

## **Report to Devon Health and Wellbeing Scrutiny Committee**

**18 June 2015**

### **Consultation on community health services in the Coastal locality**

#### **1 Purpose**

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This paper is to update the Scrutiny Committee on the outcome of the consultation on community health services in the Coastal locality. It sets out the alternative options put forward during the consultation, how these have been considered, and the next steps in the decision-making process.

#### **2 Summary**

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This consultation has been about providing services in a different way within the Coastal locality, at community hospitals 3.6 miles apart. All services are intended to be for the whole Coastal community of Dawlish and Teignmouth and surrounding villages and hamlets.

Six options for community services in the Coastal locality will go before the CCG Governing Body on 25 June for consideration and possibly for decision. These include the two options originally put forward by the CCG in a 14 week consultation that ran from 1 December 2014 to 22 March 2015. Another four suggestions made by the public will also be considered.

Following several requests, the CCG provided further information to interested parties and the wider public on 22 February, and extended the consultation by two weeks to 22 March to allow people to consider it.

We promoted the online consultation widely, attended more than 40 meetings with individual groups, and held advertised public meetings at Dawlish, Bishopsteignton, Shaldon and Teignmouth (three).

In presenting two options, the intention throughout was to listen to other suggestions and ideas, and to keep an open mind as to the future shape of services.

Both options were conceived by the CCG Coastal locality GP leads as a way of keeping as many services as possible within the Dawlish and Teignmouth locality, reducing duplication and keeping both hospitals open, each with a designated purpose. Option 1, the Coastal GP leads' preferred option, was presented in detail to the Scrutiny Committee on 18 September 2014 more than two months before the consultation's start.

Option 1 was to keep all services within the Coastal locality, with Dawlish as a centre for acute and urgent care and Teignmouth as a centre for specialist rehabilitation, day surgery and outpatient clinics. Beds would remain open at both hospitals.

Option 2 was to use similar designations, but to achieve greater savings for reinvestment by moving the rehabilitation beds (from Teignmouth) and Minor Injury Unit (from Dawlish) to Newton Abbot. (Detail of both these proposals is at 3. below)

The consultation response process was handled by the independent Healthwatch Devon. Of 431 responses, 417 voted for Option 1 and 14 for Option 2. One percent of those voting for Option 1 said they would have preferred to vote against both.

All options and suggestions (numbering 14 in total) were considered at an evaluation meeting in May. This did not use a validated tool for scoring and the resulting scores cannot therefore be any part of the decision-making process. However, the process did allow some proposals to be ruled out, either for clinical safety or operational reasons. The Community Services Transformation Group, grouping representatives from across the health and care system, then reduced the number to six.

Despite the overwhelming weight of the formal response in favour of Option 1, the CCG clearly acknowledges that the proposals produced heated opposition among some Teignmouth GPs, local politicians and a part of the community. This opposition has centred on the proposal to move the Minor Injuries Unit to Dawlish, and on a perceived loss of service in the hospital's having specialist rehabilitation rather than acute medical beds. It resulted in a petition launched by the Liberal Democrats, and another by 38 Degrees.

In Dawlish, Holcombe and Bishopsteignton areas, on the other hand, Option 1 was widely embraced, being seen as "logical", "sensible", and a best use of resource.

### **3 The proposals**

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#### Option 1

<b>Present service in locality</b>	<b>Future service in locality</b>
Two minor injuries units, open 10am-6pm, with x-ray for 5 half-day sessions a week between them	One minor injuries unit at Dawlish, open 8am-8pm, with x-ray 12 hours a day, 7 days a week
One hospital inpatient ward with 18 beds, caring for a mix of medical and rehabilitation patients together <i>and</i> One hospital ward with 12 beds, caring for a mixture of medical and rehabilitation patients together	One hospital inpatient ward with 16 beds, caring for medical patients (Dawlish) <i>and</i> One hospital ward with 12 beds, with specialist rehabilitation care (Teignmouth)
Physio suite and gym (Teignmouth)	Physio suite and gym (Teignmouth)
Outpatient clinics in two settings	The same number of outpatient clinics, in one setting (Teignmouth)
Day surgery (Teignmouth)	Day surgery (Teignmouth)
No community wellbeing hub	A new community wellbeing hub for support and information (Teignmouth)
Community team	Community team increased by 12 staff, of which eight can be district nurses

