

**IMPORTANT:  
NHS Public Consultation**

**1 September -  
26 October 2020**

**NHS**

**Devon**

**Clinical Commissioning Group**

# Modernising health and care services in the Teignmouth and Dawlish area



Vision of the future - how the new Health and Wellbeing Centre for Teignmouth could look

**Find out more about the NHS proposal and have YOUR say**

# Welcome

Our mission is to provide excellent integrated community health and care services in the Teignmouth and Dawlish area, and this document sets out some changes we would like to make to help us achieve it.

The NHS would like to build a new £8million Health and Wellbeing Centre in Brunswick Street, in the heart of Teignmouth, to house the town's biggest GP practice and other health and care services. A new, modern facility gives us a great opportunity to consider the best way to deliver other local services.

Having GPs, nurses, social workers, physiotherapists, other professionals and the voluntary sector working in a single setting opens up great new prospects for joined-up, seamless care.

Importantly, we believe it will ease the difficulties that GPs have had recruiting new doctors, many of whom are unwilling to take on liability and responsibility for surgery premises that are not good enough, either for staff or for patients.



Our formal proposal involves moving some less frequently used specialist outpatient services from Teignmouth to Dawlish, but no services currently being provided would be stopped, and all the services now provided in Teignmouth Community Hospital would stay in either Teignmouth or Dawlish. If the proposal is approved, Teignmouth Community Hospital would no longer be needed for NHS

## Contents

Essential summary .....	4
Background – how local people have shaped our proposal .....	5
What services do we have now? .....	6
Four main reasons why we need to change .....	7
The vision .....	13
Our solution – a new Health and Wellbeing Centre for Teignmouth .....	14
The Impact of COVID -19 .....	16
Our proposal for consultation .....	17
How to have your say .....	27
You will find the pull-out questionnaire in the middle of this document	

services and would be likely to be sold by Torbay and South Devon NHS Foundation Trust, to generate funds for reinvestment in the local NHS.

Part of our proposal describes moving community clinics – a set of outpatient services made up of audiology, physiotherapy and podiatry – to the new Health and Wellbeing Centre. Because of the link with audiology, ear nose and throat clinics would be co-sited. These are the clinics that are most frequently used by people in Teignmouth and Dawlish. We believe moving the community clinics to a modern building on a flat site in the centre of town, and under the same roof as other services, would be better for patients and staff.

### Why now?

The COVID-19 pandemic has highlighted the importance of staff and patients being able to move safely round healthcare facilities. The new Health and Wellbeing Centre would allow us to meet this need.

The owner of the Brunswick Street site, Teignbridge District Council, has conditionally agreed to sell the land to the NHS. As part of this agreement, work has to start on site in January 2021, to fit in with the overall regeneration of that part of the town.

We are therefore holding this consultation to find out what local people think, before we decide whether the community clinics should move to the new building.

### A new approach to consultation

Because of COVID-19, we have adapted our approach to ensure people can express their views but in a safe manner. Our materials are being sent to many thousands of homes in Teignmouth, Dawlish and beyond. You can see at the end of this document that we will also be holding live meetings, online.

Our independent partners, Healthwatch in Devon, Plymouth and Torbay will be overseeing this consultation, and evaluating your responses.

Thank you for taking the time to read this document. We believe our proposals are well thought out. However, for the eight weeks of the consultation we will be listening carefully to your insights, views and ideas. So it is now over to you. We look forward to hearing from you.

**Dr Paul Johnson**  
**Clinical Chair**  
**NHS Devon**  
**Clinical**  
**Commissioning Group**

### Our proposal

**a) Move high-use community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre in Teignmouth.**

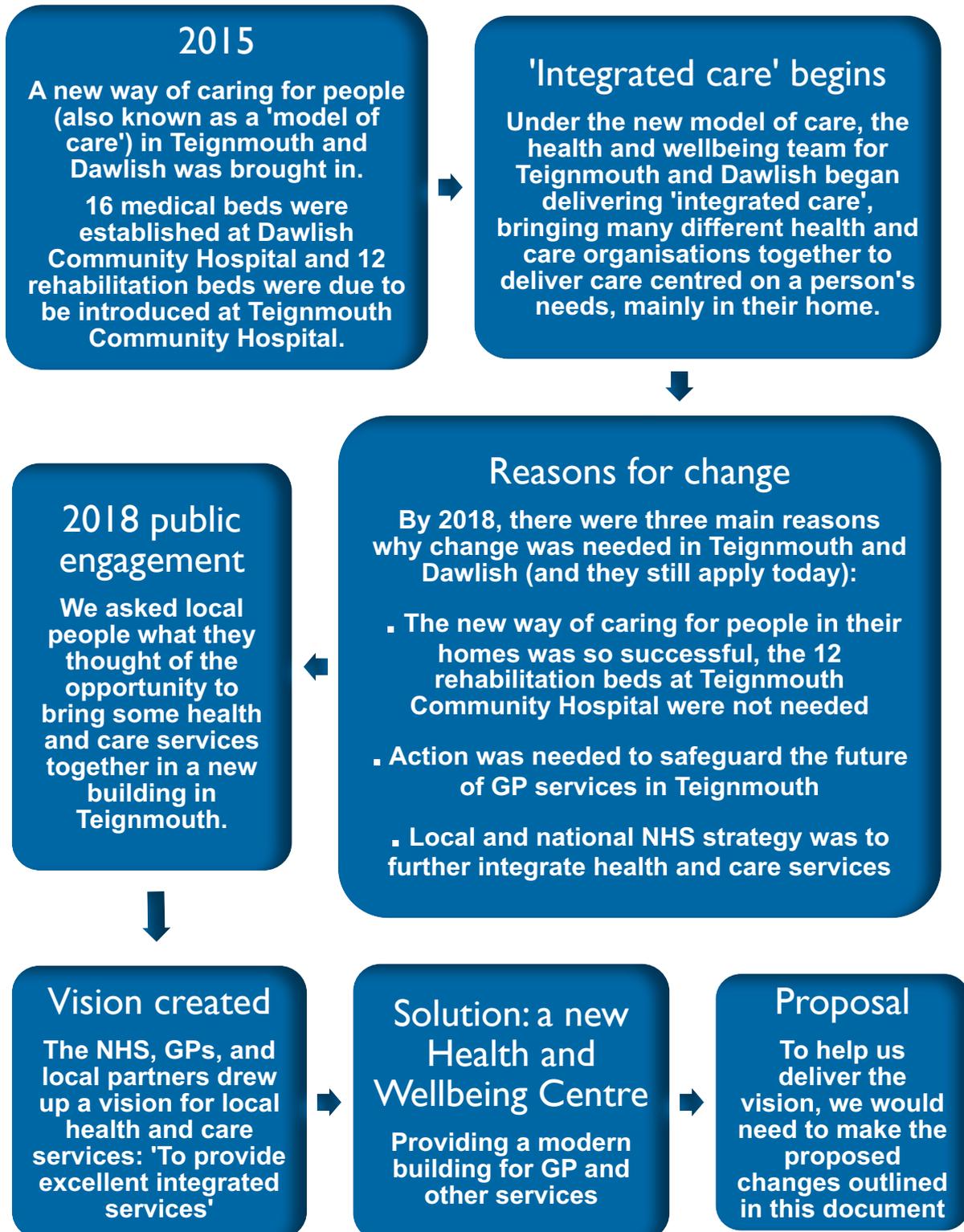
**b) Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away.**

**c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital.**

**d) Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital.**

# Essential summary

This page provides an overview of what's in this consultation document, showing how we reached our proposal for change.



