

# Wantage community hospital next steps and recommendations

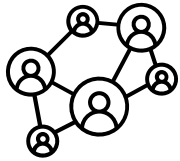
Public Meeting Held on Thursday 11<sup>th</sup> January 2024

**ONLINE VERSION OF SLIDES WITH  
ADDITIONAL DETAILS ADDED FOLLOWING PUBLIC MEETING**



# Where are we now?

Oxfordshire Joint Health Overview & Scrutiny Committee



*Wantage and Grove previously engaged community*

**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/31cc866> for more information or scan the QR code below.

**Wednesday 11th October 12.30pm - 2.00pm** - In person public engagement session  
**Wednesday 11th October 3.00pm - 16:30** - In person focus group  
**Tuesday 17th October 12.30pm - 2.30pm** - In person public engagement session  
**Wednesday 18th October 2.00pm - 3.00pm** - In person public engagement session  
**Thursday 19th October 7pm - 8pm** - Focus group online- via Zoom  
**Saturday 28th October - 10am - 4pm** - In person drop in information session

If you have any questions please contact: [communityservicesfeedback@oxfordhealth.nhs.uk](mailto:communityservicesfeedback@oxfordhealth.nhs.uk)

Wantage Community hospital next steps and recommendations  
 January 2024

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

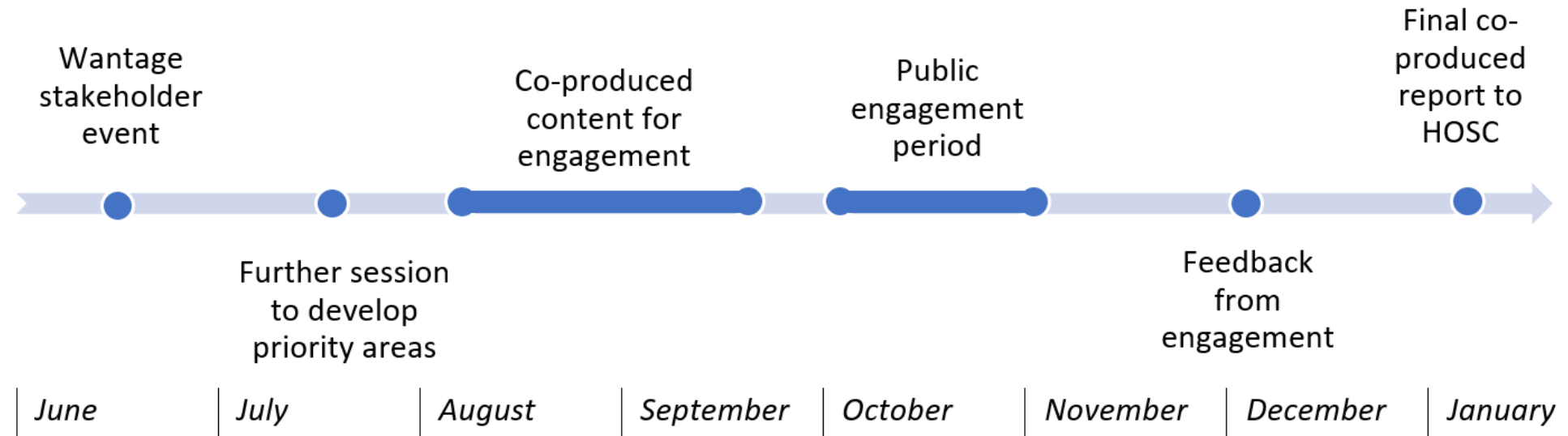
Submitted on behalf of the stakeholder group by:

Name	Organisation
Dr Ben Kelly (Executive Director primary care and dental care)	Oxford Health NHS Foundation Trust
Richard Lewis (Senior Director Oxfordshire GPs) (GP active locally (2023))	Oxfordshire Oxfordshire & Berkshire Local GP Wantage Town Council Health Sub-Committee

