

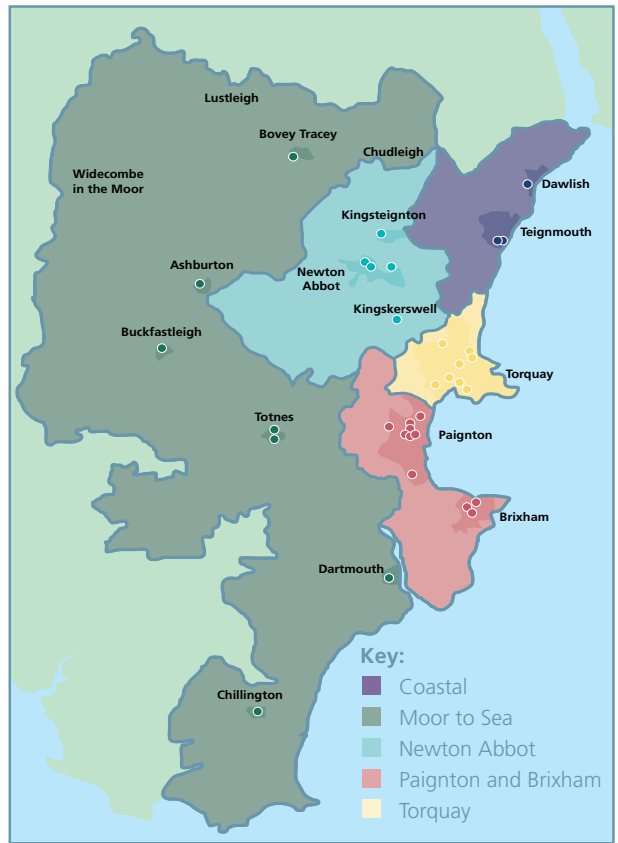
# Into the future

Re-shaping community health services  
in Dawlish and Teignmouth

A public consultation: 1 December 2014 - 8 March 2015



Coastal  
Locality  
Commissioning  
Group



South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided into five localities – each led by local GPs. This locality is Coastal.

# Welcome

Thank you for your interest in our consultation on local services for people in Dawlish, Teignmouth and the surrounding areas.

In the following pages we set out the reasons why changes need to be made, and the rationale behind our proposals.

At the end of last year, we talked to the public about what they wanted from their health and social care services in the future.

It was very clear to us that people really value their community hospitals and having a range of services available as locally as possible.

We also know that in our area, and across the NHS, we face a big challenge – how to make sure that we can care for the growing numbers of older people without any more money from the Government, and while the social care budget for councils is also being cut each year.

Our population is ageing and the proportion who are aged over 85 will keep growing over the years ahead. This is very good news because it shows the advances made in science,

technology, drugs, care and treatment. But those living to a greater age are mostly doing so with a range of care needs and conditions to manage, and often these are complex.

We believe that we need to concentrate much more on helping people to stay healthy and to look after their own wellbeing, and making sure people are not lonely or isolated, so that people can stay as independent as possible and enjoy the best quality of life they can, whatever their health.

This means working with community groups and voluntary organisations, so that together we can help ensure that people get the support they want and need.

Bearing in mind all these factors, we have worked with other organisations, patient representatives and the voluntary sector locally to come up with proposals for the future of our community services.

We took into account that any proposal would need to be affordable, backed by clinical evidence, and supported by local GPs. We are also looking for the support of the local community.

Dawlish and Teignmouth hospitals are four miles apart and the hospitals offer very similar services. In both, patients are on the same ward, whether they are acutely unwell with complex needs, or need convalescence and rehabilitation.

In this consultation, we are putting forward two proposals. Both keep our community hospitals in Teignmouth and Dawlish but give them quite distinct roles from each other. By doing this, we believe that we will be able – locally – to meet the needs both of our more seriously ill patients, and those with long-term health conditions and rehabilitation needs. By treating these two groups of patients separately, rather than all together at both hospitals, we believe everyone will get better care. And by reducing duplication, we believe we can actually offer more services locally, saving people from making longer journeys outside the locality.

As local family doctors, we believe that we have a choice: make smaller changes now, or face bigger, more drastic changes in the future.

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We have a preferred option for change, and we are making this clear. Our wider engagement group in the Coastal locality has also supported this proposal. However, we are also putting forward a second option that would be clinically sound and make more savings to be reinvested.

We set out our thinking on the following pages, with the proposals and a questionnaire for your responses. Thank you for your time and we do hope you will take part in this important consultation. This document is intended to give you enough information to make your decision. We will use your views to help inform our decisions.



Dr Matthew Fox  
Locality lead GP,  
Dawlish



Dr Paul Raby  
Locality lead GP,  
Teignmouth

# What you've told us so far

From September to December 2013, the Clinical Commissioning Group carried out extensive engagement on community health and social care services. Discussions were led by local GP commissioners. In our area, we held public discussion events in Dawlish, Teignmouth, Shaldon, Holcombe, and Bishopsteignton, and we distributed hundreds of leaflets with a questionnaire.

To oversee this we formed a locality steering group that included patient and public representatives from our Patient Participation Groups, our Strategic Public Involvement Group, the League of Friends and voluntary organisations.

We said clearly at all the events that the model of care would need to change. We set out a broad picture of how our services are used – along with the costs.

Then we looked at the key themes, and built them into an outline plan for our Coastal locality. We kept this deliberately broad brush, so that the detail could be worked up by further engagement.

But we did recommend a close look at which services should – or should not – be duplicated in both Teignmouth and Dawlish.

This year, we formed a locality engagement group to look at this, again with patient and public representation. It has met regularly and will continue to do so. We have also set up two sub-groups – one to look at reorganising or reconfiguring services, and the other to look at setting up a hub or wellbeing facility that will offer information and

a range of support, with multi-agency working.

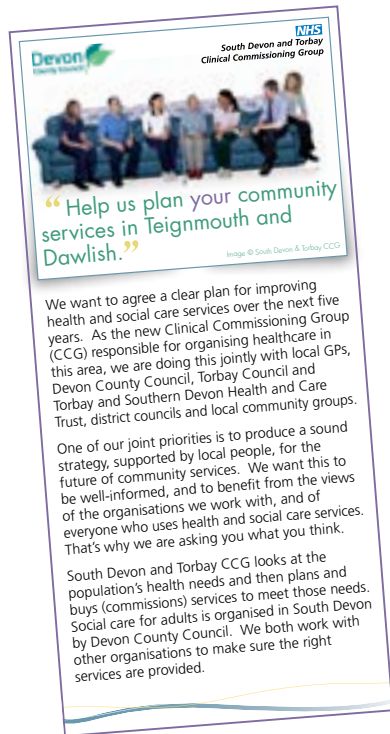
## The engagement group's agreed overall principles for services to be sustainable:

- Plans should avoid duplication of services within Teignmouth and Dawlish where appropriate.
- Both hospital sites should be kept to provide health and care services.
- There should be a clear distinction between the two hospitals, and their different use should be clear to everyone.

## What you told us – you said the most important things were:

- **Accessibility of services** – convenient opening hours, convenient transport and accessible buildings
- **Recognition of carers** – and the vital role they play
- **Better communication** – between clinician and patient, and between clinicians themselves
- **Consistency** – equal access and reliable services
- **Continuity of care** – to allow relationship-building with clinicians or carers
- **Co-ordination of care among different services** – including joined-up information systems
- **Education, prevention and self-care** – so that people can manage better themselves
- **Information** – better information about services
- **Quality** – in services with compassionate staff and customer service
- **Support to stay at home** – with a wide range of services and support

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# What our locality looks like

The Coastal locality is made up of five GP practices: Barton Surgery at Dawlish, Teign Estuary Medical Group including Practice at Mill Lane and Den Crescent, Channel View Surgery, Teignmouth Medical Practice and Richmond House Surgery. Together they have 35,594 people registered (at 1 July 2014).

As one of the five localities of the wider South Devon and Torbay Clinical Commissioning Group (CCG), our role is to make sure that when services are being planned, they meet the needs of the local population – because people's needs in Teignmouth or in a village outside Dawlish will be different from those of people living in the centre of Torquay. The Clinical Commissioning Group as a whole has a total population of 287,594 and £385.07million to spend on their healthcare.

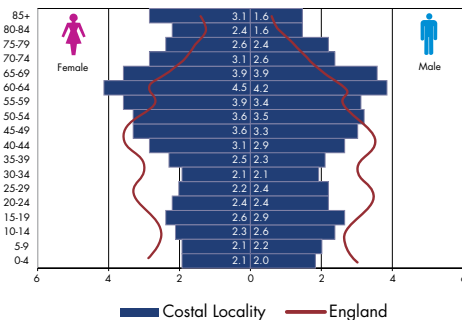
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# The need for change

In the Coastal area, the population is noticeably older than the national average, with over a quarter aged 65+. Almost five people in every 100 are over 85, compared with just over two nationally. By 2020, the numbers of over-85s are expected to increase by 140 in Teignmouth and by 120 in Dawlish. This will bring with it a big rise in demand on health services.

POPULATION PYRAMID  
(% COMPARED WITH ENGLAND)



Older people often have more than one long-term health condition. We know that 29% of the population have a long-term condition and they account for 50% of all GP visits, and 70% of all the days spent in hospital beds.

To create the capacity to meet demand, we need to make our services sustainable before they get overwhelmed. We plan

to spend less on the more expensive care in the big district general (acute) hospitals by doing more to help stop people needing to go into hospital in the first place.

This means releasing the money spent on acute care so we can spend more on community services. It is not about saving money, but about improving care by doing things differently.

We also know that, at any one time, over 30% of people in a hospital bed could be discharged if they had the right care at home or close to home. And clinical evidence tells us that the longer an older person stays in hospital, the less likely they are to regain their independence.

For people with dementia, a stay in the unfamiliar surroundings of a hospital can be particularly distressing.

In addition, there are agreed plans across South Devon and Torbay to reduce the unequal chances people have for good health. Not everyone has the same access to housing, jobs, and education. This translates into differing life expectancy, by as much as ten years, in different areas. These differences are not acceptable.

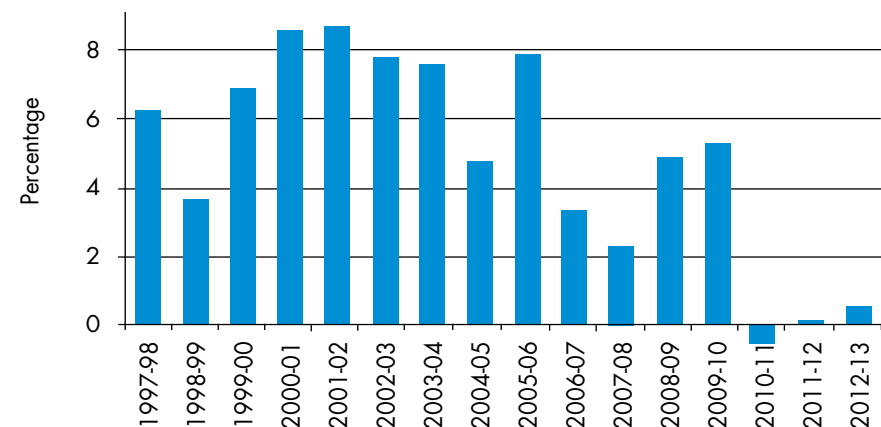
## Spending on health

Because of the economic climate and the need for austerity, national spending on healthcare has been limited in the last few years.