# Background – how local people have shaped our proposal

**The proposal has been directly shaped by the views of local people and is the latest step in a long period of talking to people in Teignmouth and Dawlish about what is important to them.**

Here we summarise the consultation and engagement that has happened with local people in recent years.

**2013** – A public engagement programme in South Devon and Torbay asked people what was important to them in terms of health and care services. These discussions were held in towns and villages across the area. The importance of good access to services, the role of carers, good communication between clinicians and patients, consistency, support to stay at home and good co-ordination between services were among the key outcomes.

**2014/15** – A formal public consultation process was held in Teignmouth and Dawlish on the future of health services in the locality. In March 2015, the Governing Body of South Devon and Torbay Clinical Commissioning Group (CCG) agreed to implement the proposals.

**2016** – A further public consultation was held in the rest of South Devon and Torbay. The emphasis was on the

integration of services and implementation of a new model of care based on care as close to home as possible. This led to the model of care that we now have across our area, including in Teignmouth and Dawlish.

**May 2017** – Due to the success of the new model of care introduced in the Teignmouth and Dawlish area from 2015, South Devon and Torbay CCG agreed to review the need for the 12 rehabilitation beds that were due to be implemented as part of the outcome of the 2014/15 consultation.

**April to June 2018** – South Devon and Torbay CCG ran a public engagement programme with representatives of local organisations, including Torbay and South Devon NHS Foundation Trust, local Leagues of Friends groups, GPs and Patient Participation Groups, asking what local people thought of the opportunity to bring some health and care services together in a new building in Teignmouth.

The outcomes helped shape the vision for local health and care services.

## **1 September to 26 October**

**2020** – Building on what people have told us over the years, and responding to a need to change, we are now putting forward our proposal for formal public consultation. Local people were involved in helping us choose the options for consideration and evaluating them.

# What services do we have now?

In Teignmouth and Dawlish, the many different parts of the health and care system have developed a way of working together in a joined-up way to provide “integrated care”.

The aim is to make sure that all the people in the health and care system who are looking after someone work together as one team to support them, instead of passing a patient on from one service to another. All parts of the system have the relevant information about someone’s situation, so they don’t have to repeat themselves. Another key aim is to make sure people get help promptly so their situation does not escalate into a crisis.

## Who provides the care and how does it work?

### Health and wellbeing team

The team meets daily to plan the care of people who are most at risk of deteriorating to the point of needing a hospital stay. People in Torbay Hospital or a community hospital bed are also discussed to see how they can be discharged as soon as possible in a planned, safe and supported way. The team includes: GPs, community matron, community nurses, occupational therapists, physiotherapists, social workers, social care assessors, pharmacists, NHS clinical support workers (like health care assistants and assistant practitioners) and support workers from local charity Volunteering in Health to help link people to their communities.

### Intermediate care

This service supports people coming out from hospital, prevents people

from being admitted unnecessarily and provides rehabilitation for those recovering from injury or illness. The team visits people at home to support them and uses short term placements in local residential or nursing homes when someone is unable to remain at home due to illness or injury but does not require hospital admission.

### Rapid response

Providing care visits for someone who may be in crisis at home.

### Teignmouth Community Hospital

A base for:

- Community clinics (which make up 73% of outpatient appointments): audiology, physiotherapy, podiatry
- Day case procedures (minor procedures that require a specific treatment room)
- Specialist outpatient clinics (making up 27% of outpatient appointments)

### Dawlish Community Hospital

- 16 medical beds – for more acutely ill and complex patients
- Minor Injury Unit
- Outpatient clinics – more than 20 types of service from abdominal aortic screening to X-ray

### Social care reablement

Short-term care support (up to four weeks) with a focus on rehabilitation.

### Night sit

Used to support people who need regular overnight support due to a short-term crisis.

### Domiciliary care support

Means-tested longer term support provided by private agencies.

# Four main reasons why we need to change

**Reason for change 1 – evidence shows the joined-up way we care for people is so effective in keeping them at home and out of hospital that we don't need the 12 rehabilitation beds that were planned for Teignmouth Community Hospital.**

The way care is provided – known as the 'model of care' – in Teignmouth and Dawlish is very successful.

In fact, it has been showcased nationally and internationally.

The model of care sees 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 in the area in which they live.

They have demonstrated that intermediate care can provide the rehabilitation needed in people's homes, in short residential placements or occasionally in Dawlish Community Hospital.

**We estimate that about 300 people, with this care, have avoided admission to Torbay Hospital. We can now treat four times as many people in their own homes as we could in a rehabilitation ward in Teignmouth Community Hospital with the same investment.**

## **Successfully reducing the need for bed-based care**

Researchers from the University of Plymouth have been studying how well the current way of caring for people in Teignmouth and Dawlish is working – and their findings indicate it is working very successfully.

Their findings include:

- The Teignmouth and Dawlish area has a much lower proportion of over-70s needing some form of bed-based care than other parts of South Devon and Torbay. Researchers believe this could be because the intermediate care team in the Teignmouth and Dawlish area can manage more complex cases at a community level, often in people's homes, without the need to use any type of bed-based care
- A higher proportion of over-70s in the Teignmouth and Dawlish area receive bed-based care in their own bed compared with other areas, thanks to the way care is provided in the area. This way of caring for people would have to change if staff were diverted to running a bedded rehabilitation ward in Teignmouth Community Hospital

## Modernising health and care services in the Teignmouth and Dawlish area

- The proportion of over-70s in the Teignmouth and Dawlish area who have to use an emergency hospital bed is much lower compared with other areas

Read more about the research online at [www.devonccg.nhs.uk/teignmouth-and-dawlish](http://www.devonccg.nhs.uk/teignmouth-and-dawlish)

The NHS England South West Clinical Senate, a panel of independent expert clinicians, reviewed the model of care that was in place across South Devon and Torbay (including Teignmouth and Dawlish) in 2016. Members of the original 2016 clinical panel were subsequently convened in 2019 to undertake a further review of emerging proposals for changes to services in the Teignmouth and Dawlish area. The panel gave formal answers to a series of questions, including the following:

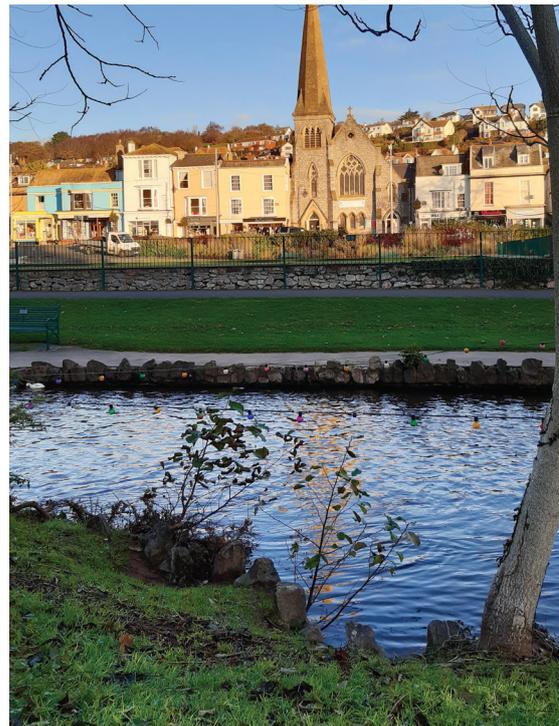
**Can the Clinical Senate be assured that the 12 new rehabilitation beds originally proposed in the 2015 Consultation (which it did not input into at the time) are no longer required?**

**Answer:** It seems very clear that they do not need the 12 rehabilitation beds that were proposed for Teignmouth hospital in 2015, but which have never been implemented. The impact of the Integrated Care Team has reduced the need for beds despite the demographic and demand.

