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18 June 2015

Health and Wellbeing Scrutiny

Submission to the Devon overview and scrutiny committee - by NEW Devon CCG and Northern Devon Healthcare Trust.

Torrington Test of Change

Recommendations

This paper is provided to the Devon Health and Wellbeing Scrutiny. It reminds the Committee of the background to the test of change in Torrington, notes previous decisions by them and provides an update with regards to the current model of care and impact on the Community in Torrington. In particular it is recommended that the Committee

- Assures itself that the suggestion at the last Committee meeting that that there were 'serious safeguarding issued' is not valid.
- Allows the CCG and NDHT to respond to the local members' statement
- Notes the CCG and NDHT report and receives a further report on the implementation and evaluation of the model of care.
  NDHT also wish to invite members to undertake a visit to Torrington to view for themselves the services in place and model of care delivered in the community.

Introduction

This short report and joint presentation from the two health organisations is intended to demonstrate the positive impact of change for the local community in Torrington and surrounding parishes. These changes support the local population to access healthcare more readily, but are challenged by individuals who are disappointed by the loss of inpatient community hospital beds and wish them to return.

Readers are reminded that the model to develop an increased community model of care in Torrington was a test of change. The outcome of the targeting of increased community staffing, as well as changes to operational models of care had the impact of reducing the numbers of people who needed to be cared for in community hospital inpatient beds. As a summary more people were cared for at home, less people were admitted to NDHT and attended the emergency department.

Space was also released in the local NHS building which was put to use providing alternative services. There was still a small need for community hospital inpatient beds but insufficient to sustain a community hospital inpatient facility and the recommendation to close the beds were made and provision was made in other community hospitals for the small number of people who still needed them.

Despite the difficulties faced by members of the front line clinical teams in Torrington, the model of care is now embedded and continues to demonstrate the good outcomes and indicators that originally occurred for people. Additionally there is an increase in the community based services in the town, which prevents residents from having to travel to Barnstaple. Greater relationships are developing between the statutory and community and voluntary sector services and we are in dialogue with the Council to understand how best to engage with the community to ensure there is meaningful engagement about future developments.

We are pleased to be given the opportunity to be able to provide a counterbalance to views held by some member of the community with feedback from others who have used the new services.

Timeline

The CCG with NDHT has presented to committee on several occasions and were given approval to proceed despite an acknowledged difficult start. The outcome of the presentation in June 2014 was: RESOLVED that the report be noted and that a monitoring report be circulated to members in 6 months and that a further progress report be submitted to this Committee in approximately 12 months. [1]

There was continued resistance to the closure of beds from a local action group but the CCG with NDHT continued to collect data and maintain the levels of investment to enable the change to be evaluated. A local oversight group had been set up as part of the process, to hold the CCG and the provider to account. Membership of this group was by nomination to provide balance and transparency and was not selected by the NHS.

The decision to close the beds on a permanent basis, maintain the increased level of community services and develop the hospital into a community hub in occurred in November 2014. In order to do this both NHS organisations had due regard for the four tests required of the health service in making organisational change, that there was a clinical evidence base for the change, the potential for choice for people was increased, the GP commissioners were in support of the change and that there had been engagement throughout the process.

The CCG had made all of its data, analysis and rationale available to the public throughout the process and also commissioned an independent assessment of their process and findings which was also subject to public scrutiny.[2]

The CCG came back to committee in January 2015 as requested to update the committee on the process and concerns were raised by one of the Torrington Councillors about quality of care. He was asked to undertake a member's investigation with factual evidence and this was submitted to the committee in March 2015. This was completed independently without any further discussion with the CCG or right to reply to the inaccuracies contained therein.