Local authority spending on social care has also been falling.

In the years ahead we don't expect any return to the days of big budget increases for the NHS, or for social care. In fact, the NHS nationally is being asked to make savings for reinvestment of up to £30 billion by 2020. This means that every £1 spent today will need to deliver £1.60 worth of healthcare by 2020.

## ANNUAL CHANGE IN NHS (ENGLAND) REAL SPENDING 1997/98-2012/13



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Across South Devon and Torbay, we believe we can do this by reducing the duplication of services, and investing more in community services including more district nurses, and more community occupational therapists and physiotherapists – and by picking up on people's illnesses much earlier. This would reduce the numbers needing to go into hospital, and mean people could leave more promptly.

You can see more data and information on the need for change [here](#)

# The rationale

In the Coastal locality, we have heard loud and clear that people want their services to be local. People have told us they really value the convenience of local services. Good access is really important.

We want to make the best possible use of our local resources and estate, to provide as many services locally as we can.

We are fortunate in the Coastal locality to have our hospital buildings at



Dawlish Community Hospital is a modern, purpose-built hospital, opened in 1999 with £4 million of funding from a Private Finance Initiative. It has a modern inpatient ward and a Minor Injury Unit specifically designed for that purpose. This year, a programme of essential maintenance was carried out to the roof.

Teignmouth and Dawlish. Our motivation behind the proposals is to make the best possible use of these fantastic assets now and therefore to protect these facilities into the future.

**For this reason both our options see Dawlish as an urgent care medical facility able to care for more seriously ill patients, and Teignmouth as a centre for planned care, offering excellence in rehabilitation, using the unique asset of the gym, and enabling people to regain the maximum possible independence.**



Teignmouth Community Hospital dates from 1953, when it was rebuilt after wartime bombing. It has undergone a series of adaptations to keep it as fit for purpose as possible. It has inpatient beds upstairs on Kingfisher Ward. In 2011, the Jennifer Hammond physiotherapy rooms and gym were opened, generously paid for by the Teignmouth League of Friends. It has a theatre providing day surgery.

## Community hub at Teignmouth Hospital

Moving the MIU from Teignmouth Hospital would create the space and opportunity for a wide range of community services to be offered. This would be developed with the community, to include information, advice, access to a range of health and care professionals, day services and – if the community wanted – a café. It would form a central base for multi-agency teams, building on existing work to improve communication between all the different types of health and care professionals, so that care is really joined up and seamless.

At our engagement events, people consistently told us that they wanted to know where to find information and advice. Many, including GPs, said they were unaware of all the different services offered by the voluntary sector across their area. We feel that making it easy for people to get this information is vital in building and strengthening community wellbeing.

As community services are improved across South Devon and Torbay, the plan is for each locality or area to have

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access to a hub offering some or all of the following:

- Ageing well centre
- Self-care centre/dementia café
- Services that support living well at home
- Voluntary services, as decided by local groups
- Carer support services
- Some primary care services
- Medicines information centre
- Specialist advice

**For this reason, both our options include plans for a community hub/wellbeing centre at Teignmouth Hospital.**

### Minor injury units (MIUs)

Both hospitals have minor injury units. These need to be staffed by specially qualified nurses, whose skills lean more to medical rather than nursing care. These nurses need to treat enough people each year to maintain their skills.

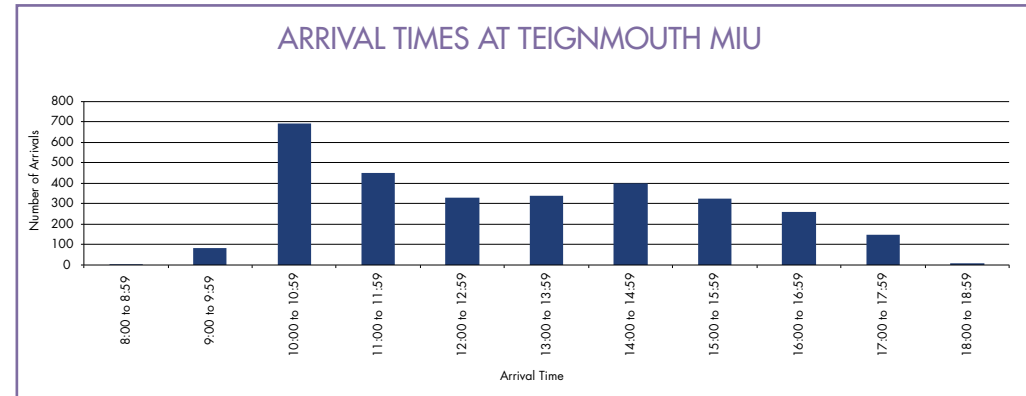
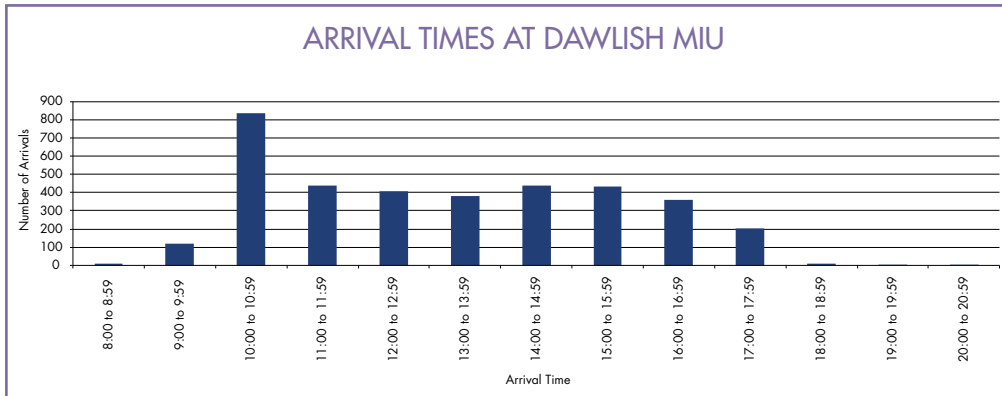
To be safe, sustainable and cost effective, every minor injury unit in South

Devon and Torbay will in future need to see at least 7,000 people a year, and have the out-of-hours doctors' service on site as well.

In 2013/14 Dawlish saw 4,232 people and Teignmouth 3,285 – taken together, 7,517 people used these units. Most attendances are for cuts, followed by soft tissue problems, fractures, abrasions and sprains.

At present, both hospitals have limited access to x-ray – essential in treating many injuries such as possible fractures. X-ray has been available at Dawlish on Monday and Wednesday afternoons, and at Teignmouth on Tuesday and Thursday afternoons and Friday mornings. Neither has x-ray at weekends. Use of the units peaks at 10am when they open, suggesting that people are probably waiting for the opening time.

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Teignmouth Minor Injury Unit has had to close at times because of staffing shortages, and the service has not therefore been reliable. Attendances have fallen in recent years – 100 fewer a month now than there were in 2011.

For this reason, our preferred option is to combine the minor injury units into one unit at Dawlish Hospital, to provide high-quality treatment in the Coastal locality, with extended hours. Instead of the 10am-6pm we see at both units at present, the new unit would be open from 8am-8pm, with x-ray throughout the opening times, seven days a week. The out-of-hours doctors' service would be sited at Dawlish too.



Newton Abbot Hospital is home to an MIU which saw 15,273 people in 2013/14.

However, the postcodes of those attending our minor injury units show that many people in the Coastal locality are using the MIU at Newton Abbot. This may be because of its excellent reputation, or because it has x-ray consistently available, or because it is never unexpectedly closed. It is already a first-class unit, with the out-of-hours doctors' service based at the hospital. It saw 15,273 people in 2013/14.

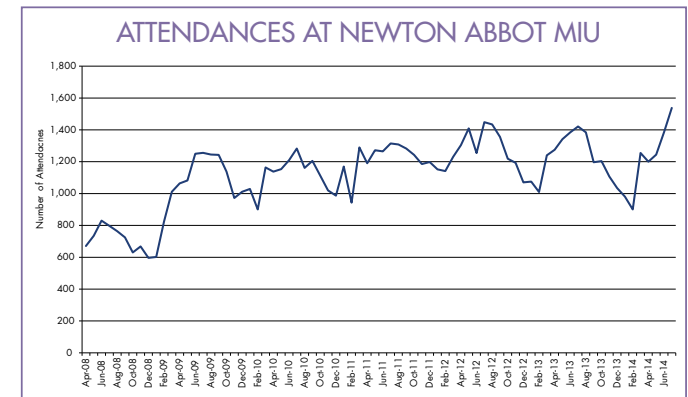
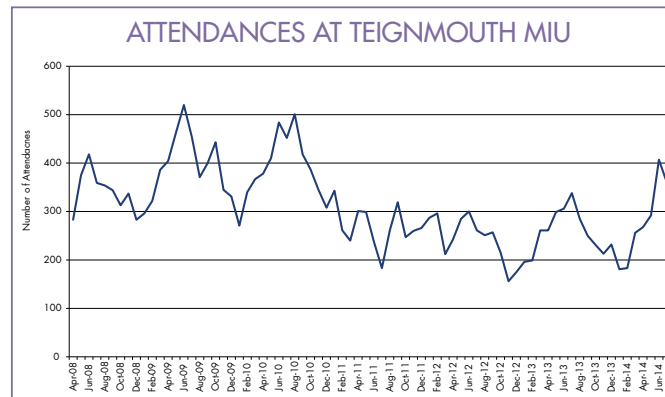
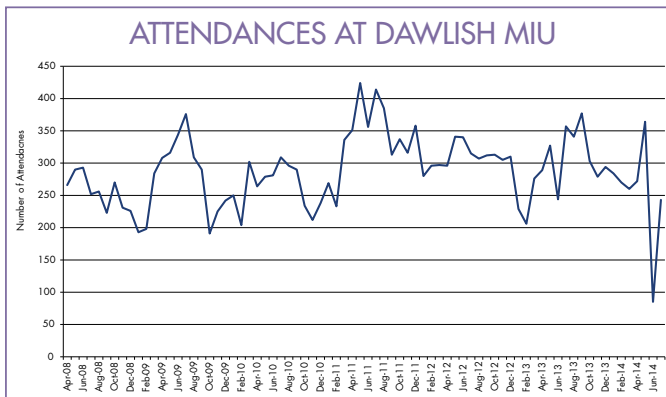
We believe that asking people from the Coastal locality to travel to Newton Abbot would be clinically sound, and acknowledge the fact that many already do so.

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For this reason, our second (non-preferred) option is to merge the minor injury units at Dawlish and Teignmouth into the Newton Abbot unit, which would be further developed as an urgent care centre.