**Can the Clinical Senate confirm that the relocation of services out of Teignmouth Community Hospital does not constitute a change in Service Model?**

**Answer:** The Clinical Senate is satisfied that the relocation of services out of the hospital does not constitute a change in the service model. There is a change to the proposed service model that was originally consulted on as regards to the rehabilitation beds however these were never operational due to the success of the Enhanced Intermediate Care Team and therefore the actual service model is not being significantly changed.

Overall it is a variation in service capacity and location with reasonable justification.



## Reason for change 2 – safeguarding the future of GP services

GPs from Teignmouth's biggest practice, Channel View Medical Group, would like to co-locate their services with community services and Volunteering in Health. This will further integrate primary care – all those services provided by the surgery – with other community services for patients and carers. Sharing the new building will provide greater scope for flexible responses, team development, and sharing of some administrative functions.

Change is needed for GP services to be fit for purpose, sustainable into the future and flexible to meet the changing needs of the population. There are a number of current issues for GPs in Teignmouth, who want to develop new ways of working and be able to take advantage of the expansion in the workforce such as pharmacists and social prescribers.

1. Current surgery buildings are not fit for purpose. The GP buildings are old residential buildings, converted years ago. They are cramped with no further scope for expansion and have limited access, especially for disabled people. The 2018 engagement exercise showed people supported co-location and wanted their GP practice to be on a flat site, in the centre of town, easily accessible by public transport.
2. Recruiting new GPs. This is a countrywide issue. GPs need to be attracted to work in this area at a time when fewer GPs are willing to become partners who lead and develop GP practices. Some are further discouraged by the

commitment and liability of owning buildings at the beginning of their careers, when they might already have sizeable student loans and their own private mortgage. Working from a modern purpose-built health and wellbeing centre, which is leased, would make Teignmouth a more attractive option for new GPs.

3. The constrained space limits the scope to teach and train medical students and trainee GPs and nurses.
4. The need to be flexible and adapt to meet future needs of the population. How working patterns have had to change in response to the COVID-19 pandemic is only one example of this.

***'We also need to increase the flexibility of facilities to accommodate multi-disciplinary teams and their training, innovations in care for patients and the increasing use of technology. And new premises may be needed to cater for significant population growth, and to facilitate primary care at scale or enable patient access to a wider range of services.'***

NHS England's GP Forward View

## A doctor's view

**Dr Carlie Karakusevic, of Channel View Medical Group, explains why moving to a new Health and Wellbeing Centre is vital to the future of GP Services in Teignmouth.**



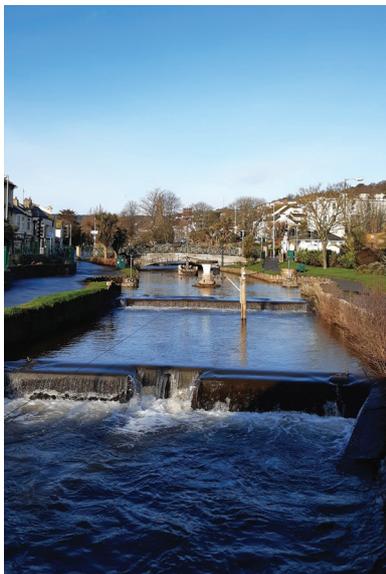
*When I first came to work in Teignmouth more than 25 years ago, the landscape of General Practice was very different. There were six practices in the town, all working in isolation. At that time a patient with diabetes, for example, would have had most of their care in a hospital clinic. Over time, new ways of working have developed. Now, a diabetic patient will have regular reviews in the GP practice supported by GPs and practice nurses trained to provide this care.*

*In April 2020, Channel View Surgery and Teignmouth Medical Group merged to form Channel View Medical Group. Teign Estuary Medical*

*Group is an independent practice. We work very well together as part of the Coastal Primary Care Network, sharing resources and expertise.*

*Like every local GP, I have got to know my patients over the years and I love working in Teignmouth. It's a vocational profession and I get huge pleasure from my work. It is a privilege to develop relationships in the town over a long period of time.*

***The new Health and Wellbeing Centre would play a key role in safeguarding the future of GP care in Teignmouth. I would wholeheartedly encourage the town to support this vision for Teignmouth.***



## **Reason for change 3 – making the most of the local community hospital estate**

### **Teignmouth Community Hospital**

was opened 66 years ago, in 1954. We believe the hospital cannot be economically reconfigured to provide the modern facilities required today and in the future.

During the 2018 public engagement (see page 5) the issues of limited parking and the hospital's location up a steep hill on the edge of town were highlighted. Support for a new centre for many was conditional on finding a flat site, which people can access by car, public transport or on foot. And most respondents thought that a town centre site was the best option.

A six-facet survey, dated 30 November 2018, was carried out by independent surveyors and was commissioned by Torbay and South Devon NHS Foundation Trust (TSDFT).

The six-facet survey considers physical condition (by visual inspection), functional suitability, use of space, quality, statutory requirements and environmental management.

A summary of the survey:

- Approximately £604,400 (inclusive of VAT) would need to be spent to bring the building up to required standards in the short term
- An additional £960,000 (inclusive of VAT) would be needed between now and 2022 to address building issues
- The physical condition of the building was found to be sound, operationally safe and exhibits only minor deterioration
- The hospital itself was found to be

***'We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services.'***

NHS Long  
Term Plan

a 'less than acceptable' facility for people using the building, requiring significant capital investment

- Fire and Health and Safety assessment showed the building to be below the required statutory standard
- The space is underutilised – this relates to the current empty ward area. CCG/TSDFT note: While the current space is underutilised, it would not be sufficient to meet the requirements of a modern health and wellbeing centre with primary care
- The building contains asbestos
- The environmental impact of the building is high, it is not energy efficient and would require significant investment to bring it to standard

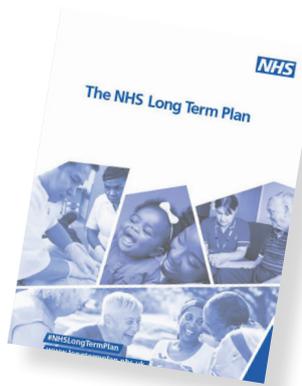
### **Dawlish Community Hospital**

is a modern, purpose-built hospital with space and capacity that can be better used. It is about four miles from Teignmouth and is easily accessible including by public transport.

