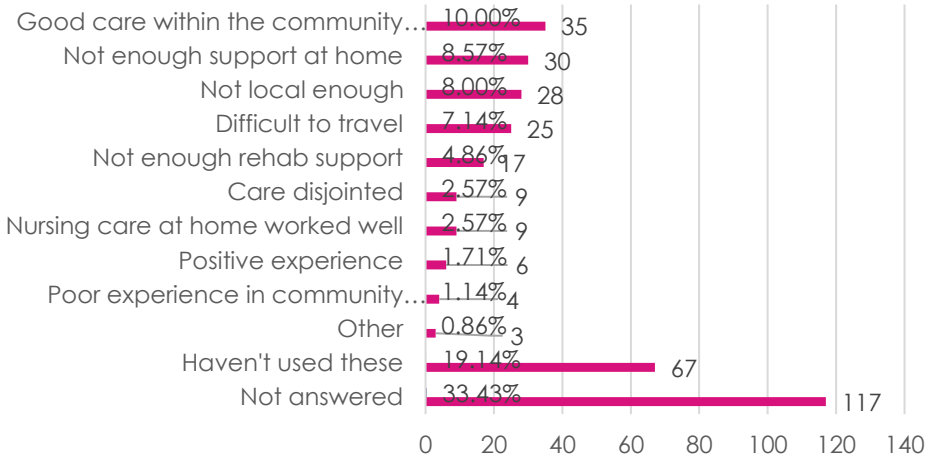
Q5. Most people return home directly from hospital. What type of help would get you or your family back to living independently and supported as quickly as possible?



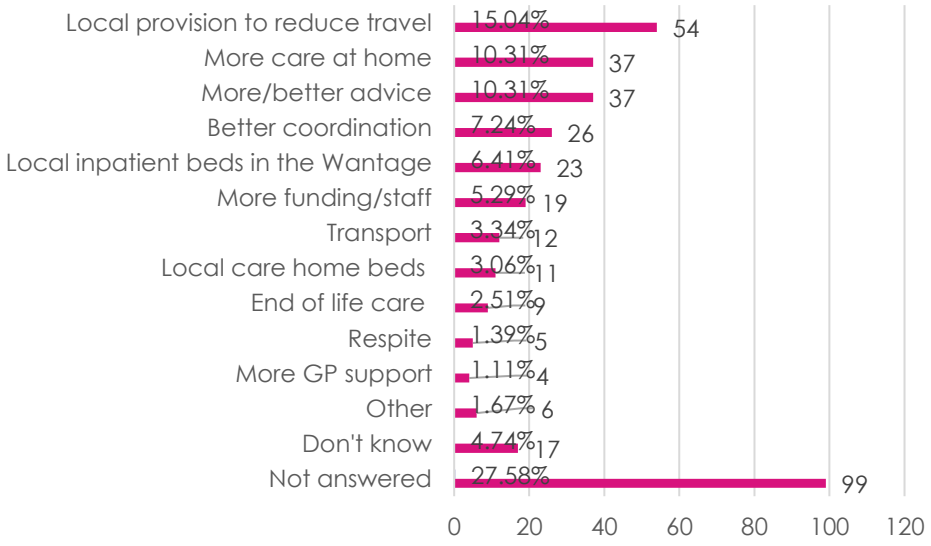
Q6. Can you describe your experience with services which support you and your family to remain at home during illness?



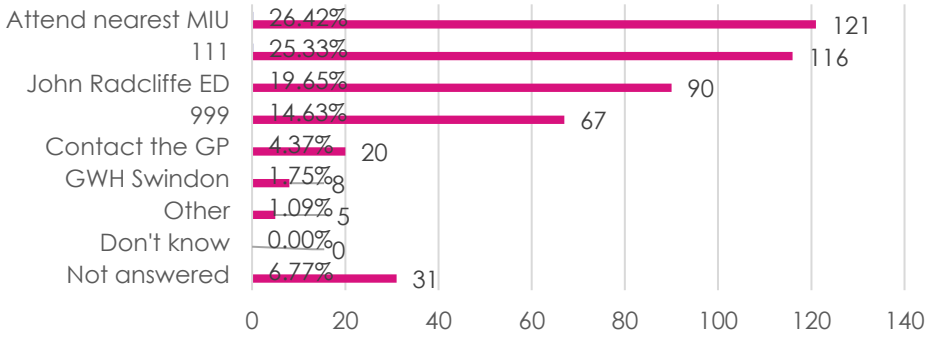
Q7. If you, or somebody you know, has accessed these services, can you describe your experience of care or rehabilitation in the following: other community hospitals; short term nursing and care home stays; palliative and end of life care outside of someo