See appendix 4 for statements of support from partner organisations

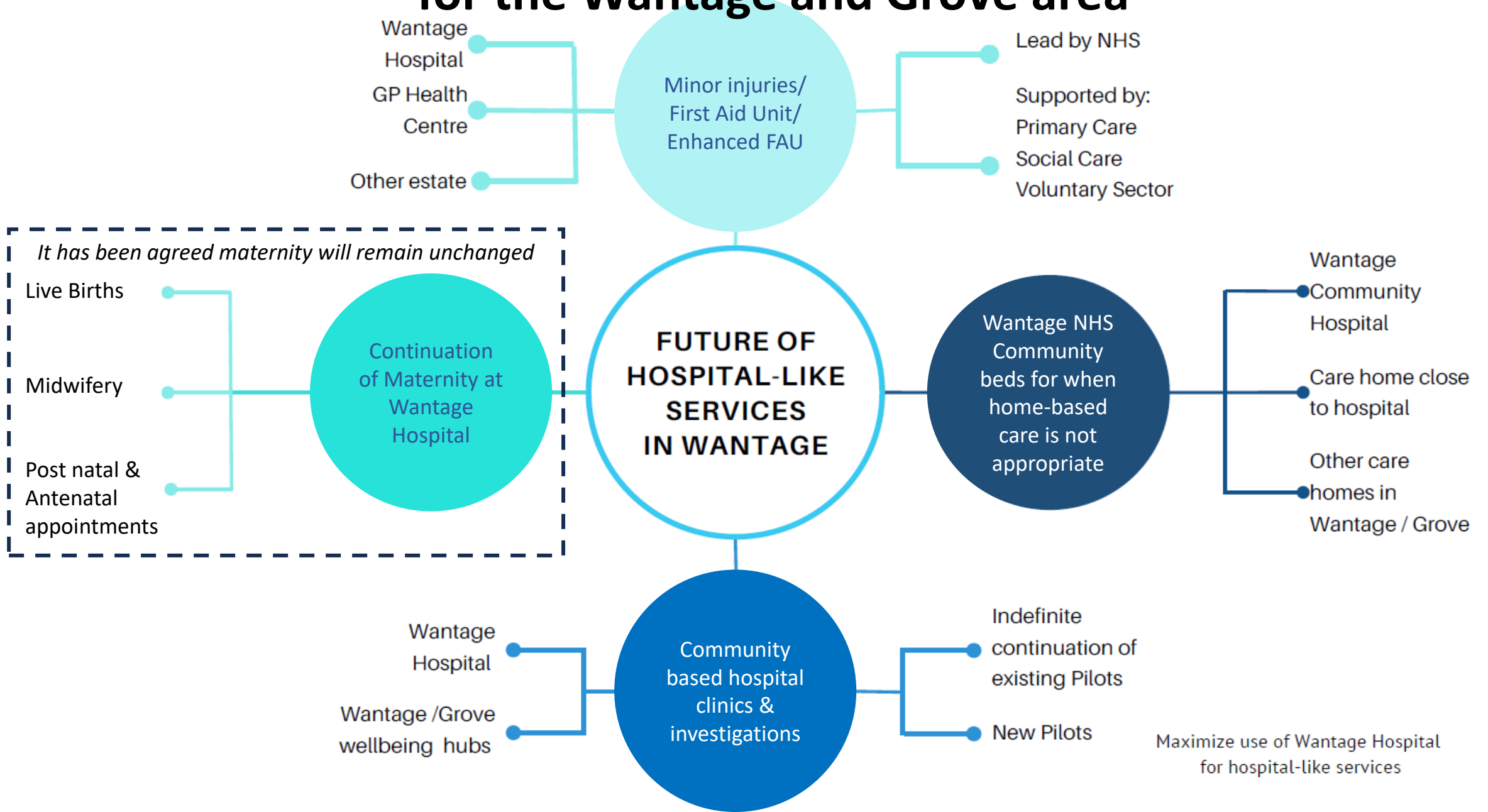
- Wantage community hospital inpatient beds have now been temporarily closed for over 7 years
- The hospital is **currently used to provide a range of outpatient services (tests, treatment, therapy, follow ups)** for the local community, some have been running for some time and others as a pilot for the last 18 months after the space previously used as an inpatient ward was re-opened.
- Oxford Health and its NHS partners, have **no plans to close Wantage Community Hospital** and are committed to keeping it open.
- The previously engaged local community developed possible future scenarios to gain broader feedback
- October-November 2023, a **6-week public engagement process** took place to get feedback from the local community on the possible future scenarios 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.
- This work has led to a **co-produced report** by a subgroup of the Wantage Community Hospital stakeholder reference group to make recommendations on the future of the hospital.