It sees Dawlish as a centre for excellence in urgent care, with 16 medical/acute beds, a base for the Devon Doctors out-of-hours urgent care service, and a Minor Injury Unit for the whole locality with extended hours (8am to 8pm, instead of 10am-6pm) and x-ray for 12 hours a day, seven days a week. (This x-ray service would also be used by GP practices for patients who would otherwise need to travel to Exeter or Torbay.) A Minor Injury Unit offering a consistent, reliable high-quality service for 12 hours a day, seven days a week, would be expected to ease pressure on A&E in a way that the existing, poorer units cannot.

Teignmouth would become a centre for excellence in planned care and rehabilitation, offering 12 beds for those recovering from illness or unable to stay safely at home, led by therapists with nursing and medical input as required and making full use of the physiotherapy suite and gym. Teignmouth would also have a new community wellbeing hub, providing information and helping the coordination of care for patients, as well as a wide range of outpatient clinics and theatre for day surgery.

The community team would be strengthened with an extra 12 community staff working across the locality, helping keep people safe and independent in their own homes.

During the consultation, the CCG clarified that, in Option 1:

- A named nurse would be on call each day for Teignmouth hospital beds
- Payments to GP practices for providing medical cover to the beds at both Teignmouth and Dawlish would continue unchanged (£7,000 per bed in Teignmouth and £4,000 per bed in Dawlish)
- Out-of-hours medical cover by Devon Doctors would continue as normal
- As Teignmouth Hospital would be the base for the multidisciplinary team, nursing staff would be on hand at the hospital.

#### Option 2

<b>Present service in locality</b>	<b>Future service, including Newton Abbot</b>
Two minor injuries units, open 10am-6pm, with x-ray for 5 half-day sessions a week between them	One minor injuries unit at Newton Abbot, open 8am – 10pm, with x-ray seven days a week, and developing into a centre of excellence for urgent care
One hospital inpatient ward with 18 beds, caring for a mix of medical and rehabilitation patients together <i>and</i> One hospital inpatient ward with 12 beds, caring for a mixture of medical and rehabilitation patients together	One hospital inpatient ward with 16 beds, caring for medical patients (Dawlish) <i>and</i> One hospital inpatient ward at Newton Abbot caring for rehabilitation patients
Outpatient clinics in two settings	The same number of outpatient clinics in one setting (Teignmouth)
Day surgery	Day surgery (Teignmouth)
Gym and physiotherapy suite	Gym and physiotherapy suite, with specialist outpatient rehabilitation (Teignmouth)
Community team	Community team increased by 12 staff, of whom eight can be district nurses.

Alongside these consultation proposals sits a wider locality plan that is working towards seven-day services in important parts of the system, further integration with mental health, joined-up working across the whole system including with the voluntary sector, and links with

residential and nursing care homes to improve medical care. The locality plan itself is built upon the earlier engagement carried out towards the end of 2013.

#### **4 The Healthwatch Report**

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The consultation was overseen by Healthwatch Devon. Responses to the consultation questionnaire were sent directly to Healthwatch, which hosted the consultation documents on its website.

Healthwatch Devon submitted its report to the CCG in April. (At Appendix 1). It noted the voting (417 for Option 1 and 14 for Option 2). The report was published on 11 May on the CCG website.

With no one under 16 voting, and only six people under 25, Healthwatch suggested that “further work may be required to ensure young people’s views are taken into consideration”. The locality did, however, meet young mothers’ groups during the consultation and had offered visits to schools and a number of youth organisations; none of these was taken up.