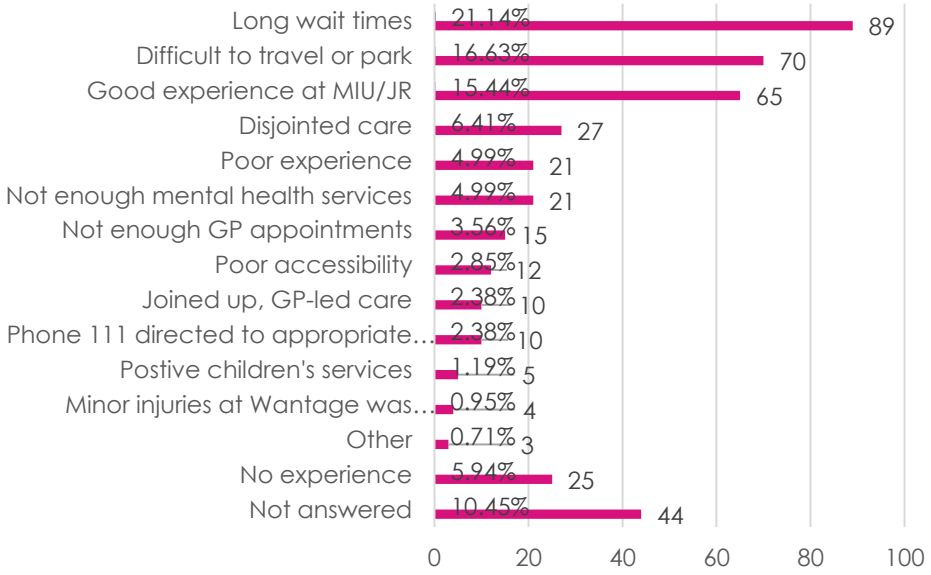
Q8. What would help to support you and your family in circumstances when you would need to access these types of services?



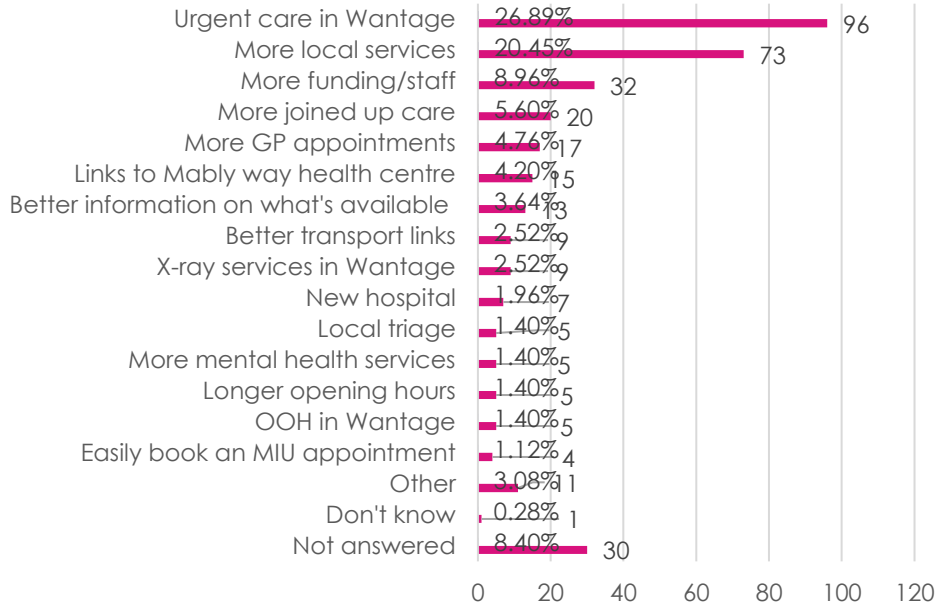
Q9. If you needed to access urgent care, what would you do?



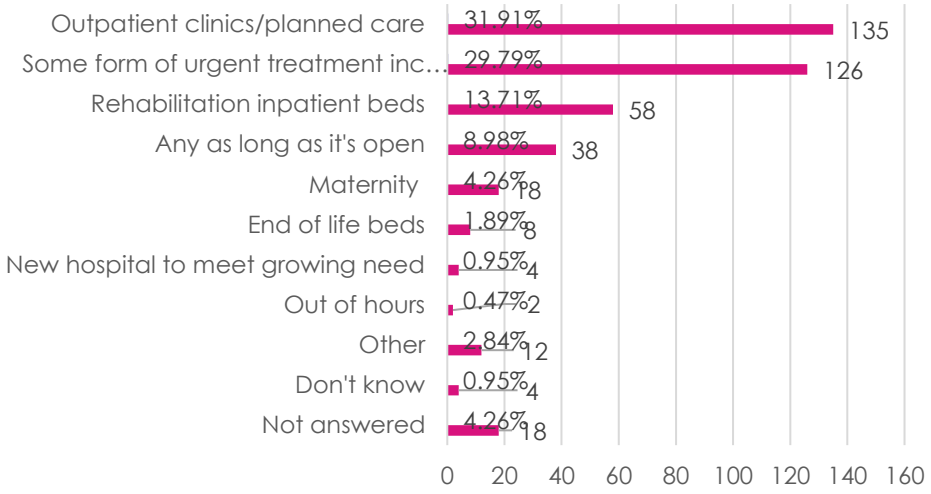
Q10. What has been your experience with accessing urgent care services for physical health and / or mental health issues?