# The process we have followed



- We have now completed the engagement process & reviewed all the feedback and information gathered during the engagement
- The 5/1/24 co-produced report sets out the co-design process that has taken place and details the resulting recommendations to the Wantage Town Council Health Sub-committee and Oxfordshire's Health Overview and Scrutiny Committee (HOSC) to facilitate a decision as to whether enough engagement and work has been undertaken to enable agreement of the long-term future service model to be provided from the community hospital

# Co-produced summary of community needs for hospital-like services for the Wantage and Grove area

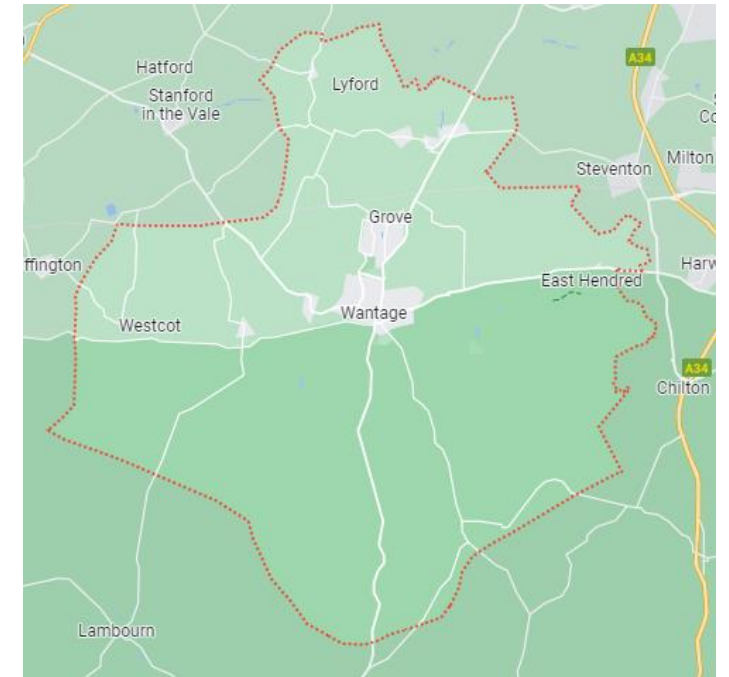


# Case for change (1)

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

Data gathered regarding the Wantage & Grove population showed that:

- The population is growing, particularly within the Grove area
- The population is ageing, and more people are forecast to live longer
- More people both young and old are living with more complex needs



*Wantage & Grove OX12 postcode area*

Both nationally and locally, there is a focus within the NHS to provide more care for people within their own home. This is reflected in:

- National policy and focus on moving to provide as much care as possible at home, as part of the 'discharge to assess' and 'home first' approach
- The Oxfordshire Way - the Adult Social Care strategy to support people to live happy, healthy lives in Oxfordshire
- Oxfordshire Integrated Improvement Programme, Oxford Health Community Strategy & Oxford University Hospitals Clinical Strategies which are focused on providing more sustainable care within the community

# Case for change (2)

The changing context has resulted in the following changes to care pathways:



**Temporary closure of inpatient beds**, the Wantage community hospital inpatient beds have been temporarily closed since 2016 and a decision is needed to confirm the long-term priorities for the site.



**Discharge to assess model & Home First**, Oxfordshire health and care system have developed a new service to support people to return home more quickly to help them to regain their independence.



**Specialist bed provision**, more specialist care has been developed within community hospitals to better meet patient needs. This includes the Oxfordshire stroke rehabilitation unit and specialist medical step-up, end of life and bariatric beds.



**Urgent Community Response (UCR)**, a new service developed to support people to receive care at home in times of crisis.



**Preventative care to support sustainability**, more preventative care is provided to support people to remain well and reduce the need for hospital admission

# Case for change (3) - Ensuring sustainability and working with available resources



## Workforce sustainability

- Community services are facing significant challenges in recruiting and retaining sufficient staff
- Over the past 2 years Oxford Health NHS Foundation Trust has invested in both urgent community response and community hospital staffing teams to increase their capacity and resilience
- To maintain staff retention, however, it is necessary to ensure services are both financially sustainable and there is sufficient capacity to meet the demand for services.
- Once the future of the community hospital is confirmed we would be looking to work with the local community to explore options to support recruitment within the local community.