You can see more detail on the costs and use of minor injury units [here](#)





### Use of beds

In line with the principle of not duplicating services, but creating a wider range of services overall, we propose using the beds differently in each of the hospitals. This use of beds would be in keeping with having Dawlish focused on urgent and medical care, and Teignmouth on planned care and rehabilitation.

Dawlish Community Hospital, being modern and purpose-built, offers a high-quality clinical environment for patients who need intensive, expert nursing care round the clock, with medical input where needed. GPs from the Barton Surgery are on the same site.

Patients who are more acutely unwell, or who have complex needs, can be safely cared for, either after they no longer need the more intensive care and facilities of a district general hospital, or if they've been referred to the hospital by their local GP because they can't stay at home.

National safety and quality of care standards stipulate that there must be one qualified State-registered nurse on duty for every eight patients on a medical ward. Torbay and Southern Devon Health and Care NHS Trust, which runs the community hospitals, also says that for safety reasons, no nurse should work single-handed. So in future, its community hospitals with medical beds will have a minimum of 16 beds:

2 nurses, looking after 8 patients each. A bigger hospital could have 24 beds, with 3 nurses, or 32 beds with four, and so on. Dawlish would have 16 beds.

With an increasingly elderly population, we recognise that the need for really good rehabilitation will increase, and that it is not always possible to do this in people's own homes. Some areas also face a shortage of residential and nursing homes where people can recuperate and rehabilitate to get them back on their feet.

Teignmouth Community Hospital, having an excellent gym, would be ideally suited to becoming a centre for planned care, with beds, and led by specialist therapists in rehabilitation. These beds would be for those who are recovering from a more severe illness but who need to recover their health and mobility before going home, or for people who would be at risk if left at home and would benefit from rehabilitation care. Medical and nursing care will also be needed for some patients, and this would be provided as needed. Teignmouth would have 12 of these beds.

To provide first-class rehabilitation care, each patient should have their own room with an ensuite bathroom. We would therefore need to carry out some refurbishment, or extend the existing hospital site. Families would be welcomed, and visiting hours relaxed.

Although this has not yet been fully explored, some GPs in Teignmouth have expressed an interest in moving to the hospital site too. This would place medical expertise close at hand.

**For these reasons, our preferred option is to have 16 medical/acute beds at Dawlish Hospital, with 12 rehabilitation beds at Teignmouth.**

However, it would also be clinically sound to have these rehabilitation beds at Newton Abbot Community Hospital, which has the space to open more beds. Moreover, the travelling time from Teignmouth to Newton Abbot is relatively short. This would result in a greater saving, for reinvestment in community services.



Teignmouth Community Hospital, having an excellent gym, would be ideally suited to becoming a centre for planned care, with beds, and led by specialist therapists in rehabilitation.

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**For this reason, our second (non-preferred) option is to have medical/acute beds at Dawlish, with daytime, therapy-led non-inpatient rehabilitation at Teignmouth, and inpatient rehabilitation beds at Newton Abbot Community Hospital.**

### Outpatient clinics and day surgery

Having outpatient clinics available locally saves people a great deal of time in travelling further afield, to Exeter or Torbay. We will keep these clinics under review and offer more where doctors and patients identify a need.

Not all duplication can or should be ruled out. We think it is necessary for both Dawlish and Teignmouth hospitals to continue to offer clinics for dressings, because these are needed frequently

and travelling even a short distance would become a burden for this group of people.

In line with Teignmouth's designation as a centre for planned care, it would have a wide range of outpatient clinics.

Those at Teignmouth would include physiotherapy clinic, pain clinic, plastics dressing clinic, flow clinic – urinary, leg ulcer clinic, orthoptist clinic, general surgical clinic, catheter clinic, genetics, rheumatology clinic, colorectal clinic,

paediatrics clinic, gynaecology clinic, Parkinson's disease clinic, ophthalmology clinic, cardiology clinic, urology clinic, ear nose and throat clinic.

Teignmouth will also benefit from full use of its operating theatre, where people can have procedures done as 'day cases'.

We see the purpose-built gym as a vital part of these outpatient facilities for Teignmouth.

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For these reasons we are proposing in both options that Teignmouth offer the bigger range of outpatient clinics.



### What other services do we have now?

**GP surgeries:** for 90% of people, the main contact with health services is through their local doctor. The GPs make home visits, and they help look after patients in local care homes, too

**Community health services** such as community nurses, midwives and health visitors are also provided by the Care Trust and local authority

**Social care,** including rapid response, reablement, equipment, personal care and other domiciliary (home) care, run by Devon County Council

**Mental health services,** including for people with dementia, provided by Devon Partnership NHS Trust

**Therapy services,** provided by occupational therapists and physiotherapists, helping people with rehabilitation and regaining independence

**Intermediate care,** for people who don't need to be in hospital but aren't able to manage on their own for a short spell

**Torbay Hospital (and the Royal Devon & Exeter Hospital)** for specialist, more intensive and emergency care

**Urgent care** in the evenings, overnight and at weekends (out-of-hours care) provided by Devon Doctors Ltd, a not-for-profit organisation owned by Devon GPs

**Rowcroft Hospice,** providing care for people at the end of their lives – either at home or in the hospice – and support for their families

**Pharmacies,** including late-night opening and Saturday opening

**Voluntary care,** such as home visits and social support, lunches, subsidised transport, and befriending. The organisations include Volunteering in Health, Teignbridge Community Voluntary Services, Assist Teignbridge and a range of specialist voluntary organisations such as Age UK and Alzheimer's Society

**Residential and nursing homes** for those no longer able to live at home

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# The proposals

We have put together these two options, for the reasons set out above. These take into account your feedback and information, the views of local GPs and other clinical experts, and the views of local NHS and social care organisations. The hospital Leagues of Friends and our patient participation groups have been involved throughout, along with the voluntary sector.

Both options will fit with the wider plans of the NHS for South Devon and Torbay. Both have been assessed as affordable.

We are convinced that doing things differently will help us make sure that we can maintain high-quality services in the Dawlish and Teignmouth area for the difficult years ahead. We have to be certain that local people get the best value for every pound we spend.

The journey between Dawlish and Teignmouth takes around 10 minutes by car, 11 by train, and 5 by bus. Public transport links are generally very good, including into the evenings and weekends. Nonetheless, we recognise that some people with mobility problems will have difficulties getting from one town to the other and that the hill up to Teignmouth Hospital can be a challenge. We are working with our voluntary organisations to strengthen community support, so that neighbours feel more able to help each other. This will be done from the community hub.

## Summary of options



### Option 1 – preferred option

Keep both community hospitals and give them different but complementary roles, with beds at both sites. Minor injury services and medical beds to be located at Dawlish, with Teignmouth specialising in rehabilitation and planned care.

### Option 2 – non-preferred option

Keep both community hospitals and give them different but complementary roles, with medical beds at Dawlish. Minor injury services to be relocated to Newton Abbot. Beds at Teignmouth to be relocated to Newton Abbot and used for rehabilitation. Teignmouth to specialise in outpatient rehabilitation and planned care.

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### Option 1 – preferred option

This option would mean people from both towns, and all the surrounding areas, would have access to all the services available across both sites.

This is our preferred option as we believe:

- It is more in line with what local people want – services that are local
- It would mean better outcomes than we have at the moment for our patients



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### WHAT SERVICES WOULD BE WHERE UNDER OPTION 1?

Dawlish Community Hospital	Teignmouth Community Hospital
16 medical (acute) beds for more acutely ill and complex patients	12 beds for people who need rehabilitation and convalescence
Some patients may move to Teignmouth for rehabilitation when ready	Physiotherapy suite and gym
Minor Injury Unit/Urgent Care Centre able to treat the full range of minor injuries, with x-ray seven days a week and extended opening times from 8am-8pm	Minor Injury Unit closed and staff skills concentrated at Dawlish Hospital
	Outpatient clinics including: physiotherapy clinics, pain clinics, plastics dressings clinics, flow clinics – urinary, leg ulcer clinics, orthoptist, general surgical clinics, catheter clinics, genetics clinics, rheumatology clinics, colorectal clinics, paediatrics clinic, gynaecology clinics, Parkinson's disease clinics, ophthalmology clinics, cardiology clinics, urology clinic, ear, nose and throat clinics
Devon Doctors out-of-hours urgent care clinic	Community information and support hub, with community teams and volunteers
	Theatre for planned day surgery
Community clinics for dressings	Community clinics for dressings

### Strengths of Option 1

- Locality keeps both existing community hospital premises, using them to provide health services
- Best use of existing estates and resources
- Improved clinical effectiveness and quality of care, resulting from a degree of specialism at each site
- Improved care for acutely unwell patients and those with complex needs, as nursing staff would keep up their skills in treating and caring for people with a variety of conditions
- Improved rehabilitation services, enabling patients to regain confidence and achieve maximum independence and mobility more quickly
- Improved minor injury service with much better access to x-ray, able to treat a wider range of more serious injuries, with staff skills concentrated in one place and maintained through seeing more patients
- Greater clarity for local people on where minor injury services can reliably be accessed
- Space created to establish a hub/wellbeing centre, to be used with the voluntary sector as a community space, and providing information and support
- Ease of parking at the Dawlish site would allow for extra visitors to minor injury unit

### Weaknesses of Option 1

- More people will have to travel four miles between the hospitals, both for outpatient clinics, MIU and to visit family in beds
- Limited parking at Teignmouth (25 spaces in total) will not be eased
- Parents or carers of young children in Teignmouth (frequent users of minor injury services) will need to travel (while those in Dawlish will still have a convenient – only better – service)

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### Option 2 – non-preferred option

This option would see Dawlish Hospital as the centre for urgent/medical care, with 16 inpatient beds. Minor injury services would be relocated from Teignmouth and Dawlish, to Newton Abbot. Teignmouth Hospital would focus on planned care, with daytime rehabilitation, day surgery and outpatient clinics.

For this option we believe:

- It would mean better outcomes than we have at the moment for our patients



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### WHAT SERVICES WOULD BE WHERE UNDER OPTION 2?

