

## Appendices

### Appendix 1: Oxfordshire Integrated Improvement programme structure (discussed at JHOSC in 2022)

Strategic Aim	Programme	Programme Objective	Project	Project Objective
The Right Care at the Right Time	A. Prevention	A targeted population health programme to enable people and families to stay healthy and live as well as possible in their own homes. We will achieve this by strengthening preventative services and activities to ensure we are providing earlier support to people, carers and families closer to where they live, through stronger community networks	A1. Extending the LiveWell online resources	To develop, promote and maintain a centralised, easily accessible online resource to support self-help and signposting to relevant community services across Oxfordshire.
			A2. Activating our communities to improve health (including the Oxfordshire Way)	To promote wellbeing and independence for the people of Oxfordshire by improving co-production, establishing local communities of practice and healthy, active communities. Will enable identification, assessment and delivery of support and other interventions for higher risk people and families
			A3. Integrated population health and vaccination service	To integrate multiple existing community child/adult vaccination and health promotion services into a single, integrated vaccination and population health service that will deliver at-scale programmes for population immunisation, reduction of health inequalities and improving the health of cohorts with outlying clinical outcomes
	B. Planned Community Care & Support	A programme to support patients, carers and families to live more independently at home for longer. We will do this by delivering planned care and support to individuals in a more integrated and personalised way, mobilising the full range of formal and community networks to prevent health crises and reduce demand on formal healthcare services	B1. Extending Enhanced Healthcare in Care Homes	To build on existing care home support to deliver a comprehensive care and support package for care home residents, including 24/7 urgent and emergency care, intensive community care, preventive, planned and End of Life care.
			B2. Delivering sustainable 7-day planned community care	To design and implement the new process and costed plans for commissioning and delivery of sustainable planned community care, including the wraparound enablers for effective 7-day working and resilient staffing
			B3. Expanding community outpatients	To develop and pilot and expanded range of outpatient service provision at community sites, to benefit local residents and improve health and wellbeing outcomes
	C. First Contact & Navigation	To deliver more streamlined access to health advice, assessment and services when they are needed, 24 / 7	C1. A 24/7 integrated first contact and navigation pathway for Oxfordshire	To deliver a 24-hour, 7-day first contact care and navigation pathway for the Oxfordshire population (all ages) that is able to provide effective triage, assessment and initial treatment/support and consistently. This will safely navigate people with further needs to the right care, at the right time, in the right places.
	D. Intensive Community Care	To manage acute deterioration by providing a period of stepped-up care and monitoring at home and / or in the community, providing treatments that would traditionally	D1. Implementing a 24/7 integrated intensive community care and support pathway for Oxfordshire (including Acute Virtual and Virtual Care Wards)	To deliver an integrated system of inter-connected services that provide the care that enables a person experiencing an urgent health or care need to remain at home (with a more intensive level of support for a period of time), when they are at risk of being admitted to a hospital bed unnecessarily.

		take place in hospital where it is in the patient's best interest to do so.	D2. Implementing an integrated, multi-provider End of Life Care pathway that dovetails with First contact, ICC and planned care pathways	To deliver an integrated approach to the planning, provision and management of EOLC in Oxfordshire
	E. Flow & Recovery	To build on existing system work to deliver a more effective patient discharge pathway that reduces unnecessary hospital stays, promotes recovery at home and increases the long-term independence and wellbeing of Oxfordshire residents.	E1. Developing a new Discharge to Assess (D2A) pathway, bed base and MDT	To redevelop the Hub beds into a D2A service with a larger MDT inputting into them to keep LOS at a minimum, leading to reduced time in secondary care and supporting the person to be assessed in a more appropriate setting, dovetailing with the CH rehab pathways
			E2. Optimising Community Hospital In-patient rehabilitation and nursing care	To develop costed plans and options for Community Hospital inpatient pathways that address changing population needs, best practice, workforce and financial sustainability challenges and sets out a development plan for Oxfordshire's Community Hospitals* *including the future of Wantage CH inpatient unit
			E3. Developing a system-wide Transfer of Care Hub	To create a single integrated Transfer of Care Hub/Team across the partner organisations / different inpatient settings to streamline flow, discharges and provide a joined-up view on the best use of available beds and resources
			E4. Implementing a Reablement Task Force	To reduce the duration of the reablement journey (in both P1 and P2), by creating a task force to increase capacity in the pathways and focus on reducing time in and dependency on reablement services.
<b>The Right Care in the Right Places</b>	F. One Integrated Single Point of Access (iSPA)	To develop a unified, integrated Single Point of Access for Oxfordshire, providing residents and professions with 7-day access to and coordination of the full range of health, social and voluntary sector services, whenever they need them, and serving as a virtual and physical hub for an integrated, multi-disciplinary workforce	F1. Development of a phased and costed programme plan for the development of a unified, integrated Single Point of Access for Oxfordshire	To work with partners to identify the access priorities for each organisation and residents - and the opportunities to consolidate resources and deliver services more effectively through a new SPA, to develop a PID/delivery plan.
	G. Network Development and Community	To establish the networks, structures and resources required for partner organisations, residents and other stakeholders to engage, plan and work together successfully at	G1. Area Network Development (North / Central / South)	To develop Network Areas as an organised grouping of local health and care services, voluntary and community groups, Primary Care Networks, Community Hubs, secondary care and Local Authority teams, who work closely together to improve the health and wellbeing of their population.