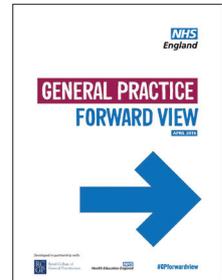
## **Reason for change 4 – delivering national and local plans and strategy for health and care that emphasise the need for further integration of health and care services**

Among the aims of the **NHS Long Term Plan** are:

- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home
- upgrading NHS support to people living in care homes
- giving people more control over their own health and the care they receive
- encouraging more collaboration among GPs, their teams and community services to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners
- planning and delivering services which meet the needs of their communities
- training and employing more professionals and making the NHS a better place to work
- getting the most out of taxpayers' investment in the NHS
- accelerating estates transformation and making best use of the NHS estate



The **NHS GP Forward View** includes a focus on investing in improving GP buildings to improve services for patients and enable a wider range of health services closer to where they live.



Our **Devon integrated care model** outlines how organisations work together in your local community, bringing together GPs, mental health, social care and community services to meet people's needs.

The key elements of the model are to:

- Work proactively together to make sure that people are linked into services that will support them to live as independently as possible at home
- Ensure individuals and their carers have easy and ready access to information about local services and that they are supported to navigate these options and make informed decisions about their care
- Support organisations working together to develop services and deliver care that meets the needs of individuals living in the community
- Make sure that people can easily access services for urgent health and social care needs
- Ensure providers and practitioners have ready access to the information they need and share information appropriately

# The vision

**Our vision for health and care services in Teignmouth and Dawlish:**  
*'To provide excellent integrated services'*

- To build on the success so far of integrating services
- To ensure the sustainability of primary care in Teignmouth
- To help people stay well and support them when they need help
- To enable people to stay at home for as long as possible

the emerging Devon Long Term Plan, called Better for Devon, Better for You, produced by the Devon **Sustainability and Transformation Partnership (STP)**, a partnership of NHS and local authority partners. The STP has recently been given a new identity, and is now known as Together for Devon.

## What are 'integrated services?'

For health, care and support to be 'integrated', it means moving away from short periods of care provided by one service in isolation, towards an approach that focuses on the whole person, taking into account mental and social factors, rather than just the symptoms of an illness.

It means that care for each person and/or their carer is joined up and well connected with good communication, even when that care is provided by a number of different organisations, such as mental health, social care, GPs or NHS health services. It puts the needs of each person at the centre of how their care is organised.

## Where did the vision come from?

The vision has been developed by local NHS partners, including GPs, commissioners and Torbay and South Devon NHS Foundation Trust. Developing integrated care is a key aim of the **NHS Long Term Plan**, and



Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

***'Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector.'***

NHS Long  
Term Plan

# Our solution – a new Health and Wellbeing Centre for Teignmouth

An £8million centre in the heart of Teignmouth for integrated GP and other health and care services



How the new Health and Wellbeing Centre in Teignmouth could look

There would be lots of benefits to a new Health and Wellbeing Centre. (This of course would be subject to the usual planning consents.) Apart from meeting environmental standards and being energy-efficient, it would offer:

## Improved training opportunities

– It would offer better opportunities to train new GPs and other clinical staff. This would mean better professional development for senior staff and improved opportunities to encourage new GPs and nurses to work in Teignmouth in the long term.

## Working under the same roof as other health and care colleagues

– Conveniently being in the same building, providing ‘integrated care’, with fellow health and care organisations benefits staff and patients. Greater integration between teams improves our ability to support people in their own homes, further reducing hospital admissions and demand on Torbay Hospital.

**Great place to work** – Working in a bright, modern and airy environment is much more attractive. The new Health and Wellbeing Centre in Teignmouth would be built to today’s standards, to

## Modernising health and care services in the Teignmouth and Dawlish area

the right specification, and with easier access for patients and carers, especially those with disabilities.

**More space** so other services can be included on a drop-in basis such as housing and mental health.

**Attracting new GPs is key** to safeguarding the future of GP services in Teignmouth and moving GP services to a modern, fit-for-purpose centre would help make Teignmouth's GP services sustainable in the long term.

As well as benefitting from the other advantages on this page, prospective GP partners are much more likely to take on a partnership in a leased and purpose-built facility because there would be **no burden of property ownership**. Torbay and South Devon NHS Foundation Trust would hold a head lease on the Health and Wellbeing Centre and would sub-let to the GP practice. The practice's rental costs would be paid by Devon CCG, in line with normal national funding procedures for GP premises.

### What would be in the Health and Wellbeing Centre?

#### Channel View Medical Group

The newly-merged practice would relocate from its sites in Courtney Place and The Den. Channel View Medical Group has 17,966 patients on its list.\*

Teign Estuary Medical Group, at Carlton Place (sometimes known as Glendevon), which has 4,611 patients on its list, has at this stage not opted to relocate to the new centre.

**The health and wellbeing team** of community nurses, therapists and social workers - see page 6.

#### Volunteering in Health

Being located in the same building as GPs and other community-based health and care services would further strengthen links between the NHS and the voluntary sector.

#### Pharmacy

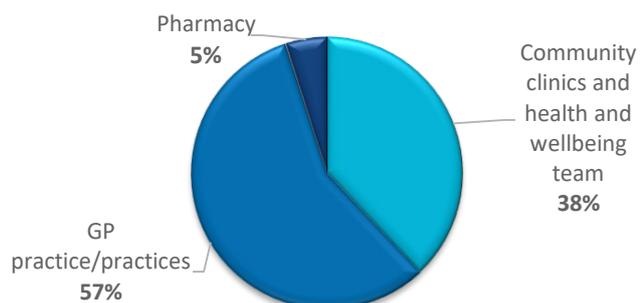
Torbay and South Devon Foundation Trust is seeking a local pharmacy to move to the Health and Wellbeing Centre, subject to approval by NHS England.

Other services could also be located in the building, depending on the outcome of this consultation process and the decisions that will follow it.

### Delivering the new centre

Torbay and South Devon NHS Foundation Trust, which provides the community services in the town, has developed plans for what the building could look like (subject to planning consents) and how it could be used. Its suggestions for how it is used form part of this consultation.

### How would space be allocated in the new building if our proposal were approved?



(subject to consultation)

\*It should be noted that GPs from Channel View practice in Teignmouth will hold their own discussions with patients about a move to the new Health and Wellbeing Centre in the town centre.

# The impact of COVID-19

**The COVID-19 pandemic has meant that the health and social care system has had to deliver services in different ways, and this is being taken into account in our planning for the future.**

This includes detailed planning for a potential second wave, and longer-term changes to the way services are provided.

Digital technology has been crucial in enabling patients to access their GP and primary care services in a safe way. In the Coastal area, more than 2,000 online consultations took place between 2 March and 2 August, with a steady increase over this time. Almost 500 video consultations took place. Patients will still be seen face to face by their doctor or clinician, but in smaller numbers than before.

The new Health and Wellbeing Centre will have up to date digital technology, allowing this new model of primary care to continue. In addition, the centre is being designed to allow for social distancing and the safe flow of staff and patients.

Our modelling shows that, with NHS Nightingale Hospital Exeter in place, there is adequate capacity for caring

for people with COVID-19 without the need to use the beds or space at Teignmouth Community Hospital.

From April 2020 to 1 July 2020, 1,120 people were discharged from Torbay Hospital needing some kind of additional support. Of these, more than three quarters were able to return straight home with a support package in place and 8% needed a short term placement in a care home.

Throughout this period, GPs across Dawlish and Teignmouth worked with the community team to provide comprehensive support to the care homes so that these patients were cared for in the best possible way. This careful response has set a strong foundation on which local teams are now in the process of building.