Q11. How can we make it easier to access urgent care services for you and your family?



Q12. Thinking about the three scenarios we have discussed, what do you see as the future role for Wantage Community Hospital and hospital-like services locally?



6.6 SCENARIO SUMMARIES

Within Scenario 1 (Clinic Based Services and Planned Care Appointments), the retention and expansion of outpatient services currently being piloted at the Wantage Community Hospital are strongly supported. Those who are aware that these services are currently being provided are loath to see them disappear, especially if they or someone they know has used them.

If not provided at Wantage Community Hospital, then the clear feeling is that these services should be retained locally. Thus, there will be a cohort of the local population who will feel that they have lost something if this is not part of what is offered either at best at the hospital or at worst elsewhere locally.

Within Scenario 2 (Community In-patient Beds and Alternatives), calls for some form of rehabilitation bed provision were strongest. Here too, if this is not provided at the hospital it is acceptable that it is at least provided locally. Although not a statistically valid exercise, the data suggests that overall inpatient beds are seen as less of a priority than other services.

Servies within Scenario 2 delivered at home seem to be less of a priority, although they are clearly popular and seen as eliminating the inconvenience of travelling to visit patients at regional hospitals and supporting carers. Views from those with experience of these services were mixed – some had a positive experience, while others were less positive, citing the level of support available and examples of poor communication, and rushed provision.

Within Scenario 3 (Urgent care), the strongest call was for a minor injuries unit (MIU) which people feel would be a valuable addition to the healthcare services provided locally, and for which Wantage Community Hospital would be an ideal location. This is the only service within Scenario 3 that gets much traction, with others felt to be well covered already elsewhere.

It was felt important by some that, if provided, this must provide a comprehensive urgent care offer e.g. X-ray with capacity for reasonable opening hours.

7. CONCLUSIONS

7.1 FACTORS DRIVING PREFERENCES

Factors driving preferences are:

- Travel and convenience. The major benefit of outpatient services provided locally is accessibility and convenience, and this is the same for local provision of a MIU for Wantage residents. Having to travel to and find parking at the John Radcliffe in Oxford or to the MIU at Abingdon is seen as a major inconvenience, especially when these journeys need to be made frequently or when already in some distress. This is compounded for those without cars.

- Filling a genuine gap. Residents took a generally pragmatic approach in prioritising the services they wanted to see. While it would be nice to have everything locally, people do realise that this is not possible and only want to see services made local that fill a genuine need or at least optimise added value (as with eliminating travel time above).

- Familiarity and stability. Those who are aware of and have used some of the existing piloted outpatient clinics at the hospital are reluctant to see them removed. In the focus groups every individual cited these outpatient services as something they felt it was important to be offered locally with many also feeling that the Wantage Community Hospital was the best site from which to provide these services.

- Services that people need regularly. The feeling was that clinic service provision should prioritise the kinds of tests and clinics that require people to go on a regular basis, rather than focus on services that someone might need on, say, an annual basis. This makes sense on an individual level - however not everyone will need the same services at the same frequency.

- Whatever is provided, it must be done well. Not unreasonably, residents seek reassurance that any services that are provided will be adequately resourced and fully functional. Thus, they qualify preferences with questions such as whether a Minor Injuries Unit (MIU) would be equipped with an X-ray machine and whether it will be open outside 'office hours', or whether the capacity for nursing support will be available at any inpatient facility.

7.2 QUESTIONS TO THINK ABOUT

The engagement brought comments about services which might be provided locally and, within this, from Wantage Community Hospital. The response suggests areas for consideration, both about needs and services, but also the future steps for involvement and co-design as the SRG and the NHS progress to the next stage.

7.2.1 HOW TO FOCUS DIALOGUE ABOUT NEEDS AND SERVICES FROM THE 'PLACE' PERSPECTIVE

Wantage Community Hospital – and its history – represents more than a 'bricks and mortar' health facility. The pride, sense of ownership, and local identity are palpable, and could play a hugely valuable role in making community healthcare services in Wantage and Grove successful - and a real asset for this growing community in future.

This suggests thinking about:

- Taking people on the journey: How to describe and involve people in the process? Where are people now, and what do they need to hear?