	Team Integration	appropriate levels of scale and deliver their objectives to improve the health and wellbeing of the population	G2. Developing the integrated Neighbourhood Team	To develop the local multi-professional and multi-agency community team with responsibility for planning and delivering the care of older, frail or LTC patients within a defined population or geography (e.g. the residents of one or more PCNs).
<b>The Right Resources</b>	H. Cultural and Organisational Change	To deliver a comprehensive organisational change programme across organisations and teams to facilitate and embed place level transformation	H1. System Level Change Management	To provide joined-up, practical support tailored to teams across all levels of organisations to break down barriers and transition to new, shared ways of working
			H2. Extended Programme Teams	To change ways of working to integrate wider support teams into the programme to deliver specialist practical support and prioritisation and ensure the enablers to delivery are proactively planned for and in place

*This is a summary of a working document and may be updated in response to local and national priorities.*

Appendix 2: Engagement work to date

Review of previous engagement June 2021

<https://www.oxfordshireccg.nhs.uk/documents/Community%20Services%20Strategy/Review%20of%20Oxfordshire%20Engagement%20Activity.pdf>

Final principles for community services

<https://www.oxfordshireccg.nhs.uk/get-involved/Latest%20Updates/Improving%20Community%20Health%20and%20Care/Final-community-services-strategy-principles.pdf>

Engagement report November 2021

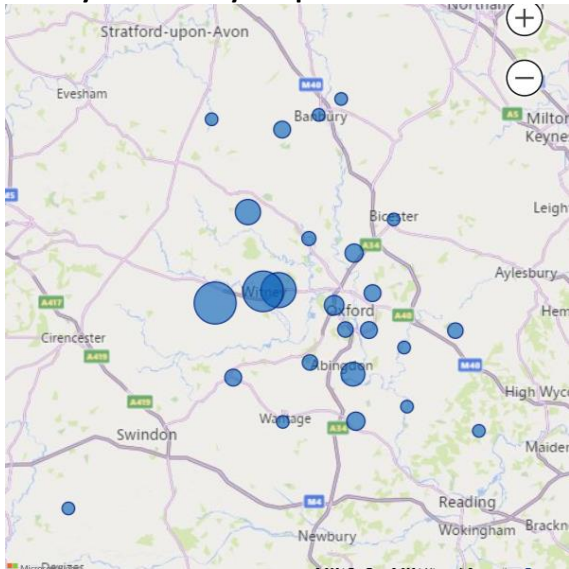
<https://www.oxfordshireccg.nhs.uk/documents/Community%20Services%20Strategy/Improving%20community%20health%20and%20care%20services%20engagement%20report%20Final.pdf>

