healthwatch Torbay

The People's Voice

On the South Devon & Torbay Consultation

***Into The Future** - Re-shaping Community-based Health Services*

A report to the South Devon & Torbay Clinical Commissioning Group Governing Body

December 2016

Contents

Foreword

Healthwatch Torbay is part of a national network of local Healthwatch. We provide unique insight into people's experiences of health and social care issues across the country; we are the eyes and ears on the ground.

We listen to public feedback on the care they receive from local health/social care services like hospitals, GP surgeries, dentists, pharmacies, opticians, mental health support services and care homes. Together with Healthwatch Devon we tell Healthwatch England, Torbay and South Devon commissioners, and providers what matters to local people and communities.

South Devon and Torbay Clinical Commissioning Group developed a consultation process regarding re-shaping Community-based Health Services and then asked us to use our skills and expertise to give focus to the voice of the public. Volunteers are an important part of how we work and for this consultation they gave their time, in the evenings and often in unfamiliar locations, to listen to and make notes on the interchange of views. Initially, the consultation content was as unfamiliar to them as it was to the public. Over the 12 weeks they were able to develop the rich picture which is presented in this report.

To the public, Into the Future is a complex remodelling of long-standing ways of working. It is only part of the whole system which comprises our National Health and Social Care Service but it touches everyone. While perhaps the public are less aware of the complexities of the system, their experience counts, as our report makes clear.

Healthwatch has a vital purpose – to ensure that the voices of people who use services are listened to and responded to. Whilst we cannot make organisations act on our advice, they must respond in writing and on the public record to justify their decision. The People's Voice gives the public their say in these decisions.

Dr Kevin Dixon, Chair of Healthwatch Torbay

Pat Harris, CEO of Healthwatch Torbay

Introduction

The New Model of Community Care consultation is the latest of a series of engagement events which began in 2013. The approach agreed is driven by the national strategy to transform health and social care by bringing it "Closer to Home". It is anticipated that this will bring:

- Better patient experience
- Better population health
- More efficient use of resources

Closer to Home is expressed as:

- reducing the length of stay in hospital by improving community services and home-based support
- refocussing provision around primary care supported by multidisciplinary teams working within each locality
- reducing the fragmentation of existing services
- encouraging people to be part of the community and to promote healthy lifestyles
- supporting people with long-term and multiple conditions to retain their well-being for as long as possible

Additionally, Torbay and South Devon are part of the national Vanguard programme for the review of Urgent and Emergency Care. This review aims to develop a national framework to build a safe, more efficient system, 24 hours a day, seven days a week. In Torbay and South Devon this is a further incentive to revisit and improve the way urgent care and minor injuries care are offered within the acute hospital, primary and community care.

The South Devon and Torbay Clinical Commissioning Group (CCG) is working with Torbay and South Devon NHS Foundation Trust (ICO) and other potential providers - including the voluntary sector - to translate these initiatives into an integrated reality. Understanding public experience and expectations, and then adapting the model to address them, are essential to its success.

The CCG developed a consultation process to achieve this. Consultation events were used to explain the proposed outline operation of the model and their intention was to promote a genuine and transparent dialogue with the public. Local independent health & social care consumer champion Healthwatch was asked to collect and collate the public's opinions, experiences, expertise and suggestions at all consultation events and from the consultation questionnaire. Alternative models and suggestions were documented and have been shared with the transformation team for evaluation. All final decisions will be made by the Governing Body of the CCG, who will bear full responsibility for their decisions.

The CCG produced an extensive public consultation document describing the new proposals. It detailed a new model of care where hospital beds are available when needed, and where people are only admitted if they cannot be cared for safely at home or in their local community. The document explains how the CCG would invest in services to keep people out of hospital unless it is medically necessary for them to be there, make sure they don't

stay a day longer than is right for them, and deliver more care in or closer to people's homes. It also focuses on doing more to stop people getting ill, supporting them to make the best choices to be as healthy as possible, and working in partnership with people with complex needs to become 'experts by experience'. The model makes it clear that financial stability and affordability is an imperative, and that leaving the system unchanged is not an option. (This document can be accessed via www.southdevonandtorbayccg.nhs.uk) Further details on how the consultation document was distributed are in section 4 of the Appendix (p 41).

The 12 week CCG consultation was open to all members of the public in Torbay and South Devon. This included local government and parliamentary elected members, health and social care staff, including primary care, volunteer groups, Leagues of Friends, patient participation groups, family carers and hard-to-reach groups. It was the intention that no sector of the population should be excluded. The consultation took the form of open meetings with presentations, then CCG-facilitated small group work, followed by questions to a panel of experts. Invitations were invited for presentations to be given to community groups. Involvement was extended by using promoted marketing material, social media and even talking to bus passengers on local bus routes. Schools and colleges used assemblies, student bodies and citizen participation lessons. Participants were encouraged to complete an online questionnaire or post a completed paper version. Letters, emails and telephone calls were accepted equally. A substantial online and paper version of frequently asked questions was developed as the 12 week consultation progressed.

Observations and reflections on the consultation process

Of the population of Torbay and South Devon, fewer than 1 person in 200 of school age and older completed the questionnaire and attended the open meetings. Three quarters of these were in the 55 years and above age groups. It was noted that some open meeting delegates attended events a number of times as was also the case (suggested by the style of responses), for the questionnaire. The questionnaire itself had adverse comment about its construction from some delegates and correspondence, citing 'loaded', 'leading' questions that were 'difficult to disagree with' or indeed to understand effectively.

Petitions against the proposed closure of some community hospitals with their existing minor injuries unit polarised the discussion, prompting media attention. The resulting high attendance at public meetings in these localities generated powerful opinions on this single topic. Comments in round table discussion suggested that delegates had not known of the wider issues but genuinely tried to understand the new model, with some supporting the proposal for change. The CCG facilitators were tasked to be impartial and not to sanitise questions put to the panel of experts on behalf of the public. The independent moderator encouraged follow up questions, especially where delegates wanted to state these for themselves. As the process progressed the meetings became more open to statements from the floor, moving away from the 'just ask one question' format.

The presentations included a considerable amount of information on the proposals, supported by introductory video clips and some diagramatic materials. This type of presentation can be hard to absorb, included as it does terminology unfamiliar to many participants: 'intermediate', 'hub', 'health and wellbeing', 'enhanced primary care', for example. What is meant by 'Minor Injury' was also unclear to some. This lack of familiarity

with details of the model was anticipated by the consultation team and supporting information had been prepared in advance for people who were aware of the consultation website or had been signposted to paper versions of the main document.

That said, when the presentations were followed by small group discussions (up to eight people), it was clear to the note-takers that this resource had not been recognised or made use of by the majority of participants. The phrase “it’s a done deal” was often used, and diverted the discussion, with some participants highlighting the difficulty for untrained members of the public to comment on what the best use of resources may be.

As the consultation was open to everyone, the public meetings included health and social care staff in the audience. These voices seemed at times to be authoritative to the general public, meaning that their opinions, at times, diverted the round-table discussion. Members of the ICO and CCG Governing Body also attended as observers, giving the impression to some that the public were being ‘watched’. It was difficult for some governors and professionals to suppress the desire to be helpful by explaining their version of the model, again affecting the direction of discussions.

Community groups of differing sizes had the option of the standard presentation followed by the opportunity to ask questions. Small groups tended to prefer open discussion only. Community groups were often more open and exploratory in discussion, with the confidence to express their questions and suggestions. It was less likely in these discussions that the single topic of community hospitals would dominate the conversation. During a discussion with young people, the ability of students to cut through jargon and achieve some interesting outcomes was noted. The creative approach taken by the consultation lead could have been the reason for this.

The People's Voice brings all this feedback together. It includes challenges, concerns, anxieties, anger, uncertainty and lived experiences, mostly taken from the conversations noted, often verbatim, by the note-takers. This is a rich and valuable resource. The graphical elements of this report include a cumulative presentation of the intensity of conversations against the most frequently discussed topic areas, giving us as a pictorial representation of what the public wanted to talk about. The questionnaire was analysed to pick up on any additional thoughts and to give an indication of what the model means to the public.

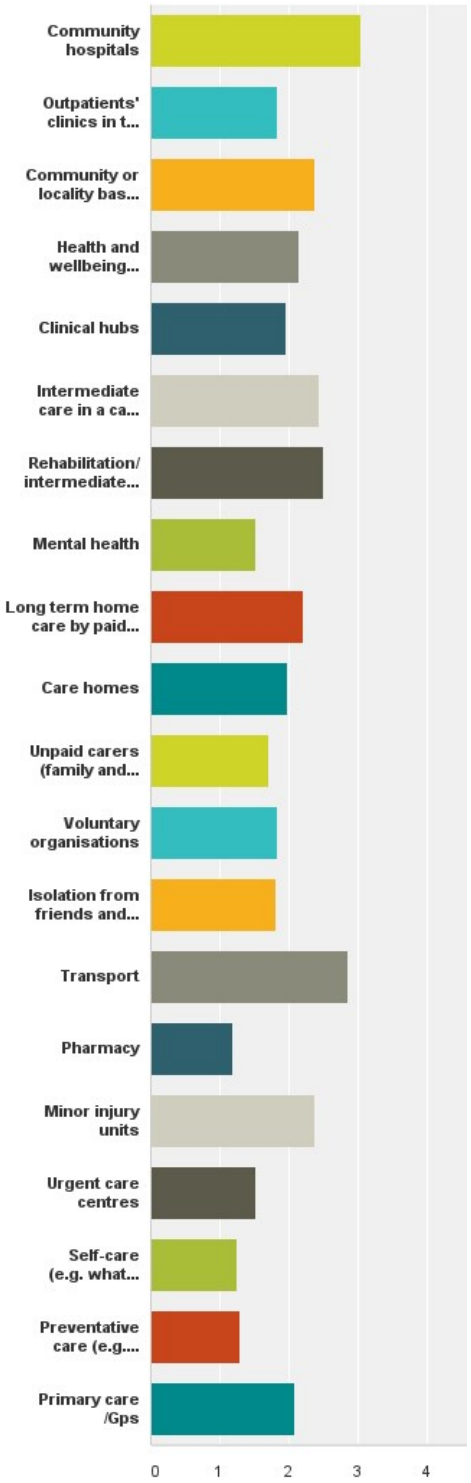
In reality, very little, strategically, was added to the previous stakeholder engagement events. The strength of the consultation was in taking the conclusion of the stakeholder deliberations out to the public. The aim of the consultation was to share information on the direction of travel for the delivery of health services, its financial constraints, identifying the opportunities for the public to influence the process and the need to work in partnership.

The People's Voice does not pretend to describe the “right” way. The valued involvement and contribution of South Devon and Torbay residents voices what ***their*** health and wellbeing means to ***them***. While it has to be said that the majority of Torbay and South Devon residents did not take part or make their views known, the challenge remains to the CCG to use the People's Voice as a rich insight into what is important to communities and individuals, and to use it to good effect as change takes place.

Common Themes (discussed at events)

Themes were collated by independent Healthwatch note-takers and analysed to ascertain the most frequent topics of discussion. The graph and table below show the most common themes discussed during consultation events, based on independent note-takers feedback.

