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14 September 2015

Health and Wellbeing Scrutiny Committee

Consultation on community health services in the Coastal locality – and plans for future discussions

Purpose

This paper is to update the Scrutiny Committee on the next steps following the consultation on community health services in the Coastal locality, which ended in March 2015. It also outlines progress with discussions in other localities of the Clinical Commissioning Group.

1 Coastal consultation summary

This consultation was about providing services in a different way within the Coastal locality, in towns 3.6 miles apart. All services put forward in the proposals were intended to be available to the Coastal community as a whole, including Dawlish and Teignmouth and their surrounding villages and hamlets.

The over-arching purpose of the Coastal locality lead GPs was to make both community hospitals sustainable and to meet the needs of the future population.

Following extensive engagement and joint work with stakeholders, the Coastal locality went to consultation on 1 December 2014 with two options, one of which, Option 1, was clearly stated as the locality GP leads' preferred option.

It was made clear from the beginning of the engagement in the autumn of 2013 that doing nothing was not an option, because rising demand, particularly among the growing numbers of older people, would rapidly outpace the funding available.

Because only two options were presented, the CCG Coastal locality made clear that during the consultation people were encouraged to put forward their own ideas and suggestions. The locality was keeping an open mind as to how the existing proposals might need adapting, and on any new proposals or ideas that might be submitted.

The consultation ended on 22 March 2015. 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 more time to consider it. This resulted in a 14-week consultation, not including a two-week pause for Christmas and New Year.

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. (These options are at Appendix One, page 5.) They see Dawlish as a centre for more urgent care, and Teignmouth as a centre for planned care and rehabilitation – Dawlish with 16 beds and Teignmouth with 12.

Examination of the consultation feedback produced 14 proposals, including the two put forward by the CCG. In a process outlined to the Scrutiny Committee in June 2015, these were reduced to six proposals that went before the Governing Body on 25 June.

Noting the outcome of the consultation, the Governing Body approved Option 1.

There was considerable discussion about adapting this proposal, particularly in light of a public proposal that the rehabilitation beds at Teignmouth have full-time nursing cover. One GP member of the Governing Body supported this. However, a nurse member of Governing Body and other GPs felt that this could therefore blur the boundaries between rehabilitation and medical need, and result in patients with higher medical need being admitted to Teignmouth. As soon as there is a need for a drugs round or any such care, two nurses would need to be on duty at any time in order to avoid lone-working. This would concentrate nursing resource in the hospital rather than in the community. Rehabilitation at home was a model to be pursued for the majority of patients.

An option put forward by a group of Teignmouth people, including some GPs and Teignmouth League of Friends (though opposed by Dawlish League of Friends) was also discussed. This was to have 16 medical/rehabilitation beds at Teignmouth instead of the existing 12 beds, and to move the minor injuries unit to Newton Abbot. It was put before the Governing Body that this option, by concentrating resources on bed-based nursing care:

“does not support investment in district nurses and other community-based care for the growing elderly population. It does not allow for a specialist rehabilitation environment, but does allow for patients whose needs change from being acute to rehab to acute to be cared for without having to move. It does not provide an MIU locally. It does provide for community staff to be located with some (not all) general practices, although it is assumed that there is a cost incurred by this.”

The Governing Body agreed that this option would not enable future need to be met, as it would not allow for investment in community services outside hospital.

2 Implementation in the Coastal locality

Following the decision by the CCG Governing Body at end of June to support option 1, the CCG and Torbay and Southern Devon Health and Care NHS Trust have been working together the implement the changes.

A multi-agency steering group is providing oversight for the implementation, with five sub-groups for minor injuries unit and out-of-hours medical services, medical inpatients (Dawlish Hospital), outpatients, local multi-agency team working and community hub, and rehabilitation inpatients (Teignmouth Hospital).