Additionally STITCH, the action group had also circulated a dossier of allegations in relation to unsafe care and there was a suggestion of safeguarding issues. This dossier had

[1] Minute of the Committee meeting held June 16 , 2014
[2] NEW Devon CCG website

already been investigated by the CCG with NDHT as part of the submission during the extended engagement period in the summer of 2014. There was never any suggestion of safeguarding issues during the initial review of the dossier. The CCG and NDHT undertook to review the cases again to provide reassurance that this was correct and again, was found not to be so. The Chair of the overview committee was contacted in writing to confirm this. More details are provided below[3].

The CCG and NDHT have been asked to return to Committee in June and are very pleased to be able to do so in order to have the opportunity to reassure the committee with regards to the current model of care, its impact on the community and the ambition to work with the community to increased options for locally delivered care.

Services in Torrington

For clarity, the additional community services offered in Torrington included community district nurses, additional therapists, and health and social care support workers. The processes that were changed included rapid response i.e. increase in urgent responses within a given time period. Communication routes for clinical teams and the public was identified as an issues and action was undertaken to create co-ordinated contact numbers. Discharge planning co-ordination was also identified as difficult and an enhancement of staff specifically employed to implement discharge packages of care was initiated with good effect. There are a wide range of services based at Torrington Community Hospital. These include, Outpatient Clinics, Day Treatments, Community Nursing, Community Therapies, Adult Social Care and the Voluntary Sector.

This includes a number of services which have been developed following the closure of the inpatient beds, such as Antenatal and Postnatal clinics, Ultrasound, Depression and Anxiety Service (DAS) and Day Treatments. These have extended the range of services available, improved access and reduced the need for patients to travel to Barnstaple. For example the ultrasound service which commenced in July 2014 has seen between 40 and 70 patients a month with a total of 616 patients attending the clinic up to the end of May 2015.

The Day Treatments service is another example of a service which is improving access for patients. Over 300 patients benefitted from this service during 2014-15. These are Nurse led clinics which operate on a Tuesday, Wednesday and Thursday providing a range of treatments including infusions, blood transfusions and catheter changes. As demonstrated by the public feedback this service has been very well received by patients and we are currently looking at how it could be expanded at Torrington and replicated in other communities in Northern Devon.

The Hospital is also now the base for a number of community teams which support patients in the community or in their own homes. This includes the Community Nursing team, Community Therapy Team and Adult Social Care. The opportunity to base all three teams alongside one another has greatly improved joint working and reduced barriers between services. In the 18 months since the test of change the total number of community visits conducted by the community teams has increased by 34% from 17,530 to 23,566 visits per annum. The direct clinical time the teams have been able to spend face to face with patients

[3] Letter to Councillor Westlake from Dr Alison Diamond and Dr John Womersley 23.4.2015

has also increased by 33% from 9,539hrs to 12,673hrs. This equates to just over 30 mins per visit.

More recently TorrAGE have started working from the Health and Wellbeing Hub. TorrAGE is a four year, lottery funded project supporting the health and well-being of the elderly in North Devon. It aims to reduce social isolation and loneliness through a number of activities including befriending, Well-being watch telephone calls, Tai Chi & gentle exercise classes to help maintain balance and flexibility and social gatherings to establish new friendship circles and perhaps pursue a hobby. Having the voluntary sector based at the hospital alongside the community teams also has added advantages in promoting joint working and more seamless care for patients.

There are great opportunities to expand services further and agreement has been reached with the town council to take the lead needed between the community and North Devon Healthcare Trust to consider other options which would enhance local care. The Lord Mayor has kindly agreed to chair this group with requests being made for representation from the local parishes, the county council, the League of Friends, the public and voluntary and community sector representatives as well.

The delay in confirming the closure of the beds on a permanent basis had been a block in undertaking this work more rapidly.

Patient safety

If the model of care was not delivering safe and effective care we would expect to see an increased reliance on emergency services as a symptom of people experiencing health crises. We would also see and indeed encourage clinicians to raise concerns.

We described in our decision making report to both boards the types of issues which the new model of care gave rise to and the changes we made and continue to make to ensure the model reflects the needs of the community. During the test of change we identified a particular issue in relation to discharge planning from secondary care, we listened, investigated and implemented changes to process to improve this.