The community team has also supported care homes with the management of any possible outbreaks, as well as with testing for COVID-19.



# Our proposal for consultation

Our vision is to provide excellent services that work seamlessly together. Our proposal helps us achieve that and would also allow us to build on the successful way local people are cared for in their own homes.

## This proposal has three main benefits:

1. It helps us deliver the next phase of our vision of excellent integrated health and care services in Teignmouth and Dawlish.
2. It addresses the Reasons for Change section.
3. It supports the creation of a new, purpose-built Health and Wellbeing Centre in Teignmouth.

This proposal has four elements (listed a-d), as detailed in the box to the right.

We recognise that Teignmouth Community Hospital has served local people well over the past decades and many people do not want to see the building close.

If the four elements of the proposal were approved, services would move to modern, purpose-built centres which would serve future generations of local people. This would mean the community hospital would no longer be needed by the NHS.

If the proposal is approved, Teignmouth Community Hospital would no longer be needed for NHS services and would be likely to be sold to generate funds for reinvestment in the NHS.

We know that parking in Teignmouth town centre can be difficult, but it is not always easy at Teignmouth Community Hospital, either. The town centre does, however, benefit from good public transport.

## Our proposal

- a) Move high-use community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre in Teignmouth.
- b) Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away.
- c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital.
- d) Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital.

On the following pages, we consider each element in more detail and explain the other options considered and why they were discarded.

**a) Move high-use community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre in Teignmouth**

The community clinics are the outpatient clinics used most by local people and the proposal is to keep them in Teignmouth at the new Health and Wellbeing Centre in an accessible location.

The hospital is currently a base for a range of outpatient clinics and people from across South Devon and Torbay can choose to have their appointments there.

There are two main types –

- Community clinics
- Specialist outpatient clinics

(see page 20).

The community clinics are: audiology, physiotherapy and podiatry. Most people who use these community clinics are from the Dawlish and Teignmouth area.

We are also proposing to move ear nose and throat outpatient

appointments to the new Health and Wellbeing Centre as they are closely related to the audiology clinics.

The table below uses data from Torbay and South Devon NHS Foundation Trust to illustrate the number of community clinic appointments, and ear nose and throat appointments per month. Under our proposal, these would all stay in Teignmouth but be moved to the new Health and Wellbeing Centre in the town centre.

Overall, these community clinics make up about three quarters (73%) of all outpatient appointments currently held at Teignmouth Community Hospital.

<b>Community clinic</b>	<b>Average number of appointments per month (July 2018 to June 2019)</b>
<b>Audiology</b>	177
<b>Physiotherapy</b>	1,029
<b>Podiatry</b>	158
<b>Total</b>	<b>1,364</b>

<b>Where people using the clinics live</b>	<b>%</b>
<b>Coastal (Teignmouth and Dawlish)</b>	91%
<b>Newton Abbot</b>	4%
<b>Moor to Sea (Ashburton, Buckfastleigh, Totnes and Dartmouth, Chillington)</b>	1%
<b>Torbay</b>	4%

**Of the 91% of people using these clinics who live within the Teignmouth and Dawlish area:**

- **9%** of people came from the Shaldon/Stokenteignhead direction on the other side of the estuary. If the clinics were moved to the new Health and Wellbeing Centre in the town centre, patients would need to travel slightly further into town if they came by road
- **23%** come from an area stretching west and north from Teignmouth Community Hospital, including Bishopsteignton. They would have to travel an extra mile into Teignmouth town centre
- **24%** live in Teignmouth, and most would be nearer to the town centre where the new Health and Wellbeing Centre would be than the existing hospital. They are likely to find it easier to get to the town centre than to the current hospital location
- **13%** live north or east of the hospital and closer to the hospital than the town centre. They would have to travel slightly further to get to the town centre
- **39%** come from the area between Teignmouth and Dawlish or the Dawlish area. These people would not have any further to travel if their appointment was moved from Teignmouth Community Hospital to the town centre and public transport would be easier

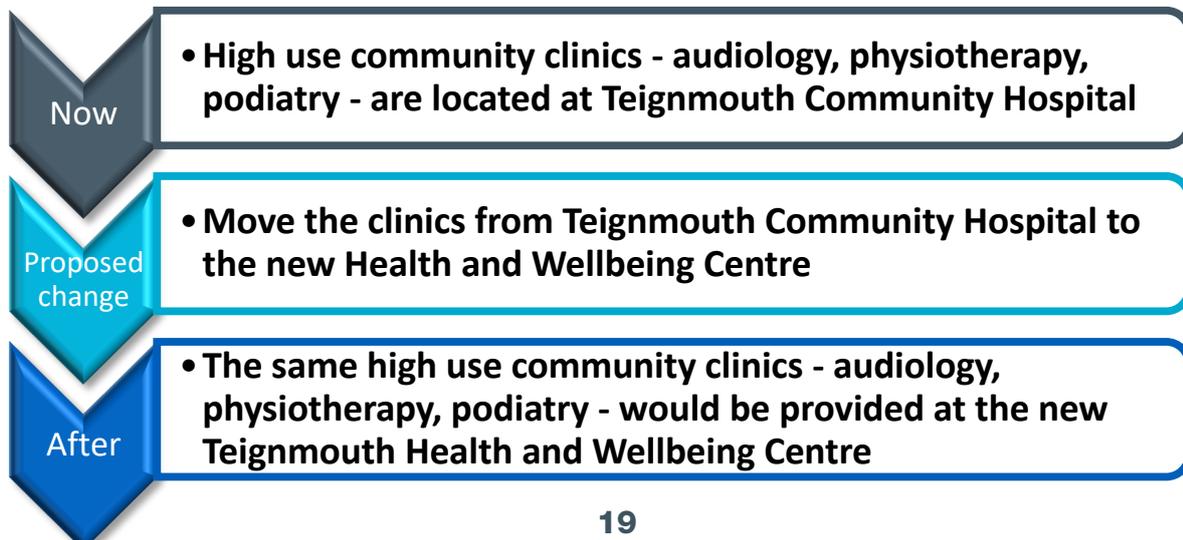
**Options considered for community clinics**

Three sites were considered as possible locations for high use clinics - **the new Health and Wellbeing Centre**, the existing **Teignmouth Community Hospital** and a **new facility on the site of Teignmouth Community Hospital**.

It is proposed to move these clinics to the Health and Wellbeing Centre because:

- Basing them with GPs, the health and wellbeing team and voluntary sector would create a community facility, making good use of the rooms
- It would help staff from different teams to work together to further develop integrated care
- Teignmouth Community Hospital is not sustainable as a health facility
- A new-build on the site of Teignmouth Community Hospital is not as cost effective as locating the clinics at the Health and Wellbeing Centre

**a) Summary**



## b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away

These appointments are less likely to need regular attendance. They are also provided to patients from all over South Devon and Torbay.