1 = Rarely discussed
4 = Sole topic of discussion



	1	2	3	4	Weighted Average*
Community hospitals	**6.54%**	**20.09%**	**36.45%**	**36.92%**	3.04
Outpatients' clinics in the community hospital or Torbay	**37.98%**	**45.67%**	**10.58%**	**5.77%**	1.84
Community or locality based clinical teams *(of community nurses, therapists, doctors)*	**12.56%**	**49.28%**	**26.09%**	**12.08%**	2.38
Health and wellbeing centres	**24.06%**	**43.32%**	**26.74%**	**5.88%**	2.14
Clinical hubs	**36.97%**	**36.02%**	**20.38%**	**6.64%**	1.97
Intermediate care in a care home *(short-term care to get you up & about again after being in hospital. May also be called a "package of care")*	**16.59%**	**36.49%**	**33.18%**	**13.74%**	2.44
Rehabilitation/intermediate care at home rather than in hospital *(may also be called a "package of care")*	**13.94%**	**35.10%**	**37.98%**	**12.98%**	2.50
Mental health	**59.62%**	**30.29%**	**8.17%**	**1.92%**	1.52
Long term home care by paid visiting carers	**26.47%**	**35.29%**	**27.94%**	**10.29%**	2.22
Care homes	**31.22%**	**44.88%**	**19.02%**	**4.88%**	1.98
Unpaid carers *(family and friends)*	**50.97%**	**30.58%**	**14.08%**	**4.37%**	1.72
Voluntary organisations	**42.58%**	**35.89%**	**17.70%**	**3.83%**	1.83
Isolation from friends and relatives	**43.33%**	**35.24%**	**18.10%**	**3.33%**	1.81
Transport	**10.65%**	**21.30%**	**39.81%**	**28.24%**	2.86
Pharmacy	**85.02%**	**12.56%**	**1.45%**	**0.97%**	1.18
Minor injuries units	**22.38%**	**35.71%**	**22.38%**	**19.52%**	2.39
Urgent care centres	**63.41%**	**24.39%**	**7.80%**	**4.39%**	1.53
Self-care *(e.g. what motivates people to stay as well as they can)*	**80.19%**	**15.46%**	**3.86%**	**0.48%**	1.25
Preventative care *(e.g. control of smoking, alcohol drinking, health eating)*	**77.29%**	**15.94%**	**6.76%**	**0.00%**	1.29
Primary Care /Gps	**27.27%**	**44.50%**	**20.57%**	**7.66%**	2.09

**calculated by averaging levels of discussion (numbers 1-4)*

The following section is a summary of which themes were most discussed or commented on (or not) both in events and in the questionnaire. Some themes were repeated in all localities and so are initially summarised below to avoid repetition.

Community Hospitals

- The model anticipates that Brixham, Totnes and Newton Abbot community hospitals will remain open (excluding Teignmouth and Dawlish, not part of this consultation) and all others will close. Community hospital beds will be relocated and rationalised to the remaining community hospitals. Some multi-condition clinics will move into them from the acute hospital. Totnes and Newton Abbot will retain Minor Injuries Units.
- There is substantial concern that this means:
  - loss of general minor injury care where the community hospital is expected to close
  - increased use of Torbay A&E and 999 as the safe option
  - lack of town-based community beds; for End of Life care, a half-way-bed from the acute hospital to home and respite care
  - a reduction in the availability of health care assistant posts for those unable to relocate for family or non-driver reasons
  - a loss of function for the League of Friends.

Travel

- There is an assumption of a significant increase in the amount of travelling required by patients, family members, clinical and intermediate care teams. Where community hospitals closures are anticipated, the public assumed most outpatient care would take place in the Hub.
- There was lack of understanding of the offer from Health and Wellbeing Centres and how this would reduce travel.
- The travel information was rejected by some as being impossible to understand.
- Rural communities were especially concerned that travel time is long, 'buses were few, and they do not run at night. Newton Abbot Hospital requires a change of 'bus at the station. These communities depended on elderly drivers, usually male with a non-driving wife. As a result, there was an assumption, based on experience, that End of Life would be in a hospital bed.
- Single roads into a community were considered a risk resulting in missed appointments (at the Hub), delayed intermediate care teams and home care time reduced to accommodate additional travel. Emergency ambulances would continue to be delayed.
- The lack of parking available at virtually all current health & social care buildings was frequently mentioned.

Minor Injuries Units (MIU)

- In addition to the above concerns, if no minor injuries unit provision was available locally or at week-ends and evenings it was expected that:
  - Tourists would add to congestion in Torbay A&E
  - Elderly people would ignore an injury to avoid inconvenience and might also ignore the need for any clinical observation of injury e.g. dressings
  - People without a car (living near to existing MIU) would either call 999 or ignore the injury.

- Some responders commented that the reason MIUs may be currently 'underused' is people are not effectively made aware of where they are, what time they open, and why they should go there rather than Torbay Hospital.

Topics rarely discussed (but relevant to the model and noted in presentations):

- Self-care and prevention.
- Pharmacy services
  - Questionnaire responses included a repeated reminder (from 1 responder) that loss of community hospitals may have unintended consequences for community pharmacy.

Topics not identified by the presentations but of concern to the public

- Mental health
  - Mental health was discussed in particular in rural communities and by young people.
- NHS111/Integrated urgent care service and its impact on minor injury.

Pre-event activity

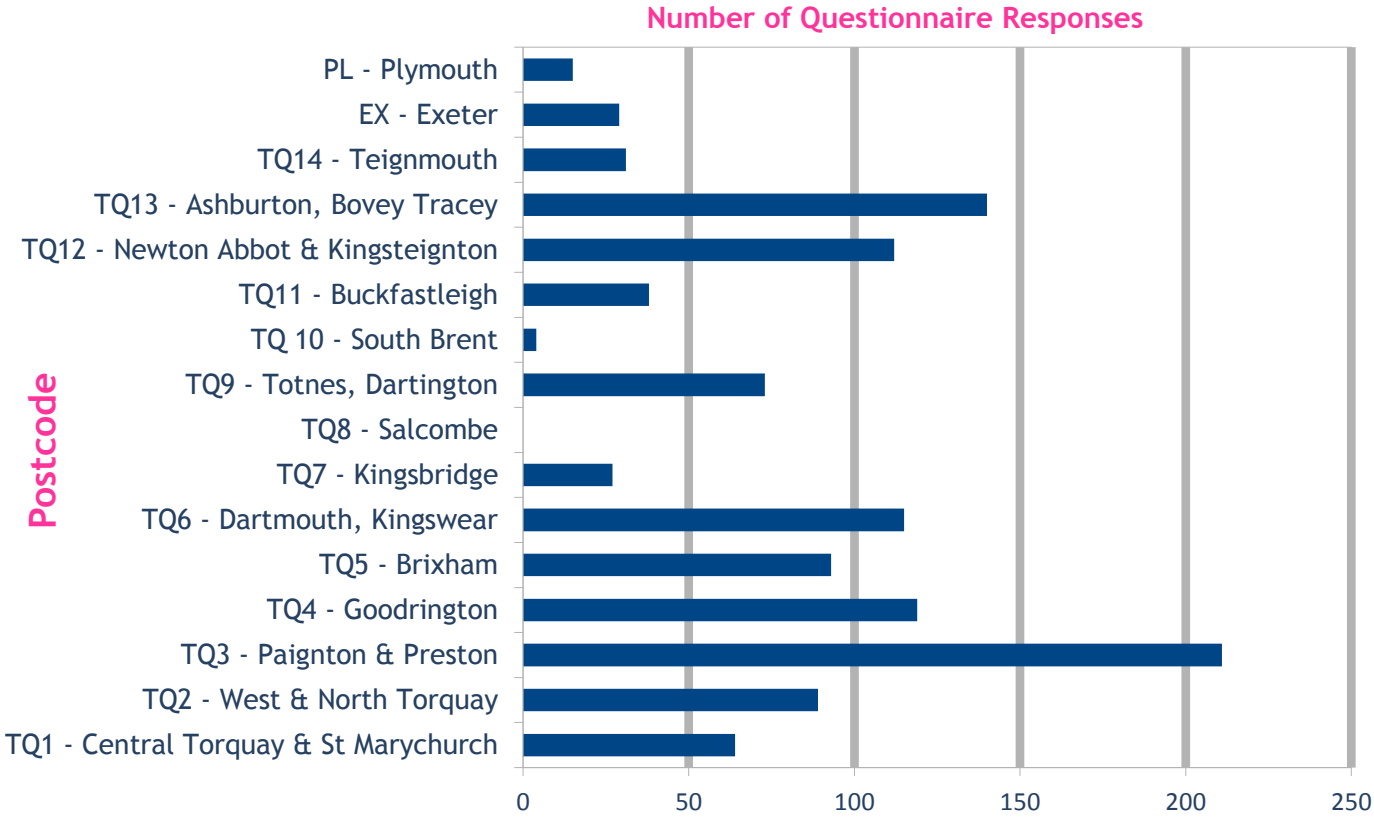
- Where the model proposed closure of community hospitals, participants at events were invited to sign petitions to prevent these closures by external groups. A substantial number of signatures were reported to have been collected by these groups.

Review of Feedback (Events and Questionnaire combined)

1392 questionnaires were completed, with approximately 1704 people attending the public and community consultation events.

A breakdown of all feedback (from questionnaire and events) from each locality is on the following pages. Not every comment has been included (due to repetitiveness), however, all key themes have been listed using people's voices.

The chart below shows questionnaire responses sorted by postcode, however, 232 responders skipped this question and declined to input their postcode.



Open Public Consultation Events Attendance

- Bovey Tracey, Phoenix Hall – *130 people*
- Dartmouth, Dartmouth Academy – *230 people*
- Chudleigh, Chudleigh Town Hall – *60 people*
- Ashburton, Ashburton Town Hall, South Dartmoor Community College – *315 people*
- Buckfastleigh, St Lukes Church – *95 people*
- Paignton, Cecil Road Catholic Church, Preston Baptist Church – *475 people*
- Brixham, Scala Hall – *112 people*
- Torquay, Upton Vale – *52 people*
- Totnes, Totnes Civic Hall – *140 people*
- Widecombe, Widecombe Church Hall – *15 people*
- Newton Abbot, Newton Abbot College - *80 people*

Moor to Sea locality

This includes feedback from approximately 795 people who attended public events in this area, 366 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (see Appendix, from page 38).

Ashburton (TQ13)

1. **Reasons for valuing current community services:**

- Staff know the locality and people, often living locally
- The services provides employment for local people
- They provide respite for family carers
- They offer End of Life care locally
- They care for those who are ill and alone
- They provide night-time care (24/7)
- The services are free of charge
- Basic MIU is offered locally, meaning less travel

2. **Requiring clarification:**

- Integration of other services into the model, eg. ambulance, 111, pharmacy, community nursing
- The impact of information technology and telecare (skype)
- The impact of new homes being built
- The capacity of General Practice
- More detailed information is asked for on how money will be spent, including staff numbers for each locality
- Who employs Integrated Care teams?
- What does Health & Wellbeing Centre include and how is it linked to General Practice?
- What does the Hub do – how is it different from H&WB Centres?

3. **What would good care look like?**

- Sufficient carers to provide a full package of care including night-time and with supervision from registered nurses
- Equipment recycled
- Care Homes with available beds for those without appropriate home circumstances (including the homeless)
- Sufficient resources to prevent people with dementia being left alone
- Staff and volunteers who are familiar with the locality and known to patients as part of the community
- End of Life in own locality – to be in contact with families and friends
- Adequate assessment for family carers to ensure that they also can cope

4. **Risks**

- Insufficient car parking at Hubs

- Poor transport and distance to travel to Hub for visiting relatives, especially elderly or those without a car or the ability to drive
- Insufficient recruitment and training for Home Care
- Overflow of bed use in Hubs by people from other localities, hence insufficient for own locality.
- Own home not suitable for intermediate care: "Dartmoor cottages", poor heating
- Integrated Care team getting lost and not finding the patient's home
- Home Care not sufficient in number as rural homes are spread out, meaning extended travel time
- Holiday traffic
- Winter weather
- Cost of clinical staff travel and unproductive driving time (not just Home Carers)
- Insufficient recruitment of volunteers, their unreliability and their often being older people with own problems
- Insufficient recruitment of GPs given that more will be needed for home visiting
- The cost of prevention activity might erode funding for clinical care

Buckfastleigh (TQ11)

1. Reasons for valuing current community services

- The services act as a community resource for information and advice
- It is easier to travel to Ashburton Hospital than to Totnes
- The services offer a place to die "easily"
- Dementia patients are understood
- The services available compensate for a lack of Care Homes
- The services efficiently use trained nursing staff
- They are used for convalescence following acute hospital admission
- GP community beds, especially for those over 75
- Community hospitals are important public sector employers, offering work to local people

2. Requiring clarification

- Will the report be available in formats other than the internet?
- What is "health and wellbeing"?
- Care home closure – is there a strategy for new Care Home provision?
- What additional resources will be provided for General Practitioners?
- Where will the Health and Wellbeing centres be situated?
- Where will End of Life care be given?
- A lot of information has been released quickly that appears to be worded for professionals – will a simple document be released for the public and time given to digest it?