- Being clear and transparent: How to show the bigger picture of which community healthcare is a part? How to be clear on benefits and honest about constraints?

7.2.2 HOW TO MANAGE EXPECTATIONS AROUND CHOICES AND TRADE-OFFS

Whatever decisions are reached, it will be important for both the SRG and the NHS to avoid giving the impression there are "winners and losers".

This suggests thinking about:

- Making and communicating decisions: Which communication channels to reach people with consistency? How can all parties be represented? Who should be spokespeople?
- What to say and when: How to avoid news coming as a surprise? Who, how and at what stage to make announcements?

7.2.3 WHAT MIGHT FUTURE CO-DESIGN LOOK LIKE?

The involvement and commitment across agencies and institutions within (and beyond) the public sector stands out. Under the auspices of the SRG, a robust, inclusive process has been developed - arguably ahead of the curve in the design and commissioning of healthcare in partnership with communities.

This suggests thinking about:

- The engagement heard much more from some groups of patients than others: How to engage (particularly) younger people and families from the growing parts of the geography?
- Co-design means patients and residents playing a meaningful role in the design of complex clinical services: What are the right structures and processes to empower non-experts? How to draw insight from the expertise by experience that patients bring? How to strike the right balance between recognising community need while involving people in making (sometimes tough) choices?

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APPENDIX 1 – PRIORITY SETTING EXERCISE

Service	Priority local	Priority WCH
Scenario 1		
Hospital Outpatient Appointments: several are currently being piloted at the Wantage Community Hospital, e.g. Audiology; Ear nose and throat; trauma / orthopaedics and ophthalmology	17	7
Support for mental health - a range of services are being piloted at Wantage Community Hospital Community Hospital, including talking therapies and neuro-developmental services	10	5
GP clinics – being piloted at Wantage Community Hospital	1	0
Diagnostics (screening, tests and results) – e.g. haematology (blood tests). Diabetes screening is being piloted at Wantage Community Hospital	8	1
Local community healthcare clinics and therapies – already provide at Wantage Community Hospital Community Hospital are Podiatry (foot health), Speech and Language therapies, Physiotherapy / MSK (bones and joints problems)	11	5
Children's health services – a range of services for children and young people (some already provided at Wantage Community Hospital)	10	4
Online or virtual clinics - to enable you to communicate with a clinician remotely (e.g. video appointment)	3	0
Scenario 2		
Rehabilitation beds in a community hospital – short-stay for people recovering from treatment with medical needs or continued treatment before they are able to go home	8	6
Rehabilitation in a short-stay hub beds in the community – similar to a care home with support and some therapies. People from Wantage most commonly go to Abingdon Care Home for this service	7	2
Palliative Care (end-of life care) inpatient beds	2	1
Specialist stroke rehabilitation beds – e.g. linked to Abingdon Stroke Unit	3	0
Hospital at Home service – provide healthcare in your own home and facilitate earlier discharges from hospital	6	1
Urgent Community Response – Service to help adults, mostly older people, having a health crisis or difficulties being at home because their main unpaid carer is not able to cope with caring for them	11	3
Social care and community support for reablement (which may be provide by the Council or local charities and community organisations) e.g. Age UK	7	3
Scenario 3		
Hospital Emergency Department (A&E) and emergency Ambulance Service	3	2
GP-led Urgent Treatment Centre	2	3
Nurse-led Minor Injuries Unit (may also have other health professionals, e.g. Radiographer if X-Rays are available)	9	6
Nurse-led 'First Aid' urgent care service	4	1
Local specialist services – for older people to avoid having to go to A&E or be admitted to hospital (often located in a MIU)	9	1
Urgent GP appointments	1	1

APPENDIX 2 – STAKEHOLDER REFERENCE GROUP

As set out in JHOSC update report, the stakeholder reference group for this project has the following members:

- Wantage Town Council
- Vale of White Horse District Council
- Grove Parish 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 (ICS)
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Wantage PCN
- Vale Community Impact
- Community First Oxfordshire
- Healthwatch Oxfordshire.

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APPENDIX 3 - LEAFLET

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

NHS Oxford Health NHS Foundation Trust

With input from wider partners and stakeholders

We want your views!

We are looking for residents of the Wantage and Grove areas, users of local NHS services and representatives of local voluntary groups to help shape potential future services at Wantage Community Hospital.

You can either take part in one of the sessions listed below, or fill in our online survey. Visit https://bit.ly/3tcr866 for more information or scan the QR code below.

Wednesday 11th October 12:30-14:00 - Public engagement session
The Beacon, Portway, Wantage, Oxfordshire

Wednesday 11th October 15:00-16:30 - Focus group
People living with long term/chronic health conditions. The Beacon, Portway, Wantage, Oxfordshire

Tuesday 17th October 12.30pm - 2.30pm - Public engagement session
The Beacon, Portway, Wantage, Oxfordshire

Wednesday 18th October 2pm - 3pm - Public engagement session
Via Zoom for those unable to attend a face to face session

Thursday 19th October 7pm - 8pm - Focus group online- via Zoom
Families with children and young people OR adults 18- 40 years living in or around Wantage and Grove.