The proposal therefore is to move specialist outpatient clinics (except for ear, nose and throat clinics which need to be based alongside the audiology clinic and therefore would move to the new Health and Wellbeing Centre in Teignmouth) four miles to Dawlish Community Hospital. The specialist outpatient clinics, which are less frequently used by local people than community clinics (see page 13-14), are:

- Abdominal aortic screening
- Anaesthetics
- Breast
- Cardiology
- Chronic fatigue/ME
- Clinical psychology
- Colorectal
- Dermatology
- Ear, nose and throat
- Genetics
- Gynaecology
- Neurology
- Oral outpatients
- Orthopaedics
- Orthoptist
- Pain management
- Paediatrics
- Parkinson's

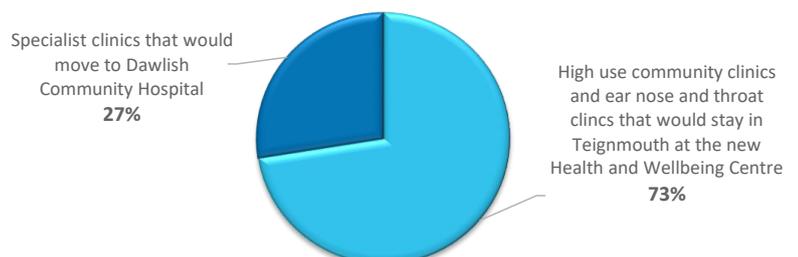
- Plastics
- Retinal screening
- Rheumatology
- Upper gastro-intestinal
- Urology

These clinics are currently used by people from Dawlish, Teignmouth and all over South Devon and Torbay. Although moving them would mean people from Teignmouth would need to travel the short distance to Dawlish, it would make access easier for people in Dawlish, and for people coming from elsewhere the difference would be minimal.

### The clinics that would move make up only 27% of outpatient appointments at Teignmouth Community Hospital

Although there are several different types of specialist outpatient clinic listed above, they make up only about a quarter (**27%**) of the outpatient appointments at Teignmouth Community Hospital. The vast majority of appointments – **the other 73%** – are for the **community clinics** detailed in **element a)** of our proposal on page 18 and which would **stay in Teignmouth** at the new Health and Wellbeing Centre in the middle of town.

The pie chart uses data provided by Torbay and South Devon NHS Foundation Trust from July 2018 to June 2019



## Where do the people using the specialist outpatient clinics live?

Locality / Area	%
Coastal (Teignmouth and Dawlish)	30%
Newton Abbot	24%
Moor to Sea (Ashburton, Buckfastleigh, Totnes and Dartmouth, Chillington)	8%
Torbay	38%

**30% of people using these clinics live in the Teignmouth and Dawlish area.**

**Of these:**

- **8%** of patients would need to travel further from Shaldon/Stokenteignhead direction on the other side of the estuary, and would need to go further to get to Dawlish
- **3%** come from the Bishopsteignton area and would be likely to drive 4 miles further to Dawlish
- **4%** come from a large rural area north west of Teignmouth Community Hospital and would have to travel slightly further to get to Dawlish. If travelling by car, they would be likely to take a more direct route, reducing the extra distance travelled
- **32%** travel from north east of Teignmouth Community Hospital, which would mean their journey would increase from around a mile to about four miles or less
- **35%** would have a shorter journey to get to Dawlish Community Hospital, compared with getting to Teignmouth Community Hospital



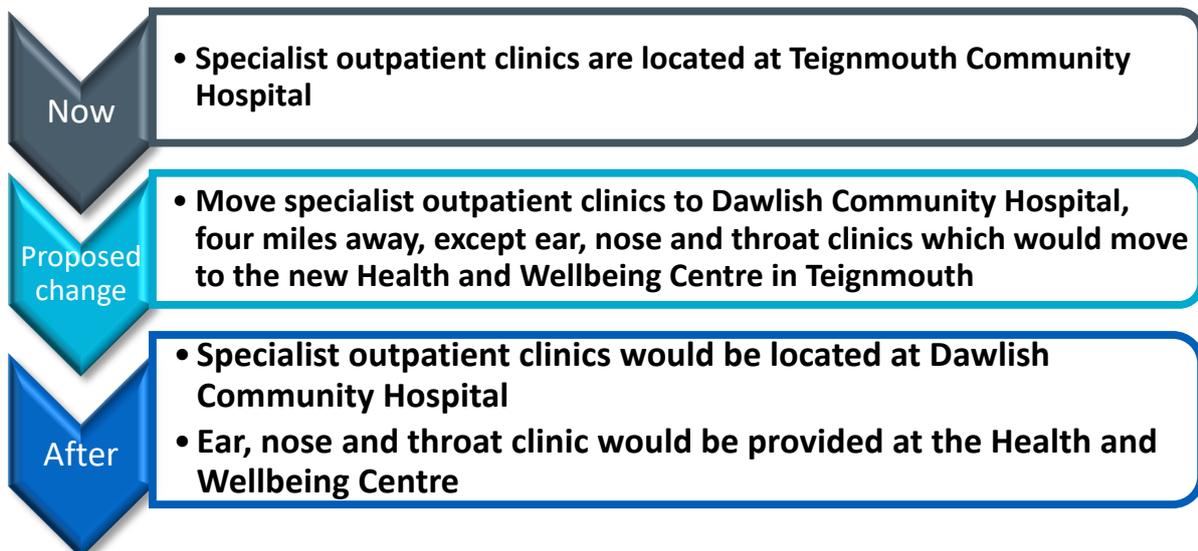
## Options considered for specialist outpatient clinics and day case procedures (see also page 19-20)

Dawlish Community Hospital, the existing Teignmouth Community Hospital, a new facility at Teignmouth Community Hospital, Newton Abbot Community Hospital and Torbay Hospital were considered as sites for the more specialist outpatient clinics and day surgery services.

It is proposed to move these services to Dawlish Community Hospital because:

- Basing these in a specialist centre in the locality means they would be supported by experienced, skilled medical staff and in the same building with medical beds
- Public engagement with people in Teignmouth and Dawlish in 2018 showed people wanted to keep these within the locality
- Newton Abbot and Torbay do not have capacity to provide these services and are not in the Dawlish and Teignmouth area
- Teignmouth Community Hospital is not a sustainable option in the future
- A new-build on the site of Teignmouth Community Hospital is not as cost effective as locating the clinics at Dawlish Community Hospital

### b) Summary



### c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital

This service includes minor procedures that require a specific treatment room. They include oral surgery with an average of 20 attendances per month, pain management with an average of nine, and plastic surgery with an average of 70 attendances per month. People come from across the South Devon and Torbay area to attend these appointments. The proposal is to move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital.