Dawlish Community Hospital	Teignmouth Community Hospital
16 beds for more acutely ill and complex patients, as well as those less seriously unwell, needing convalescence	No inpatient beds; 12 more beds for people needing rehabilitation opened at Newton Abbot Community Hospital
Minor injury services <b>relocated</b> to Newton Abbot Community Hospital, able to treat the full range of minor injuries, including some fractures, with diagnostics (x-ray) seven days a week and extended opening times from 8am-10pm	Minor injury services <b>relocated</b> to Newton Abbot Community Hospital, able to treat the full range of minor injuries, including some fractures, with diagnostics (x-ray) seven days a week and extended opening times from 8am-10pm
(Devon Doctors out-of-hours Urgent Care Clinic at Newton Abbot)	Physiotherapy suite with gym and daytime rehabilitation service
	Outpatient clinics including: physiotherapy clinics, pain clinics, plastics dressings clinics, flow clinics – urinary, leg ulcer clinics, orthoptist, general surgical clinics, catheter clinics, genetics clinics, rheumatology clinics, colorectal clinics, paediatrics clinic, gynaecology clinics, Parkinson's disease clinics, ophthalmology clinics, cardiology clinics, urology clinics, ear, nose and throat clinics
	Community information and support hub, with community teams and volunteers
	Theatre for planned day surgery
Community clinics for dressings	Community clinics for dressings
Extra investment in community services across the Coastal locality	

### Strengths of Option 2

- Locality keeps both existing community hospital premises, using them to provide health services
- It makes reasonable use of existing estates and resources, including at Newton Abbot Community Hospital
- Improved clinical effectiveness and quality of care, resulting from a degree of specialism at each site
- Further development of an urgent care centre at Newton Abbot community hospital, with potential for improved outcomes
- Improved care for acutely unwell patients and those with complex needs, as nursing staff would keep up their skills in treating and caring for people with a variety of conditions
- Improved rehabilitation care through day services at Teignmouth, enabling patients to regain confidence and achieve maximum independence and mobility more quickly
- Greater clarity for local people on where minor injury services can reliably be received
- Space created to establish a hub/wellbeing centre, to be used with the voluntary sector as a community space, and providing information and support

### Weaknesses of Option 2

- Beds for those needing rehabilitation not provided within the locality, necessitating travel to Newton Abbot
- Lack of beds at Teignmouth represents some loss of service for the locality
- Parents or carers of young children in Teignmouth and Dawlish (frequent users of minor injury services) will need to travel to Newton Abbot to the minor injury unit



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### Our staff

Our staff at both hospitals are highly valued, and will be fully consulted throughout the public consultation period. Once we know the results of the public consultation, we will work with them to identify any need for training for new roles. We would not expect any redundancies as a result of these changes, as our staff are all very much needed. Staff will be supported to move into new work where necessary, and wherever possible within the Coastal locality.

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# Tell us your view



The questionnaire on pages 18-19 asks a series of questions about which of the two options you prefer, and why.

If you would like more information before making up your mind, there are several ways we can help.

## Come along to a public meeting and ask questions:

We have arranged meetings as follows:


- Wednesday 14 January, 1pm-3pm, the Strand Centre, Dawlish
- Thursday 15 January, 6pm-8pm, the Alice Cross Centre, Teignmouth
- Thursday 22 January, 1pm-3pm, the Village Hall, Bishopsteignton

## Invite us to a meeting you already have planned

If you have a regular meeting you would like someone from the Coastal locality to attend, please let us know. We will do our best to come.


## Do some more reading


We can provide paper copies of these documents on request.

Further data about the use and costs of our minor injury units is [here](#) 

Further information about costs and the clinical case is [here](#) 

The Pioneer ambitions for integrated care are [here](#) 

South Devon and Torbay Clinical Commissioning Group's five-year strategic plan is [here](#) 

with a longer version [here](#) 


## Ask us a question

Contact Laura Jenkins, programme support manager, via email: [laura.jenkins@nhs.net](mailto:laura.jenkins@nhs.net)  or call 01803 652 556

We will make particular efforts to reach people who don't always get their voice heard, such as travellers, homeless people, people with disabilities, including people who are deaf or having hearing difficulties.

## Giving everyone an equal chance to get the services they need

We have carried out assessments of the impact our proposals will have on equality. We have done this by completing a 'due regard' assessment, in line with our duties under the Equality Act 2010. This tells us that the options we are putting forward are unlikely to have an adverse impact on people with 'protected characteristics', which means on the particular groups that are protected by the Act.

Our assessment took into account race, age, gender, whether women are pregnant, disabilities, marital/civil partnership status, sexual orientation and religion and belief. See the assessment [here](#) 

## Following national guidance and legislation

We are carrying out this consultation in line with our duties under the Health and Social Care Act 2012, section 14z2, and in line with the Cabinet Office Code of Practice on Consultation, 5 November 2013.

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## What happens next?

Once the consultation closes, at midnight on 8 March 2015, Healthwatch Devon will collate all the answers to the questionnaires, together with feedback gathered at meetings and events. This will be published in a report no later than 31 March 2015.

The Coastal locality GP commissioners will discuss the findings with GP practices in the locality, with the South Devon and Torbay Clinical Commissioning Group, and with healthcare professionals and managers.

They will agree a recommendation, and a final decision will be taken by South Devon and Torbay CCG's Governing Body.

Thank you for reading about the proposals, and for your time in filling out the questionnaire and considering your response. We know that by working with our local communities and listening to your views, we have a far better chance of making the right decisions. Your contribution is greatly valued.

## Coastal Locality Community Services Consultation



These questions are being asked by South Devon and Torbay CCG, on behalf of its Coastal locality.

The information you provide is being independently collated and analysed by Healthwatch Devon, which will pass the findings to the Clinical Commissioning Group.

If you are not filling out this questionnaire online (to do so go to [www.healthwatchdevon.co.uk/teignmouthanddawlish](http://www.healthwatchdevon.co.uk/teignmouthanddawlish), please detach or print this survey and give to reception or post to Healthwatch via the Freepost address on page 19.

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**1. Which of the two options set out do you think would be better for people in Teignmouth, Dawlish and the surrounding areas in Coastal locality? Full details of the options can be found in this document: [www.healthwatchdevon.co.uk/teignmouthanddawlish](http://www.healthwatchdevon.co.uk/teignmouthanddawlish)**

Please choose number 1 or 2 by ticking the box on your preferred option.

### Option 1 – preferred option of local commissioning GPs

Dawlish will have:

- Minor Injury Unit 8am-8pm with 7-day x-ray
- Out-of-hours doctors
- 16 inpatient beds
- Community clinics (dressings, etc.)

Teignmouth will have:

- 12 rehabilitation beds and rehab service
- Health and wellbeing hub
- Operating theatre for day surgery
- Outpatient clinics
- Community clinics (dressings, etc.)

### Option 2

Dawlish will have:

- 16 inpatient beds
- Community clinics (dressings, etc.)

Teignmouth will have:

- Health and wellbeing hub
- Rehab service (daytime)
- Community clinics (dressings, etc.)
- Operating theatre for day surgery
- Outpatient clinics
- Community clinics (dressings, etc.)

All minor injury unit services at Newton Abbot

12 rehabilitation beds at Newton Abbot

**2. Please tell us about your choice: why do you prefer this option?**

3. Is there anything else you would like to add about other ways to improve local services? (Please bear in mind that no change is not an option.)

4. If you are responding on behalf of an organisation, please tell us what type.

- NHS provider organisation
- County or District Council
- Town Council or Parish Council
- Patient representative organisation
- Independent healthcare provider
- Third-sector organisation
- Other (please state)

5. To help put this information in context and ensure we are successfully reaching all parts of the Coastal locality, we would like to ask a little bit about your personal situation.

What is your full postcode?  
(This will help us to understand whether you are in a rural, village or urban area)

- What is your age?
- under 16    16-24    25-34
  - 35-44    45-64    65-74
  - 75-84    85+

- What is your gender?
- Male    Female
  - Transgender    Prefer not to say

- Do you have one or more long-term health conditions?
- Y    N

If yes, please let us know what they are.

- What is your working pattern?
- Part time    Full time
  - Unemployed    Retired
  - In education    Other

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6. How did you hear about this consultation?

- Local newspaper/radio/TV
- Facebook or Twitter
- Local club or community group
- GP surgery or other health service
- Healthwatch Devon newsletter or website
- CCG website
- Devon Link Up
- Be Involved Devon
- Living Options
- Devon Senior Voice
- Devon Carers
- Intercom Trust
- Other (please say)

The closing date for responses is 8 March 2015

Please send completed forms to:

FREEPOST RTEK-TZZT-RXAL  
Healthwatch Devon  
3 & 4 Cranmere Court  
Lustleigh Close  
Matford Business Park  
Exeter EX2 8PW

If you would like this document in a different format, please contact Laura Jenkins at [laurajenkins1@nhs.net](mailto:laurajenkins1@nhs.net) or 01803 652 556.

We have listened to community feedback and worked to ensure that these proposals provide service improvement and equality of access, in line with our public-sector equality duties. If you have any queries or feedback on this point, please contact Laura Jenkins.

## Contacts

### Website

[www.southdevonandtorbayccg.nhs.uk](http://www.southdevonandtorbayccg.nhs.uk)

### Email

[sdtccg@nhs.net](mailto:sdtccg@nhs.net)

### Twitter:

[twitter.com/sdtccg](https://twitter.com/sdtccg)

### Engagement:

Jo Curtis 01803 652 475

### Communications:

Sallie Ecroyd 01803 652 480

Glenn Price 01803 217 231

## Minor Injury Units Supporting information

There are eight minor injury units (MIUs) in South Devon and Torbay. Historically, they have offered different levels of service, and have had different opening times. Some have offered x-ray, for example, and blood tests, while others have offered a more basic service. This has been confusing for patients.

The changes in Dawlish and Teignmouth present an opportunity to bring about a real change in the quality of minor injury services for the local community across the Coastal locality.

The preferred option is to combine the Teignmouth and Dawlish in to one greatly improved unit at Dawlish Hospital. This will be more convenient for local people, and be of greater benefit to local GPs, who will be able to send patients to a nearby hospital for x-ray. However, both options in the consultation will provide a unit for people in the Coastal locality to have access to a MIU with:

- Extended opening hours from 8am to 8pm
- X-ray 12 hours a day, seven days a week
- A reliable service that can avoid unforeseen closures
- Sufficient numbers of patients to make sure staff can maintain their skills
- Out-of-hours doctors' service on the same site

In its Future of Community Hospital task group report, 2012, Devon Health and Wellbeing Overview and Scrutiny Committee visited a range of minor injury units and expressed concern that all were branded in the same way, but did not offer a consistent level of service and had irregular opening hours.

It made the following recommendation:

Recommendation 4: Review MIU opening hours so that there is greater clarity and consistency of opening hours.

The Scrutiny Committee task group also called for:

- *Clarity about the range of services provided within each MIU and clear communication with local communities, with appropriate sign-posting to emergency services.*

(Health and Wellbeing Scrutiny Committee: Future of Community Hospitals Task Group, September 2012) [http://www.devon.gov.uk/community\\_hospital\\_tg\\_final.pdf](http://www.devon.gov.uk/community_hospital_tg_final.pdf)

Minor injury units across South Devon and Torbay were reviewed in 2013/14. The task group talked to patients as part of this review, and found:

## SERVICE VARIABILITY

The overwhelming feedback was that the patients were aware there was some form of service, but very little evidence of what they could expect from that service, the main points being:

- Lack of understanding of the service available
- Specific services not available at all times, eg lacking in x-ray facilities
- Opening hours inconsistent and not convenient, with need extending past “office hours”
- Opening hours aren’t as accessible as A&E
- Lack of consistent weekend access and it needs to be a 7-day service
- Frustrations around non-appropriate presentation to MIU and being sent to hospital anyway
- Needs better links to Community Hospitals

However, when patients reported using the services, they were pleased and deemed them important local services that should be better used.