It is important to note that at the start of the consultation process, a technical hitch meant that unless people voted for either option one or option two, they were unable to leave any comment on the online questionnaire website. This was corrected in January as soon as it was pointed out, and the change was publicised. Other channels for comment remained unaffected.

The CCG considered the Healthwatch draft report and asked for more explicit reference to the nature of the opposition to the proposals, as heard by the CCG at the Teignmouth meetings.

It is worth recording that at the third Teignmouth meeting the much bigger venue was not full, allowing detailed discussion at individual round tables. This format produced a more equivocal outcome, as those in favour or at least understanding of the proposals felt able to make their voice heard, and have some concerns answered.

#### **5 How options were considered – and which remain**

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Fourteen options were considered on 13 May at a meeting of representatives from the CCG, the community Care Trust, acute hospital, Coastal Locality Public Involvement Group, and locality GPs (two CCG locality leads plus two Teignmouth GPs). The meeting agreed that as a validated tool was not being used to evaluate the options, the scored results would not, therefore, be reliable evidence and could not be used as a basis for decision-making. However, it was agreed that the tool provided a framework for discussion and would serve as a basis for examining strengths and weaknesses of options.

Options were scored on how well they:

- Met the demand of the future population
- Provided services locally
- Improved the quality of care
- Met the standards/guidelines for care provision
- Were viable and sustainable

Cost impact was not assessed at this stage so that the evaluation was not “about money”. The group agreed that some options could be ruled out as unworkable.

The Community Services Transformation Group considered all 14 options on 14 May 2015 along with feedback from the evaluation meeting. It discounted eight options, on the grounds that:

- *Keeping things the same* was ruled out from the beginning – this is not sustainable, and will not meet future demand
- *Separating x-ray from an MIU* – this is not clinically sound
- *Moving all the beds from Teignmouth and Dawlish to Newton Abbot hospital* (and reinvesting the saving in community services) – Newton Abbot could not accommodate 30 more beds
- *Dawlish beds moving to Newton Abbot* would leave a lone worker in the MIU at Dawlish – this is not safe
- *Providing the MIU in Teignmouth to be run by ward staff* would not be safe as ward nurses are not appropriately skilled to provide ad hoc MIU services. Dawlish nurses would not have the MIU nurse as back up for the medical beds.
- *The MIU moving between the towns, and alternating every few days between Teignmouth and Dawlish* would add to confusion and probably result in less use – potentially less safe and less likely to ease pressure at A&E services
- *Closing Teignmouth Hospital and moving all services to Dawlish* would not work as there is not sufficient capacity at Dawlish

**The remaining options, therefore, are:**

1. CCG Option 1 – 12 specialist rehabilitation community beds at Teignmouth Hospital, 16 acute community beds at Dawlish Hospital, a locality MIU in Dawlish open 8am-8pm with x-ray 8am-8pm 7 days a week, outpatient clinics in Teignmouth and a community hub at Teignmouth. An additional 12 community staff, of whom eight would be community nurses.
2. As CCG Option 1 but with formalised nursing cover on site, and GP cover as needed provided for the rehabilitation community beds at Teignmouth.
3. As CCG Option 1 but swap locations - 16 acute community beds in Teignmouth, 12 rehab community beds in Dawlish, MIU in Teignmouth 8am-8pm with x-ray 8am-8pm, outpatients in Dawlish, and community teams in Dawlish.
4. CCG Option 2 – 16 acute community beds in Dawlish, MIU in Newton Abbot open 8am-10pm, 12 extra specialist rehabilitation community beds in Newton Abbot, outpatient clinics in Teignmouth, community hub at Teignmouth, at least 12 additional community staff, of whom eight would be community nurses.
5. Option 3 submitted by a group of GPs, politicians and interested people in Teignmouth – 16 acute and rehabilitation community beds in both Teignmouth and Dawlish, MIU unit at Newton Abbot but not at Teignmouth or Dawlish, minor ailments service provided in Teignmouth by Teignmouth GPs, outpatient clinics in Teignmouth, community teams in a hub in Teignmouth town centre.
6. No rehabilitation community beds, but invest in community services. 18/16 acute community beds at Dawlish, MIU at Dawlish 8am-8pm with x-ray 8am-8pm, outpatients at Teignmouth, community teams at Teignmouth.