3. What would good care look like?

- Transport to appointments and for visiting are convenient, including in the evenings, easy to use and affordable
- Advice to support family carers and patients is co-ordinated and easy to use for everyone
- People are not left in isolation at the end of their life, especially those over 75

- Intermediate care services use "qualified staff" with sufficient time
- Volunteers are not the first line of care

4. Risks

- Care Homes that are not on a bus service and insufficient in number
- There are insufficient care home places for people with dementia
- General Practitioners not coping with the additional work load
- Those who live alone have increased isolation from good care
- The increased numbers of older people means that family carers may also have health problems
- Volunteers not available when needed

Dartmouth & Kingswear (TQ6)

1. Reasons for valuing current community services

- They overcome problems associated with the river as a barrier
- They reduce the problems of travel beyond the locality

2. Requiring clarification

- What MIU provision from General Practice and "enhanced primary care" will look like, especially as there is currently long waits for appointments
- Location of ambulance services (which may also include patient transport)
- Relative costs of 12 beds in a community hospital versus 12 beds "at home"
- Kingswear has a hybrid of Dartmouth for Health and Wellbeing team and Brixham for General Practitioner. Is this appropriate?
- Similarities between Brixham and Dartmouth (location) why a different provision of the Hub?

3. What would good care look like?

- Minimal travel time for minor injury
- Reasonable accommodation costs to ensure sufficient recruitment of care staff
- Sufficient number of inpatient beds to be available for people with unsuitable accommodation for recovery
- Affordable and reliable transport links to Riverview and Totnes
- Adequate car parking arrangements for all services
- Services connected so that one call resolves problems
- Kingswear appropriately 'joined up' across primary care and community care

4. Risks

- Cost of accommodation for expansion of Home Carer numbers and recruitment to General Practice
- Potential for inadequate provision for End of Life
- Travel times for rural areas eroding caring time
- Loss of MIU with undefined replacement, especially in the evenings and weekends
- Poor mobile signal in rural areas
- Ambulance unable to navigate narrow roads

Totnes (TQ9)

1. **Reasons for valuing current community services**

- Totnes Caring: for those registered with Leatside or Catherine Houses doctors' surgeries
- Availability of respite care
- Familiar surroundings for people with learning disability
- An understanding of people with advanced dementia

2. **Requiring clarification**

- Care for homeless people, given the concern that it is not included in the model
- Mental health care, including for those with substance misuse problems
- Funding of General Practice, especially if more home visits are necessitated
- Availability of Patient Transport and ambulance services (for A&E)
- The role of community pharmacy

3. **What would good care look like?**

- Caring as a profession is valued
- Training and quality monitoring are in place
- Volunteer roles are attractive to recruitment, training is available and well co-ordinated
- There are plans to educate young people in taking responsibility for their health
- Patients with lived experience are listened to and their knowledge valued
- Sufficient provision for respite care for elderly parents when families have holiday breaks

4. **Risks**

- Mobile phone signal is variable
- Difficulty to recruit volunteers who may not relish their role, particularly as they are usually older people
- The capacity of the hospital with additional people coming into Totnes because 4 hospitals are closing, reducing the availability of "local" beds and increasing problems with car parking
- Insufficient availability of Home Carers to cover night-time care and care packages in totality
- Insufficient funding available for increase in General Practice and community nursing
- Training and expertise of staff on the single point of contact
- Reduction in quality of care for permanent residents in care homes due to pressure on care home beds
- Appropriate/informed provision for people with learning disabilities

Newton Abbot locality

This includes feedback from approximately 270 event attendees in this area, 252 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (Appendix, from p38).

Newton Abbot (TQ12)

1. **Reasons for valuing current community services**

- Hospitals are safer than care homes
- High level of nursing input in the community hospital
- Infection control better than other locations
- Access to specialist nurses
- Easier team-working with sharing of information on patient appointments
- Safety for post-operative orthopaedic patients (e.g. total hip replacement) in community hospitals

2. **Requiring clarification**

- What will happen during the transformation period?
- Does the model include community home visits for people with mental health problems?
- What are the methods for monitoring and controlling services?
- Will there be an itemised bill shared with the public to show transparency?
- Where will services for hearing loss be?
- What will volunteers actually *do*?
- How will the single point of contact be promoted and who will run it?
- Can something be done about the costs of the PFI hospital?

3. **What would good care look like?**

- More use of online and skype for communication with patients
- The support from experts and organisations in developing the model is visible to the public
- Information about how to make the best use of services (e.g. A&E) is easily found and uses consistent terminology (MIU and A&E interchange)
- Information and education about prevention is promoted and valued
- Information on where to obtain equipment (e.g. walking sticks) is easily obtained
- Wellbeing coordinators are effective with a clearly defined and understood role
- General Practice is recognised as the place to go for non-urgent minor injuries
- Care Homes are valued, with their business and safeguarding risks understood
- It is recognised that people have hearing loss, which has an impact on communication
- Direct 'bus transport to the hospital

4. **Risks**

- High cost of travel in visiting patients at home
- Increased burden of care for family carers
- Home Carers part of a different organisation and not part of the team
- Therapists and community nursing used to cover lack of carers
- Cross infection from uniforms of staff providing home-based care

Bovey Tracey (TQ13)

1. Reasons for valuing current community services

- A valued General Practice for the community
- The community hospital represents a safe haven when feeling "out of control"
- The loyalty of the League of Friends

2. Requiring clarification

- The acute hospital may be RD&E – how will this fit in the model?
- Would voluntary care services be available at the weekend?
- What would be the value of League of Friends membership?
- Are there alternatives for those with small minor injuries to avoid travel to Newton Abbot?
- Services operating in the Health and Wellbeing Centre
- Strategy for volunteers
- More information about costs and use of technology
- Where does mental health fit into the model?
- Confusing terminology (Hubs, Health and Wellbeing Centres) and what they do
- Clarity about how the released capital funding would be used.

3. What would good care look like?

- A Health and Wellbeing Centre next to the current GP surgery, including occupational therapy, dementia care, therapy and advice centre
- A volunteer strategy to ensure reliable support and recognising that volunteers are often elderly themselves
- Reliable home visits on transfer from acute hospital
- Integration of mental health into local services, recognising the impact of isolation
- Well-trained staff with local knowledge as key to the new system
- Continuity of care
- A comprehensive, coherent list of information in layman's terms, preferably aimed at those aged 85 and over, including eg what services are available, where they are, what they are used for and in what situations would they be used
- Communication with family carers always happens so that they feel part of the process

4. Risks

- For an elderly couple without support from the family and one is the family carer
- Homes on the edge of Dartmoor with difficult access
- Difficulty in understanding overseas nurses
- High proportion of people living alone
- All beds out of the locality mean that elderly relatives will struggle to visit
- Volunteer recruitment declining
- Increased use of the 999 emergency service

Chudleigh (TQ13)

1. Reasons for valuing current community services

- Local people are emotionally attached to their local hospital. It is considered to be part of their "wellbeing"

- Community nurses are known in the community
- Newton Abbot hospital is “good for the area” with useful clinics, good patient transport and prescription delivery

2. Requiring clarification

- Travel time - as the information provided is difficult to understand
- What does ‘wellbeing’ actually mean and why spend so much money on it?

3. What would good care look like?

- If change happens, it is done incrementally
- Seamless communication across all providers especially across Royal Devon & Exeter and Torbay for referrals and results
- End of Life care is without stress for both patient and family carers, with the option of a care home available and overnight respite

4. Risks

- Isolated elderly people at home will result in reduced communication with them
- Insufficient capacity in general practice - including number of GPs
- Increased demand on voluntary transport without capacity

Brixham & Paignton locality

This includes feedback from approximately 587 people who attended events in this area, 423 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (see Appendix, from page 38).

Brixham (TQ5)

1. Reasons for valuing current community services

- Availability of a minor injuries unit, especially for children
- Intermediate care within St Kilda
- Community Hospital availability

2. Requiring clarification

- Mental health as part of the model - including provision within general practice
- Services for children and young families and how these fit within the model
- Will there be appropriate and accessible travel information, including bus travel?
- How will a minor injuries unit cover the whole of Torbay, especially in holiday time?
- Operational differences between Hubs and Health and Wellbeing Centres

3. What would good care look like?

- Drug and alcohol services provided locally
- Service information available both online and in other formats, and available at the point of need

- Care is provided by people who are familiar, known and valued by the community and are sufficient in number to avoid pressure on time
- Financial support for voluntary organisations, especially those supporting dementia, to ensure their sustainability

4. Risks

- Narrow streets and old cottages, unsuitable for effective medical care
- Reduction in care homes
- Disruption to services by poor travel times and costs of clinical/carer travel
- Insufficient community nursing provision
- Insufficient parking availability causing obstruction in nearby narrow roads

Paignton (TQ3 & TQ4)

1. Reasons for valuing current community services

- The Community Hospital is a central resource in the town
- The Community Hospital is in the second largest town in the CCG footprint
- Holiday visitor resource
- Availability of parking and transport links nearby
- Minor Injuries Unit with X-ray within walking distance for those without a car
- A number of local clinics for local people who do not have a car
- End of Life Care option of transfer to the Community Hospital
- League of Friends loyalty

2. Requiring clarification

- How will the views of housebound people be known?
- Who will you ring if alone?
- Where is mental health in the model?
- What are the quality standards and safeguarding for services provided in the patient's own home?
- What is the provision for patients with dementia?
- What does 'enhanced primary care' actually mean?
- What is in the Hub and what is in the Health and Wellbeing Centre?

3. What would good care look like?

- Clinics and beds in a location on a simple, reliable bus route
- There is reliable and easily reached minor injuries provision for children
- Reliable overnight care support for those living alone
- Respite relief for family carers, who may be elderly
- A reliable, comprehensive point of contact without response delays
- The communication needs of people with dementia is accommodated
- Alternative care if home-based care becomes unsuitable

4. Risks

- Stimulation of the care home market in the light of unrealistic payments
- Costs for home visit travel to patients for clinical staff not accounted for

- Challenges to continuation of GP practice volunteer services as a result of primary care relocation
- Heavier use of the 999 service to compensate for lack of minor injuries unit
- Inadequate recruitment to sustain home-based care.

Torquay locality

This feedback includes approximately 52 people who attended events in this area, 153 completed questionnaires (where postcodes were included), plus those who attended local community events and any relevant additional submissions (see Appendix, from page 38).

Torquay (TQ1 & TQ2)

1. **Reasons for valuing current community services**

- Paignton Hospital provides a central point for services across Torbay, where the population is greatest and where there are areas of deprivation

2. **Requiring clarification**

- How does "Ageing Well" work within the Model?
- What consideration has been given to the needs of people with a Learning Disability – for example how would the single point of contact operate for those unable to use a telephone?
- Scope of operation of Wellbeing co-ordinators (e.g. are they only for the 50+ age group?)
- Full rationale for no Hub across the two largest urban conurbations (Paignton and Torquay)
- Impact on police and ambulance services
- Is the money being spent where people need it most?
- What is the view of the voluntary sector?
- Difference between the role of a nurse and that of a carer
- How will services delivered at home be monitored/quality controlled?