The task group, which included doctors and Minor Injury Nurses, concluded that to be safe, sustainable and efficient, MIUs need to have x-ray available, be open seven days a week and see at least 7,000 patients a year.

This ensures that the nurses, who must hold special qualifications, are able to maintain their skills by seeing enough patients with a sufficiently wide range of minor injuries.

## Drawing up the options

We have looked at our local minor injury units, in the Coastal locality and at Newton Abbot, in the light of these requirements.

The table below shows the numbers attending at each unit.

	2013/14	Meets criteria
Teignmouth	3,285	No
Dawlish	4,232	No
Newton Abbot	15,273	Yes

This presents two options for achieving the 7,000+ attendances a year.

### Option 1 – MIU at Dawlish

To Serve	Activity
Dawlish	4,232
Teignmouth	3,285
	<b>7,517</b>

#### Outcomes

- Reduce duplication
- Makes use of purpose-built facility at Dawlish

### Option 2 – MIU at Newton Abbot

To Serve	Activity
Dawlish	4,232
Teignmouth	3,285
Newton Abbot	15,273
	<b>22,780</b>

#### Outcomes

- Reduce duplication
- Would allow for the creation of a centre of clinical excellence

**The preferred option is to combine the two MIUs at Dawlish**, so that this service is available to Teignmouth and Dawlish people locally. The service would be of the same standard as the MIU service currently provided at Newton Abbot.

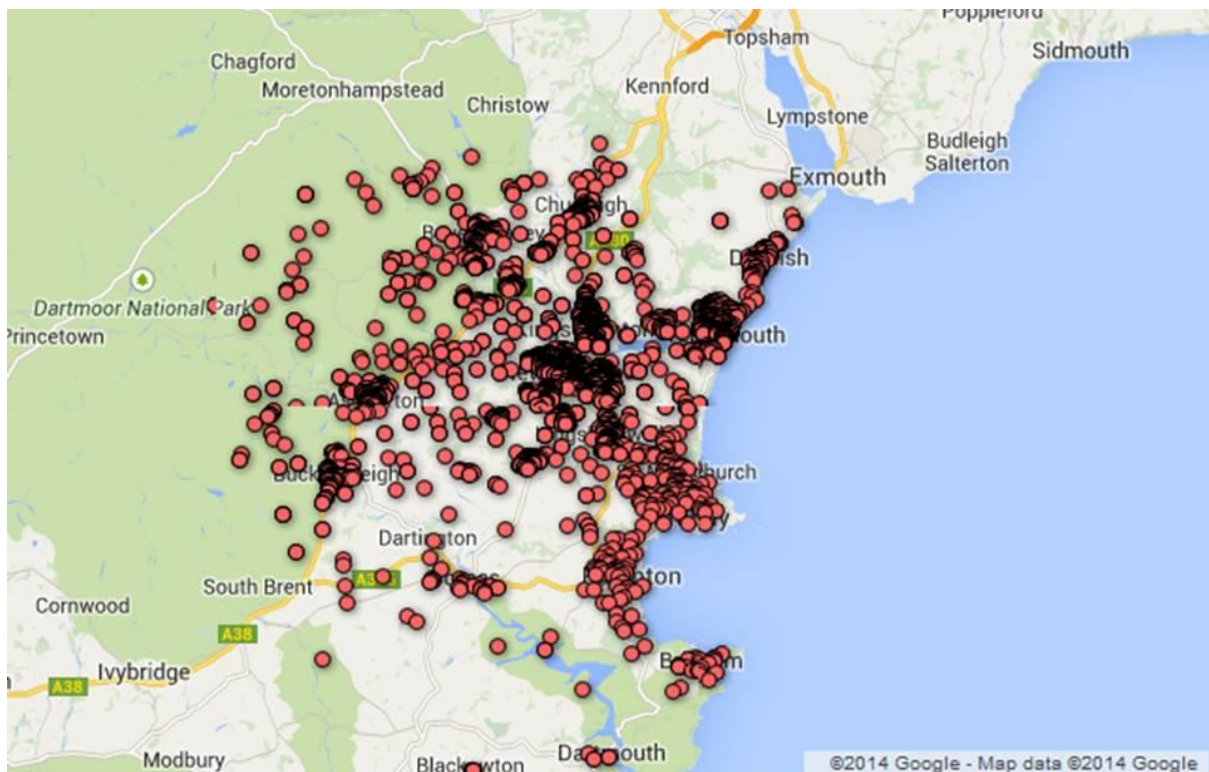
The reason we would combine Teignmouth and Dawlish MIUs at Dawlish is simply a matter of the building. In all proposals, the Coastal locality commissioning GPs have wanted to make the most of the existing facilities and play to the greatest strengths of the two hospitals.

Dawlish is a modern, purpose-built hospital that was designed specifically to offer a minor injury unit. It has a GP surgery on the same site and plenty of parking space. Devon Doctors, which provides the out-of-hours urgent care GP service, believes that Dawlish provides a better clinical environment for its own services.

Teignmouth, like many other community hospitals in Devon, has been modernised and adapted over the years, and – while it does not have such good facilities for a minor injury unit – does have the physiotherapy rooms and gym, donated by the League of Friends.

However, many people from Teignmouth and Dawlish do already use the MIU at Newton Abbot. Local commissioning GPs believe this is because people know it will be open, know that x-ray will be available, and know its opening times. It offers an excellent MIU service, and this could be further developed into an Urgent Care centre of excellence if the MIU resource from Teignmouth and Dawlish were moved there.

The map, below, shows the postcodes of patients who used Newton Abbot MIU in the last year.



We understand that combining the two minor injury units at Dawlish will mean extra travelling for some people at some times and we are keen to understand the needs of people without



access to a car. In this context, it should be noted that the existing MIU at Teignmouth is itself not ideally located for the town, being up a long hill.

Public transport between the two towns is good, both by rail and bus, including at weekends and in the evenings. This can be seen at [bus timetable](#) and [train times](#)

The Coastal locality commissioning group would like to work with parents of young children, to raise their awareness about the wide range of local services available and to pass on guidance and advice about “what to do and who to see” for a range of common childhood minor injuries.

### Costs

The tables below show the costs of each of these options. Combining the Teignmouth and Dawlish MIUs on to one site at Dawlish will require extra investment, because of the 7-day x-ray and extended opening hours.

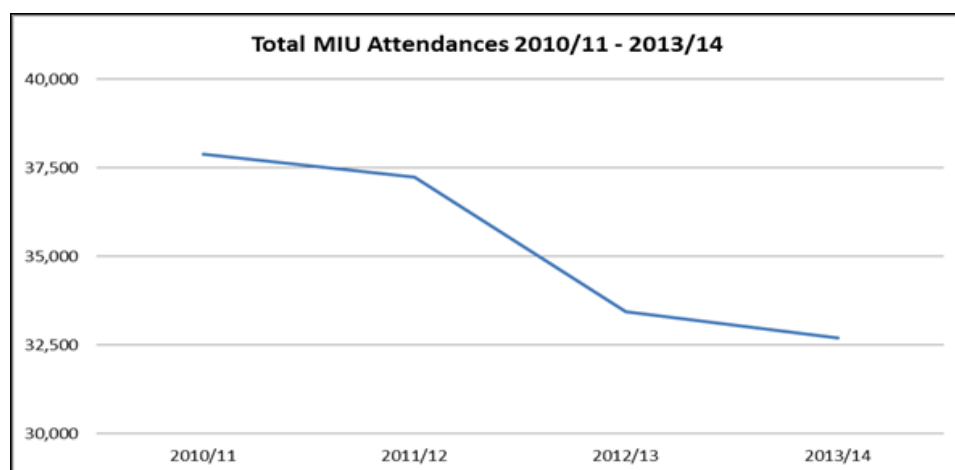
Minor Injury Unit – Option 1					
	Cost	MIU			
	Existing Budget	Revenue Savings	New Cost	Increased Funding Need	Net Investment
Dawlish	£99,558	-£99,558	£354,088	£125,640	£125,640
Teignmouth	£128,890	-£128,890			

Moving the MIU services from Dawlish and Teignmouth to Newton Abbot Hospital would yield a saving that could be used to further develop services at Newton Abbot MIU.