## Estates considerations

- Plans for the future of the hospital need to consider the constraints on the building including parking, building size, design and age, and requirements to share space with other services.
- Consideration also needs to be given to NHS capital constraints and also opportunities such as Community Infrastructure Levy funding to enable us to make best use of the site.

# Scenarios we considered

## Scenario 1: Clinic based services (tests, treatment and therapy) for planned care appointments

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



Maternity (no change)

Planned care services

## Scenario 2: Community inpatient beds and the alternatives when care in your own home isn't possible

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



Maternity (no change)

Community Inpatient Ward

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

The urgent care type service is likely to need half of the ground floor and the other half could accommodate planned care services

Some type of urgent care service



Maternity (no change)

Some planned care services



# Scenario 1: Clinic based services (tests, treatment and therapy) for planned care appointments

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



← Maternity (no change)  
← Planned care services

### 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



Other Community Hospitals for some mental health issues and children's therapy services

# Scenario 1: Clinic based services (tests, treatment and therapy) for planned care appointments

## What happens currently

- When someone **needs a hospital service but doesn't need to stay overnight** (inpatients) they can visit a specialist in a clinic (often called planned care or outpatients)
- Currently, the clinic-based service most needed by residents from the Wantage and Grove area is **Ophthalmology** (specialist eye appointments)
- From the most recent data, **1,445 patients** came to an outpatient clinic as part of the pilot services being provided on the ground floor of Wantage Community Hospital. Most of these patients were seen by Ophthalmology and they mainly (57%) came from an OX12 postcode.
- On average **120 people per month** come to Wantage Community Hospital to access the range of clinic-services currently provided

# Scenario 1: Clinic based services (tests, treatment and therapy) for planned care appointments

## What happens currently

Since November 2021, the following outpatient services have been piloted within Wantage Community Hospital:

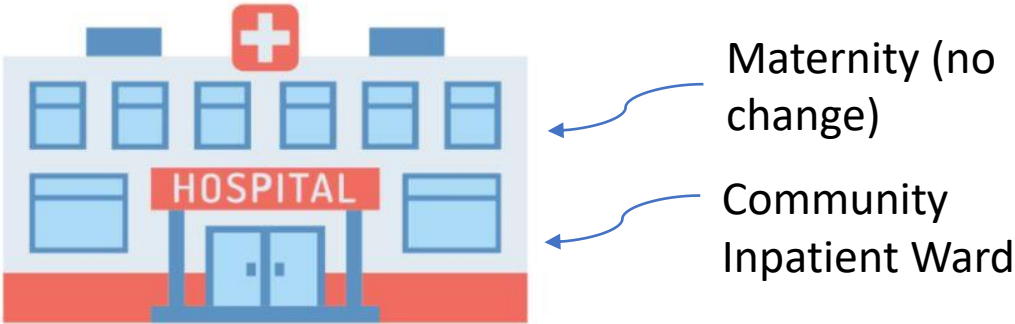
- Ophthalmology, including intravitreal (eye) injections
- Audiology & Ear, Nose & Throat (ENT)
- Mental health services (Adult mental health, psychological therapies Oxfordshire Talking Therapies, neuro-developmental)
- Learning disabilities
- Diabetes screening
- Health visiting clinics including group sessions
- GP clinics
- Expansion of MSK/physiotherapy by Connect Health
- Health Share providing ultrasound clinics

In addition, the following existing clinic-based services are provided within the community hospital:

- Podiatry
- Adult & children's speech and language therapy
- Children's Integrated Services
- MSK/Physiotherapy
- School Nursing Team
- Maternity Unit (upstairs)

# Scenario 2: Community inpatient beds and the alternatives when care in your own home isn't possible

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



### What this would mean:

- If Community hospital beds were provided in Wantage there would be no space for any outpatient (tests, treatment and therapy) services or potential urgent care type service. Wantage and Grove residents would need to access these at other hospital and health and care locations
- Community inpatient provision across the rest of the county would require a review to accommodate this new ward.

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



Health and care in your own home



Other community hospitals



Short stay hub beds in care homes



End of life and palliative care



As required, winter/surge beds in care homes

# Scenario 2: Community inpatient beds and the alternatives when care in your own home isn't appropriate

## What happens currently – inpatient beds

### i) Community Hospitals

- Each month around **5 people from the Wantage and Grove area are admitted** to a community inpatient bed. Despite the ageing population we don't anticipate this changing because of our growing number of alternative health and care pathways to avoid hospital admissions.
- **Most from the Wantage and Grove area (55%) currently go to either Abingdon (10 miles from Wantage) or Didcot (8 miles from Wantage) community hospital.** Of those that don't go to these hospitals (45%) the **median distance travel from Wantage is 20 miles** to other community hospitals. The average (median) length of stay in a community hospital bed is around 34 days.