3. **What would good care look like?**

- The inequality of people living in areas of deprivation are recognised within the model
- People with Learning Disabilities share their experience and help to design their services

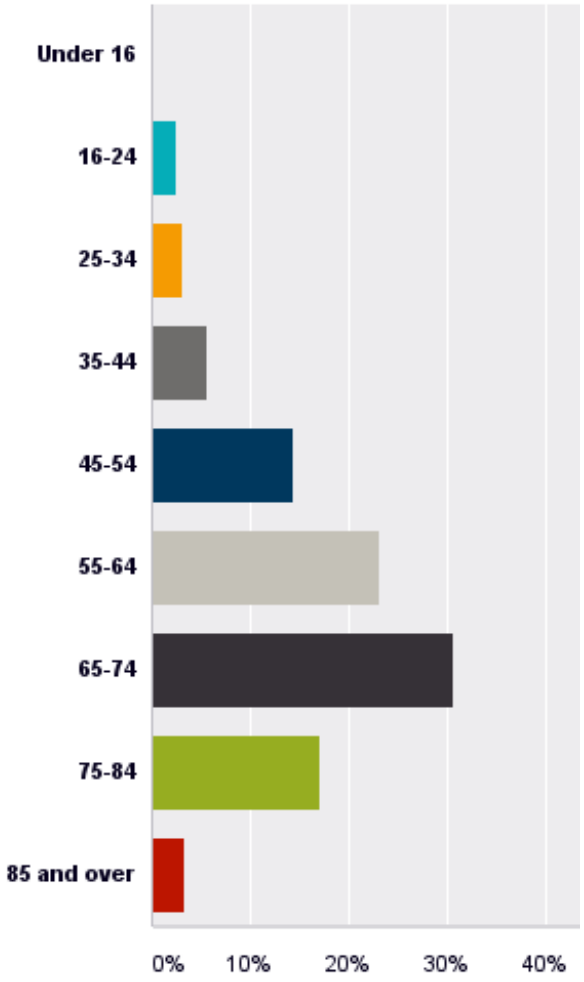
4. **Risks**

- No clinical hub in areas of deprivation (where people are known not to engage with the service now)
- A reduction in the potential workforce numbers (as this model eliminates those who cannot drive)
- Increased pressure on Torbay A&E
- Reduction in number of patients seen by therapists unable to carry specialist equipment which adds to travelling time
- Resistance from families unable/unwilling to take on a caring role

  People with physical disability placed in inappropriate care home settings

Questionnaire Analysis

The following pages in this section look at the questionnaire itself, and the answers provided by those completing it. In total, 1,392 questionnaires were completed by the public, either online or via a paper-based version, and then uploaded to secure online survey analysis tool 'Survey Monkey'. The age ranges of those that completed the survey are below:



Answer Choices	Responses
Under 16	0.09%
16-24	2.47%
25-34	3.15%
35-44	5.62%
45-54	14.38%
55-64	23.15%
65-74	30.64%
75-84	17.11%
85 and over	3.40%

Comments

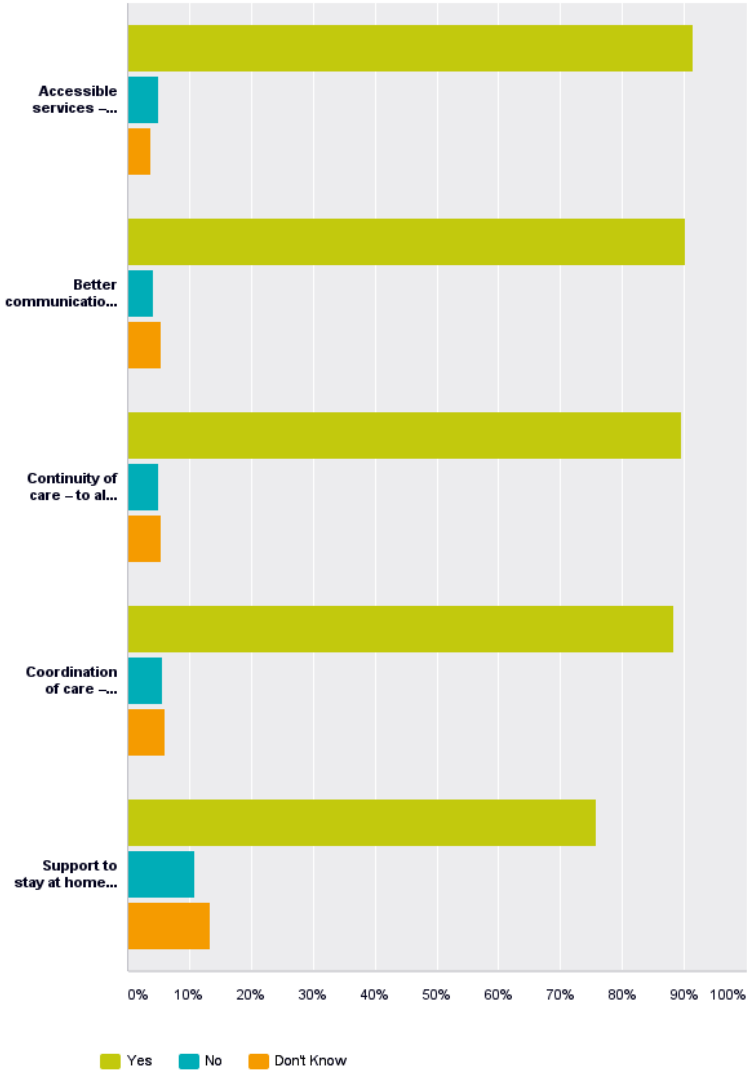
217 responders skipped this question. Nearly three quarters (74%) of responders were over the age of 55.

Other demographic statistics

- 68% of responders identified themselves as female, 30% male, with the remaining 2% either transgender, gender fluid, or preferring not to say (234 responders skipped)
- 20% of responders considered themselves to have a disability (239 skipped)
- 45% of responders said they had a long term health condition (224 skipped)
- 24% of responders considered themselves to be a carer (225 skipped)
- The majority of responders were heterosexual (86%, 302 skipped) and White-British (95%, 256 skipped)

Service preferences and challenges

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

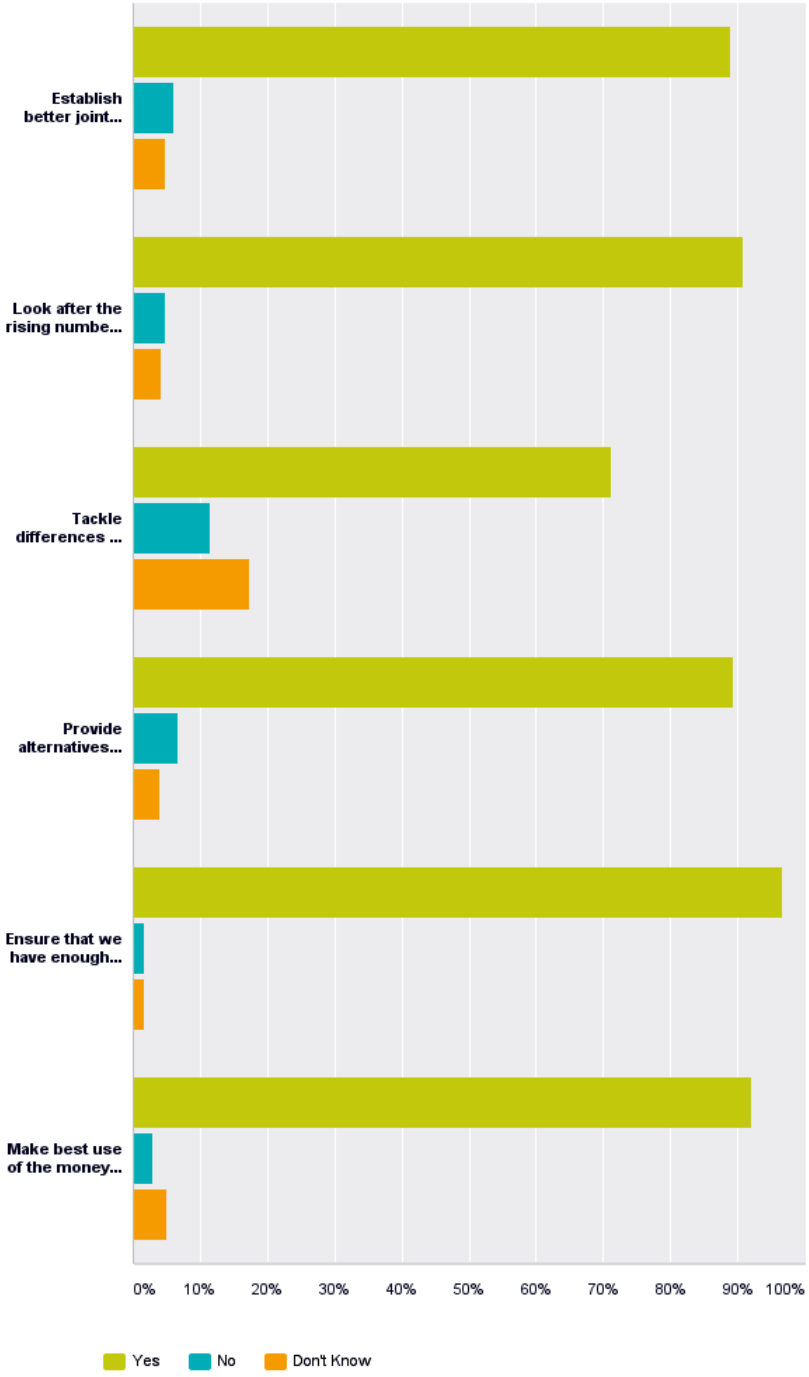


	Yes	No	Don't Know
Accessible services – *convenient opening hours, transport and accessible buildings*	91.38%	4.92%	3.71%
Better communication – *between clinician and patient, and between clinicians themselves*	90.25%	4.22%	5.53%
Continuity of care – *to allow relationship-building with clinicians and carers*	89.52%	5.01%	5.47%
Coordination of care – *including joined-up information systems*	88.36%	5.67%	5.97%
Support to stay at home – *with a wide range of services and support*	75.68%	10.95%	13.37%

Comments

60 responders skipped this question. The most notable variation from agreement is in the option "support to stay at home" where there is a shift of 7% towards the 'don't know' response and a reduction of the strongly agree towards agree.

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

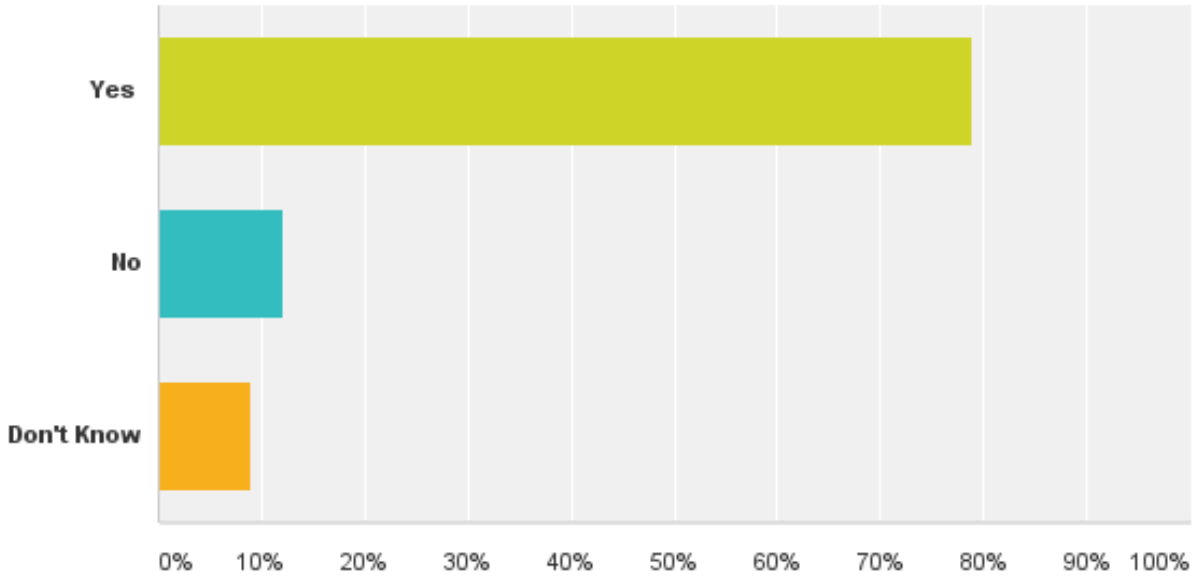


	Yes	No	Don't Know
Establish better joint working between services?	89.02%	6.11%	4.87%
Look after the rising number of elderly people, many with long-term conditions?	90.89%	4.86%	4.25%
Tackle differences in life expectancy between affluent and deprived areas?	71.22%	11.45 %	17.33 %
Provide alternatives to A&E for non-emergency care?	89.35%	6.74%	3.91%
Ensure that we have enough appropriately experienced staff to look after patients safely?	96.72%	1.68%	1.60%
Make best use of the money available?	92.05%	2.88%	5.07%

Comments

58 responders skipped this question. The most notable variation is in tackling the difference in life expectancy with a drop of 20 responders and under 75% of responders saying yes and 17% don't know (compare: Looking after rising numbers of elderly people with over 90% saying yes and 4% don't know).