Some of these options would, clearly, require fresh consultation. They will be presented to the Governing Body as costed options.

## 6 Transport

The consultation document notes that, while public transport links between Dawlish and Teignmouth are generally good, there may well be an impact on mothers of young children, who are frequent users of Minor Injury Units in Devon.

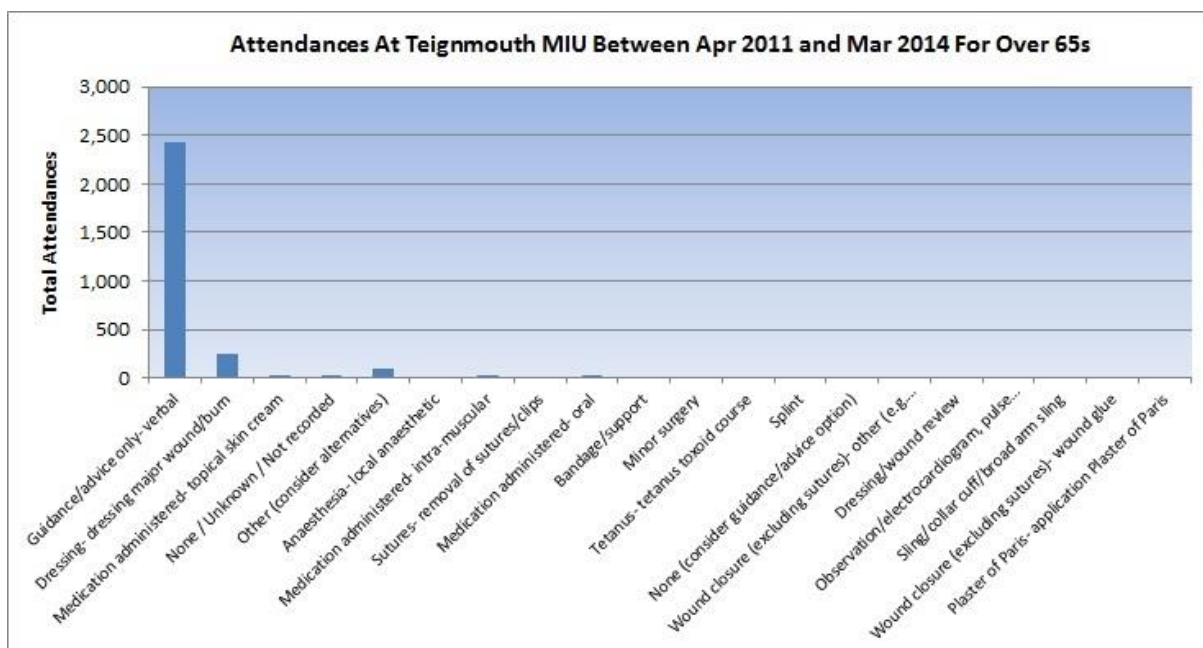
Talks were held with the children's centre in Teignmouth, as well as with young mothers' groups in both Teignmouth and Dawlish, as a way of understanding more about how this group uses the Minor Injury Units and what their transport problems might be. The aim was also to explore opportunities for a neighbourhood/network of transport that the women themselves might be able to establish.

The CCG also held discussions with Dawlish Community Transport and Volunteering in Health about playing a role to ease any transport problems.

Should any option be implemented that required further travel, these discussions would be continued to ensure needs are monitored and addressed.