Appendix 3: Home location of Community Hospital inpatients

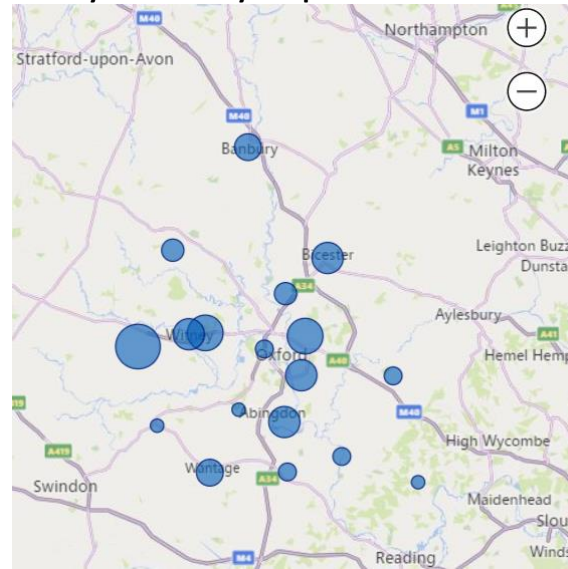
The following maps show the home locations of the patients admitted to each Community Hospital Inpatient Unit between April-October 2021. Although preference is given to placing a patient within their local community hospital it is clear that a significant proportion of patients originate from outside the local area. It is important to note that Abingdon, Witney and Wallingford Community Hospitals provide some services which serve the whole county and so the location of patients would be expected to be more widely distributed.

*North and West Area*

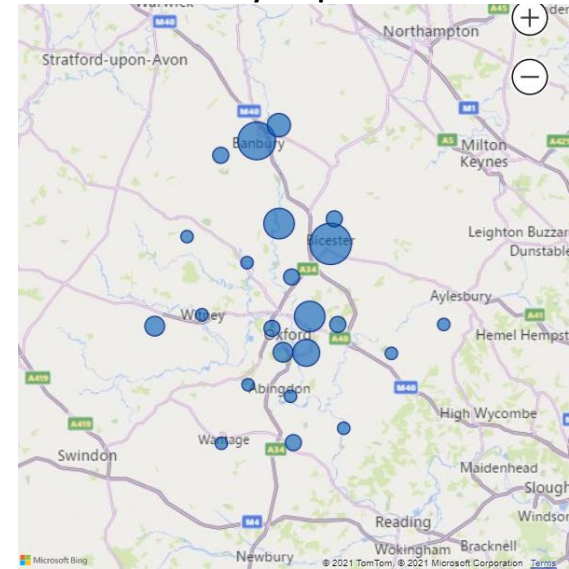
**Witney Community Hospital – Linfoot Ward**