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?

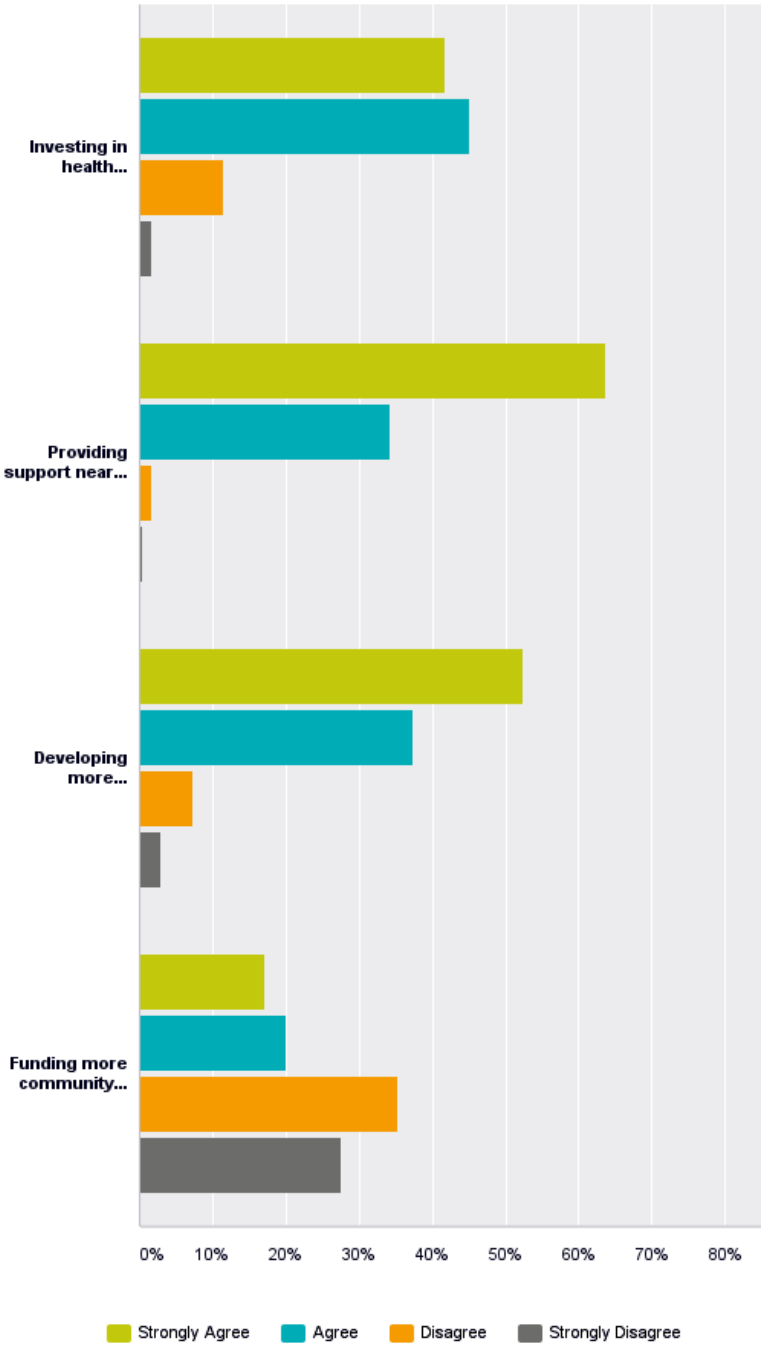


Comments

115 responders skipped this question. 79% agreed.

New Model of care

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

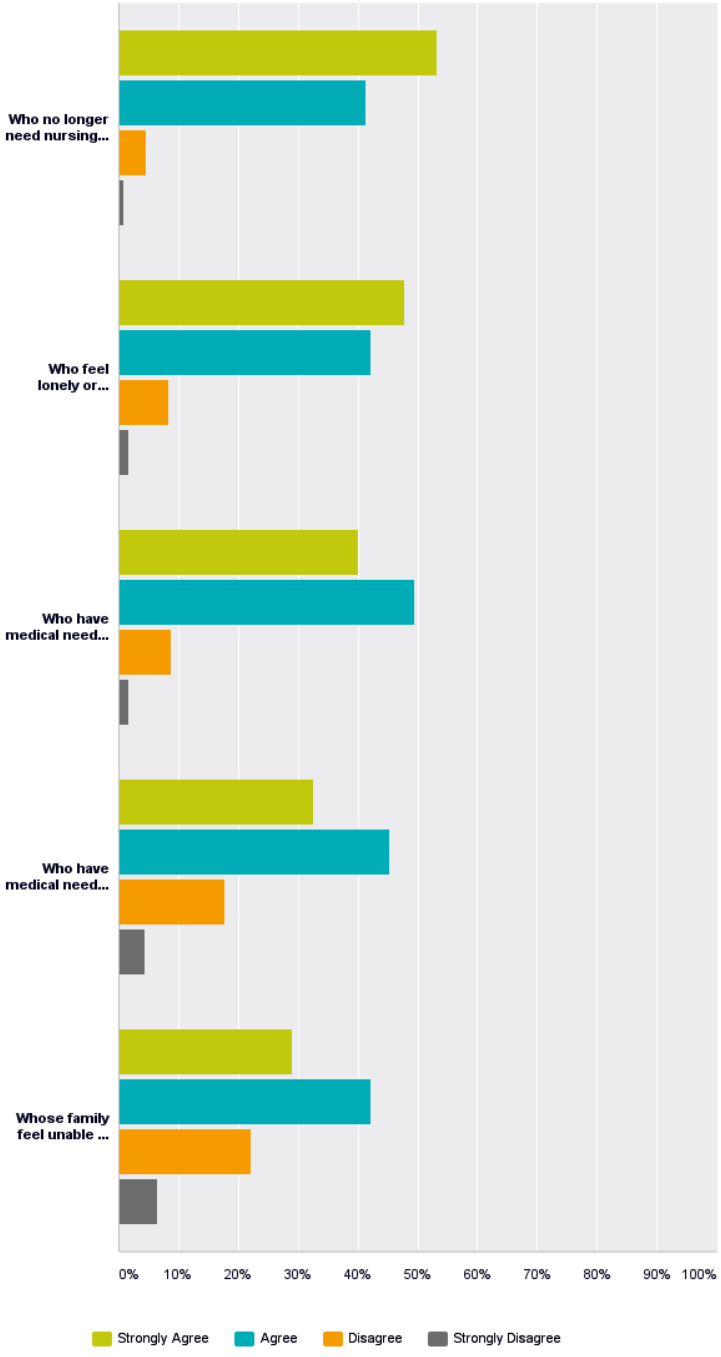


	Strongly Agree	Agree	Disagree	Strongly Disagree
Investing in health promotion activities *(e.g. exercise classes for those with heart and lung disease).*	41.82%	45.01%	11.49%	1.68%
Providing support nearer to where people live.	63.77%	34.34%	1.58%	0.32%
Developing more out-of-hospital care and treatments, especially for older, frail people.	52.41%	37.38%	7.23%	2.97%
Funding more community services by reducing the number of hospital beds.	17.12%	20.10%	35.29%	27.49%

Comments

102 responders skipped this question. This question overall showed a drift towards agree rather than strongly agree. 12% disagreed with investing in health promotion. Although the remainder agreed there was a drift from strongly agree with approx. 50:50 between strongly agree and agree. Two thirds of responders disagreed in some way with closure of community hospitals.

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

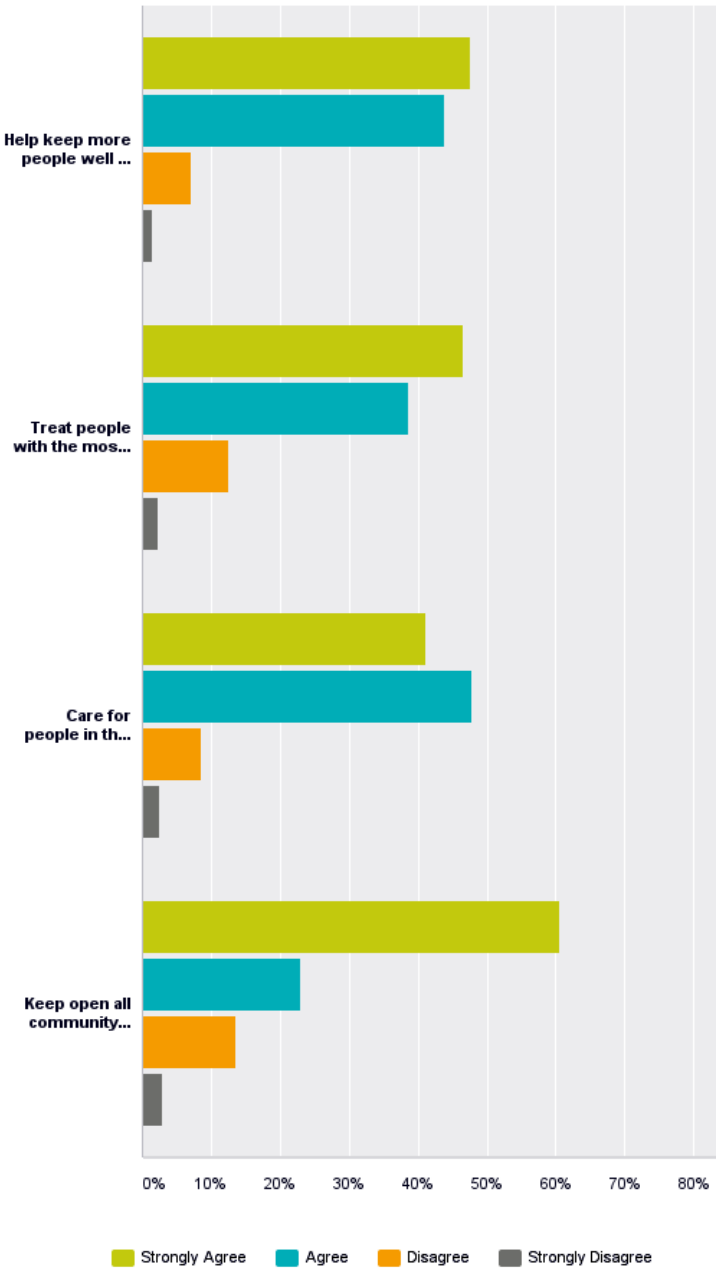


	Strongly Agree	Agree	Disagree	Strongly Disagree
Who no longer need nursing or medical care.	53.24%	41.25%	4.64%	0.88%
Who feel lonely or isolated.	47.90%	42.07%	8.33%	1.70%
Who have medical needs that can be managed at home.	40.10%	49.56%	8.73%	1.62%
Who have medical needs that can be met in a care home.	32.52%	45.31%	17.72%	4.45%
Whose family feel unable to look after them.	29.05%	42.23%	22.18%	6.55%

Comments

118 responders skipped this question. There is most agreement with transferring those who no longer needed medical care, 22% disagreed that people who have medical needs that can be met in a care home should transfer.

