

# Into the future

## Re-shaping community-based health services in the Moor to Sea locality

A public consultation: Thursday 1 September to Wednesday 23 November 2016



Driving quality, delivering value, improving services  
[www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services)

NHS

South Devon and Torbay  
Clinical Commissioning Group

1. Consultation and benefits
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South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided in to five localities – each led by local GPs.

# Consultation and benefits

## A public consultation: Thursday 1 September to Wednesday 23 November 2016

We're asking people in South Devon and Torbay what they think of proposals for more community-based healthcare and support, closer to their homes. We want our services to be available when people need help and to make sure that patients don't have to go into hospital unnecessarily.

The CCG is seeking feedback on its proposals and listening to alternative ideas for strengthening services. Any proposals must meet increasing health needs, be clinically sound, sustainable and affordable.

The consultation proposals respond to increasing demand for healthcare, the need to strengthen services that most people use and the benefits to be gained from switching resources from bed-based hospital care to community-based care, enabling more people to be supported in or near their own homes.


We want to hear the views of those who may be affected and who live in the four localities – Moor to Sea, Newton Abbot, Paignton and Brixham, and Torquay – which are part of this consultation. (Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.) Find out how to take part in this consultation on page 4 and complete the feedback questionnaire (pages 5-12).

## The benefits we want to see

We asked people in 2013 what they wanted from their health and care services. We have been exploring how we can best respond to what people said, most recently working with Torbay and South Devon NHS Foundation Trust (TSDFT) which provides most of our community-based services. By changing the way we do things and by working more closely with social care, we believe our new way of working will deliver benefits such as:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not

- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues
- Greater investment in local services by switching funding from hospital to community-based care
- Closer working by different organisations which support people's wellbeing to provide local, seamless

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care and to make services greater than the sum of their parts

- Reduced demand for services as a result of helping people live independent lives for longer.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

In parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and informed also by TSDFT staff, considered how best to provide future services.

# A new approach and delivering change

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## A new approach

If implemented, our proposals would see GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs. Accessing services would be made simpler through a central contact point.

The four core elements to deliver this approach locally are:

**Clinical hubs:** In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services.

Totnes and Newton Abbot would also offer access to minor injuries units

(MIUs). The hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

**Local health and wellbeing centres:** these would be linked to the clinical hub and see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide the health and wellbeing services most frequently used by local people. They would be located in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay.

**Health and wellbeing teams:** these are made up of the staff based in these centres and would include community health and social care staff, mental health professionals and voluntary organisations. Together they would organise and deliver services to meet most of the local population's health and social care needs.

**Intermediate care provision:** this is provided to people who need extra support and care following a period of ill-health. It is designed to help

people recover more quickly, maximising their independence and helping them to resume normal activities. Intermediate care also supports more timely discharge from hospital and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting. By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams.

## Delivering these changes

**Investment:** strengthening community-based services by investing in:

- Wellbeing coordinators
- Clinics and services for people with multiple long-term conditions
- Additional intermediate care services to support people to return to maximum independence, in or close to people's own homes, in local residential and nursing homes.

**Fewer, safer community hospital beds:** many patients remain in hospital too long because the community-based

support they need is not available. We are therefore proposing to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more money can be invested in local community teams. Community hospital beds would continue to be available in Brixham, Newton Abbot, Totnes and Dawlish for patients who need them.

**Stronger minor injuries units (MIUs):** people can't rely on MIUs being open at present because staff and resources are spread too thinly. By reducing them to three and concentrating our staff in Newton Abbot and Totnes, as well as Dawlish, MIUs would open 8am to 8pm, seven days a week and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.

## Intermediate and domiciliary care

Discussions have already taken place with local authority colleagues and with some care home operators to see how we can stimulate this market to provide greater provision.



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# Moor to Sea: the potential impact

## MOOR TO SEA

### What would be different?

A clinical hub would be established at Totnes Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended x-ray diagnostic services, specialist outpatient clinics and the existing gym-based rehabilitation services and minor injuries unit.