For older people, it is worth noting that the overwhelming majority of those aged 65 and over use Teignmouth MIU not for treatment but for advice and guidance. This can be seen in the graph below.

This advice and guidance would, with a community hub, be made available in a different way. MIUs are intended for injuries. Dressings would continue to be provided at both community hospitals.



Transport for visiting friends and family in hospital.

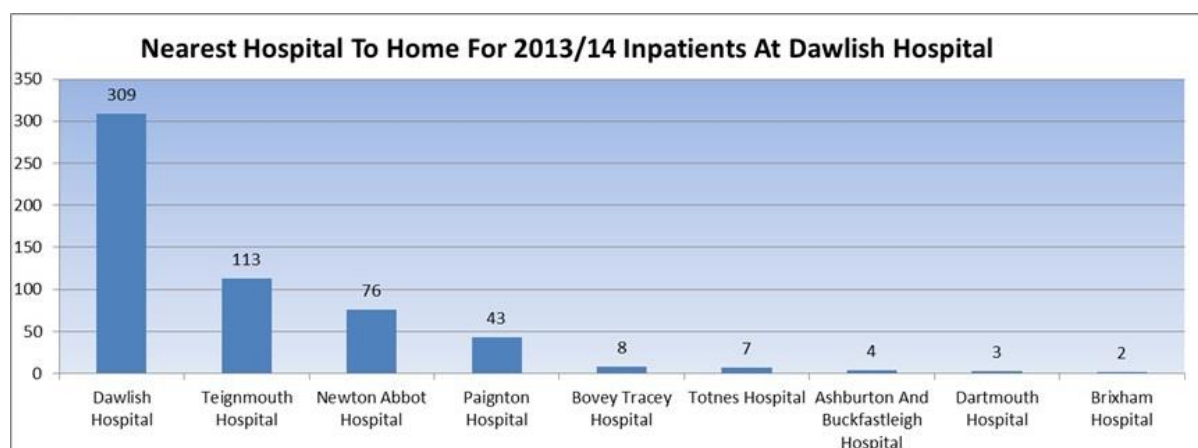
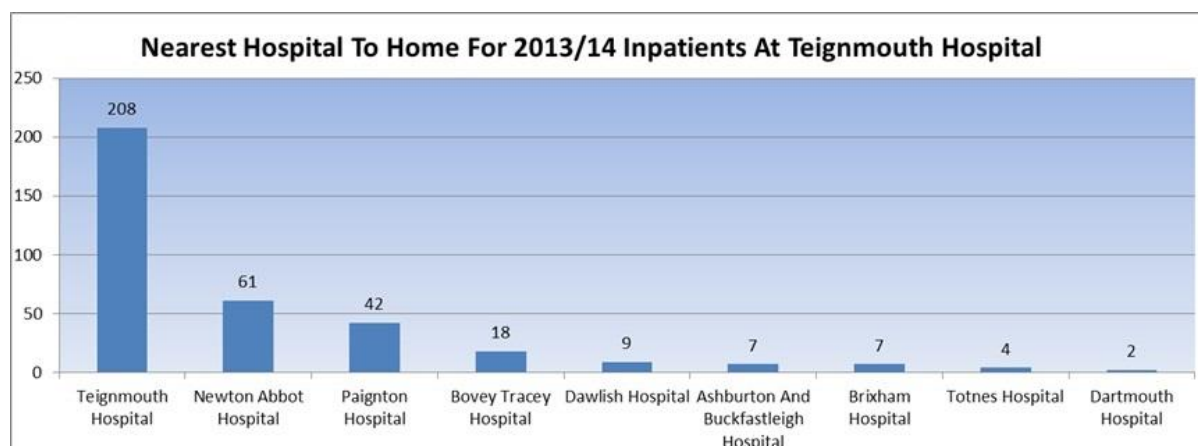
The CCG recognises that travelling to visit relatives in hospital can be difficult. However, this is already required in many cases, irrespective of the consultation proposals. The beds in Teignmouth and Dawlish are already occupied by people from both towns and beyond.