**Witney Community Hospital – Wenrisc Ward**

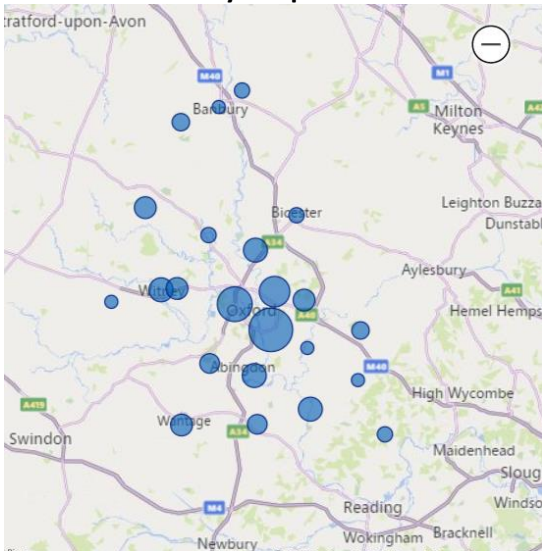


**Bicester Community Hospital Ward**



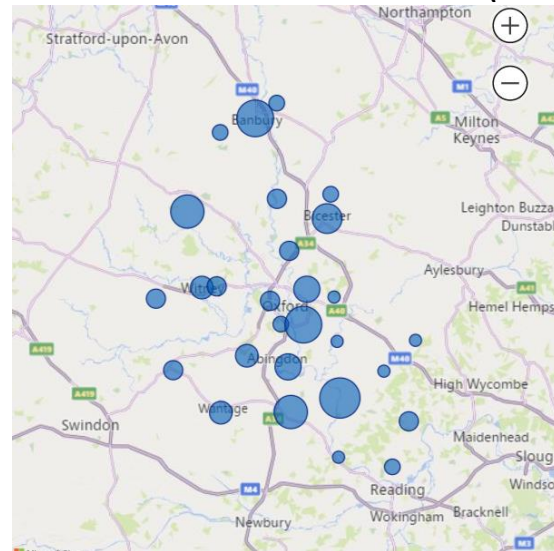
*Central Area*

**Oxford Community Hospital Ward**



*County-wide Services*

**Oxfordshire Stroke Rehabilitation Unit (OSRU)**

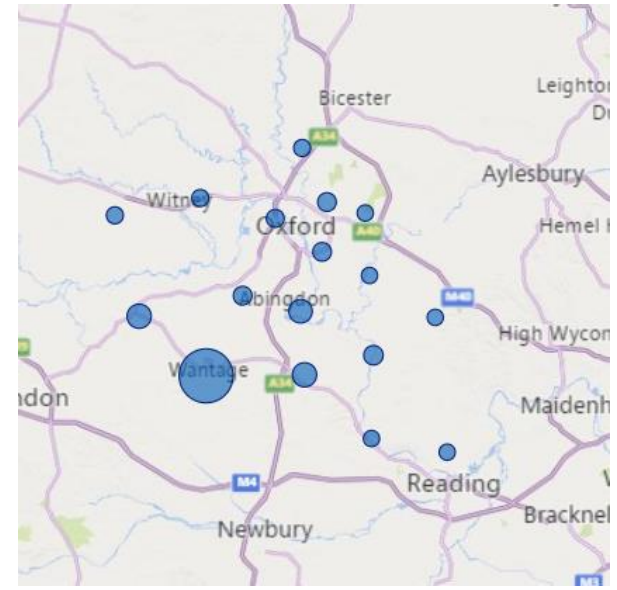
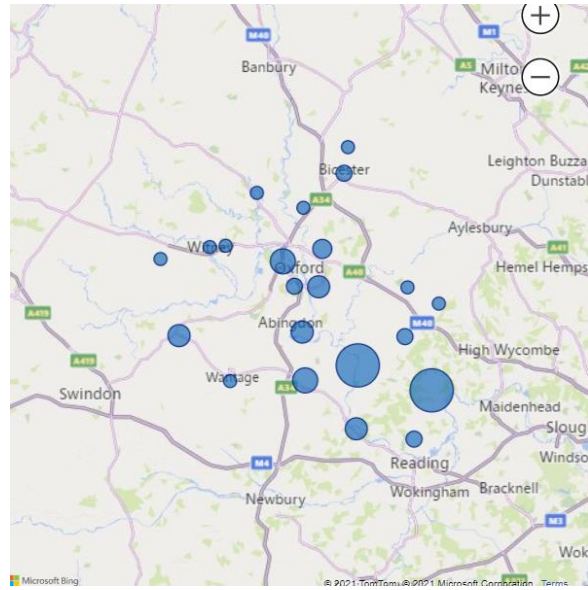
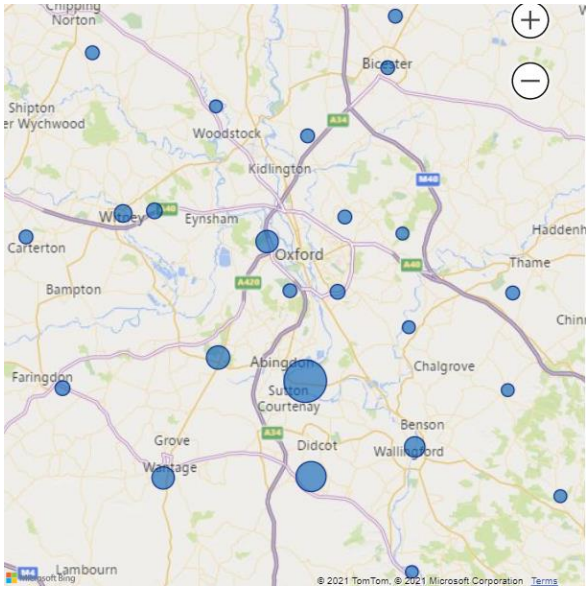