Saturday 28th October - 10am - 4pm - Drop in information session
The Beacon, Portway, Wantage, Oxfordshire

If you have any questions please contact:
communityservicesfeedback@oxfordhealth.nhs.uk

APPENDIX 4 - DISCUSSION GUIDE

Explanation

Interviewer to introduce themselves
 	
As you have heard, we are keen to hear your views on **THREE SCENARIOS** for local services. (NB. Not necessarily mutually exclusive!)
 	
These are:
1. Clinic based services (tests, treatment and therapy) for planned care appointments
2. Community inpatient beds and the alternatives when care in your own home isn't appropriate
3. Urgent care (minor injury, illness and mental health issues) access needs on the same day.
 	
We particularly want to hear from you:
• What local services you currently (or have recently) used
  o Your experience of accessing them
  o How things fit together
• Your thoughts on the range of services which might make up each SCENARIO
• Your ideas on how the Community Hospital can support health and wellbeing for the people of Wantage and the Grove.
 	
• Recognise you might have more general questions or suggestions: We will also ask you <u>as a group</u> to prioritise 3x points, ideas or questions for the final session.

• This session will take about an hour. • We would like to record the session, with your permission. • The recording will only be used to make notes for analysis and will be destroyed at the end of the project.
We would be grateful if you would be as open and honest as you can be in what you tell us. What you tell us will not be shared directly with clinical teams and everything you say will be kept anonymous when we write our report. We do not use people's names in our reports, and we do not give any information which means they can be identified.
Do you have any questions? May I record our conversation?

1. **Scenario – Clinic based services (tests, treatment and therapy) for planned care appointments**

   Prompts:
   - SHOWCARD LIST (APPENDIX)

a. Which had you heard of before today?: Show of hands

b. Which planned care services (outpatients, tests, treatment, follow ups, therapy type services) have you or your family used or know about locally?

c. Have you accessed any of the outpatient clinics at Wantage Community Hospital - some have been running as pilots for the last 18 months and others more long term?

   - What did you think about these? (Like or dislike?)
   - Were they easy to access?

d. If not provided at Wantage Community Hospital, where else could this type of service be accessed?

   - John Radcliffe or Churchill Hospital in Oxford?
   - Great Western in Swindon?
   - Oxford City Clinic bases (e.g. East Oxford Health Centre or The Slade)
   - Abingdon Community Hospital (some mental health and children's therapy services)

e. What types of planned care services would you value locally? These could be existing (so a continuation) or not currently available.

   Prompts:
   - One-off/short-term vs. Long-term/ongoing condition
   - Frequency
   - Physically accessible buildings?
   - Planned vs Urgent
   - Conditions for which travel might be problematic
   - Kinds of patients
     - Deprivation
     - LTC
     - Life-stage (families / working age / older etc.)
   - Connectivity / integration / co-dependencies

2. Scenario – Community inpatient beds and the alternatives

Prompts:

- SHOWCARD LIST (APPENDIX)

a. Which had you heard of before today?: Show of hands

b. Most people return home direct from hospital. What would help get you back to living independently as quickly as possible?

Prompts:

- Local authority social care (domiciliary / home care)
- Additional support (e.g. live-in or overnight check-in service for people with delirium)
- Specialist support for carers (e.g. dementia) – may be from the voluntary sector
- (Re)assurance (e.g. alarms)
- Reablement / support (e.g. therapies)
- Knowing your carer has someone they can call
- A local multi-disciplinary team able to help you access all services

c. What has been your experience of people accessing medical ("hospital-like") support at home so you don't need to stay in hospital?

Prompts:

- Discharge to Assess
- Local Hospital at Home service
- Urgent community response

What has been your experience of:

d. Care as an inpatient in other community hospitals?

e. Short term nursing home stays?

f. Care for when you know someone has needed to access palliative and end of life care outside of their own home?

g. What types of inpatient care do you think it is important to provide locally? (Do some of these need to be more local than others?)

Prompts:

- Rehabilitation e.g. for people who have had an operation or a stroke
- End-of-life care
- Short-term care e.g. during winter pressures
- Short-term nursing home stays e.g. during times of crisis or for respite
- Specialist inpatient care (e.g. for stroke)

3. **Scenario - Urgent care (minor injury, illness and mental health issues) access needs on the same day**

Prompts:

- SHOWCARD LIST (APPENDIX)

a. Which had you heard of before today?: Show of hands

b. Which 'same day' services have you used or know about?