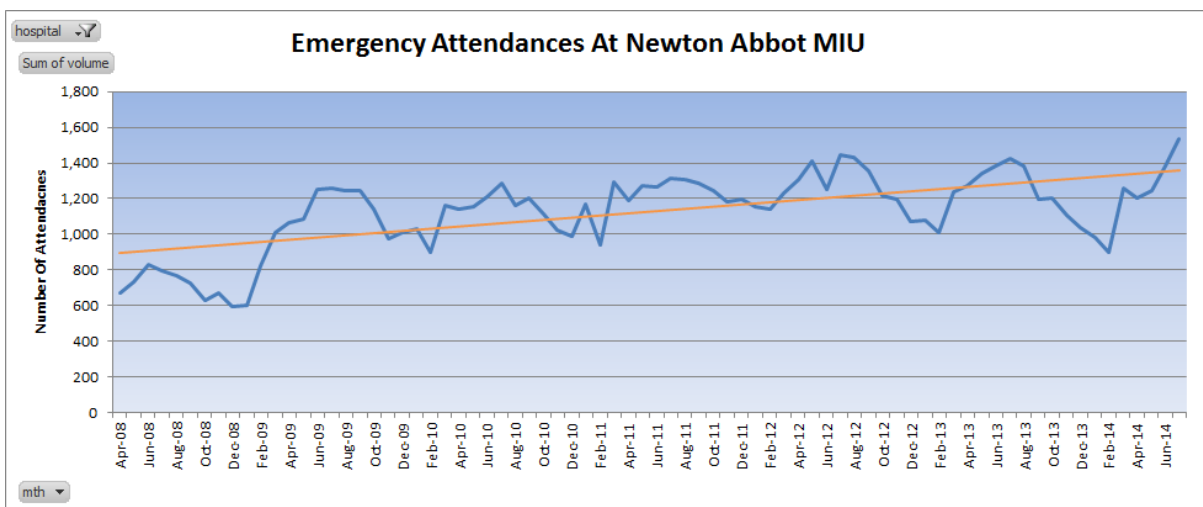
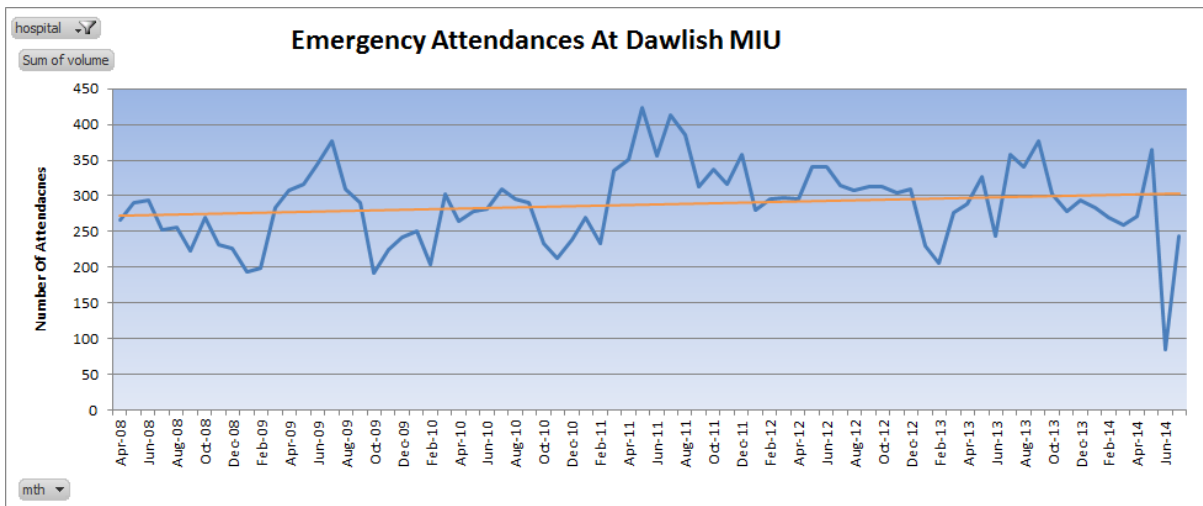
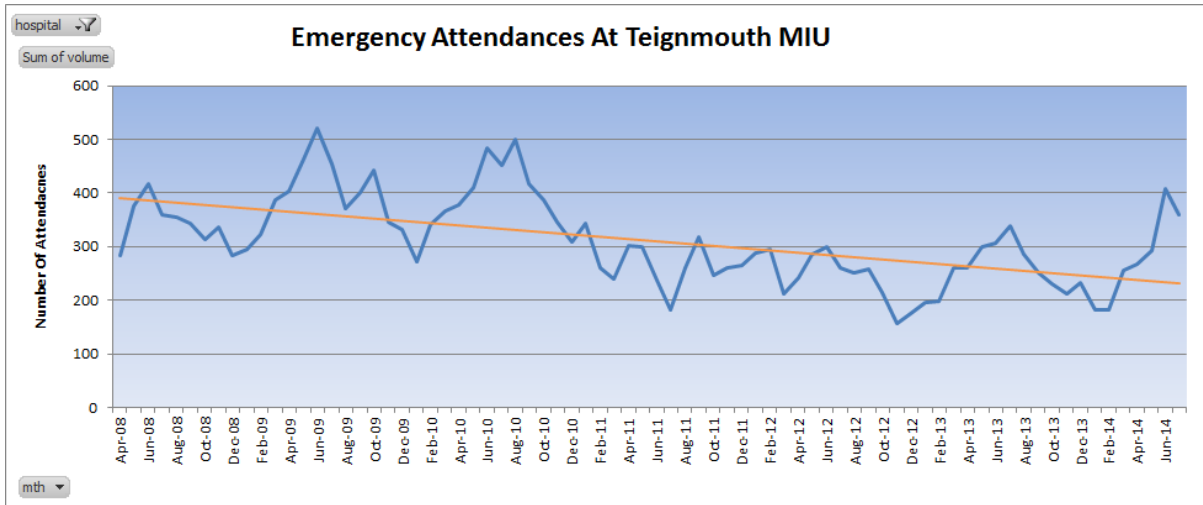
Minor Injury Unit – Option 2					
	Cost	MIU			
	Existing Budget	Revenue Savings	New Cost	Increased Funding Need	Net Saving
Dawlish	£99,558	-£99,558			
Teignmouth	£145,403	-£145,403			
Newton Abbot	£388,200		£170,399		-£74,562

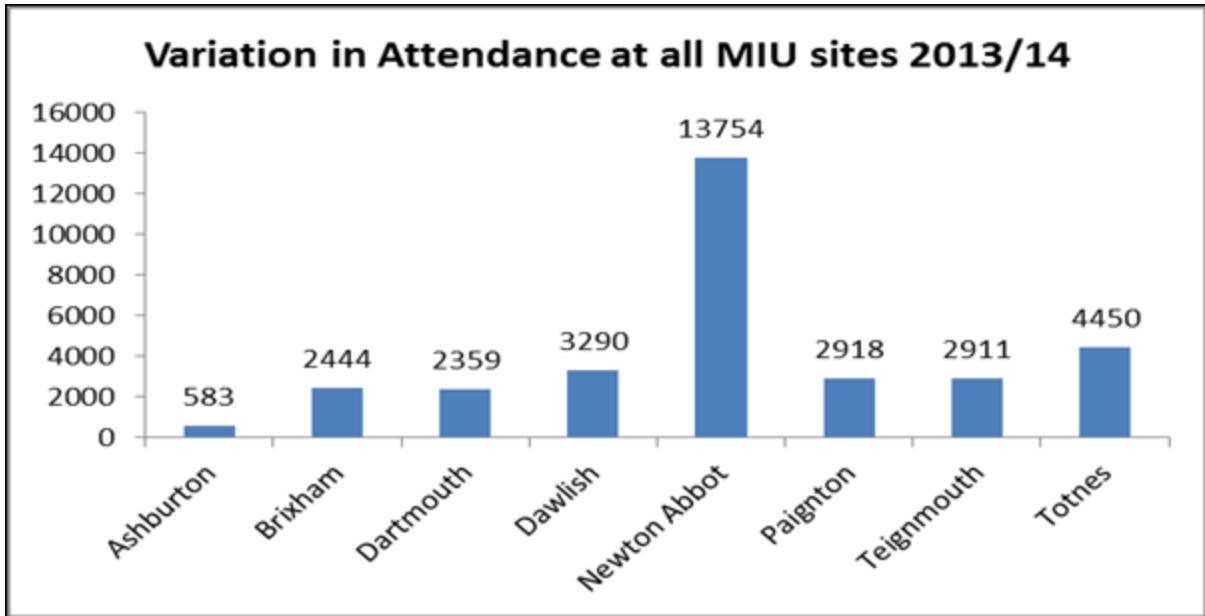
### Use of Minor Injury Units

There has been a fairly uniform fall in the use of MIUs in recent years.

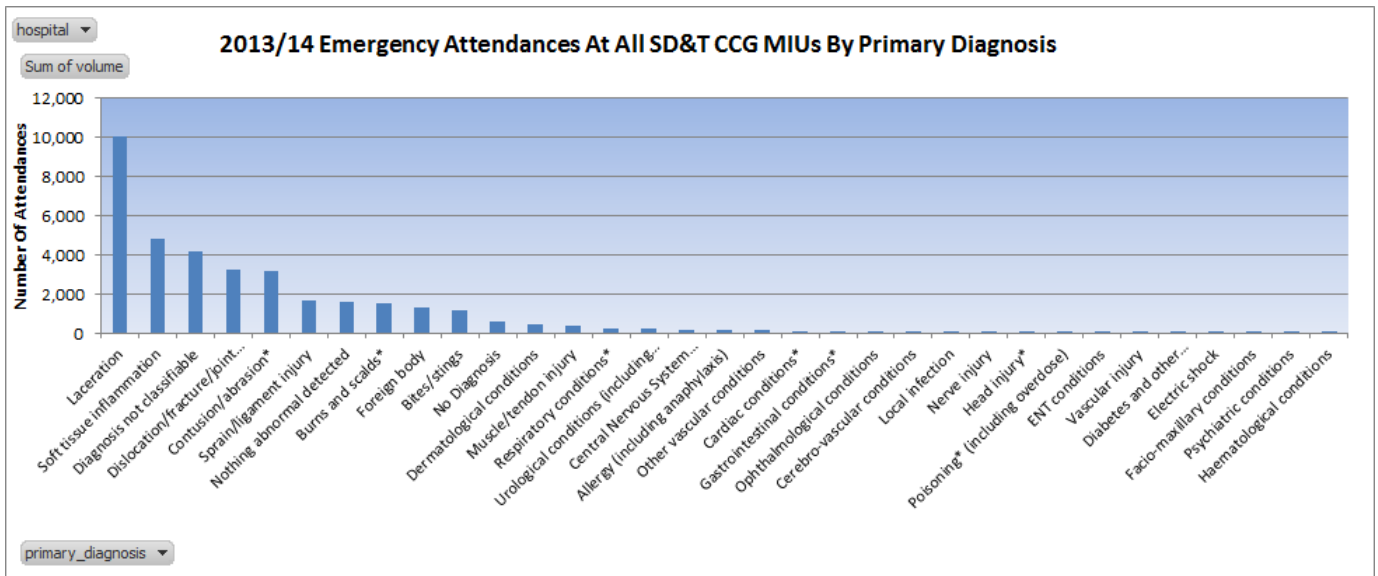


Attendances at Teignmouth, Dawlish and Newton Abbot MIUs are shown in the graphs below.





Most attendances at MIUs are for lacerations (cuts), followed by soft tissue inflammation.



The map and table, below, show the location of our MIUs across South Devon and Torbay, and the travelling times between our hospitals.



From	To	Miles	km	Minutes
Teignmouth	Dawlish	3.9	6.3	10
Teignmouth	Newton Abbot	5.8	9.3	15
Dawlish	Newton Abbot	9.5	15.3	25
Bovey Tracey	Newton Abbot	6.2	10.0	13
Chudleigh	Newton Abbot	7.7	12.4	28
Ashburton	Newton Abbot	7.1	11.4	16
Ashburton	Totnes	8.6	13.8	15
Dartmouth	Totnes	14.4	23.2	28
Dartmouth	Brixham	4.7	7.6	21
Dartmouth	Paignton	9.0	11.5	26

## Consultation on Community Services – Coastal Locality Supporting information

This paper presents further information about community services in the Coastal locality, and provides more detail about the context in which the proposals have been drawn up.

It describes the national direction of the NHS, and gives more detail about local strategy. It also sets out more background information about how local services are used, what they cost, and what the proposed changes will mean for these costs.

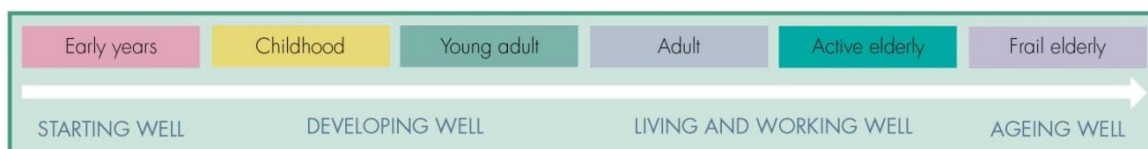
### How commissioning works

South Devon and Torbay Clinical Commissioning Group (CCG) is responsible for planning, designing and buying healthcare services for its local population.

To do this, we start with a thorough understanding of the health and wellbeing of the local population. Increasingly, we look not just at what local people need, but what strengths our communities already have, particularly in terms of community support and community cohesion.

This information is set out in our Joint Strategic Needs Assessment.

The CCG and its partners in health and care recognise that people of all ages will have times when they need more support, so instead of concentrating on particular illnesses, the overall approach is to look at the range of support and care people might need at different stages during the course of their lives.