A live debate between the community team and primary care team is related to some about changes we are considering making. This evolved from the operational necessities in response to vacancies we had late last year. We have agreed some switches to increase operational cover to match primary care opening hours by making changes elsewhere where information suggested staff were not being fully utilised. Whilst there are no safety issues it is hoped that this is seen as indicating that we will continue to monitor and review the process to offer the optimal service to the community.

It is worth reminding ourselves of the evidence that hospital bed based care can be associated with incidents of avoidable harm and is therefore not the place of safety that many people believe it to be. In moving forward with home based care we reduce the risk to patients in a number of key areas which all have a negative impact on older people in particular.

- Falls
- Pressure sores

- Hospital acquired infection
- Medication errors
- Deep vein thrombosis
- Malnutrition
- Delirium

Since the closure of beds and the increase in community care the data would suggest that there has been no unintended increases in emergency care needs which could be indicative of system breakdown *(see section on effectiveness), nor have there been any serious incidents or safeguarding issues. It has been also suggested there is an increased death rate in Torrington but this is not the case.

Safeguarding

There have been no safeguarding concerns with regards to the care being provided in Torrington.

At the Scrutiny meeting in March 2015 and during the debate between councillors, there were allegations made that 'patients are suffering' in Torrington. This was the result of information provided to councillors by campaigners on a number of cases and it is right and proper that councillors raised concern based on information available to them at the time.

No evidence other than the campaign group information was presented to substantiate these allegations and we are deeply concerned that unless full and accurate information is provided, people would believe it to be true.

In communities across Devon there has been concern at these claims made by campaigners and the misplaced criticisms levelled towards the jointly funded Devon County Council and NHS integrated health and social care teams.

The NHS has not received any evidence of safeguarding concerns, nor is there any evidence of patients suffering as a result of the model of care in Torrington.

The 17 patient stories that were presented by campaigners in July 2014 (the stories subsequently presented to Committee members) were investigated thoroughly through the legally-constituted NHS complaints process. If there had been any safeguarding issues, this would have been escalated at the time.

Patients named in the stories were contacted and their consent sought for us to look into their experience. Some did not reply and have never replied to us.

Four stories were progressed. Two of these were with regards to discharge planning from the acute hospital, one was with regards to domiciliary care and one was relating to a patient story. None were related to the quality of care provided by the health and social care team in Torrington.

A full update on these stories was presented to Scrutiny in November 2014 and January 2015. No concerns were raised at the time. They also formed part of the Independent external review of the model of care in Torrington.

The safeguarding leads of both NDHT and NHS NEW Devon CCG have since the committee meeting in March 2015 reviewed the patient stories further and are not able to identify any concerns that would constitute abuse or neglect resulting in significant harm to a vulnerable adult. It is their opinion that the threshold for investigating these concerns as safeguarding would not have been met in any of the 17 stories.

Patient experience

Patient Experience is monitored through a range of feedback mechanisms including, concerns and complaints, the friends and family test and letters and compliments.

The full set of friends and family test data including the qualitative feedback we have received is provided in appendix 2 whilst there are nationally recognised challenges in obtaining feedback, the feedback which has been received has been overwhelmingly positive:

- Outpatients – Over 90% of 130 respondents reporting they would recommend the service.
- Day Treatments – 100% of 25 respondents reporting they would recommend the service.
- Community Nursing – 100% of 4 respondents reporting they would recommend the service.
- Community Therapies – 100% of 13 respondents reporting they would recommend the service.

Finally the Trust also continues to monitor letters and compliments. Some examples of recent feedback include:

"I cannot thank you enough for all the care and attention you gave my beloved husband during his final weeks. You are all wonderful and I shall never forget your dedication."

"I would like to take this opportunity of conveying my sincere thanks to you all for all your kindness and indeed your expertise in nursing me back to health. You have been looking after me for many months in all inclement weather which is every much appreciated."