Totnes Community Hospital currently provides 18 beds, which would slightly reduce to 16 to meet safe staffing ratios. The MIU would open between 8am and 8pm (currently 9pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Totnes, Dartmouth and Ashburton/Buckfastleigh, local health and wellbeing teams would be co-located, where possible, with GP services. These teams would provide

community nursing, physiotherapy, occupational therapy and social care support.

Community inpatient care and specialist outpatient clinics for the population of Dartmouth, Ashburton and Buckfastleigh would be provided at their nearest clinical hub in Totnes, Brixham or Newton Abbot. MIUs would be provided in Totnes and Newton Abbot.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds.

Providing much more care to people in or near their own home means that the buildings from which we currently provide inpatient and community services – including Dartmouth Community Hospital (16 beds), Dartmouth NHS Clinic and Ashburton and Buckfastleigh Community Hospital (10 beds) – would no longer be required and would close if these proposals are approved.

For those whose GP is based in Chillington, the proposals have little impact other than if adopted, the nearest MIU and community hospital run by Torbay and South Devon NHS Foundation Trust would be in Totnes.

The Trust is not the main provider of community services in this area.

### What could services look like and where would they be?

**Clinical hub in Totnes** (currently Totnes Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds)
- Rehabilitation gym
- Pharmacist

**Health and wellbeing centre in Dartmouth** (plans are being developed to co-locate with Dartmouth Medical Practice in new premises)

- Community clinics
- Rehabilitation gym
- Pharmacy
- Enhanced primary care MIU services
- Health and wellbeing team

**Health and wellbeing centre in Ashburton or Buckfastleigh** (options are being explored to co-locate with GPs in either of the local towns or in other facilities)

- Community clinics
- Health and wellbeing team

**Health and wellbeing centre in Totnes** (options are being explored to co-locate with GPs)

- Community clinics
- Health and wellbeing team



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# Taking part and finding out more

## How to take part in this consultation

- **Read up on the detail:** this pamphlet summarises a more detailed document which, with other material, is available to download from: [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services). Paper copies are available on request.
- **Come to a public meeting to discuss these proposals:** the meetings in the Moor to Sea locality are listed below. A full list of public meetings is included in the main consultation document and online at: [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services).
- **Invite us to a meeting in your community:** we will attend as many as

is practical, so if you would like us to present our proposals and answer your questions, just get in touch.

- **Follow on Twitter or Facebook:** we will post information on our Moor to Sea Facebook page ([facebook.com/ccgmoortosea](https://facebook.com/ccgmoortosea)) and hold question-and-answer sessions on Twitter ([twitter.com/sdtccg](https://twitter.com/sdtccg)).
- **Ask to receive our regular briefing:** an email briefing will keep people in touch with developments, so please let us have your email address if you want to receive it.

## What happens next?

Healthwatch will coordinate all views expressed at public or community meetings attended by the CCG or

by Torbay and South Devon NHS Foundation Trust, and will include these in its consultation report. Other correspondence and petitions will also be noted by Healthwatch.

## Anonymity

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

## Make sure your views count

We would like your individual views on the issues which underpin the consultation. For your views to be registered as part of the consultation, please either complete the questionnaire at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk)

or, if this is not possible, fill it in on the following pages and return it to us by post at: Healthwatch Torbay, Freepost RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG or hand it to Healthwatch at a meeting.

## Any questions?

Take a look at our website, where you will find Frequently Asked Questions: [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services). If you can't find what you are looking for, can't find the link to the questionnaire, want another document, would like to request our regular briefing or would like to invite us to a meeting, please get in touch:

- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 during office hours.

Location	Date	Time	Venue
Ashburton	20 Sept	1pm, 4pm and 7pm	Ashburton Town Hall, North Street, Ashburton, TQ13 7QQ
Buckfastleigh	22 Sept	6.30pm	St Lukes Church, Plymouth Rd, Buckfastleigh, TQ11 0DA
Dartmouth	15 Sept	4pm and 7pm	Dartmouth Academy, Milton Lane, Dartmouth, TQ6 9HW
Totnes	11 Oct	6.30pm	Totnes Civic Hall, High Street, TQ9 5SF
Widecombe	12 Oct	6.30pm	Widecombe Church House, TQ13 7TA