As part of this, we plan with our partners to do more for people at each stage of their lives: to give children the best start, to help them develop well, lead productive, active and healthy lives, to age well and to die in a place, and with the care, they would choose.

### Our population

In South Devon, people generally enjoy better-than-average health. But we have pockets where people have less good housing, education, employment opportunities and income – all factors that affect general health and wellbeing. The Marmot Review on health inequalities (2012) makes clear that a person's health and wellbeing in later life are affected by these factors over the course of their earlier life.

In the Coastal locality, we see differences in life expectancy, ranging from 85.2 years in Buckeridge Road in Teignmouth to 76.3 years in the Dawlish seafront area.

Our population is ageing. In the Coastal locality, for instance, we expect the number of people aged 85 and over to increase in Dawlish from 600 to 720 (or 20 percent) by 2020 and in Teignmouth from 750 to 890 (Office of National Statistics).

At the same time, many more people are living with one or more long-term health condition. We know from our Joint Strategic Needs Analysis that these are also set to rise.

This means ever-rising demand on services, and to keep pace with this, we need to change our approach. South Devon and Torbay Clinical Commissioning Group has agreed to:

- focus on prevention and early help, supporting people to do more for their own health where they can
- intervene earlier when people are at risk of developing a health condition, eg diabetes
- help people get the information they need to get the right local services at the right time
- coordinate services so that no-one falls through the gaps
- help people maintain their independence
- avoid people being admitted to hospital where they could have been helped to stay at home
- work with local communities to ensure people's whole wellbeing needs are met, not just their medical needs.



**Coastal  
Locality**

**In the next five years:**

- People living with a longstanding heart condition – up by 20%
- People with respiratory illnesses such as emphysema and asthma – up by 20%
- People having falls – up by 20%

By 2026, the number of people living with dementia will rise by a quarter

In our area, our community provider organisation, Torbay and Southern Devon Health and Care NHS Trust, will be coming together with Torbay Hospital (run by South Devon Healthcare NHS Foundation Trust) to form a single organisation.

This Integrated Care Organisation is developing a new focus – to find more and more ways of looking after people outside hospital, nearer their own homes or in their own homes. As the emphasis shifts, it will mean a smaller proportion of the budget being spent on bed-based care at Torbay Hospital and more investment in community services.

This investment will be to:

- Provide co-ordinated and joined up services in communities closer to home
- Promote wellbeing, self-care and prevent illness
- Care for people at home
- Have a single point for people to get services
- Provide joined-up services and closer working with primary care (GPs)
- Provide more rehabilitation, in hospitals and at home
- Join forces with voluntary and carer organisations to make sure care is right
- Create larger community teams of health and care staff with a range of skills, to enable care closer to home

The new Integrated Care Organisation will set safety and quality as its yardsticks. As far as possible, it will make sure that right across South Devon and Torbay people can expect the same service, with the same quality.

However, everyone recognises that local engagement and consultation will produce different variations for these services, which may be adapted to fit local needs.

## The community wellbeing hub

Loneliness and social isolation pose risks to older people's health and mortality. Effective ways of combating this isolation include public services taking action with the involvement of families and communities (World Health Organisation 2002).

The health research institute, The King's Fund, argues that "many older people experience needs that tend to be characterised as 'minor' but which can significantly affect their independence, wellbeing and social engagement". (Making our health and care systems fit for an ageing population, 2014, Oliver et al.) These 'minor' needs include foot problems, mobility problems, and chronic pain.

The community wellbeing hub is a vital part of the proposals. The Teignmouth hub would act as a first port of call for anyone needing help or support – a community space, with information and advice. The community team already there will be extended. It would bring together our health and social care staff with mental health and the voluntary sector, ensuring that information is shared easily, patients do not have to tell their story more than once, and care can be coordinated around an individual's needs. These are all important themes that came out of the engagement discussions in the Coastal locality and beyond.

More importantly, we know that by working closely together, we can pool all our knowledge of patients. If GPs, social care, physiotherapists and occupational therapists, mental health staff, community nurses and the voluntary sector are working hand in hand, we will not have to wait for a patient to become seriously ill before we know about them. Instead, we will be making sure that – because we know about them – someone is keeping an eye on their health and wellbeing anyway.

### Case study: Mr "Jones"

Mr Jones is 87 and has Parkinson's disease. His wife, a former nurse, has cared for him admirably for several years, looking after his needs and taking on all the household jobs with a little bit of help from a carer once a week. Mrs Jones is hugely competent and doesn't ask for help.

A couple of weeks ago, though, the carer noticed Mr Jones had taken a turn for the worse and Mrs Jones was struggling – trying to lift her husband. She let the community team know. The GP went to visit and sorted out Mr Jones's medicines and took care of his medical needs. The community matron went in, and so did the 'rapid response' team, which acts fast to get people the care they need. Some short term regular visits were arranged for Mr Jones – along with some support for Mrs Jones, just until her husband got better.

This meant that Mr Jones – instead of being admitted to hospital - stayed at home throughout. The couple maintained their independence, in their own home. Just what they wanted.

The hub will also offer information, advice and help with pointing people towards the service they need, or making them aware of the range of services that might be of help – whether that's for loneliness and isolation, or help understanding a recent diagnosis.

We often hear in our communities that people struggle to find out what support is out there for them.

## Using our hospital beds

Hospital beds are hugely valued by local communities and play a really important role in helping make sure that people can be cared for at home, close to their communities and families.

At present, Dawlish has 18 beds and Teignmouth 12. The patients in these beds will, at any one time, have a wide range of conditions and needs.

Some will be acutely unwell, requiring the level of nursing care they would be given in a district general hospital at Torbay or Exeter, although without the supporting infrastructure. Others may need rehabilitation or recuperation on their way home from a bigger hospital, or be in the community hospital because they are unfit or unsafe to be at home.

Clinical evidence tells us that caring for patients with such differing needs is likely to have a negative impact on outcomes. In particular, those needing rehabilitation do not get the targeted support they need, because nurses' attention is necessarily focused on the most seriously ill. Nor do they have access to the kinds of facilities that excellent rehabilitation requires, because they are on a medical ward that was not intended for them.

For example, specialist rehabilitation was established for stroke in Newton Abbot more than 10 years ago, moving to the new hospital when it opened in 2009. This model of intensive rehabilitation in the community has won national recognition, being rated in the top 10 percent nationwide (Royal College of Physicians for the Healthcare Quality Improvement Partnership, 2009). The unit has 15 beds, and patients are transferred immediately after their acute care at Torbay Hospital. Care follows a clear "pathway" through rapid referral, hospital admission, evidence-based treatment, transfer to rehabilitation and then to home with continued support. Close working with social care is crucial at this stage. This work with social care would be mirrored at Teignmouth rehabilitation service, and will be easier because the multi-agency team will be already based at the hospital.

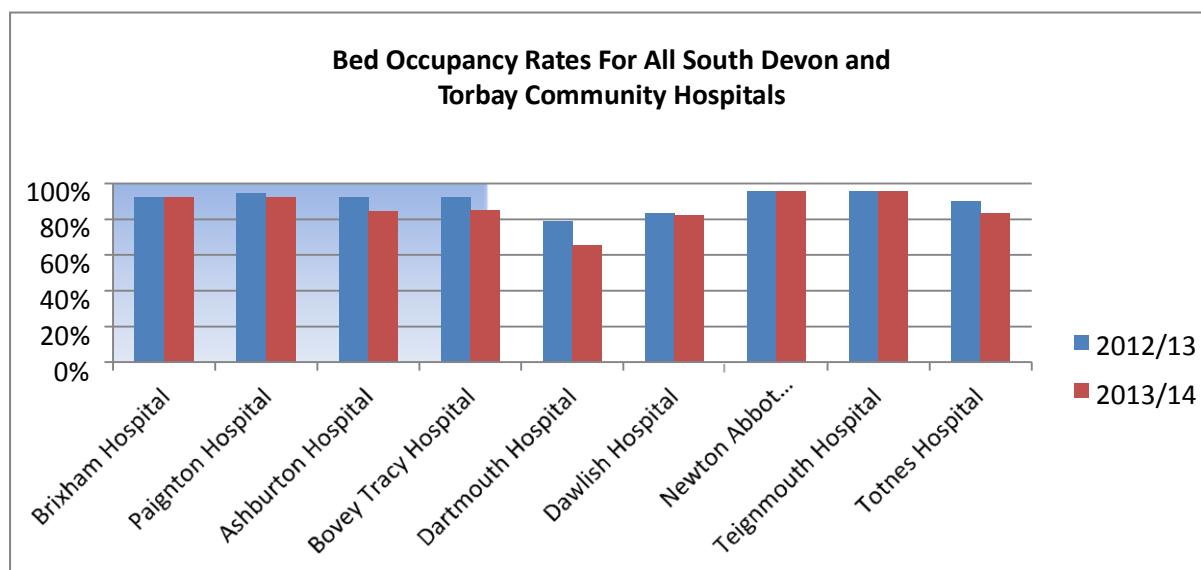
In the Coastal locality, the presence of two community hospitals, each with wards, gives us the ideal opportunity to focus separately on these two different groups of patients. Acute medical beds need higher staffing levels (one registered nurse to each group of eight patients) and a greater range of training competencies. Dawlish Hospital was purpose built to provide exactly this kind of care. With the addition of diagnostic services such as daily x-ray, it would be able further to raise its capability to provide an acute service to patients. While patients are in Dawlish Hospital, community staff will be planning what should happen next – either that patients go on to Teignmouth for recuperation and rehabilitation, or home, with the right care and support. This means people can stay for shorter times in the Torbay or Exeter hospitals – or avoid going to them altogether.

We do not have beds specifically designated at present for supporting people to stay out of the district hospital, or for rehabilitation after patients are discharged from the acute hospital. Convalescence is not a term that is in use any longer in the medical world, but we know that it is still common currency among patients, and something that is valued. Teignmouth Hospital was built at a time when this recuperative care was one of the principle roles of a "cottage" hospital. That was what it was for.

The rehabilitation service at Teignmouth would be led by physiotherapists and occupational therapists, providing intensive support, with nursing and medical input as required. The accommodation would be adapted to maximise the clinical benefits.



## Use of beds in our community hospitals



Beds are highly valued by communities and in the Coastal locality we want to keep them both in Dawlish and in Teignmouth. But they are not the be-all and end-all of good care.

We know that in the 12 months to September 2014, 730 people made use of the beds in Teignmouth and Dawlish Hospitals. Some will have stayed several times. Not all of them will have been local residents, although Teignmouth and Dawlish people themselves will have stayed in other local community hospitals such as Bovey Tracey or Newton Abbot.

Nonetheless, in a population of more than 35,000, the figure of 730 illustrates that our beds provide an essential service for a relatively small number of people.

In the Coastal locality, we want to think beyond beds, to meeting the health and wellbeing needs of a far wider section of the community, of all ages.