"A big thank you to all the District Nurses who attended my husband during his recent illness. You are a professional dedicated team who gave the support we so needed and the confidence that whatever problem arose you were there and the problem was solved, resulting in my husband experiencing a calm pain free and dignified end of life."

'Treatment in Torrington Day Unit saved us a round trip of 50 miles per day. Nurse in charge very capable, facility same as NDDH with not so much waiting around.'

Effectiveness

In all cases these statistics compare the 18 months prior to the test of change to the 18 months after, and always relating to Torrington residents only. Attached at appendix 1 are a summary data set and some key slides demonstrating the impact of the change in service model?

Changes to levels of A&E attendances, 999 and 111 calls, and out of hour's doctor calls were all similar to those seen elsewhere - i.e. fairly small changes. If there had been a significant negative impact on the healthcare system we would expect any or all of those indicators to show a rise significantly greater than those seen elsewhere.

Non-elective (i.e. emergency unplanned admissions to North Devon District Hospital decreased by 6%, almost unprecedented across Devon in a period when such admissions spiked across the county. Length of stay for those admitted did increase but this was by a lower rate than seen elsewhere; and predominantly in the first 3 months before new discharge procedures settled down. Admissions to community hospitals in general reduced dramatically, by 62%, as might be expected from the closure of Torrington beds. This did mean an overall substantial (-228) reduction in hospital admissions against the Devon-wide picture of an increase. Admissions to Holsworthy did increase from 1 in the 6 months prior to the test of change to 6 in the following 6 months but again this settled down to only 1 more in the following 12 months, as discharge procedures developed.

The number of individual patients visited by community teams increased by 9%, similar to what would be expected from demographic growth. However as a result of the investment in community teams and the response to the patients in the system, community teams carried out 34% more visits. Within that total they carried out 46% more urgent visits, i.e. where the referrer specified a response within 48 hours or less is needed. In summary these teams saw a similar proportion of the population but each individual on average received more visits and these were more likely to be urgent. This would be consistent with some patients previously receiving bed-based care now being cared for at home. The data was examined by the Local Torrington Oversight group and were reassurance that the model of care was having a positive effect on the whole system of NHS care.

Response to member's investigation

NEW Devon CCG and Northern Devon Healthcare Trust had significant concerns about the member's investigation report which was placed in the public domain without being shared with the NHS first. Whilst we absolutely welcome scrutiny of our actions and recognise the complexity of providing a report on this matter we consider that the report was subjective in style and had:

- Significant factual inaccuracies.
- Incorrect interpretation and assumptions in relation to the data for example reaching different conclusions to the NHS and the Local Torrington Oversight Group, a lay member body specifically established to interpret and understand the data.
- Statements that could be misleading based on the use of standalone data. It is recognised that there is a huge amount of data shared at the request of the public, and this became complex. Triangulation and oversight of a range of evidence is essential to reach a balanced view.
- A lack of evidence for many of the statements contained therein

Since the last scrutiny committee there have been several meetings facilitated by the Chair and Vice Chair of the committee, with the report author and the NHS and these will continue right up to the 18th June 2015 and afterwards if needed.

Discussions to date have been constructive and the CCG is pleased that the information and understanding gained by these meetings has addressed a number of the original member concerns. We do however, accept that differences will remain on some points and assurance will be gained over time. It is clear that our shared objective is to ensure there is the optimum level of service available in the community, to reduce inconvenience to the residents and improve local access to healthcare.

The NHS is keen to move on and work on the positive engagement that has now started with the town council leadership and the public around future development. It does however wish the right to reply in the public domain to counter what is already available there. This is important to reassure the public but also support the clinical teams who are working in the community on a daily basis and we thank the Chair, Vice Chair and member for engaging in the way they have towards achieving this.

Conclusion

The CCG and the Trust understand that there will continue to be people who do not agree with the removal of inpatient community hospital beds and will still continue to believe that the NHS should retain them. At the same time we know that many people if given a choice of where to receive their care will wish to be cared for at home where this is safe and appropriate for them.