Prompts:

- GP; out-of-hours GP; Minor Injuries Unit; NHS111; John Radcliffe hospital A&E
  - How did /(do) you / family travel to these?
- Have you used Apps, video appointment, or other "digital" services
  - (**NB. be sure to prompt with this one!!!!**)
- Urgent Community Response (rapidly-growing new service – same-day home visiting service, e.g. nurse, therapist)
- Do you feel any additional services would be helpful?

c. What has been your experience with accessing these types of services for both physical health and/or mental health needs?

d. What would make access to these types of services work well for you and your family?

Prompts:

- Effective triage to the right service
- An easy first point of access
- Streamlined referral between services
- Travel / transport
- Accessibility / easy access / experience
- Which services? Frequency

e. Which services is it most important to have locally?

Prompts:

- What do we mean by local?
- Frequency of need / conditions needing regular appointments?
  - NB. weekly follow-ups / less commonly
- Mental health services
  - NB CAMHS – large local school (NB2 – minimal CAMHS currently in Wantage Community Hospital)
- Urgent care?
- What specialties would it be better to have more locally?
  - Wantage Community Hospital – current list: Eyes; Hearing; Mental Health; Diabetes screening; Foot care; Speech and language therapy; Physiotherapy; Maternity appointments; School nursing
  - What kinds of appointments are the most common? e.g. Diagnostics/scans etc.; follow-up/regular check-ups; Test results; clinics (e.g. vaccinations)

4. **Thinking about the different scenarios we've discussed, what do you see as the future role for Wantage Community Hospital and hospital-like services locally?**

   Prompts:
   - What makes a high-quality service?
   - How could it be joined-up better with other health services you use? (e.g. outpatient clinics? navigation?)
   - Choice – currently available / in the future
   - What mix of services should be offered on site?
   - Adults and children's services in the same place?
   - How does it work with your GP – pathway / referral / records?
   - Is there anything which would make things easier for you?
   - Buildings and environment

Prioritisation exercises

a. Based on what you have heard – which of these would you like most to be most local?

   Prompts:
   - STICKERS / FLIPCHARTS

b. If you had to choose TOP 3 PRIORITIES for services at Wantage Community Hospital, what would they be?

   Prompts:
   - STICKERS / FLIPCHARTS

5. **Feedback questions or comments**

   Prompts:
   - What do we mean by "local"?
   - What services are under consideration
   - What is the process?

SHOWCARD LIST OF SERVICES

Scenario 1.

Clinic based services (tests, treatment and therapy) for planned care appointments

- **Hospital outpatient appointments** – several are currently being piloted at Wantage Community Hospital to avoid patients needing to visit to hospital departments e.g. audiology/ear, nose and throat; trauma/orthopaedics (bones and joints) and ophthalmology (eye health - currently the most popular pilot at WCH).

- **Support for mental health** – a range of services are being piloted at Wantage Community Hospital, including talking therapies and neuro-developmental services.

- **GP clinics** – being piloted at Wantage Community Hospital

- **Diagnostics (screening, tests and results)** – e.g. haematology (blood tests). Diabetes screening is being piloted at Wantage Community Hospital

- **Local community healthcare clinics and therapies** – already provide at Wantage Community Hospital are Podiatry (foot health), Speech and Language therapies, Physiotherpy / MSK (bones and joints problems)

- **Children's health services** – a range of services for children and young people (some already provided at Wantage Community Hospital)

- **Online or virtual clinics** - to enable you to communicate with a clinician remotely (e.g. video appointment)

Scenario 2.

Community inpatient beds and the alternatives

Inpatient services

- **Rehabilitation beds in a community hospital** – short-stay for people recovering from treatment with medical needs or continued treatment before they are able to go home

- **Rehabilitation in a short-stay hub beds in the community** – similar to a care home with support and some therapies. People from Wantage most commonly go to Abingdon Care Home for this service

- **Palliative Care** (end-of life care) inpatient beds

- **Specialist stroke rehabilitation beds** – e.g. linked to the Stroke Unit in Abingdon

Increasingly, people go home from hospital quickly following treatment because the evidence is that it brings better health outcomes. Hospital-like care services are provided at home:

- **Hospital at Home service** – provide healthcare in your own home and facilitate earlier discharges from hospital

- **Urgent Community Response** – Service to help adults, mostly older people, who are having a health crisis or having difficulties being at home because their main unpaid carer is not able to cope with caring for them

- **Social care and community support for reablement** (which may be provide by the Council or local charities and community organisations) e.g. Age UK

Scenario 3.