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



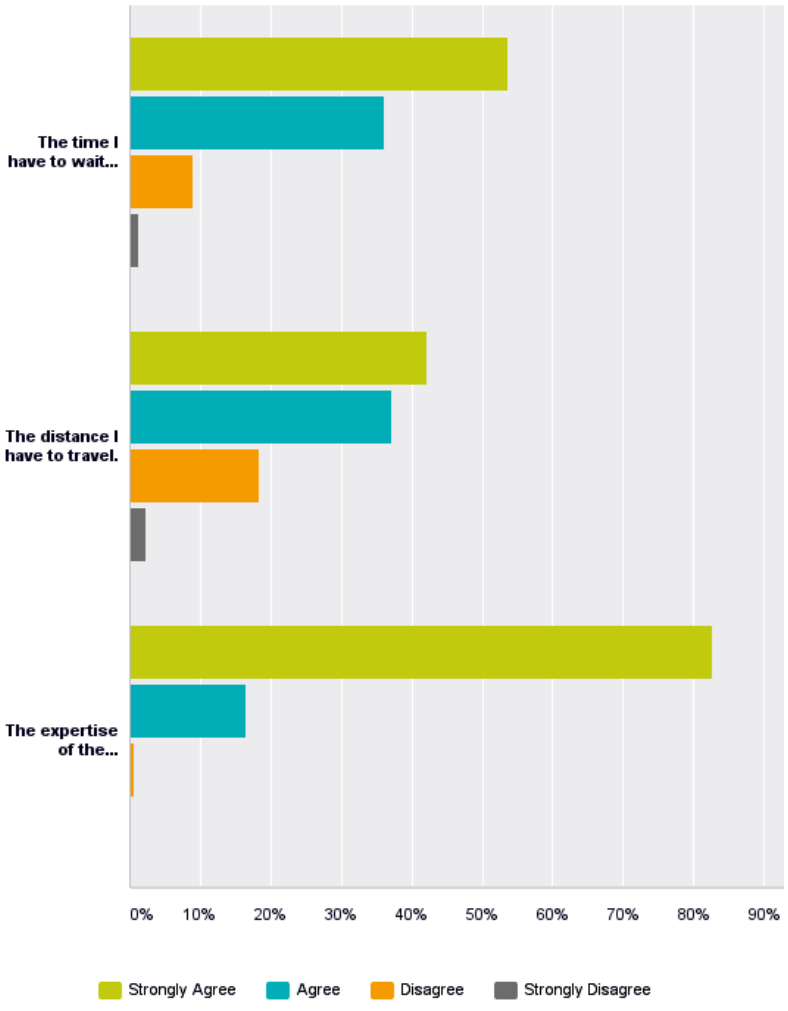
	Strongly Agree	Agree	Disagree	Strongly Disagree
Help keep more people well for longer.	47.70%	43.91%	7.02%	1.37%
Treat people with the most complicated health conditions.	46.57%	38.58%	12.48%	2.37%
Care for people in their own homes or close to where they live.	41.06%	47.84%	8.65%	2.45%
Keep open all community hospitals.	60.57%	22.97%	13.59%	2.86%

Comments

102 responders skipped this question. There was agreement for **all** presented options with the most interesting being approximately 15% disagreement for treating people with the most complicated conditions and 84% agreement for keeping open community hospitals.

Implementing the model of care

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

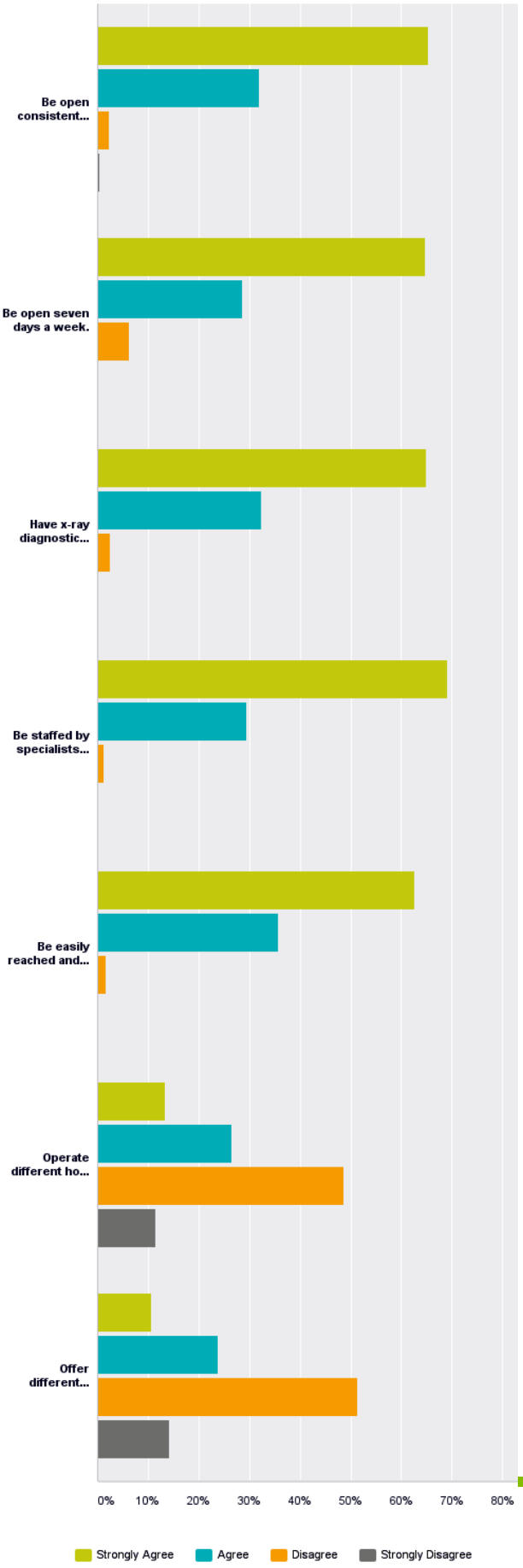


	Strongly Agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment.	53.62%	36.15%	9.04%	1.19%
The distance I have to travel.	42.08%	37.17%	18.37%	2.37%
The expertise of the specialist that I see.	82.72%	16.44%	0.67%	0.17%

Comments

185 responders skipped this question. 'Distance I have to travel' was the most controversial with 20% disagreement that this was important.

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:

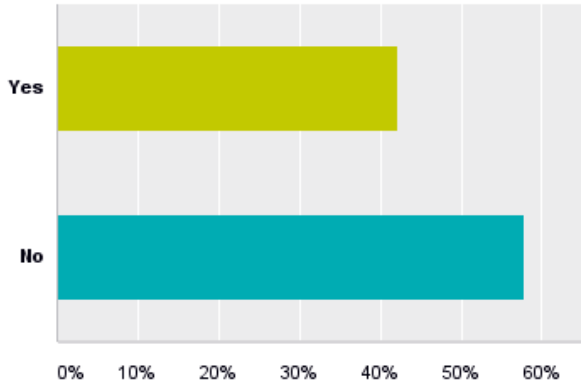


	Strongly Agree	Agree	Disagree	Strongly Disagree
Be open consistent hours.	65.32%	31.93%	2.24%	0.52%
Be open seven days a week.	64.74%	28.71%	6.30%	0.26%
Have x-ray diagnostic services.	64.87%	32.31%	2.56%	0.26%
Be staffed by specialists experienced in dealing with minor injuries.	69.20%	29.44%	1.27%	0.08%
Be easily reached and have good car parking.	62.56%	35.73%	1.62%	0.09%
Operate different hours in different locations.	13.33%	26.57%	48.63%	11.47%
Offer different services in different locations.	10.75%	23.71%	51.42%	14.12%

Comments

189 responders skipped this question. On the whole there is agreement with the statements, with opening different hours and having different services having highest disagreement.

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?



Comments

253 responders skipped this question, with some of these citing its 'leading' nature and the requirement to understand what is meant by the "latter". There was a drift towards disagreement with the statement.

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

	Yes	No	Don't Know
Close Ashburton and Buckfastleigh Hospital	24.11%	41.81%	34.09%
Close Bovey Tracey Hospital	25.80%	38.00%	36.20%
Close Dartmouth Hospital	18.31%	49.41%	32.28%
Close Paignton Hospital	24.47%	53.37%	22.16%

Comments

Logically 480 people should have responded to this question ("yes" decision from question 9) whereas 619 actually did.

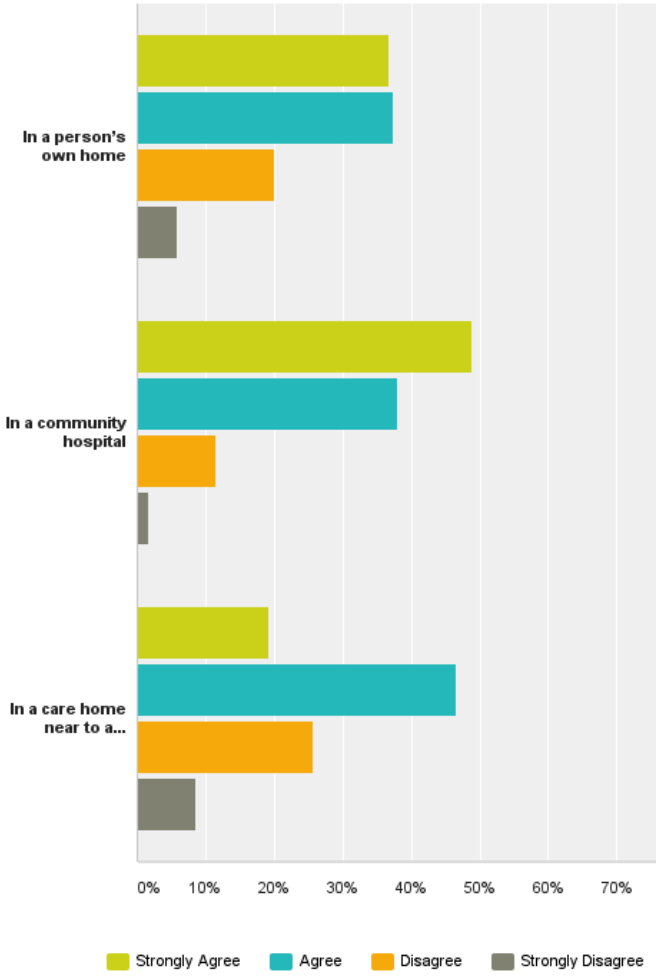
This question requested reasons for choice (some of which related to a "no" answer) and these have been included in the next section (Alternatives & Suggestions).

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

Comments

Logically 659 people should have responded to this question ("no" decision from question 9) whereas 664 actually did. Reasons for choice have been included in the next section (Alternatives & Suggestions).

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
In a person's own home	36.82%	37.31%	20.04%	5.82%
In a community hospital	48.80%	38.06%	11.57%	1.57%
In a care home near to a person's home	19.20%	46.60%	25.60%	8.60%

Comments

234 responders skipped this question. Responses do not correlate with the Yes/No earlier questions but have a similar presentation. There was agreement for all of the options, although care homes had slightly less strong agreement than other options.

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 set out below (or in an additional submission):

Comments

679 responders skipped this question. Responses have been included in in the next section (Alternatives & Suggestions).

Alternatives & Suggestions (verbatim)

This section is a compilation from events' notes and questionnaire responses, plus any relevant additional submissions (see Appendix, from page 38). It is taken verbatim.

Although the theme of **'no change to community hospital use'** was commonly voiced and has been noted, it is not repeated throughout this section.