We hope that through the various documents that have been provided, coupled with the ongoing discussions, that scrutiny members are reassured that this decision has not been taken lightly or arbitrarily. It is a genuine response to changes in clinical practice, and the need to use of NHS (taxpayers) resources with utmost probity. We do also have the overwhelming support of patient and public feedback which reinforces the desire to have care provided in, or as close to home as possible.

We are very heartened by the continued data findings on outcomes, feedback from patients and the ability to increase local community services. It gives us confidence that the model of care is more balanced and meeting the needs of more residents than previously possible. This gives us a strong sense of being able to shape the delivery of care to meet the continuing challenges we expect to face in the future. We hope the committee members will take up an offer from the provider of services in Torrington to undertake a visit to view for themselves the care delivered in the community and:

- Consider themselves updated and reassured with regards to the current model of care and impact on the community in Torrington
- Are reassured that the suggestion at the last committee that there were ‘serious safeguarding issues is not valid.
- Acknowledge the position of the NHS in relation to the right to reply to the member’s investigation report.

- Be willing to continue to receive updates on the model of care in its own right until the development of the wider Care Closer to Home model is implemented across the locality.

Report of the Managing Director, Northern Locality, NHS Northern, Eastern and Western Devon Clinical Commissioning Group (June 2015)

	OCT11-MAR12	APR12-SEPT12	OCT12-MAR13	APR13-SEPT13	OCT13-MAR14	APR14-SEPT14	OCT14-MAR15	B'line	18 mths post TOC	Var	NDDH Total Comparison
Attendances to Bideford MIU by Torrington residents	222	261	195	251	184	185	193	707	562	-21%	
Attendances to Other MIUs by Torrington residents - NORTHERN	5	4	8	1	5	2	14	13	21	62%	
Attendances to NDDH A&E by Torrington residents	1051	1196	1186	1200	1151	1291	1245	3582	3687	3%	3%
Non-Elective Admissions of Torrington residents to Community Hospitals (spells)-NORTHERN	56	59	45	50	26	21	11	154	58	-62%	9%
Non-Elective Average Length of Stay for Torrington residents at Community Hospitals (days)	29.10	26.54	31.98	27.04	27.19	25.25	16.73	27.35	23.06	-16%	
Non-Elective Admissions of Torrington residents to North Devon Dis Hospital (spells)	700	687	719	670	636	665	643	2076	1944	-6%	
Non-Elective Average Length of Stay for Torrington residents at North Devon Disict Hospital (days)	3.65	3.39	3.38	3.91	3.89	3.35	3.92	3.63	3.72	2%	5%
Holsworthy Admissions	1	0	1	1	6	1	0	2	7	250%	
South Molton Admissions	4	3	2	5	3	0	5	10	8	-20%	
Torrington residents visited by c'ty teams		416		445	466	460	482	431	469	9%	
Total visits to Torrington residents		5161	5669	6700	7903	8394	7269	17530	23566	34%	
Visits to Torrington residents prioritised as "Urgent"		591	738	920	947	1029	1316	2249	3292	46%	
Direct clinical time spent, face-to-face with patients		2659	3474	3406	4123	4225	4325	9539	12673	33%	
Direct clinical time spent, face-to-face with patients ("Urgent" visits)		353	420	432	495	560	780	1205	1835	52%	
% of clinical time spent on Urgent visits		13%	12%	13%	12%	13%	18%	13%	13%	0%	
		31	37	31	31	30	36	33	32	-1%	