### ii) Short Stay Hub Beds

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) where a wrap around package** of therapy, primary care, nursing and social care in-reach is provided. Average stay is relatively short at **14 to 21 days** at which point the individual is then discharged to their long term place of residence.

### iii) Winter/ surge beds

The healthcare system currently has no plans to purchase any for 23/24 but If required will go to the care market to ascertain what could be made available for short periods of stay, typically 1 – 2 weeks for a few months.

### iv) Palliative and end of life care (outside of the individual's home)

Most people wish to receive a package of care to pass away in their own home, but sometimes alternatives are needed, particularly at times of crisis. We are currently working with local teams to explore how we can further develop local services.

# Scenario 2: Community inpatient beds and the alternatives when care in your own home isn't appropriate

## What happens currently – Home-based health and care

### **i) Hospital @ Home**

Provide healthcare in your own home and facilitate earlier discharges from hospital. Oxfordshire has both a children and young people's and adults H@H service. Around 45 people from the Wantage and Grove area currently access the service per month with the service continuing to expand over the coming 6 months to provide 40 places per 100,000 population by Apr 24.

### **ii) Urgent Community Response (UCR)**

Help adults, predominately older adults, 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. Around 150 people from the Wantage and Grove area access UCR on a monthly basis.

### **iii) Discharge to Assess**

Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting where a package of care is provided whilst an assessment for longer-term care and support needs is then undertaken. This approach is currently being implemented across Oxfordshire and will be in place in Wantage and Grove over the coming months.

### **iv) Reablement**

Short-term support is provided by a group of specialists across health and care to help someone at home regain independence. This service continues to be in place across Oxfordshire and is available to Wantage and Grove residents.

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

The urgent care type service is likely to need half of the ground floor and the other half could accommodate planned care services



### 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

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

## What happens currently

- There are lots of reasons someone might need an appointment on the same day
- **111 provides an initial assessment** and signposting to same day healthcare services, this includes 'option 2' to seek mental support on the same day. In addition, people can also contact their GP (and Out of Hours GP).
- If you have had an accident, you would usually be recommended to go to a **Minor Injuries Unit (MIU) or the Emergency Department (ED)**.
- On average the population of Oxfordshire visits an MIU **once every 7 years**. The most recent data available tell us that the **Wantage & Grove population** made 1361 visits to an MIU over one year, which equates to **an average of 3.7 total visits from this area** to an MIU a day. (164 visits a month to Abingdon MIU).
- When considering forecast population growth and assuming similar demand patterns, the average number of visits from Wantage and Grove area could increase to 4.8 visits a day to an MIU (1745 visits per year).
- Mental health access on the same day is through the 24/7 Mental Health Helpline (via 111)



# Public engagement process



- A 6-week phase of public engagement was completed between October and November 2023
- To ensure there was enough resource to deliver the engagement, Verve Communications, an external organisation with expertise in public engagement, were brought in to support the process
- This was co-ordinated through the sub-group and built on input from residents, clinicians and NHS managers as well as learning from previous completed engagement.
- The engagement sought to understand the broader views of local people to help shape final proposals.
- A blend of face-to-face and online approaches were used to gather suggestions and feedback from a wide range of participants representative of the local communities with the survey