We also know that the longer an older person spends in an acute hospital, the more prone they are to becoming institutionalised and the less likely to recover the independence they had before their hospital stay.

We want to avoid people being admitted to hospital when they could have been helped to stay at home. The multi-agency teams, with a wide range of specialist skills, will focus on those people who are most at risk of being admitted to hospital. Doctors, nurses, social care staff and the full range of healthcare professionals meet to make sure they are getting all the support and treatment needed to keep them well and independent, and to stop their condition deteriorating. This is particularly important with people with dementia, who sometimes find the unfamiliar surroundings of a hospital distressing and can deteriorate rapidly in a hospital environment.

Current national policy is taking a clear direction away from hospital care for older people, and it is set to become the expectation that this more vulnerable group will be cared for in their own homes – by nurses, doctors, and a range of other staff.

On average, people stay in Teignmouth Hospital for 13.9 days (2012-13) and in Dawlish for 11.6 days. We would want to maintain this for Dawlish, but the time for rehabilitation in Teignmouth might be extended as needed.

## Coastal Locality commissioning plan

The Coastal Locality Commissioning Group, led by Dr Matthew Fox from Barton Surgery in Dawlish and Dr Paul Raby from Channel View in Teignmouth, has drawn up a locality plan, following the engagement. This is published on the CCG website and identifies the following priorities:

- Joined-up, coordinated community services
- Access

### *Joined-up, coordinated services*

The aim is to create greater joint working between all organisations providing services in the locality, including Devon Partnership Trust, Devon County Council, Teignbridge District Council, Torbay and Southern Devon Care Trust, Primary Care, the voluntary and community sector and private sector providers, so that patients are able to receive a more seamless service.

### *Access*

The aim is to ensure that people have access to high-quality health and social care services across the locality, ensuring appropriate capacity and use of resources.

## Devon County Council Adult Social Care Objectives

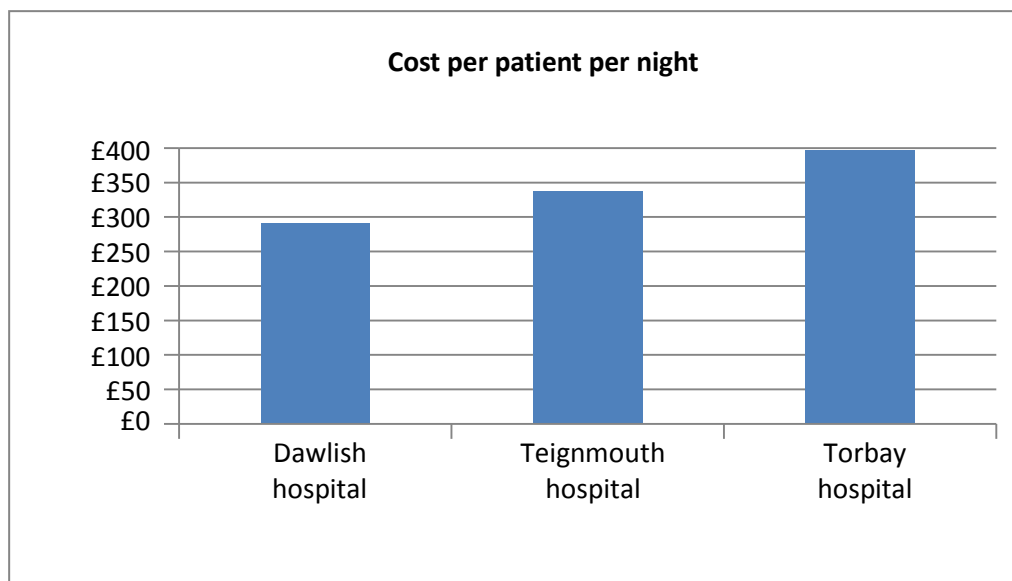
The locality recognises that close working with Devon County Council on social care is vital to integrated, joined-up services.

With a total budget of £202.5million in 2013/14, the main challenges in social care are similar to those in the NHS in many ways. They include:

- Meeting growing demand – including for services to help meet complex needs
- Meeting the needs of people living in rural areas
- Speeding up the assessment process
- Ensuring a vibrant social care market able so that there are enough people and organisations providing the more personal services in people's homes
- Working more closely with health partners to reduce demand and speed up discharge from hospital
- Increasing the alternatives to residential and nursing care so that people can remain in their communities for longer

## Costs

The table below shows current costs at our community hospitals:



Small savings would be released at Dawlish Hospital by reducing the number of beds from 18 to 16. This is the case in both the consultation options.

This is because nursing to patient ratios are set at 1:8 in NICE and other national guidance. Multiples of eight beds become, therefore, the safest and most cost effective way of providing nursing care in hospitals. The minimum number becomes 16, because one nurse should never be on duty alone.

The reduction of two beds would reduce costs – now at £3.294million – by £366,023. Teignmouth would also see reduced costs.

The table below shows the cost of a 12-bed ward for rehabilitation at £466,449:

	<b>12 Beds</b>
Healthcare Asst	184,596
Physios	80,649
OT	33,768
PAM Support	22,300
Ancillary	28,125
Social work	9,369
Nursing	27,642
GP cover	10,000
Total Pay	396,449
Non Pay	70,000
<b>Total</b>	<b>466,449</b>

The tables below show the costs of:

Option one: where the rehabilitation beds remain at Teignmouth

Option two: where the rehabilitation beds move to Newton Abbot

<b>Rehab beds – Option 1</b>				
	<b>Cost</b>	<b>Rehab beds</b>		
	<b>Existing Budget</b>	<b>Revenue Savings</b>	<b>New Cost</b>	<b>Net Saving</b>
<b>Teignmouth</b>	£1,208,030	-1,208,030	£466,449	-£741,581
<b>Rehab beds – Option 2</b>				
	<b>Cost</b>	<b>Rehab beds</b>		
	<b>Existing Budget</b>	<b>Revenue Savings</b>	<b>New Cost</b>	<b>Net Saving</b>
<b>Teignmouth</b>	£1,208,030	-1,208,030	£0	£
<b>Newton Abbot</b>			£378,324	-£829,706

Across the whole of South Devon and Torbay, the new Integrated Care Organisation (merging Torbay Hospital with community services) would plan to make total savings of £9,214,273 to be reinvested in patient care to meet the growing demand on services.

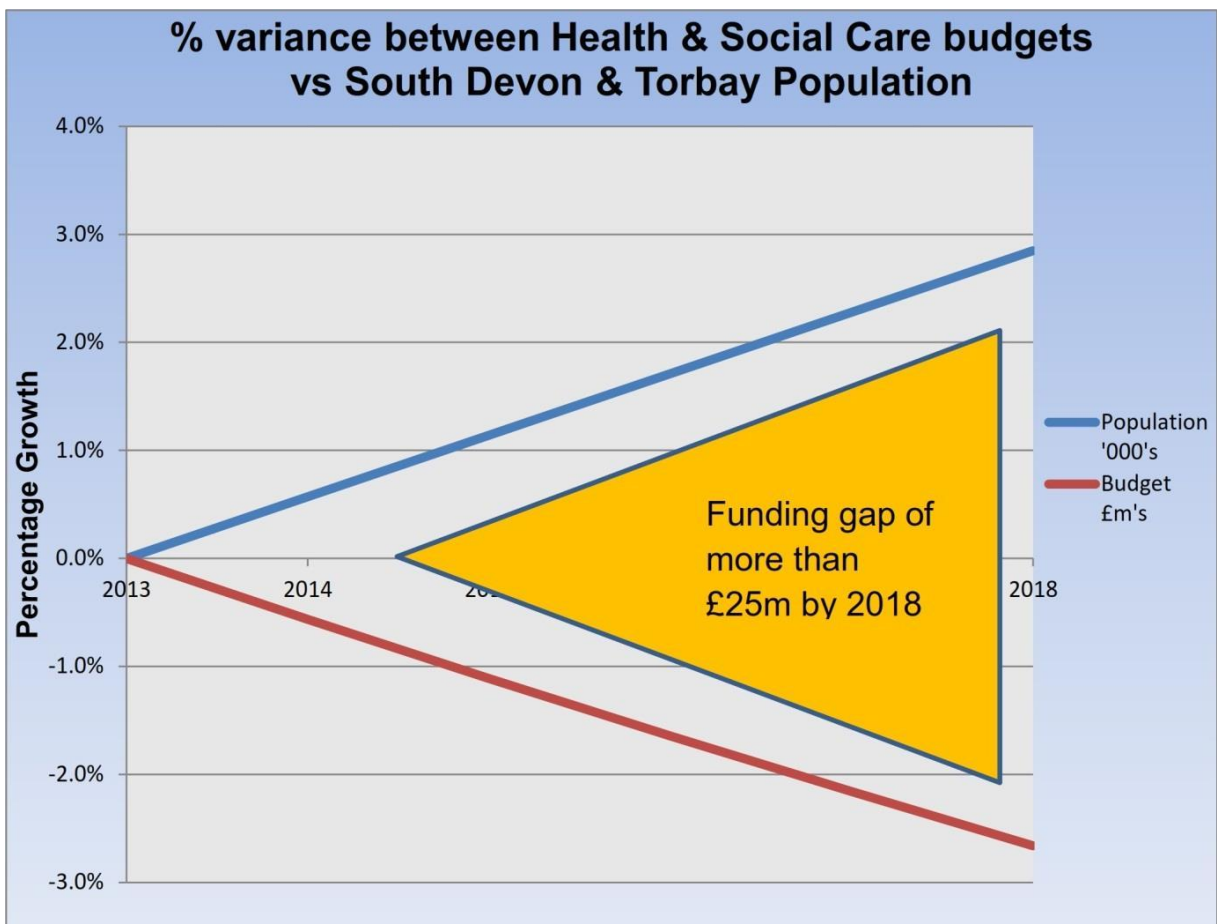
Of this, £3,902,284 (42%) will be spent on improving and extending community services. This investment in community services will allow the Teignmouth and Dawlish areas, under either of the options, to benefit from strengthened community services – all helping people maintain their wellbeing and independence, and not face unnecessary hospital stays.

## The imperative to make changes now

We know that, with no real terms increase in NHS funding and a reduction in social care funding, we have limited time in which to make changes and meet the demographic challenge.

This is already upon us. For most of England, it will be another 20 years before they see the same picture as we do now in South Devon and Torbay in terms of the growing older population.

The graph below shows that – if we do nothing – it will be only four years before we see a funding gap of £25million. We take health and social care budgets together because the two are inextricably linked: cuts in social care spending tend to increase costs in the NHS, as people turn elsewhere for services. Equally, social care schemes such as reablement (helping people get back to living independently) will reduce dependence on hospital care and other health services.



We need to make changes now, as the gap starts to open up. A shortfall of £25million in 2018 would have a very damaging impact on services and, therefore, on the people who rely on them.

The proposals for change are aimed at achieving this change. The opportunity now is to make changes without losing hospitals, beds or services – and instead to offer improved services across the Coastal locality by reducing duplication. This opportunity may not present itself again.