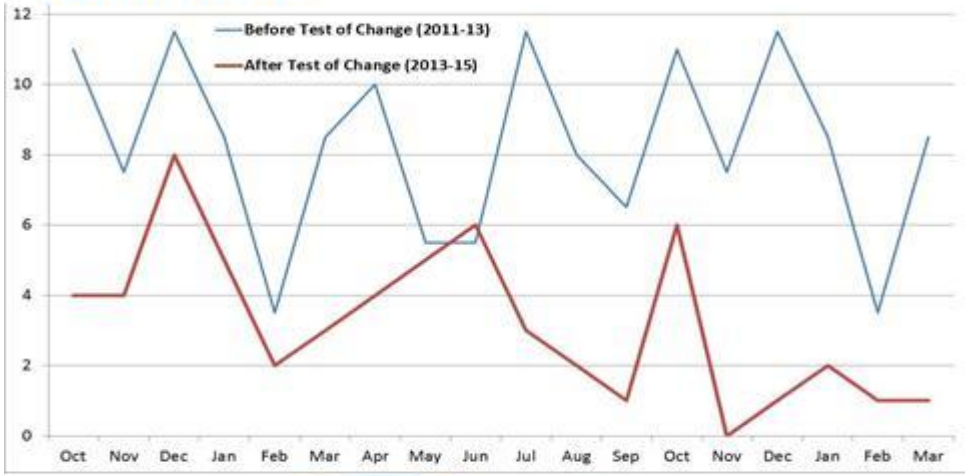
What is the Wider Picture?

Northern Devon Healthcare NHS
NHS Trust

All Statistics Apply to Torrington Residents ONLY	18 mths Before Test of Change	18 mths After Test of Change	% Change	Comparison - NDDH Overall
Admissions to NDDH	2,076	1,944	-6%	9%
Average Length of Stay at NDDH	3.6	3.7	2%	5%
Admissions to Community Hospitals	154	58	-62%	9%
Holsworthy Admissions	2	7	250%	
South Molton Admissions	10	8	-20%	
Individuals Visited	431	469	9%	
Total Visits	17,530	23,566	34%	7%
Urgent Visits	2,249	3,292	46%	10%
Total face-to-face time with patients	9,539	12,673	33%	10%
Face-to-face time with patients (Urgent Visits)	1,205	1,835	52%	12%