These graphs below show the inpatients who were at Teignmouth Hospital and Dawlish Hospital, but also shows the hospitals which would have been nearer their homes, ie, the area they came from.

In 2013/14, Teignmouth Hospital cared for 208 patients from the Teignmouth area, but also 103 from Newton Abbot and Torbay, and 47 from other towns.

Dawlish Hospital saw 309 Dawlish people as inpatients, but also cared for 113 Teignmouth people, and 143 from further afield.

When people are discharged from Torbay Hospital, every effort is made to ensure they go to a community hospital as near to their home as possible, but this is not always in their home town. This has been the case for many years.



## **7 The process and meeting our duties**

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The CCG and Coastal locality have endeavoured throughout to be rigorous in meeting their statutory duties regarding consultation.

These are set out in section 14z2 of the Health and Social Care Act, which lays down the duty to engage and involve people in decisions that affect them.

The four tests for service change also remain in place:

- Supported by clinical commissioners (ie, CCG/CCG locality leads)
- Based on evidence
- Adequate involvement and engagement
- Consistent with choice

The Gunning principles guide all consultations by public bodies:

- Public bodies need to have an open mind during a consultation and not have already made the decision;
- They must give sufficient reasons for proposals to permit 'intelligent consideration' People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and be published alongside the document.
- There must be adequate time for consideration and response
- The feedback and responses given at consultation must be conscientiously taken into account

### **Our approach to the process**

The CCG and the Coastal Locality began this process in the autumn of 2013 with an open round of engagement to draw out the key themes of what most mattered to local people in their health and care services.

It was made explicit at the engagement events that the model of care would need to change to meet the challenges we face, and to make services sustainable for the years ahead. The key message, always spelled out, was: "We have rapidly growing numbers of older people, many of them have several conditions and very complex needs, and we have no extra money to meet this rising demand. Things cannot stay the same."

The key themes of feedback from the engagement informed the broad direction of the CCG five year strategic plan, and those of the five localities.

Coastal then established a locality engagement group, including representation from Healthwatch, Patient Participation Groups, the League of Friends and the voluntary sector



alongside the statutory agencies. It had two work stream groups, one working on the future configuration of services, the other on development of a community wellbeing hub.

The groups agreed overall principles for future plans: avoid duplication of services where possible, maintain both hospital sites and enable a clear distinction on the use of the hospitals. Using these principles, they drew up the two options. A wider group, including GPs, was kept abreast of developments.

Having engaged extensively over 12 months and worked with local stakeholders to develop the two options, consultation started in December 2014. The consultation was supported by a consultation document outlining the rationale for the proposals and supporting information which provided costs and data in more detail. These documents were distributed via GP surgeries, emailed to stakeholders, made available at all meetings and hosted on both the CCG and Healthwatch Devon website.

To reach the widest possible audience, we worked with the CCG Equality Reference Group which is made up of a range of organisations representing particular communities.

We contacted the following groups before the consultation opened: Grapevine, Ubuntu, Hikmat Devon (refugee and BME communities) primary, secondary, special and independent schools (children and young people) Intercom Trust, Proud2Be, Transfigurations, LGBT Transaction (lesbian, gay, bisexual and transgender communities) Churches together in Devon, Devon Interfaith Forum (faith and belief communities) Eddystone Trust (HIV) Devon LinkUp (Learning Disability community) gypsy and traveller community development workers, and Carers' Support.