**Options considered: see the box above on page 22.**

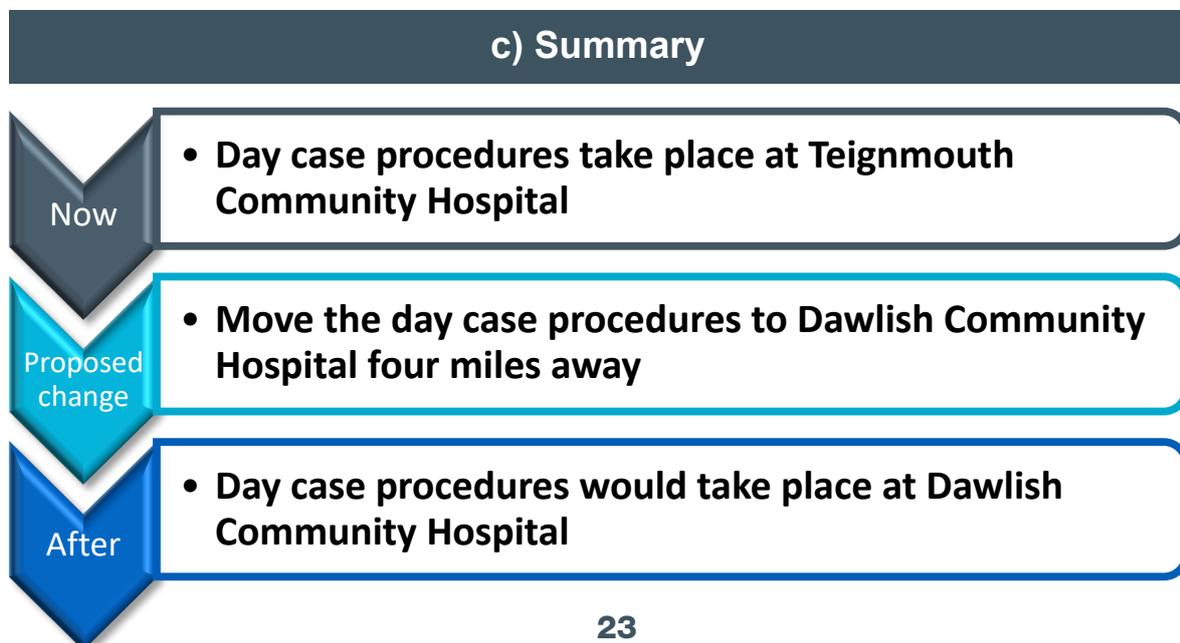
#### Where do the people using the day case procedures live?

Locality / Area	%
Coastal (Teignmouth and Dawlish)	14%
Newton Abbot and Moor to Sea (Ashburton, Buckfastleigh, Totnes and Dartmouth, Chillington)	35%
Torbay	51%

This means about 86% of patients will have to travel four miles further for their appointments. These people are likely to be travelling by car or public transport.

#### **Of the 14% of people who live in the Teignmouth and Dawlish (Coastal) area:**

- **21%** would need to travel further from Shaldon/Stokenteignhead direction
- **8%** come from the Bishopsteignton area and would be likely to travel four miles further to Dawlish Community Hospital
- **6%** come from a large rural area north west of Teignmouth Community Hospital and would have to travel slightly more to get to Dawlish Community Hospital. If travelling by car, they would be likely to take a more direct route, reducing the extra distance travelled
- **26%** come from north east of Teignmouth Community Hospital, making their journey increase from around a mile to four miles or less
- **23%** would have a shorter journey to get to Dawlish Community Hospital compared to getting to Teignmouth Community Hospital



**d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital**

Since the changes implemented following the consultation in 2014/15, our overarching goal has been to support people in their own homes and avoid people being admitted to hospital when more appropriate care can be provided to them at home.

By investing in our community services, and by working in partnership with our local GPs and the voluntary sector, we have significantly reduced the need for people in our area to be admitted to hospital, as detailed on pages 11 to 13 above.

We know when people are in their own familiar home environment, they have the best chance of keeping mobile and active for as long as possible. This is particularly important for those with dementia as we know it can be very distressing to them to be in a strange hospital environment.

**We can now treat four times as many patients in their own homes as we could in a rehabilitation ward in Teignmouth Community Hospital with the same investment.**

The success of this way of working has meant that the proposed rehabilitation beds have not been required at Teignmouth Community Hospital over the past two years and we do not envisage them being needed in future.

If the beds were to be opened, we would need to reduce some of the community-based services which are

working well to fund and staff them and we don't believe this is in the interests of the people of Teignmouth and Dawlish. See also the panel on options considered on page 25.

**The South West Clinical**

**Senate** reviewed the South Devon and Torbay model of care in 2016 and members of the original 2016 clinical panel undertook a review in early 2019 to consider the clinical evidence for proposals to change services in Teignmouth and Dawlish. The Clinical Senate concluded that:

- The model being used for Teignmouth and the Coastal locality is largely the same as that used for the other localities within South Devon
- It seems very clear that the 12 rehabilitation beds that were proposed in 2015, but which have never been implemented, are not needed
- The Clinical Senate is satisfied that the relocation of services is a variation in service capacity and location with reasonable justification

## Options considered for the 12 rehabilitation beds

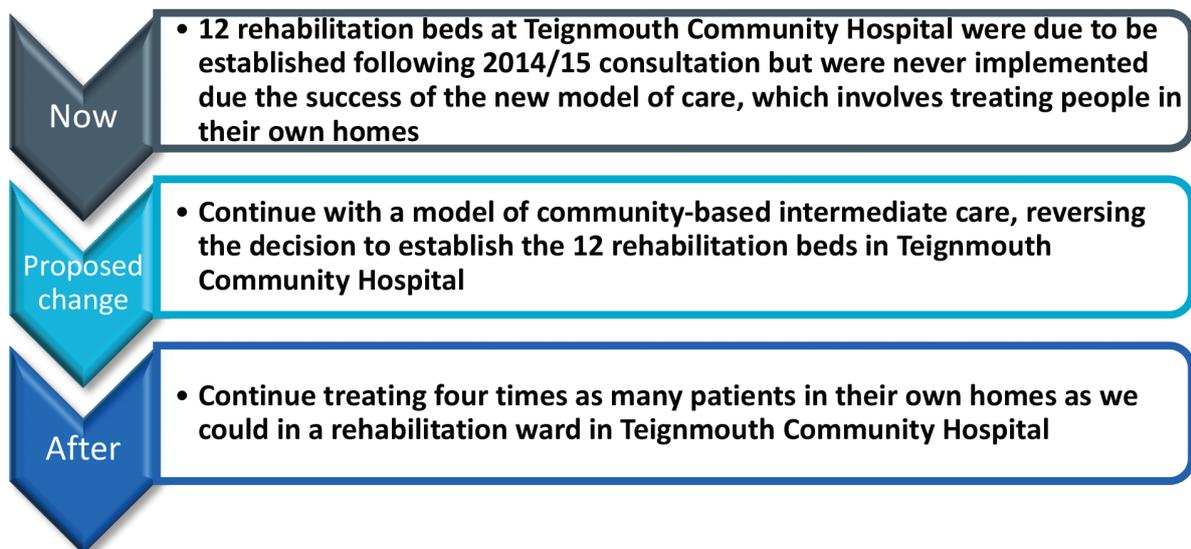
### Two options were considered for the 12 rehabilitation beds:

1. Implement the 12 beds as agreed in 2015 and stop intermediate care in the community which involves treating as many people as possible in their own homes.
2. Continue with a model of community-based intermediate care which involves treating as many people as possible in their own homes and not implement the 12 rehabilitation beds at Teignmouth Community Hospital.