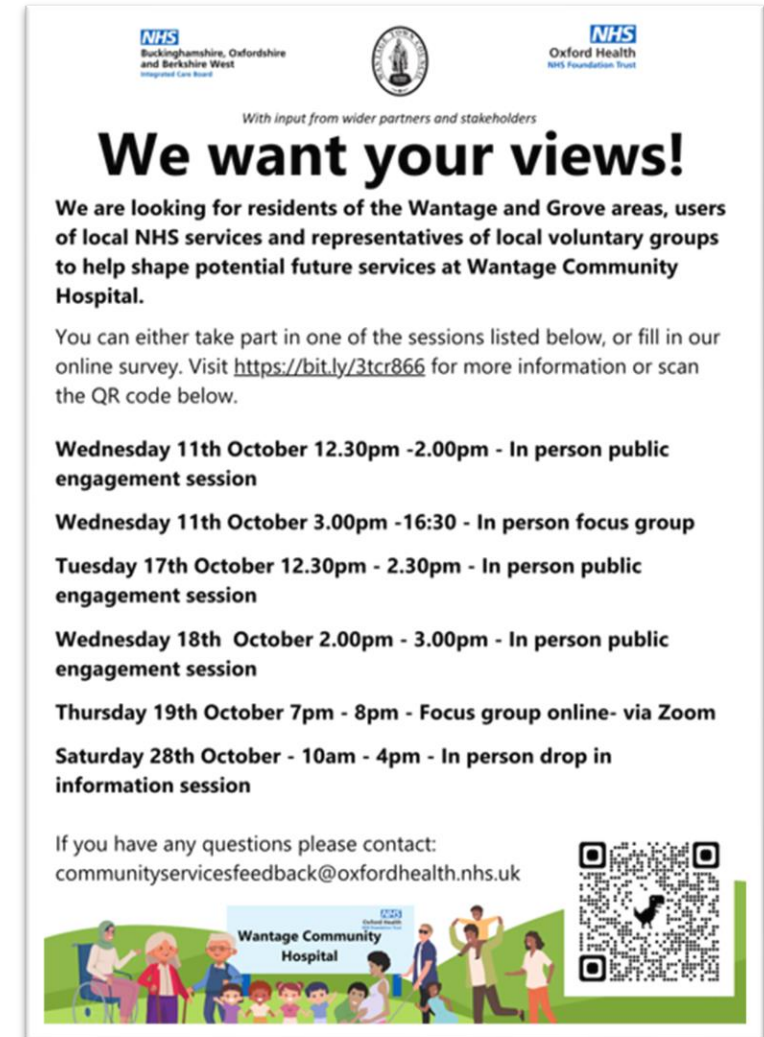
The objectives for this engagement were to:

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

# Public Engagement Participants

The public engagement process had the following participation:

- Public workshops (x2): 17 attendees
- Focus Group 1 People living with long term/chronic health conditions: 7 attendees
- Focus Group 2 Services for families and people aged 18-40 years: 1 attendee
- Outreach – Drop-in at the Beacon Centre and Market Square: Approx 30 attendees, 5 additional 1:1 conversations
- Online questionnaire Survey: 285 responses



The poster features logos for NHS Buckinghamshire, Oxfordshire and Berkshire West, the Wantage Community Hospital crest, and NHS Oxford Health NHS Foundation Trust. The text is centered and uses a mix of bold and regular fonts. A QR code is located in the bottom right corner, and a colorful illustration of a diverse group of people is at the bottom.

**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.**

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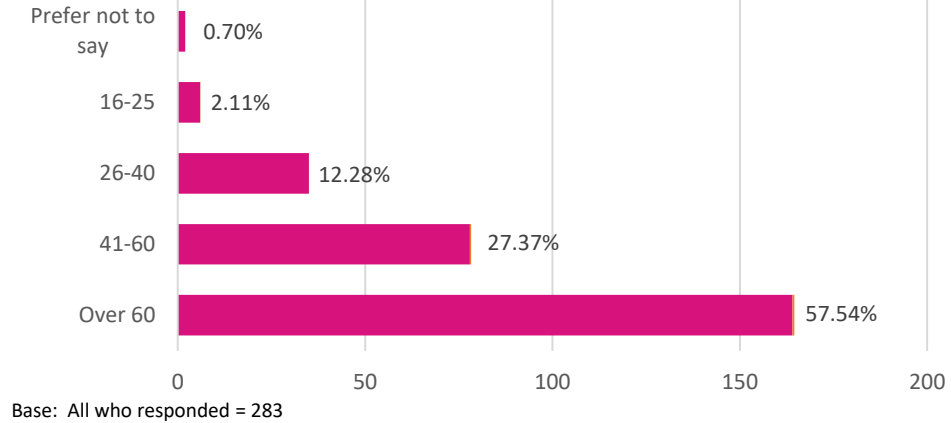
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**Wantage Community Hospital**