The CCG also held individual meetings with the following groups:

<b>Date</b>	<b>Audience</b>	<b>Numbers Attended</b>
18.09.2014	Devon Health and Wellbeing Scrutiny Committee	
03.12.2014	Dawlish Town Council	14
10.12.2014	Community Hospital Staff Meeting Teignmouth	20
10.12.2014	Teignmouth League of Friends Carol Concert	
11.12.2014	Community Hospital Staff Meeting Dawlish	20
16.12.2014	Dawlish Concert	
17.12.2014	Coastal Engagement Meeting	8
18.12.2014	Teignbridge Health Exchange Meeting	20
23.12.2014	Julia Street - Alice Cross Centre, Teignmouth	1
23.12.2015	Volunteering in Health, Teignmouth	1
05.01.2015	Teignmouth Medical Practice	4
05.01.2015	Shaldon over 60's club	5
06.01.2015	Dawlish Community Transport Association	3
06.01.2015	Assist Teignbridge	20
07.01.2015	Dawlish & Teignmouth Children's Centre	18
12.01.2015	Teignbridge District Council Scrutiny meeting	40
14.01.2015	Dawlish Public Meeting	80
15.01.2015	Coastal LCG Meeting	12

15.01.2015	Teignmouth Public Meeting	88
16.01.2015	Devon Health and Wellbeing Scrutiny Committee	16
19.01.2015	Teignbridge voluntary sector Health Forum	10
20.01.2015	Dawlish Water Rotary Group	30
21.01.2015	Teignmouth Staff Meeting	36
21.01.2015	Churches Together Forum Dawlish	24
21.01.2015	Teignmouth mayor and guests	12
22.01.2015	Bishopsteignton Public Meeting	50
22.01.2015	Teignmouth Public Meeting	100
27.01.2015	Chudleigh Town Council	2
27.01.2015	Shaldon Parish Council	19
29.01.2015	Community Services Transformation Group	12
02.02.2015	Bishopsteignton Parish Council	30
03.02.2015	Early years sessions Teignmouth and Dawlish	30
03.02.2015	Dawlish Mothers' Union	24
03.02.2015	Teignmouth Town Council	12
04.02.2015	Locality Engagement Meeting	6
05.02.2015	Play together group Teignmouth and Dawlish	36
09.02.2015	Teignmouth and Dawlish GP Meeting	18
10.02.2015	Kingsway Over 50's Lunch Club	7
13.02.2015	Holcombe Residents' Association	80
17.02.2015	Shaldon Women's Institute	50
19.02.2015	Private Providers Forum	10
19.02.2015	Holcombe Soup & Pud group	25
20.02.2015	Dawlish Retired Civil Servants	20
20.02.2015	Devon Senior Voice	12
24.02.2015	Teignmouth Public Meeting	60
03.03.2015	Teignmouth Bingo Club	15
04.03.2015	Shaldon Public Meeting	35
05.03.2015	3rd Option Group Meeting	12
11.03.2015	Teignmouth League of Friends AGM	15
20.3.15	3rd Option Group Meeting	12

At these meetings a common message was presented regarding the challenges we face as a health community and the need to provide services differently. Suggestions and comments made at public meetings were noted and logged so that they could be included for future consideration. These ranged from particular details ("the community hub should include exercise sessions") to suggestions for wholesale change

In response to further requests for information, the CCG made additional information available on 22 February. (At Appendix 2) It published on its website all the extra facts and data it had been asked for.

During February and March, 63 queries were responded to by email, letter or phone. Some of these were complex. The vast majority were answered within seven days of receipt.

Some errors in costings were presented in the original document and these were later corrected. It is the CCG view that the overall difference in the costings in this case were not significant enough to be material to the wider decision the public was being asked to make.

Following the consultation, as promised, the CCG, published the Healthwatch Devon report on 11 May and analysed all its own information received throughout the consultation to identify all suggestions made by members of the public. These suggestions were then evaluated alongside the two proposals from the CCG (see section 5)

## **8 Conclusion**

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The CCG asks that the outcome of the consultation, including the online consultation questionnaire, be noted. It welcomes comment from the Health and Wellbeing Scrutiny Committee to take to its Governing Body meeting on 25 June.

### **Appendix 1**

#### **Healthwatch report**



### **Appendix 2**



Additional  
information Coastal c