# Seven: Complete the consultation feedback questionnaire

## To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk). If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

## Service preferences and challenges

1. Do you think that what people told us they wanted from health services in 2013 still applies today?

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication – between clinician and patient, and between clinicians themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care – to allow relationship-building with clinicians and carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of care – including joined-up information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to stay at home – with a wide range of services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

2. Do you feel that the NHS needs to change the way it delivers services so as to:

	Yes	No	Don't know
Establish better joint working between services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after the rising number of elderly people, many with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tackle differences in life expectancy between affluent and deprived areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide alternatives to A&E for non-emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that we have enough appropriately experienced staff to look after patients safely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make best use of the money available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback form continued...

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

Yes	No	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## New model of care

4. The NHS should support people to keep well and independent for as long as possible by:

	Strongly agree	Agree	Disagree	Strongly Disagree
Investing in health promotion activities (eg exercise classes for those with heart and lung disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing support nearer to where people live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing more out-of-hospital care and treatments, especially for older, frail people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding more community services by reducing the number of hospital beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

	Strongly agree	Agree	Disagree	Strongly Disagree
Who no longer need nursing or medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who feel lonely or isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who have medical needs that can be managed at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who have medical needs that can be met in a care home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whose family feel unable to look after them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. When resources are limited, the NHS should prioritise the use of staff and funding to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Help keep more people well for longer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat people with the most complicated health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for people in their own homes or close to where they live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep open all community hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:

	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The distance I have to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expertise of the specialist that I see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

	Strongly agree	Agree	Disagree	Strongly Disagree
Be open consistent hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be open seven days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have x-ray diagnostic services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be staffed by specialists experienced in dealing with minor injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be easily reached and have good car parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate different hours in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer different services in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If the choice is between:

Using resources to keep open community hospitals which look after people from across the CCG area

OR

Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes

do you agree that it is better to do the latter?

Yes	No
<input type="radio"/>	<input type="radio"/>

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).



10. If your answer to Question 9 is 'yes', please respond to the statements below:

Close Ashburton and Buckfastleigh Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Bovey Tracey Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

10 continued... If your answer to Question 9 is 'yes', please respond to the statements below:

Close Dartmouth Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

11. If your answer to Question 9 is 'no', please say why:

Please continue, if necessary, on a separate sheet

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:

Strongly agree	Agree	Disagree	Strongly Disagree
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In a person's own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a care home near to a person's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

## Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- Member of the public?
- Foundation Trust member/governor?
- NHS employee?
- Social care/local authority employee?
- Independent/third sector employee?
- Volunteer in health or social care?
- Prefer not to say?

15. 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
- Third sector provider
- Patient representative organisation
- League of Friends or equivalent
- Independent healthcare provider
- Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- No fixed abode
- Traveller
- Postcode (first four digits)

17. Age

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 and over

18. Do you consider yourself to have a disability?

- Yes
- No

19. Do you have one or more long-term health conditions?

- Yes
- No

20. Do you consider yourself to be a carer?

- Yes  No

21. Gender

- Male  Gender fluid  
 Female  Prefer not to say  
 Transgender

22. Sexuality

- Heterosexual  Bi-sexual  
 Gay  Prefer not to say  
 Lesbian

23. Ethnic group – which category best describes your ethnicity?  
Please tick the appropriate circle to indicate

- White: British  Mixed: Other  
 White: Irish  Chinese  
 White: European  Japanese  
 White: Other  Asian/Asian British: Indian  
 Black/Black British: Caribbean  Asian/Asian British: Pakistani  
 Black/Black British: African  Asian/Asian British: Bangladeshi  
 Black/Black British: European  Asian/Asian British: Other  
 Black/Black British: Other  Other ethnic group  
 Mixed: White & Black Caribbean  
 Mixed: White & Black African  
 Mixed: White & Asian

Please see overleaf  
for return address

## Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

### OPTIONAL

Name: .....

Email: ..... Phone number: .....

Address: .....

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

For the latest information on the consultation, please go to the following link: [www.southdevonandtorbayccg.nhs.uk/community-health-services](http://www.southdevonandtorbayccg.nhs.uk/community-health-services) where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).