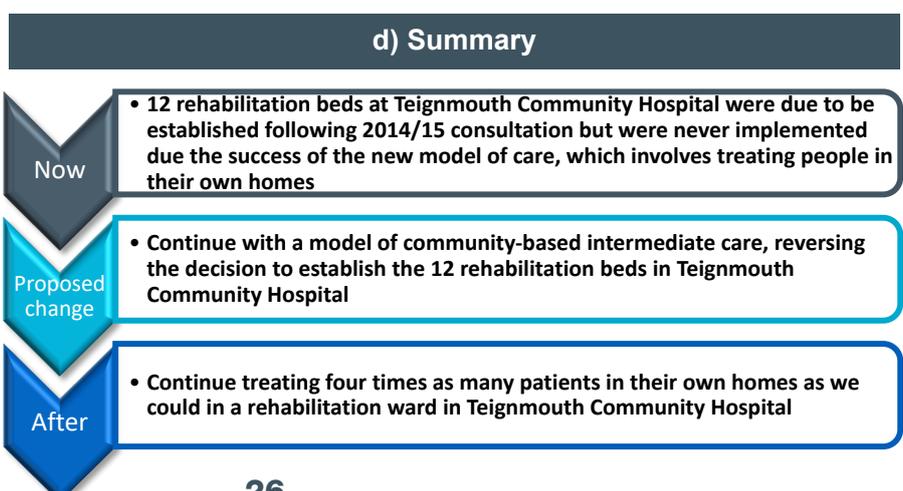
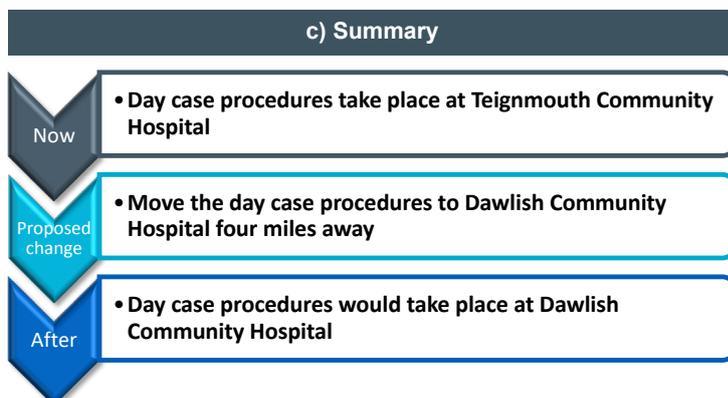
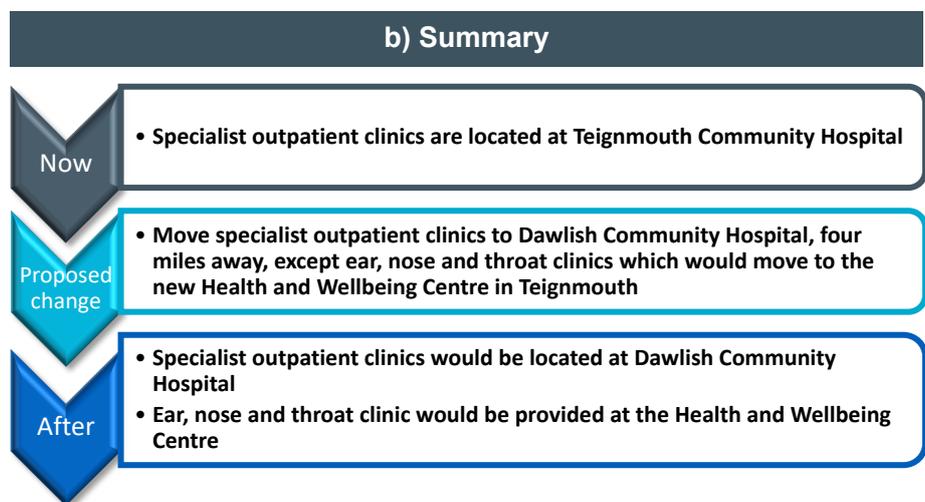
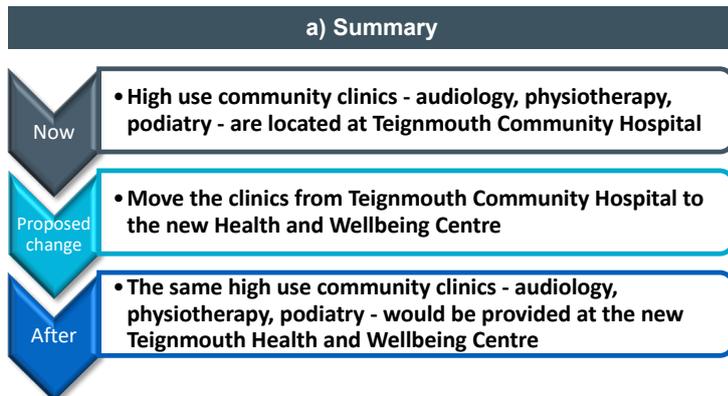
### It is proposed to not implement the rehabilitation beds because:

- There is clear evidence of the success of the community-based model of care and the intermediate care team, as set out in Reason for Change 1 on pages 7-8
- The community-based model of care was supported by South West Clinical Senate, a panel of independent clinicians who reviewed clinical evidence
- The Intermediate Care team cares for approximately 880 people (both in care homes and in their own home) in a year compared with approximately 230 people a year who could be cared for on a bedded rehabilitation ward
- Teignmouth Community Hospital requires significant investment to be able to deliver bed-based care and even then would not meet modern healthcare requirements

## d) Summary



To re-cap - elements of the proposal:



# How to have your say

## More information

See more information at [www.devonccg.nhs.uk/teignmouth-and-dawlish](http://www.devonccg.nhs.uk/teignmouth-and-dawlish)

## Share your views

Because COVID-19 is still present in our community, we are running this consultation in a different way. But there are still lots of ways to make your voice heard.

- For ease and speed, complete the survey online at: [www.devonccg.nhs.uk/teignmouth-and-dawlish](http://www.devonccg.nhs.uk/teignmouth-and-dawlish) **Or you can...**
- Fill in the survey in this document and return it, for free, to Healthwatch Torbay at:  
Freepost-RTCG-TRXX-ZZKJ, Healthwatch Torbay, Paignton Library,  
Great Western Road, Paignton, TQ4 5AG
- Attend an online meeting, where you can watch a presentation, express your views through your phone, tablet, laptop or computer, and ask questions of the panel, who will be a mixture of clinicians and managers

## The meetings are on these dates:

Friday, 11 September	2.30pm - 4pm
Thursday 17 September	10.30am - 12noon
Wednesday 23 September	6pm - 7.30pm
Tuesday 29 September	3pm - 4.30pm
Monday 5 October	11.30am - 1pm
Saturday 17 October	11am - 12.30pm

These meetings will be held via Microsoft Teams.

You can register in advance for the meetings or do it on the day, using our website. We will be directly contacting a wide range of community groups to ask if they would like to talk to us. **Haven't used Microsoft Teams before?** Don't worry, full instructions are available at [www.devonccg.nhs.uk/teignmouth-and-dawlish](http://www.devonccg.nhs.uk/teignmouth-and-dawlish)

- Request that we attend your community meeting. Go to [www.devonccg.nhs.uk/teignmouth-and-dawlish](http://www.devonccg.nhs.uk/teignmouth-and-dawlish) to express an interest or contact Healthwatch, as below.
- Call our independent partner Healthwatch in Devon, Plymouth and Torbay with any queries, to ask for more copies of this document, or to arrange to speak to someone from the CCG. The number for Healthwatch is: 0800 0520029
- Email us: [engagement@hwdevon-plymouth-torbay.org](mailto:engagement@hwdevon-plymouth-torbay.org)

Healthwatch in Devon, Plymouth and Torbay is an independent patient champion for health and social care. It will be scrutinising the consultation process and will receive, evaluate and report on all feedback received.

## Alternative formats

This document is also available in other languages, large print and audio format. Please contact us on 0800 0520029 if you require one of these formats.

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