Urgent care (minor injury, illness and mental health) access needs on the same day

- **Hospital Emergency Department (A&E)** and emergency Ambulance Service
- GP-led **Urgent Treatment Centre**
- Nurse-led **Minor Injuries Unit** (may also have other health professionals, e.g. Radiographer if X-Rays are available)
- Nurse-led **'First Aid' urgent care** service
- **Local specialist services** – for older people to avoid having to go to A&E or be admitted to hospital (often located in a MIU)
- **Urgent GP appointments**

APPENDIX 5 – QUESTIONNAIRE

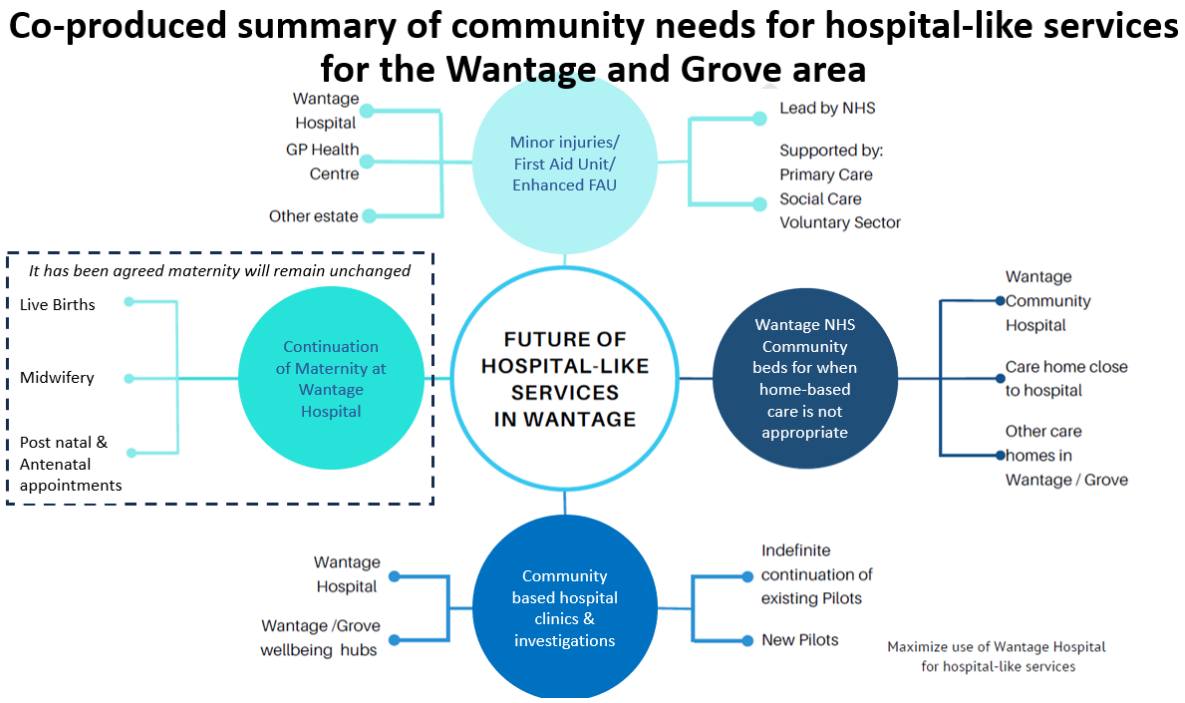
BACKGROUND INFORMATION

Wantage community hospital inpatient beds have now been temporarily closed for 8 years. The hospital is currently used to provide a range of outpatient services (tests, treatment, therapy, follow ups) for the local community, some have been running for some time and others as a pilot for the last 18 months after the space previously used as an inpatient ward was re-opened. We have been starting to co-design what future type of services could be provided from the hospital and now want to seek broader views upon to help shape final proposals.

Oxford Health and its NHS partners, have no plans to close Wantage Community Hospital. We are committed to keeping it open, but we need your input to help inform the types of services to be provided from the building that are sustainable and best meet the needs of the local community. Our objective is to provide sustainable hospital-like services from Wantage Community Hospital for the longer term to meet the needs of the local population now and in the future that maximises use of the available space.

We are not proposing any changes to the maternity services and support their continuation – located upstairs in Wantage Community Hospital. We have focused on three areas to explore further:

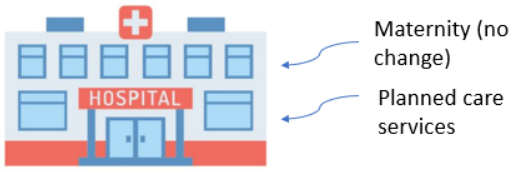
- Clinic based services (tests, treatment and therapy) for planned care appointments
- Community inpatient beds and the alternatives when care in your own home isn't possible
- Urgent care (minor injury, illness and mental health) access needs on the same day



SCENARIO 1: CLINIC BASED SERVICES (TESTS, TREATMENT AND THERAPY) FOR PLANNED CARE APPOINTMENTS

- Currently the most needed clinic service is **Ophthalmology** (specialist eye appointments)
- **1,445 patient**s came to an outpatient clinic as part of the pilot mostly from the OX12 postcode area
- On average **120 people per month** come to Wantage Community Hospital to access the range of clinic-services currently provided

Planned care services would take up the whole of the ground floor with scope for some more services to come in to maximise the available space



What this would mean:

- More planned care services could be provided within Wantage
- Hospital beds and urgent care services would need to continue to be accessed at other hospital and local care home sites

If Wantage Community Hospital didn't provide these planned care services, where else could this type of service be accessed?