Moor to Sea locality

Ashburton (TQ13)

Suggestions supporting the model or alternative uses or locations

- Has the hospital property been considered as the community hub i.e. OT, staff. Why not use the hospital building?
- Suggestion that Ashburton Hospital could be used as a new community wellbeing centre rather than closing completely
- There is an empty building next to the police station. Could that be used as a wellbeing centre?
- Hospital is worth £425,000, the population in Ashburton and Buckfastleigh is 7,500, this works out at £56.66 per person. Can the population buy the hospital? Will the CCG make information about this available in the proposal? This works out at 16p a day per person.
- If the hospital closes, how will the building be used? Suggestions are a second GP surgery, other NHS services, voluntary sector.

Suggestions supporting more efficient use of resources

Staffing

- Have a bank of support staff who can be called on e.g. like retained firemen – they would require basic training and be regulated
- Need a qualified nurse on round-the-clock to give input/guidance to carers who can do tasks in the community but need help and support. Is this possible?
- 1970s HM coastguard was told by the government to reduce money. Coastguards were spread thinly and then advertised for auxiliaries – every retired naval person signed up for this – minimum wage was paid. Ashburton & Buckfastleigh there must be hundreds of retired nurses. College of nursing charge of £125 to keep registration going – if this was not the case more retired nurses would carry on. An agency hires retired nurses.

Transport

- A community transport scheme is needed. NHS staff also have long distances to cover and spend more time travelling than delivering care
- Suggest the use of 'Community Taxis' which entails you sign up to a website whereby you find other people who need to do similar journeys to you and you get together to hire a taxi and share the cost. Apparently this is used in Norfolk somewhere and it works very well.

- Concerns raised regarding transport being a real issue in rural areas. Should we be looking at this through volunteers or a paid bus/local transport service for those without transport?

Volunteers

- Comment that care work needs to be devolved out to very locally based voluntary services or that more money needs to be given to innovative concepts like shared lives, where local homes are encouraged to take care and house an elderly resident for a few days a month (perhaps with a paid incentive). This will need training and support and could be on a respite basis or as part of a more frequent arrangement. There are lots of local lonely people with lots of room that would be interested in this. Could this be investigated as the local community feels more empowered to do their bit?

Others

- Could be producing public health films to promote health and wellbeing
- For long term conditions willing family members should be paid for giving up work to care for their sick relatives.
- Could we have hospitals near to where they are most likely to be needed e.g. on Dartmoor where people might fall off the Tors?

Buckfastleigh (TQ11)

Suggestions supporting the model or alternative uses or locations

(No additional suggestions raised to that in Ashburton)

Suggestions supporting more efficient use of resources

- Cut down on administrators, when visited Torbay and Newton Abbot, there is always a great number of them. Stop creating extra jobs for executives who earn vast salaries, you could then afford the extra nursing staff and keep our community hospitals open. (*relevance to Carter Review Feb 2016)*
- Systematically tell people what their healthcare costs, tell all patients and all families, every time they interact with the NHS, what the cost actually was.

Totnes (TQ9)

Suggestions supporting the model or alternative uses or locations

- Here is one positive idea - instead of reducing the beds at Totnes Hospital to 16 with 2 nurses, why not increase to 24 with 3 nurses?

Suggestions supporting more efficient use of resources

- Why aren't alternative treatments offered rather than medicines as first choice?
- Would the NHS not consider bringing carers in-house?
- There needs to be more help with maintaining mobility, with daily exercise (particularly balance) classes. Centres where people can meet & exercise
- Money could be saved, and the population slowed, by leaving the private sector to deal with I.V. fertilization etc.

- I strongly feel that people should be asked to contribute financially to their food bill in hospital. All wards have a ward clerk, and this could be part of their remit. A contribution of an amount daily. Whilst hospitalised - all home running costs continue but food bills do not, and a contribution nationwide would assist greatly to the NHS burden
- Non profit-making affordable regular ACTIVITY sessions provided in a large space (probably whole floor of current hospital) e.g. Gentle Gym Live music and singing Table Tennis Pilates Board Games Line dancing Carpet Bowls Yoga/Tai Chi 2. Rooms/space for occasional visiting NHS specialist e.g. Elderly Care Consultants, Physiotherapy, nurse practitioners, dieticians, chiropody, health visitors, mental health nurses and obstetric clinics. 3. Rented space for Private Health Practitioners so making State registered complimentary treatments available alongside NHS facilities. E.g. Podiatry, chiropody, nutritionist, dietician, osteopathy, occupational therapy, speech therapy and physiotherapy. 4. CAFE/VOLUNTEER CENTRE providing (non-profit making) affordable light lunches, snacks for drop-in and friendship for users and carers as a point of contact and voluntary services operating within the community e.g. Memory cafe, walk and talk, knit and natter, voluntary drivers for medical centres, community share and care, Cruise, internet cafe, Age UK. I realise these proposals would take a large amount of time and effort to organise and finance initially, but believe that the older citizens in our community (between 60-90) need to be supported in remaining mentally active.

Dartmouth & Kingswear (TQ6)

Suggestions supporting the model or alternative uses or locations

- I think the people of Dartmouth and its surrounds, should be given the opportunity to at least offer to make a contribution (financial not compulsory) towards keeping Dartmouth hospital open and re-opening the minor injuries department. This hospital was very initially opened as a result of its community's donations.
- The West Dart Development plan that has been given the green light by the Government Planning Inspector still features a Medical Community Hub "Medical Village", CCG should formally withdraw any plans for this to be included in the plan and concentrate on River View.
- The sale of Dartmouth Hospital and Dartmouth Clinic will result in a large proportion of income that should be ring-fenced to support River View and the future training of medical support staff.

Suggestions supporting more efficient use of resources

- Dartmouth Caring resources are stretched and at breaking point, CCG should support with the funding and training of carers within this community
- But will it be possible, as safe and as dependable as having community hospitals to provide a safe haven and allow time for care agencies to get organised, ramps/stair lifts etc. installed and patients fully assessed by therapies. This should be audited and some beds retained for 6-12 months to give reassurance to the public and allow the ICO to flex and fix the trouble spots.
- Hopefully this is what is going to be delivered but prevention is much better than cure so a whole new programme of community health must be rolled out in schools, in nurseries, in the work place, in the care home and in the community
- Care homes ought to be run by the NHS - either for permanent residence or for recuperation.

Newton Abbot Locality

Newton Abbot (TQ12)

Suggestions supporting the model or alternative uses or locations

(no related suggestions given)

Suggestions supporting more efficient use of resources

Assessments

- Would like to see more assessments done at home rather than in hospital to help plan practical aspects with contact from social care early so that clients can get to know the social worker and agencies can do their own assessment. (Learning disability and dementia care provider).

Care homes

- It's a matter of fact that if you take people in a hurry, often on a Friday afternoon, often with little information about them, then you are just setting yourself up for safe-guarding alerts. We, today, will now only admit people on Tuesday-Thursday and only after an extensive assessment process... this is to keep us safe. Our experience (and echoed by every other care home manager I talk to) is that too many healthcare professionals haven't read the script about supporting Nursing Homes and all too quickly run off to raise safe-guarding alerts

Others

- More money needs to be placed in services such as rapid response, social care reablement and intermediate care. There is not enough joined-up working between health and social care teams – there should also be a shared computer system fit for purpose to save time and money.

Bovey Tracey (TQ13)

Suggestions supporting the model or alternative uses or locations

- Next to the current GP surgery would be excellent. Table felt if the money raised from the sale was used in this way it would go some way to assuage the towns "anti" feelings.
- Bovey Hospital should remain an asset for the town – OT clinics, dementia care, therapy and advice centre.

Suggestions supporting more efficient use of resources

Staffing

- Why cannot staff keep their (MIU) skills by rotating through different locations?

Single point of contact/signposting

- This table raised the need for a proper campaign to communicate changes to the public, including a comprehensive, coherent list of information in layman terms, preferably aimed at those aged 85yr+ to make it easy to read. The information should include: exactly what services are available, where they are, what they are used for and in what situations would they be used, why they should use them, when they can use them and exactly how they can access them (including contact numbers and info on transport).

- Felt it would be good to also include approximate average waiting times at each service to highlight those with 'less demand'.

Care home options

- Thought should also be given to the idea of warden controlled housing (as used to be provided in many areas historically) as a means of having 24/7 cover on site getting around some of bed blocking issues of people who don't have relatives or suitable homes in which to go back to as a means of intermediate care.

Chudleigh (TQ13)

Suggestions supporting the model or alternative uses or locations

- There could even be laboratory services or support services housed there (*community hospital*) to help fulfil local community health & wellbeing needs as part of this proposal, and making the locals happier in the process.
- The hospital could be redeveloped to house new services to find a creative, innovative solution to maintain some form of tradition and community identity. Could this be considered?
- Chudleigh needs its own Hub. Will both surgeries be run from there?

Suggestions supporting more efficient use of resources

- Combination locks on patients' doors would allow staff access, as there are potential security problems.
- Can new technology help? e.g. skype
- A buzzer equivalent to the hospital call button, for patients at home
- Increase in the use of Faith organisations
- Enhance GP services in towns were there isn't a hospital.

Brixham & Paignton locality

Brixham (TQ5)

Suggestions supporting the model or alternative uses or locations

- Need somewhere between Paignton and Brixham and somewhere that is on a bus route. Getting to Totnes is hard.
- The quickest journey will be to Torbay and not to Newton Abbot or Totnes. Has it been considered that the MIU at Brixham could be enhanced?
- Couldn't we build something smaller in Brixham to help that population and keep the hospital in Paignton instead?
- As St Kilda's Home is closing, why can't the 2% 'Adult Care' Council Tax be used to rebuild it? We have the land.
- Can Brixham and Paignton MIUs be combined so that one isn't totally lost?
- Have you considered basing any ambulances or first responders in Brixham?
- Can't the Wellbeing Clinic look after MIU?
- Brixham surgeries coming together to provide a minor injuries service

Suggestions supporting more efficient use of resources

- Why not build new more efficient and flexible use buildings fit for purpose, which will save money and time where staff can base themselves also.
- If you kept the beds at Paignton and Brixham then you could rent out Fairweather Green and get money from that without needing to close the hospitals.
- Could you have outpatients in Paignton and beds in Brixham?

Paignton (TQ3 & TQ4)

Suggestions supporting the model or alternative uses or locations

- My suggestion would be if it has to be done is to sell the site of the old hospital for flats and build a new state of the art purpose-built unit up at South Devon College site, then students from there can train at said hospital, providing better teaching facilities for local teenagers for a long career in nursing/doctors etc. in conjunction with Exeter, Plymouth Universities. But, it would need to be built and services provided BEFORE selling the old hospital building.
- Couldn't the MIU be in Paignton rather than Totnes as Paignton is central to everywhere and has the biggest population?
- Hub needs to be central and have good transport. Crossways would be a good option, very central.
- The majority of people feel that Crossways site could be used for the health and wellbeing centre but felt the Paignton hospital would be better
- Old Paignton Police station site could house medical services e.g. maternity services – has this been considered?
- Why not Oldway? Is this owned by Council it need repair What about Parkfield?
- Empty shops at Lidl (Victoria Square)
- Bishops Place Surgery would be a good place for a Health and Wellbeing Centre
- Have they considered Clinical HUB + HWB centre + MIU at Yalberton/White Rock? A new build that could serve all of Torbay.
- Why can't we use Paignton Hospital as a Health & Wellbeing Centre?
- Putting a Hub in Paignton Library - at least it has some good transport links with the trains and buses but if they build on the car park where will cars park?
- Surely would Clennon Valley with its large car park be a good option for the hub. Brixham is very difficult to get to
- Paignton Library is a real luxury for Paignton and whilst it is appreciated, could this building be utilised as a community hospital hub, and a smaller library be built on the land beside it? Alternatively use the land in Victoria Park which is adjacent to Torbay Road. We need to think outside the box
- The proposal to establish Health & wellbeing centres in both Paignton and Brixham is good but the proposal to establish the Clinical Hub for Paignton in Brixham is ill thought out; the obvious location would be in the centre of the bay with the best transport links and parking facilities which Paignton provides.
- I think the acquisition of the Crossways shopping centre would be beneficial for several reasons: 1. The clinical hub and an amalgamated Paignton GP practice would be at the centre of Paignton. 2. The transport links (train and bus) are already in place with a multi storey car park in situ. 3. Thinking long term, the amalgamated practice and clinical hub will bring patients and staff into the centre of Paignton and could encourage people to use the shops/cafes. E.g. information and help themselves.