The Locality has an existing public engagement group comprising of representatives from the League of Friends from hospitals, the voluntary sector, carers organisation and patients from each GP practice. This group has been integral to engagement and consultation processes and will be involved in the implementation. Members of the group will sit on the various sub-groups as appropriate.

3 Wider discussions on the future of community services

It is important to note that consultation in the Coastal locality has now ended, and as similar discussions broaden across the rest of the CCG area, the arrangements in Coastal will not be re-visited.

With the creation of a new Integrated Care Organisation in South Devon, the context for the forthcoming discussions will be slightly different, but the fundamental principle remains that the NHS locally will need to change if it is to have any chance of meeting the ever-rising demand on its services.

On 1 October this year, the new Integrated Care Organisation will be formed through a merger of South Devon Healthcare NHS Foundation Trust (Torbay Hospital) and Torbay and Southern Devon Health and Care NHS Trust. This means a single Foundation Trust organisation will deliver all services, from district nursing, community therapy, complex care and multi-agency teams to highly specialist acute care. With organisational barriers removed, this is a huge opportunity for acute and community services to be integrated, with much more care – including specialist care – available outside the district general hospital. For this reason, a new model of care is being drawn up by the Integrated Care Organisation (to be known as Torbay and South Devon NHS Foundation Trust).

As well as the consultation in the Coastal Locality, early testing of this model of care with the public has also taken place in Dartmouth, where there has already been considerable discussion with the League of Friends, Town Council, Patient Participation Group, the voluntary sector and others on shaping a new pattern of services that sees GPs, community and nursing staff and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs.

The model presented to Dartmouth is founded on joined-up care across the whole community – with the community itself actively looking after its wellbeing needs. The well-established Dartmouth Caring voluntary organisation and other voluntary groups will be critical in this, and it is especially welcome that they are offering their full support.

The draft model of care will look like this:

The Clinical Commissioning Group and the Integrated Care Organisation recognise that one size will not fit all. From locality to locality, and from town to town, there will be differences in health, demography and geography, as well as variation in the availability of other services such as residential and nursing care. Discussions will therefore continue across the CCG area.

No changes will be made without formal consultation. The intention is to consult at one time across the whole area (barring the Coastal locality) so that people from Torquay, Newton Abbot, Moor to Sea and Paignton & Brixham localities are all extended the opportunity to have their say on the proposed model of care, reflecting on what it will mean for healthcare in their own area. We would expect this consultation to start before the winter, or at the latest in January.

4 Conclusion

The Scrutiny Committee is asked to note the plans for implementation in the Coastal locality and to note the plans for broader discussions and future consultation in other parts of the Clinical Commissioning Group area.

Appendix 1

Option 1 (preferred option of the CCG Coastal Locality GP leads)

Present service in locality	**Future service in locality**
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 *and* 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) *and* One therapist-led hospital ward with 12 beds, with specialist rehabilitation care (Teignmouth)
Gym and physiotherapy suite (Teignmouth)	Gym and physiotherapy suite (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 whom eight can be district nurses

Option 1 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 injuries 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 injuries 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, less well-resourced 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 (currently equivalent to £7,000 per bed in Teignmouth and £4,000 per bed in Dawlish)
- Out-of-hours medical cover by Devon Doctors would continue as now
- As Teignmouth Hospital would be the base for the multidisciplinary team, nursing staff would be on hand at the hospital.

Option 2

Present service in locality	**Future service, including Newton Abbot**
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 *and* 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) *and* 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)
No community wellbeing hub	A new community wellbeing hub for support and information (Teignmouth)
Gym and physiotherapy suite, (Teignmouth)	Gym and physiotherapy suite, (Teignmouth)
Community team	Community team increased by minimum of 12 staff, of whom eight can be district nurses.

Option 2 sets out a proposal for keeping many services within the locality but transferring rehabilitation beds and the minor injuries unit service to Newton Abbot. This proposal is clinically sound, makes a greater saving for reinvestment, but has some negative impact on access.