*South Area*

**Abingdon Community Hospital – Abbey Ward**

**Wallingford Community Hospital Ward**

**Wantage Community Hospital Ward (2015/16)**





HEDGES, Diane (NHS OXFORDSHIRE CCG)  
Bottomley, Ian - S&CS  
JANEVA, Sonja (NHS OXFORDSHIRE CCG)  
STACKHOUSE, Julia (NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT)  
Riddle Kate (RNU) Oxford Health  
CARTER, Sue (NHS OXFORDSHIRE CCG)  
Griffiths, David (RTH) OUH  
Rosalind Pearce (Healthwatch)  
Kay Francis (Age UK)  
DU PREEZ, Tanya (NHS OXFORDSHIRE CCG)  
Hamblin Sarah (RNU) Oxford Health  
Fenton Lucy (RNU) Oxford Health  
Cater, Tamsin (RTH) OUH  
Steele, Sally - S&CS  
CAPO-BIANCO, Ed (NHS OXFORDSHIRE CCG)  
Rigg Samantha (RNU) Oxford Health  
Cox Gareth (RNU) Oxford Health  
BELL, Jane (NHS OXFORDSHIRE CCG)  
Vanessa Williams (ECIST)  
Locker, Caitlin - Commissioning  
VALENTINE-OCCG, Andy (NHS OXFORDSHIRE CCG)  
McGrane Pete (RNU) Oxford Health  
Ross Cornett (SCAS)  
WILLIAMS, Andrew (DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST)  
Fuller, Karen - S&CS  
Wagner, Anne - S&CS  
O'Connor Lily (RTH) OUH  
RAHMAN, Shamim (NHS OXFORDSHIRE CCG)  
Leigh Forsyth (ECIST)  
Andrew Williams (ECIST)  
CHAPMAN-OCCG, David (NHS OXFORDSHIRE CCG)

## Wantage Community Hospital Outpatient Pilot Interim Evaluation – June 22

### Introduction & Background

In summer 2021, it was agreed to trial a range of outpatient clinics within Wantage community hospital. The aim was to evaluate the benefits and feasibility of providing additional services to the population of Wantage who would otherwise have had to travel to Oxford. The pilot services are being provided in the clinical space previously used for the in-patient unit, which has remained closed pending the outcome of the Oxfordshire-wide review of Community Services now underway.

The following services are included within this pilot:

- Ophthalmology (eye assessments and treatments)
- Ears, Nose and Throat (ENT)
- A range of community Mental Health services

Prior to the launch of the pilot services, the clinic rooms were refurbished to bring them in line with current best practice and standards. This work was designed to be fully reversible so as to not pre-judge the outcome of the community services review relating to the inpatient unit and any public consultation arising from this work.

The Pilot launched on 4 October 2021. The reception is open from 8am until 6pm Monday – Friday. Both Receptionists are local to the area and are able to walk to work. The site has a facilities team who maintain the site along with their colleagues who ensure infection control is in place. As part of the pilot, there are now 5 clinical rooms, 3 therapy rooms and a waiting room. All of the clinical rooms are identical, and all of the therapy rooms are identical, other than the size. Structural and permanent changes were not made to the rooms so that they can deliver the services determined by the outcome of the review. It was necessary to improve the facilities for the staff and an additional staff break and wellbeing room was created. In addition, the garden was upgraded with the support of the local garden centre and donations from the Oxford Health charity and this is available for patient and staff use. (A floor plan and pictures of the renovations can be found at Appendices 1 & 2)

Work is ongoing on the optimal use of Community Hospitals across the county; this report assesses the impact of the additional outpatient services so far and is intended to inform discussions on whether these pilot services should be continued while the long-term future of the inpatient unit is being considered an determined.

### Services included in the outpatient pilot

#### **Ophthalmology**

Ophthalmology which is provided by Oxford University Hospitals NHS Foundation Trust (OUH) joined the team on 17 November 2021. The team consisted of a visions team, nurse and orthoptist/visual fields technician. They have delivered the service three days per week since that date and continue to have full clinics each day.

#### **Mental Health**

The Oxford Health Mental Health teams joined Wantage on 12 October 2021 and have slowly, due to the COVID guidelines and hybrid working, increased the teams and now use the majority of the three therapy rooms. Currently the rooms are used by Neuro Development, Talking Space, Adult Mental Health, Psychological Therapies, Children's Mental Health, Adult Eating Disorders across Monday to Friday.