Suggestions supporting more efficient use of resources

- Why not have smaller MIUs in Chemists and Supermarkets
- You have to have regular blood tests why can't they give equipment and 10 mins training to take your own blood and you take direct to haematology
- If you still insist on demolishing Paignton Hospital, at least keep the X-ray and install a vehicle, similar to Breast Screening, at least we will still be able to have local X-rays
- You could use community hospitals for rehabilitation beds or end of life care
- The NHS should take on the Domiciliary Care element itself and send trained nurses out into the community to fulfil their vocations rather than leaving them sitting around in half empty hospitals

Torquay locality

Torquay (TQ1 & TQ2)

Suggestions supporting the model or alternative uses or locations

- Why can't Paignton hospital be used as a walk in centre to address needs arising from closures of GP surgeries in the area?
- My ideas for the community hospitals around the bay. Perhaps one, say Paignton, could be used to provide children with care during a mental health crisis, a safe local place. This means police cells can be used for their main purpose, and the Bay's children don't have to travel far from home as they do now.

Suggestions supporting more efficient use of resources

Care Homes

- Maybe build a big retirement/ care home facility (run by the NHS and encourage independent living) A comparison was made to Germany for alternative proposals of structure of retirement homes/ villages and nursing homes

Staff

- Can’t we rotate staff to keep Paignton MIU open?
- Design a new post for careers/support person and give them more status. People recovering from ill health might not necessary need a qualified nurse, but a compassionate person that can support them in their home for a period of time. This might include personal care and basic medical procedures, i.e. dressings, drugs etc. perhaps carer is the wrong word.

Recycling equipment

- Crutches, wheelchairs etc. are often dumped. Can these be recycled not thrown away? Are there ways that recycling these can save funds these types of savings add up

Other

- Provide a small card that contains basic information about a person including their medication. (Learning Disability)
- Higher public health awareness, educate the population on the best way to look after themselves and who to go to in order to receive the best care.

Alternative Proposal Suggestions

Based on the above section, the points below have been identified from public feedback as alternative suggestions to the proposed new model of care itself, ***not*** suggestions on how the model might be implemented. If it is adopted, then all the other suggestions from the section above will need to be considered.

- Use existing community hospital buildings as that area's health and wellbeing centre.
- Use community hospitals for rehabilitation/intermediate care beds or for end of life care.
- Keep the community hospitals as they are or even expand them by increasing the number of available beds (e.g. 16 beds in Ashburton) or services on offer (e.g. Radiology).
- Combine Brixham and Paignton MIUs to deliver one MIU in the Bay.
- Increase number of beds at Totnes to 24 with three nurses.
- Close Totnes MIU and have it at Paignton instead.
- Have radiology in the Bay (in either Paignton or Brixham).
- Build a new hospital in Paignton.
- Have outpatients in Paignton and beds in Brixham.
- Include an MIU within Brixham Hospital.
- Use St Kilda's land in Brixham to build a new care home/intermediate care facility.
- Brixham surgeries to work together to provide a minor injuries service from Brixham Hospital.
- People of Dartmouth and its surrounds, be given the opportunity to at least offer to make a contribution (financial not compulsory) towards keeping Dartmouth hospital open and re-opening the minor injuries department.
- Build a new hospital on the ring road. Clinical Hub + HWB centre + MIU at Yalberton/White Rock. A new build that could serve all of Torbay.
- Include a smaller MIU in local chemists and supermarkets.
- Establish the clinical hub in Paignton and not Brixham.
- Keep Paignton Hospital and use as health and wellbeing centre/MIU/walk-in centre for GPs/ to provide children with care during a mental health crisis a safe local place (leaving local police cells to be used for their main purpose).
- Chudleigh to have a health and wellbeing centre.
- Do not have health and wellbeing centres but instead base a health and wellbeing team across GP practices integrated with the primary care teams.
- The NHS should itself provide services such as care homes and domiciliary care.
- Have a mobile clinic – like a mobile library.

Appendicies

1. Noted Petitions *(included in the main report where appropriate)*

The following petitions to the CCG and copied to Healthwatch were noted:

- Paignton Town Centre Community Partnership and Paignton Hospital League of Friends action group: "We the undersigned object to the removal of services provided by Paignton Hospital"
- Save Bovey Tracey Hospital action group: "Interim report"
- Ashburton and Buckfastleigh Community Hospital League of Friends: "Are you in favour of your hospital closing down or staying open? Please give reasons. What do you think the future of your hospital should be?"
- Dartmouth, Cottage Hospital Independently Promoted Survey: "Do you think the following should be provided at Riverview; do you think the CCG should guarantee a fully functioning facility at Riverview ..."
- Homebourne House, Singer Court: "We the undersigned resident of … wish to record our strong objections to the proposed closure of Paignton Hospital"

2. Noted Additional Submissions *(included in the main report where appropriate)*

The following submissions made to the CCG and copied to Healthwatch were also noted (available to view on request):

- 57 letters from local stakeholders, including: councillors, residents, retired GPs, consultants and consumer groups.
- Additional submissions were also noted from:
  - Paignton and Brixham Primary Care Federation with a modification of service offer.
  - Devon Senior Voice with a request that current sites are not disposed of by the Health Authority.
  - The Totnes Constituency Labour Party, opposing the potential closure of community hospitals, MIUs and the potential outsourcing of services to the private sector.
  - Bovey Tracey Town Council, believes consultation has not been conducted fairly. Concerns over closure of Bovey Tracey Community Hospital and no alternative services being in place.
  - A report from the Torbay Health and Wellbeing Scrutiny Committee supporting the proposed model of care in principle and recommending that consideration be given to the CCG working with local Members of Parliament and Councillors more formally at an earlier stage in any future consultations.
  - A report from Torbay Carers Services highlighting that Carers are very anxious about future changes, especially given the limitations of existing support services. They feel that some of the potential solutions will require additional work or resources and must be prioritised in order to successfully achieve Care Closer to Home. They also feel that consistency in the GP – patient – Carer relationship is critical in resolving issues quickly and appropriately, and that this must be considered as practices are merging.

3. Consultation list (open and community) attended by Healthwatch

Throughout the 12 week consultation, a variety of larger open public and smaller community group consultation events were held across the region, including the following:

Community Group Consultations

- Staff at Ashburton Hospital
- Staff at Newton Abbot Hospital
- Staff at Paignton Hospital
- Staff at Dartmouth Hospital
- Staff at Totnes Hospital
- Staff at Kings Ash House, Paignton
- Dartmouth Patient Participation Group
- South Hams and Teignmouth Board to Board
- Pembroke Surgery Patient Participation Group
- Carers Meetings in Paignton and Newton Abbot
- Torbay and South Devon NHS Foundation Trust Members Meeting
- Students at Coombeshead College
- Moor to Sea Care home forum
- Overview and Scrutiny, Teignbridge District Council
- Brixham Blind and Visually Impaired Club Meeting
- Community Partnership meeting, Torquay
- Chair of League of Friends Meeting
- Kingskerswell Health Centre Patient Participation Group
- Torbay Learning Disability Partnership Board
- Trade Union Representatives Meeting, Paignton
- Moor to Sea Patient Participation Group forum
- Ashprington Community Meeting
- Liberal Democrats Group, Torquay Town Hall
- Brixham League of Friends
- Blackawton Community meeting
- Coleridge Parish meeting
- Singer Court Residents Coffee Morning, Paignton
- Kingswear Council meeting
- Students, Teign School
- Students, South Dartmoor College
- Alzheimer's Society Carers Support Group

Open Public Consultations

- Bovey Tracey, Phoenix Hall
- Dartmouth, Dartmouth Academy
- Chudleigh, Chudleigh Town Hall
- Ashburton, Ashburton Town Hall, South Dartmoor Community College
- Buckfastleigh, St Lukes Church
- Paignton, Cecil Road Catholic Church, Preston Baptist Church
- Brixham, Scala Hall
- Torquay, Upton Vale
- Totnes, Totnes Civic Hall
- Widecombe, Widecombe Church Hall
- Newton Abbot, Newton Abbot College

- Central Paignton Churches Public meeting
- Youth Genesis meetings in Paignton, Brixham and Dartmouth
- Cricketfield Patient Participation Group
- Toddler and Baby Groups in Dartmouth, Bovey Tracey, Totnes and Ashburton
- University of the 3rd Age
- Torbay Mencap meeting
- Torbay Youth Parliament
- Tembani Court Residents meeting, Paignton
- South Hams CVS
- Torbay Alzheimer's Society Leadership meeting
- Torbay SPOT meeting
- South Devon and Torbay wide Patient Participation Group Consultation meeting
- Torbay Council Overview and Scrutiny
- Dartmouth Council Consultation meeting
- Goodrington Methodist Church Fete
- Step One Services, Newton Abbot
- Devon Learning Disability Programme Board
- Students, South Devon College

4. South Devon & Torbay CCG Consultation Document Distribution

The following statistics highlight how the CCG consultation document was distributed:

- About 14,000 consultation documents were distributed, and versions were available in easy read and large print format
- The consultation pages on the CCG website received more than 8,000 hits from unique users during the consultation period
- Information was sent to more than 300 groups, many of whom such as Torbay Community Development Trust, shared it with their member organisations.
- Nine advertisements were placed in the Brixham Times, Dartmouth Chronicle, Herald Express, Mid Devon Advertiser (all six area editions), and the Totnes Times
- Facebook advertising reached 35,000 people, more than 1,000 of whom accessed the website or online questionnaire
- Throughout the consultation, we used twitter to report on public meetings, share information and respond to questions and the number of people reached more than doubled during the consultation period, reaching more than 100,000
- Presentations were made to Trust and CCG staff; to Devon, Torbay, South Hams and Teignbridge scrutiny committees
- Material was made available through both the Trust, Healthwatch Torbay and Healthwatch Devon websites
- More than 700 people signed up to receive the weekly stakeholder briefing
- Throughout the consultation, and since the core proposals were published in April, different aspects have been covered by BBC Spotlight, Radio Devon and local newspapers, as well as by community based newsletters, publications and websites.

Further Suggested Reading

Background information

Healthwatch England. (2015). Safely home: what happens when people leave hospital and care settings? Special inquiry findings.

The King's Fund. (2014). Community services: how they can transform care

Local Government Association. (2016). Efficiency opportunities through health and social care integration: delivering more sustainable health and care

Monitor. (2015). Moving healthcare closer to home: financial impacts

National Consumer Council. (2008). Deliberative public engagement: background paper.

NatCen Social Research. (2014). British Social Attitudes 32. Health. Public attitudes towards the NHS in austere times

NHS England et al.(2015) Quick guide: supporting patients' choices to avoid long hospital stays

NHS Improving Quality. (2014). The little book of large scale change.

NHS Five Year Forward View (2014) Sets out how the health service needs to change (https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

NICE guideline (draft). (2015). Community engagement: improving health and wellbeing and reducing health inequalities

Realising the Value. (2016). Supporting self-management: a guide to enabling behaviour change for health and wellbeing using person and community centred approaches. Guide.

Royal Town Planning Institute. (2005). Guidelines on effective community involvement and consultation. RTPI good practice note 1.

South Devon & Torbay Clinical Commissioning Group. (2016). Main New Model of Care Consultation Document (http://www.southdevonandtorbayccg.nhs.uk/community-health-services/Documents/consultation-document.pdf)

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