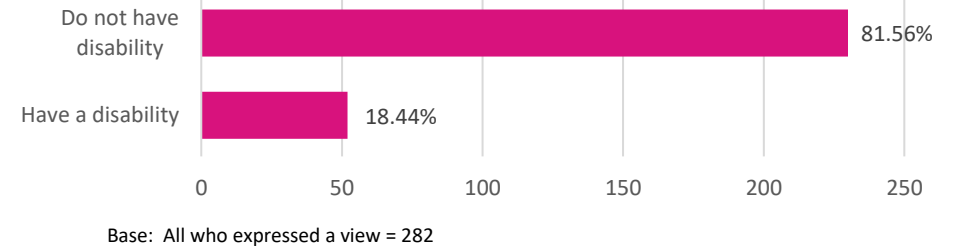


# Public engagement participant demographics

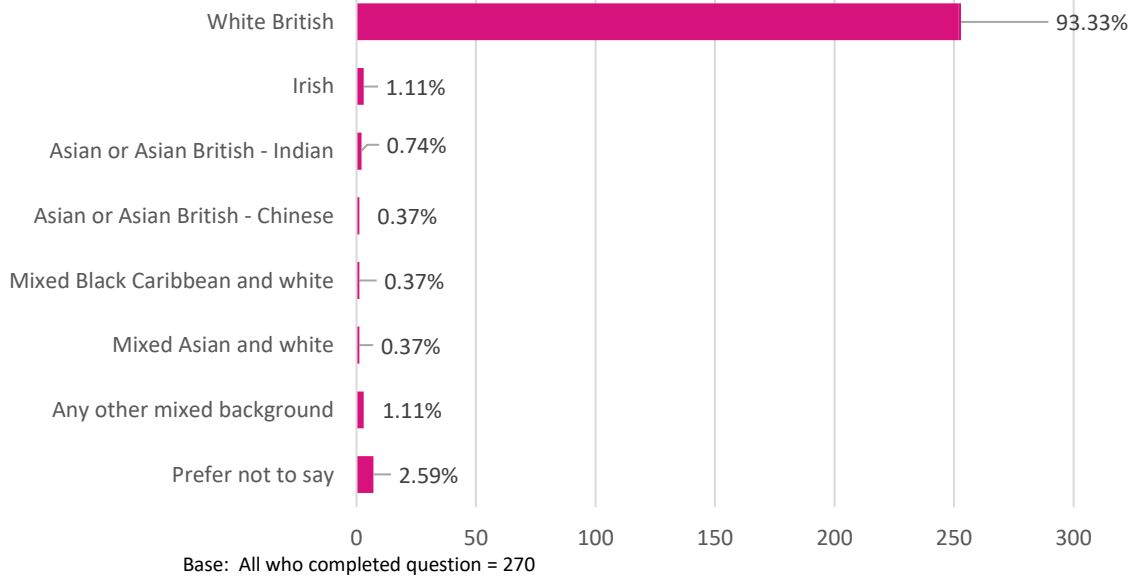
## Age



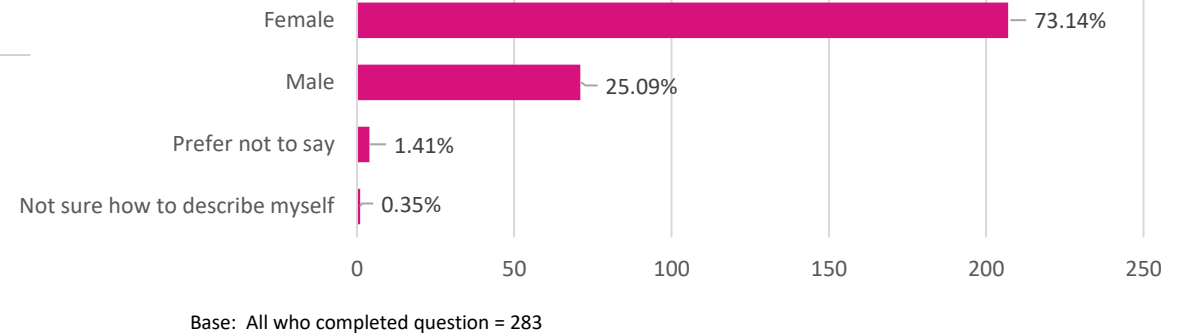
## Disability



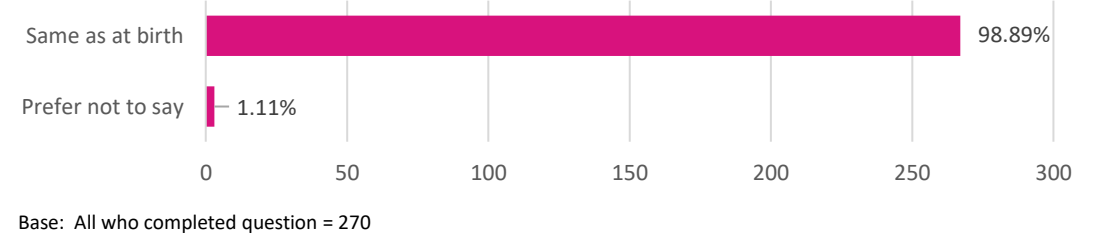
## Ethnicity



## Gender



## Gender identity



# Public Engagement Feedback

- Residents are aware of many of these services currently offered at the Wantage Community Hospital
- People want existing services to remain now that they have become accustomed to having them
- If not provided at Wantage Community Hospital, then the clear feeling is that these services should be retained locally – if not part of the offer, some will feel they have lost something
- Ease of access that comes with a locally-based service is the key benefit
- For many people travel and distance is a real issue
- 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
- Views more polarised on children's services and health – some concerns spreading services too thinly
- Views mixed on digital services, but these not seen as relevant to this engagement

# Summary of report recommendations

Following the public engagement process, the stakeholder group have worked together to develop recommendations based on the data and feedback received. Based on the co-production work, and considering evidence and findings from engagement, we recommend:

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

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

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

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

## **In relation to urgent care:**

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

# Summary of report recommendations

If the recommendations are agreed, then NHS partners are committed to working in collaboration with the local community to:

- Apply for up to £600k of Community Infrastructure Levy (CIL) funding to develop clinic space on the ground floor of the community hospital.
- Confirm the outpatient services currently being delivered & identify sustainable community clinic-based services from Wantage Community Hospital.
- Develop the urgent care offer including consideration or diagnostics for those with long term conditions and work with GPs to support local urgent care for the wider population.