#### **Audiology & Ear, Nose & Throat (ENT)**

We have an NHS Provider audiology organisation that use a room for a full day each month. 7 patients a day (for Audiology) all over the age of 55 with an average appointment lasting one hour. The appointments are in high demand and the hospital is very popular and well liked. Patients occasionally need follow up, however generally one appointment is sufficient, and this also helps reduce waiting times. Most patients come from Wantage or Faringdon.



OUH provided ENT haven't yet joined the Wantage team as they have experienced resource and recruitment issues. Part of the plan is to install a hearing booth to support the ENT clinics which we hope to have in place by the end of the summer. Once this is in place, ENT will use four rooms on Tuesdays all day.

### GP clinics

On four occasions to date the local GP practice have seen patients on site due to room shortages at their practice, while their extension is being developed. We aim to continue to offer ad-hoc room bookings for local healthcare providers to expand local healthcare provision.

### Existing outpatient services

Wantage Community Hospital has a history of offering outpatient services and also continues to host these outpatient services and teams:

- Podiatry
- Adult Speech and Language
- Children's Integrated Services
- MSK/Physiotherapy\*
- School Nursing Team
- Maternity Unit

\* The MSK contract has recently been re-procured by OCCG and a new county-wide provider has been appointed. The Community Hospital administration team is holding discussions with the new MSK provider to facilitate the continuation of the service at Wantage Hospital.

### Additional planned services

We plan to implement a further update to one of the rooms which involves improved filtering and ventilation to enable intravitreal (eye) injections to be carried out by the Ophthalmology team. This is hoped to be in place in July 2022 with 5 rooms Mon, Wed-Fri to Ophthalmology (1 room on Tuesdays).

### Evaluation of the pilot

As set out within the HOSC update on the community services June 2021, the evaluation of services has been carried out against a range of criteria (see appendix 3) to assess the benefit and impact of this pilot from both a patient and staff perspective.

#### Quality and safety of care

All services provided within the inpatient pilot are registered under the Care Quality Commission and are delivered to the standards required under the relevant commissioning framework. Staff training is carried out by each provider organisation to ensure that all staff have the required competencies to deliver the service.

Following investment to upgrade the facilities at the community hospital, services delivered align with current best practice and quality standards. The final service which is planned (Eye injections) is due to start providing appointments in July 22 following further upgrades to air-conditioning to meet the required standards for this service.

#### Patient contacts

Summary footfall of patients from 4/10/21-25/5/22

Service	Attended appointments
Ophthalmology	1105
Adult Mental HT	70
Psychological Therapies	70
Adult Eating Disorders	53
Talking Space	48
GP Health Centre	22

Perinatal	17
Neuro Development	37
NHS Provider audiology	23
<b>TOTAL</b>	<b>1,445 + additional remote patients</b>

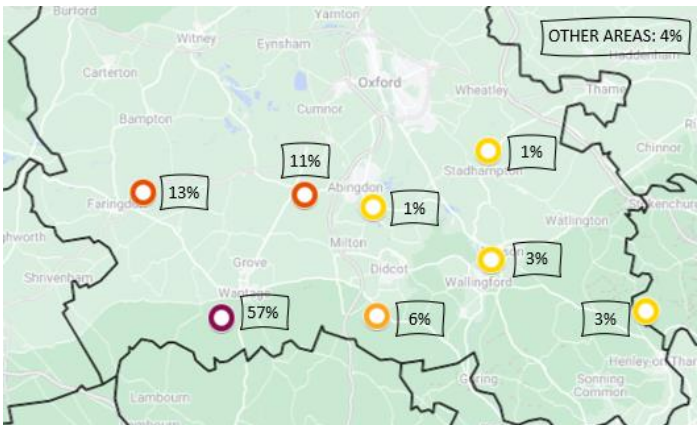
At present, the pilot rooms have a 50% utilisation rate (a detailed breakdown can be found at Appendix 4). This is projected to rise to 56% in August. This indicates that at full capacity, pilot services could be expanded to benefit around 50% more residents than the currently.

Alongside the pilot of face-to-face services, teams have also used the community hospital facilities to provide virtual appointments. This hybrid way of working has been received positively by patients and has provided continuity of care so is expected to continue across outpatient services.