John Radcliffe or Churchill hospital in Oxford


Great Western in Swindon


Oxford City clinic bases e.g. East Oxford Health Centre or The Slade


Abingdon Community Hospital for some mental health and children's therapy services

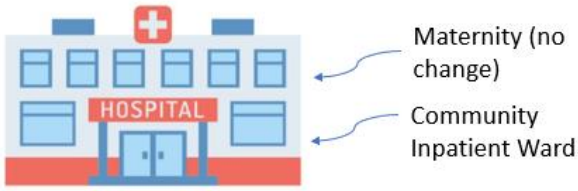
QUESTIONS

- Which planned care services (outpatients, tests, treatment, follow ups, therapy type services) have you or your family used or know about locally?
- What has been your experience of accessing any of the outpatient clinics made available at Wantage Community Hospital, some have been running as pilots for the last 18 months and others more long term?
- What types of planned care services would you value locally? These could be existing (so a continuation) or not currently available.
- Thinking about how frequently you or your family need to access these types of planned care services (e.g. weekly or 6 weekly for follow ups), what types of services should be available locally to those further away?

SCENARIO 2: COMMUNITY INPATIENT BEDS AND THE ALTERNATIVES WHEN CARE IN YOUR OWN HOME ISN'T APPROPRIATE

- Each month around **5 people from the Wantage and Grove area are admitted** to a community inpatient bed currently mostly in Abingdon or Dicot
- Each month, around 2 people from the Wantage and Grove area require less intensive rehabilitation and are **admitted to care homes (mainly to The Close in Burcot, 15 miles from Wantage)**
- Home-based care is also provided by a range of teams to help people get home after a hospital stay

The inpatient ward is likely to need the whole of the ground floor (around 20 beds).



What this would mean:

- If Community hospital beds would be 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 community sites
- Community inpatient provision across the rest of the county would require a review to accommodate this new ward.

QUESTIONS

If Wantage Community Hospital didn't have any beds how would this type of healthcare be provided to the local population?

Living independently at home / in the community

- Most people **return home** direct from hospital. What would help get you or your family back to living independently and supported as quickly as possible?
- What has been your experience of accessing services to support you and your family to remain **at home** during illness?

Other care pathways out of acute hospital (if no inpatient beds at Wantage Community Hospital)

- What has been your experience of care in other community hospitals, short term nursing home and care home-based packages of care or for when you know someone has needed to access palliative and end of life care outside of their own home?
- What would help you and your family in circumstances when you would need to access these types of services?

SCENARIO 3: URGENT CARE (MINOR INJURY, ILLNESS AND MENTAL HEALTH) ACCESS NEEDS ON THE SAME DAY

- 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 this is forecast to increase by 2030 to around 4.8 visits a day to an MIU (1745 visits per year).
- Patients who need emergency treatment from Wantage & Grove largely go to the John Radcliffe Emergency department.

What this would mean:

- More urgent care could be supported in Wantage
- The range of planned care services (tests, treatment and therapy) currently provided would need to be reduced by around a half
- Hospital beds would need to continue to be accessed at other hospital and community sites

If Wantage Community Hospital didn't have an urgent care type service where else would this type of service be accessed?

Potential to explore an integrated model with local NHS and care partners at the Health Centre

Abingdon MIU

24/7 Mental Health line (via 111)

Mental health, social care and community health services and crisis support

QUESTIONS

- If you were to need to access urgent care, what would be the process you would follow?
- What has been your experience with accessing these types of services for both physical health and/or mental health needs?
- What would make access to these types of services work well for you and your family?

OVERARCHING QUESTION

- Thinking about the different scenarios we've discussed, what do you see as the future role for Wantage Community Hospital and hospital-like services locally?

ABOUT YOU – DEMOGRAPHICS

Please let us know what area you come from by entering the first 4 digits of your postcode

Age Group

- 16-25
- 26-40
- 41-60
- 60+
- Prefer not to say

Do you consider yourself to have a disability

- Yes
- No

What best describes your gender

- Female
- Male
- Non-binary
- A gender not listed here
- Unsure how to describe myself
- Prefer not to say

Is your gender the same as the sex you were given at birth

- Yes
- No
- Prefer not to say

Ethnicity

- See list