- Work with the BOB ICB in line with the countywide approach to improve the local end of life care pathway, to see how we can strengthen the local offer for patients requiring palliative care.

Wantage Community hospital next steps and recommendations  
January 2024

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

Submitted on behalf of the stakeholder group by:

Name	Organisation
Dr Ben Riley (Executive director primary community and dental care)	Oxford Health NHS Foundation Trust
Daniel Leveson (Place director Oxfordshire)	Buckinghamshire Oxfordshire & Berkshire west ICB
Clr Jenny Hammar (Chair)	Wantage Town Council Health Sub-Committee

See appendix E for statements of support from partner organisations



# Proposed next steps (1)

If the recommendations are supported by HOSC, then the following next steps are proposed:

Date	Action
Jan 24	Wantage Community Hospital report recommendations agreed.
Jan - Feb 24	Formal NHS decision process completed to implement recommendations. Notification to Vale District Council by NHS partners to apply for £600k CIL funding for Wantage Community Hospital and provisional allocation confirmed.
Feb 24	Small proportion of provisional CIL funding allocation confirmed to enable appointment of Project Team to work alongside OHFT Estates and Sub-Group
Feb 24	Long Term Condition (LTC) and frailty Wantage pilot commences through Integrated Neighbourhood Teams (INTs) Oxfordshire Improvement Programme & Primary Care Strategy
March 24	Project Team commence

## Proposed next steps (2)

Date	Action
March - May 24	<p>Project Team alongside sub-group work with NHS providers to confirm clinics/therapy/assessment type services for the ground floor.</p> <p>Estates design and costings finalised.</p> <p>Art therapy plan confirmed.</p> <p>Re-establish activities through WCH League of Friends.</p>
Jun 24	Business Case and full CIL application submitted to Vale District Council.
Jul/Aug 24	CIL decision confirmed (estimated awaiting Vale confirmation of likely decision timeline)
Sept - Oct 24	Procurement of contractors for refurbishment and fit out.
Nov 24	Estates improvement works commence and any temporary relocation of services whilst works takes place put in place
Jan/Feb 25	Works complete. CIL project work concludes.
Feb -June 25	Service configurations confirmed and transfers take place.
Summer 25	Wantage Community Hospital service portfolio is managed through usual NHS system mechanisms.



Questions?