Location and Patient Benefit

One of the key themes that came up several times in the original criteria was that of population needs and patient locations. 68% of patients seen at Wantage Community Hospital during the pilot came from OX12 & OX13 postcode areas. With a total of 87% from within around a 20-minute drive time.

Postcode area	% of patients
OX12	57
OX13	11
OX10	3
OX11	6
OX14	1
OX44	1
RG9	3
SN7	13
Other	4



Patient feedback

A full breakdown of patient feedback from this survey can be found at appendix 5.

During the pilot period, patients have been asked to provide feedback through a patient feedback survey. The following response were received in answer to the question ‘how was your experience?’. A total of 401 surveys were completed (ca. 28% of those attending pilot services). These can be broken down into:

- 331 people gave positive feedback including:
 

Brilliant (10)	Good (60)	Efficient (16)	Very easy (19)
Wonderful (2)	Quick (17)	Great/friendly/helpful staff (17)	Easy access (6)
Prompt (3)	Excellent (34)	Kind (5)	Easier than the JR (11)
Fantastic (3)	Fine (13)	Great (7)	Very good (79)
- 32 people gave negative feedback:
  - 21 involved distances from their home (5.2% of all comments)
  - 11 involved parking being unavailable (2.7% of all comments)

- 38 mixed negative/positive comments

#### Staffing implications

As has been well documented in both the local and national press, we have experienced a number of challenges in staffing some services during the pilot period. This remains one of the biggest risks associated with delivering services though we are pleased to highlight the expansion of services this summer as we have successfully addressed vacancies and are expanding services as outlined in this report. Workforce plans are in place to strengthen the staffing of these services as part of Trust work to implement both the NHS People Plan and Promise. Local staff have been hired to provide reception services.

Looking ahead, the lessons from Wantage will be vital as we progress the preventive and planned care parts of the Integrated Improvement Plan. Service staffing costs, numbers and vacancy rates will all be considered as part of the wider review, options and recommendations.

#### System benefits

The capital investment in Wantage to upgrade the clinic rooms was provided through an Oxford Health capital funding bid. The revenue cost of running these services is equivalent to that of the other Oxfordshire Community Hospitals. As part of implementing this outpatient pilot, a review of the financial implications of running outpatient services at our community hospitals across Oxfordshire has been completed. As a result a partnership working agreement has been put in place to provide improved clarity of costs to ensure that these services are budgeted for appropriately and are sustainable.

As part of the ongoing Covid-19 recovery process, demand for outpatient clinics remains high. The services put in place as part of this pilot have seen a high level of demand, in particular, mental health services have seen a significant increase in demand since the pandemic. By providing these services within Wantage Community hospital we have been able to increase the number of appointments closer to patient's homes.

#### Recommendation & next steps

Lessons have, and continue to be, learnt from the Wantage Outpatient Pilots. It is clear from the activity data and overwhelmingly positive feedback that the pilots are fulfilling a useful service function, are very popular with local people and the vast majority of patients who have benefitted from them live locally (i.e. within OX12 or the neighbouring postcodes).

The multi-provider nature of the services has meant that there are some areas where the evaluation on the impact is not yet fully complete, due to data challenges. In addition, staffing restrictions and the challenges presented by COVID-19 mean we have been unable to fully assess the costs and benefits of the approach and there is room for further learning and analysis to assess:

- The impact of services that have yet to start
- The identified expansion of services (e.g. eye treatments)
- The opportunities presented by the spare capacity in the clinical rooms
- The changing economic environment where the cost of travel to appointments further away for patients is becoming more challenging

We therefore propose to continue and expand the pilot to continue to benefit residents and to inform the work of the Oxfordshire Integrated Improvement Programme. It is important to note, however, that the longer-term future of the inpatient unit at the hospital remains under review and so no permanent commitment to delivering these services can be made at this time. An update on the community hospital inpatient pathway planning work has been provided along with this paper.

The patient feedback and review completed to assess this pilot will be taken into consideration as part of the work being carried out within the Oxfordshire Integrated Improvement Programme. This Programme is responsible for completing the work to determine the longer-term optimum model for community services Oxfordshire as a whole as well as for Wantage based on resources and local need.