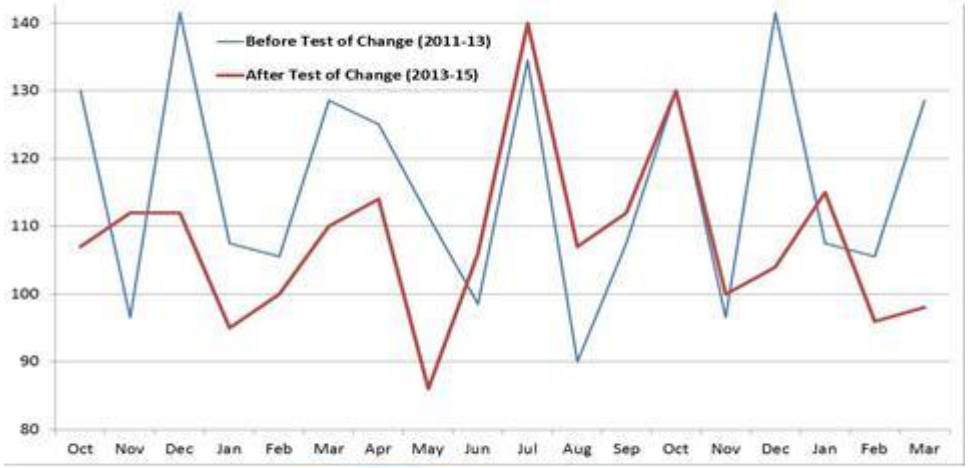
Community Hospital Admissions

Northern Devon Healthcare NHS
NHS Trust



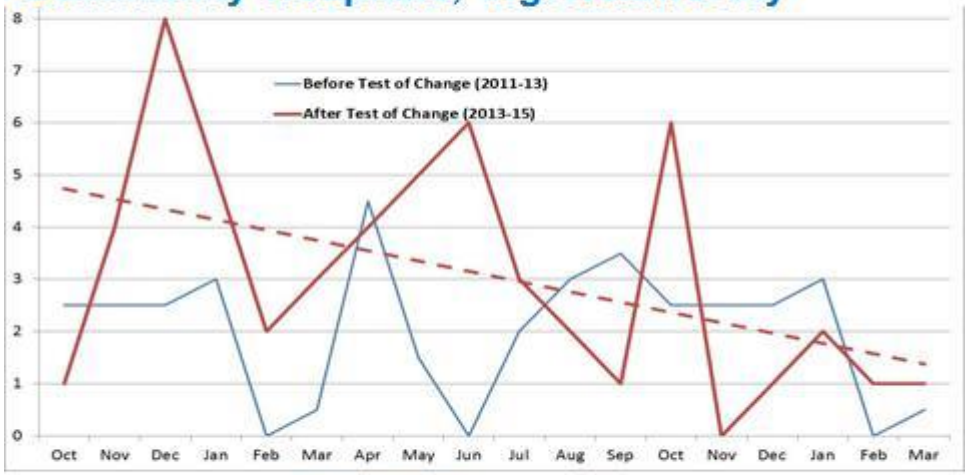
NDDH Admissions for Torrington Residents

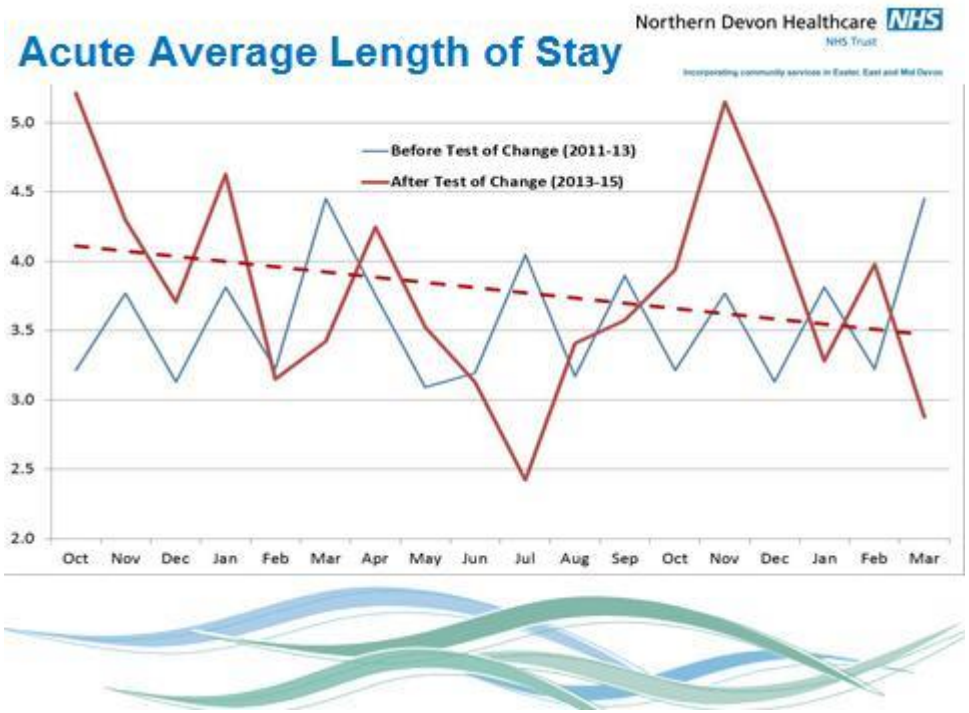
Northern Devon Healthcare NHS
NHS Trust



Admissions to "Other" Community Hospitals, e.g. Holsworthy

Northern Devon Healthcare NHS
NHS Trust




Acute Average Length of Stay
Northern Devon Healthcare NHS
NHS Trust
Before Test of Change (2011-13)
After Test of Change (2013-15)
5.0
4.5
4.0
3.5
3.0
2.5
2.0
Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar