Into the future

Re-shaping community-based health services

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

Driving quality, delivering value, improving services

www.southdevonandtorbayccg.nhs.uk/community-health-services

NHS
South Devon and Torbay Clinical Commissioning Group

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

Into the future: re-shaping community-based health services

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One: Welcome

Thank you for your interest in the changes being proposed for community health services across South Devon and Torbay. These changes are designed to improve quality of care. Our goal is to ensure that our health system can meet the future needs of our population by providing the best possible health and social care we can within the geographical, staffing and financial limitations in which we operate.

This document describes the reasons for change and the improvements we want to see. It includes dates and times of meetings, sets out how to contribute your views, and explains how to make alternative suggestions. We want to hear from as many people as possible. Please help us by sharing this document with your friends and family, encouraging them to participate and to tell us what they think of the proposals.

Decisions made at the end of this consultation will impact on your NHS services for years to come, so it is important that all parts of our communities get involved.

We hope you will take part.

THE BENEFITS WE WANT TO SEE

In changing the way we deliver local health services, we want to ensure that in the coming years people in South Devon and Torbay are able to get responsive, quality care which meets their needs and is affordable.

If approved, the changes set out in this consultation would provide the following benefits:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not
- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- More effective response in times of crisis when people need services
- Shared information between professionals so that patients only have to tell their story once
- Increased patient involvement in decisions about their care and treatment
- Closer working by different organisations which support people's wellbeing to provide local, seamless care and to make services greater than the sum of their parts
- Reduced travel for as many people as possible for specialist appointments by providing services in clinical hubs – Brixham, Newton Abbot and Totnes – instead of at Torbay Hospital
- Appointments closer to home and repeat visits avoided by organising appointments where specialists can be seen during one visit
- Reduced pressure on A&E by strengthening minor injuries units to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues

"We want to hear from as many people as possible. Please help us by sharing this document with friends and family, encouraging them to participate and to tell us what they think of the proposals."

- Fewer hospital visits for treatment as a result of more effective support for people at home or in their community
- Reduced demand for services as a result of helping people live independent lives for longer
- Properly staffed and resourced community hospitals which are able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Greater investment in local services by switching funding from hospital to community-based care.

Who we are

South Devon and Torbay Clinical Commissioning Group (CCG) is the organisation which represents local GP practices and is the NHS body responsible for buying and developing services for the people of the area. We are working closely with Torbay and South Devon NHS Foundation Trust, which provides services at Torbay Hospital as well as community health and social care services in the area, including community hospitals and minor injuries units. Within South Devon and Torbay, we work in partnership with the local councils and GPs to jointly develop services.

We operate through five localities, each of which is led by local GPs: Coastal (Teignmouth and Dawlish), Moor to Sea (Ashburton, Buckfastleigh, Totnes, Dartmouth and Chillington), Newton Abbot (includes Bovey Tracey and Chudleigh), Paignton and Brixham, and Torquay. Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.

Alternative formats

If you would like information about the consultation in another format such as large print, audio or in another language, please contact the CCG.

We have many Polish and Chinese people in our population, so we're including this statement below in both languages.

We are consulting people in South Devon and Torbay over possible changes to the way community-based health services are provided. If you require information in Polish/Chinese on this consultation please email: sdtccg.consultation@nhs.net or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

Prowadzimy konsultacje z mieszkańcami Południowego Devon i Torbay w sprawie projektu zmian, w jaki zapewniane są usługi zdrowotne w lokalnej społeczności. Osoby pragnące otrzymać informacje o konsultacjach w języku polskim proszone są o kontakt pod adresem: sdtccg.consultation@nhs.net lub o wysłanie wiadomości na adres: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

我们正在向南Devon和Torbay的居民进行征询，收集有可能改变社区健康服务提供方式的意见。如果您需要相关中文信息，请发送电子邮件至：sdtccg.consultation@nhs.net
或邮寄信件至：South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF。

Two: The need to change

Seeking your views: Thursday 1 September to Wednesday 23 November

For these 12 weeks, we – South Devon and Torbay Clinical Commissioning Group – are asking local people from across our communities to comment on our proposals to improve healthcare.

This document sets out how we believe we can best support our different communities. It describes a model of care where hospital beds are always available when needed but where people are only admitted if they cannot be cared for safely at home or in their local community. It explains how we 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'.

Our proposals reflect the national Five Year Forward View, which has been endorsed by professional groups, the Government and the NHS as the way services should be provided in future. It states that "out-of-hospital care needs to become a much larger part of what the NHS does" and it expects to see "far more care delivered locally but with some services in specialist centres, organised to support people with multiple conditions, not just single illnesses."

In recognising the changing needs of patients and the impact of new treatments coming on stream, the Five Year Forward View states that "there are better ways of organising care, breaking out of the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists – all of which get in the way of care that is genuinely coordinated around what people need and want."

Our proposals reflect the ways in which we believe we can better meet the health and care needs of local communities. We have engaged extensively with local people and their representatives in developing these proposals and we have used their priorities to inform the proposed changes. We believe these would improve health services and are affordable.

However, we are open to alternative suggestions for redesigning clinically effective, sustainable services that meet local needs.

No decisions will be made until after we have heard the views of the people of South Devon and Torbay.

"To meet the scale of these challenges, change is inevitable, essential and clinically desirable."

Why consult now?

In late 2013, South Devon and Torbay Clinical Commissioning Group (CCG) – in partnership with our acute hospital, community health providers, Devon County Council and Torbay Council – carried out extensive engagement about our community health and social care services.

People told us that the most important things to them were:

- **Accessible services** – convenient opening hours, transport and accessible buildings
- **Better communication** – between clinician and patient, and between clinicians themselves
- **Continuity of care** – to allow relationship-building with clinicians and carers
- **Coordination of care** – including joined-up information systems
- **Support to stay at home** – with a wide range of services and support.

Last year's creation of the integrated care organisation (Torbay and South Devon NHS Foundation Trust, or TSDFT) resulted in the majority of our health and care services – from district nursing, social work, community therapy, complex care and multi-agency teams, to highly specialist acute care – being delivered by the one NHS Trust. The bringing together of these and other services in one organisation created a huge opportunity to develop new ways of working which can deliver what people told us they wanted in 2013.

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

Out of the 2013 engagement and in parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and considered how best to provide the range of services required in the future. Informed also by TSDFT staff, a new model of care (see page 9) has been developed, which these organisations believe would meet future need, can be delivered and is affordable.

We are grateful for the contributions of everyone who participated in this process and whose views have been taken into account in framing the consultation proposals. A separate paper summarising views expressed is available on our website or in hard copy by request (see back cover for contact details).

The challenge of change

Communities across South Devon and Torbay are rightly proud of their local health and social care services and their record of meeting the expectations of people who need care, delivering improved health and wellbeing for our local population. The NHS in South Devon and Torbay provides care and treatment to a population of 286,000. Some three million episodes of NHS care are delivered in South Devon and Torbay every year, a number forecast to rise significantly over the next decade.

Year on year the NHS looks after more people, provides more specialist support and works increasingly in partnership with social care and the voluntary sector.

The NHS has kept up with growing demand by constantly responding to changing needs: redesigning how services are provided, developing new techniques and adopting new drugs and approaches.

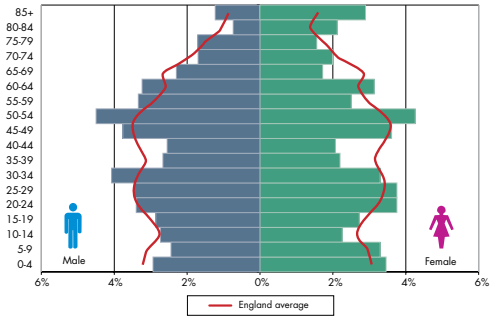
We can easily forget how much the NHS has changed over the years. It is not that long ago, for example, that lengthy hospital stays were required for treatment which now takes place routinely, in a few hours and without a hospital admission.

Delivering health services today is challenging because we have:

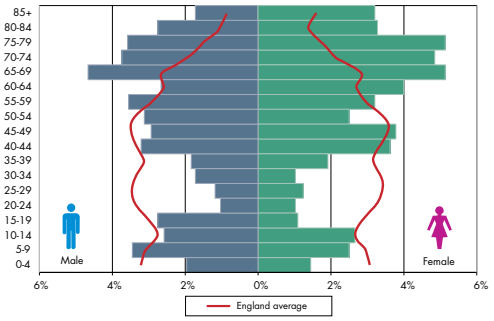
- Increasing numbers of older people, many with long-term and complex health conditions who need support to live independently

- A growing proportion of our younger people living in areas of deprivation, especially in Torbay but also in some rural areas

Population pyramid for the most deprived area in the CCG compared to England average



Population pyramid for the least deprived area in the CCG compared to England average



- Rural and urban communities with different needs

- A high use of urgent care services, especially A&E, which means increasing pressure on emergency and urgent care services

- Flat or reducing finances, especially when health and social care resources are combined

- Changes to professional NHS standards which specify minimum safe staffing levels

- Recruitment problems due to a shortage of doctors, nurses and other clinical staff in some services.

Faced with these challenges, the NHS needs to continue to work differently, creating services which are designed to support people to live well at home and in their local communities. We want to make sure that, at every stage of life, the NHS can provide the best possible care. That is why, in looking at how best to meet the future needs of local people, we want to blend the best of current practice with new, innovative and better ways of working.

Locally and nationally, the NHS must do more with the funding that it receives, responding effectively to the increasing health needs of our population, aligning physical and mental health services, promoting the most clinically effective care and support irrespective of location, and deploying resources where they can have most impact and where patient demand is greatest.

To meet the scale of these challenges, change is inevitable, essential and clinically desirable. We need to change to ensure we deliver services that support local people to live life to the full.

Nine reasons to change

Deliver high-quality care to an increasing number of people

Our services must meet local people's needs, both now and in the future. Our existing structures and approaches will not cope with the forecast demand for services in the coming years as illustrated in the table on page 6). If we are to provide the care to support people to live the healthiest lives possible, we need to change the way we work.

Increase joint working between services

We have an international reputation for our pioneering 'integrated care' model in which adult social care and health services are delivered by local teams working in a joined-up way. Our new integrated care organisation, launched in October, now brings Torbay Hospital and these local community-based health and social care services into a single provider Trust (Torbay and South Devon NHS Foundation Trust). We want to extend this integration to include a more joined-up way of working with local voluntary and charitable organisations, and with our partners in other public services such as mental health and children's social care.

Improve life expectancy

In each of our localities, there are significant differences in life expectancy between our most deprived and least deprived areas, the numbers of people in the under-16 or over-85 age groups, and the number of emergency admissions. We want to strengthen our preventative and self-care services to help tackle health inequalities and reduce the gaps in life expectancy, providing the best care we can to all sections of our communities.

Life expectancy between most deprived and least deprived in each locality area

Keep more people out of hospital

People should only be admitted to hospital when it is medically necessary. If people do not need specialist nursing or medical help, they are better supported out of hospital. Successive audits have shown that almost a third of beds in community hospitals are occupied by patients who were fit to leave if more community support had been available.

We therefore want to invest more in community services so we are able to treat and support people in their own homes or in locally accessible services. This is also what people tell us they would prefer.

We know that treating people in a hospital bed is not always the best approach. For example, the longer older people remain in hospital, the harder it is for them to regain their independence and return home, the more likely they are to be readmitted, and the more vulnerable they are to hospital-acquired infections.

Evidence also suggests that some people recover much quicker if they are cared for in their own home, in a more normal environment rather than in a busy hospital setting, and we want to invest in community services to be able to support more people to recover as quickly as possible.

But where people need to be admitted to hospital, we want to make sure that they receive the best quality and experience of care, that we have enough staff to look after them, and that we meet national safety standards. This is challenging, because it is increasingly difficult to attract staff to community hospitals.

Better support for people in the community

We need to make sure we strengthen out-of-hospital services so that they can help people to avoid the need to be admitted to hospital and respond swiftly should they experience deterioration in their health. This means investing in more community-based services so that

Forecast demand for services, 2015 to 2025

Number of patients with disease, known or not known to primary care	Moor to Sea	Newton Abbot	Paignton and Brixham	Torquay
	2015-25 % change	2015-25 % change	2015-25 % change	2015-25 % change
Coronary heart disease	19.8	20.5	18.3	17.2
Chronic kidney disease	21.5	21.7	19.4	18.5
People aged 65 and over predicted to have:				
• Type1 or Type 2 diabetes	20.0	20.5	17.1	16.5
• A longstanding health condition caused by a stroke	25.5	25.7	22.1	21.5
• Dementia	34.5	33.4	30.7	30.7
• Depression	20.3	20.7	17.0	16.5
• Severe depression	25.2	25.3	21.7	21.1
• A longstanding health condition caused by bronchitis and emphysema	21.5	21.9	18.5	17.8
• A moderate or severe visual impairment	29.2	28.7	24.9	24.4
• A moderate or severe, or profound, hearing impairment	31.5	31.0	26.0	25.0

This table is based on the CCG's 2015/16 locality structure in which Bovey Tracey and Chudleigh surgeries were part of Moor to Sea. They are now part of the Newton Abbot locality.

they mirror the availability and reliability of hospital-based care. We must ensure it is provided in the evenings, at weekends, 365 days a year, in urban and in rural areas.

To do this, we need to switch funding from hospital to community-based care so that we can increase the range of local services and the times that they are available.

We also want to make sure that people do not travel further than they need to for treatment and support. The more out-of-hospital services we can provide in or close to people's homes the better.

Provide effective minor injuries units

Minor injuries units (MIUs) provide a local urgent care service in the community, filling the gap between GP services, the NHS 111 helpline service and A&E, and are intended to reduce unnecessary travel to the emergency department for non-life-threatening injuries. MIUs are an important part of urgent care services, treating people with, for example, minor burns, sprains and fractured bones.

A lack of awareness of MIUs, and inconsistencies in opening times and services provided, including x-ray diagnostic services, have limited their use by local people.

For MIUs to be a viable alternative to A&E for non-life-threatening injuries they need to:

- Be easily accessible
- Provide a treatment service led by a specialist nurse or paramedic
- Open 12 hours a day, 7 days a week
- Have x-ray diagnostic services
- Operate from an environment that can best support high-quality care.

It is estimated that MIUs need to treat 7,000 patients per annum to ensure the best use of highly skilled staff and to ensure that they are able to maintain their skills by seeing enough patients with a sufficiently wide range of minor injuries. In South Devon and Torbay, MIUs in the past have not been fully utilised, with only Newton Abbot MIU achieving at least the 7,000 criteria.

Focus resources where they have most impact

Public finances are under considerable pressure. These are intensified within the NHS by the rising cost of some treatments, the increasing demand for specialist services and the need to look after more people with a number of long-term conditions.

NHS costs traditionally rise faster than inflation, putting further pressure on the local health community budgets.

The CCG currently receives more money than the national funding formula judges it should, and we need to manage our budgets to bring ourselves back into alignment with the formula in the coming years. Taking these factors into account, the demands on services outstrip any new funding available and the CCG needs to make significant savings over each of the coming years. For 2016/17 we currently need to save £20.5million across the services which the CCG commissions.

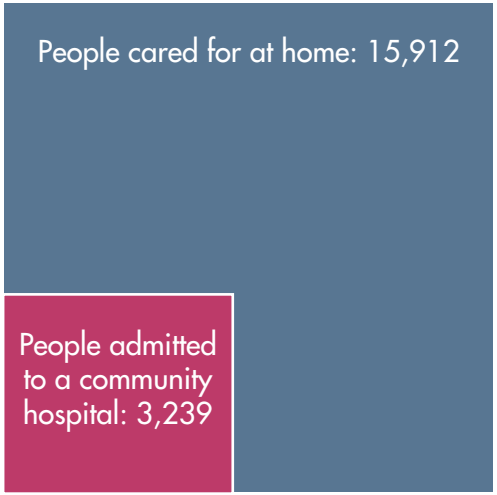
In addition to the pressures on CCG funding, Torbay and South Devon NHS Foundation Trust is required to make savings across the range of its activity. In 2016/17 this amounts to £13million.

Overall, health and social care services in South Devon and Torbay are under significant financial pressures, and services are likely to be £142million in deficit by 2020/21 if nothing changes.

In reconfiguring services, we need to not only take account of quality and safety issues but also the need to improve value for money and contribute to this funding gap by finding different and more effective ways of meeting the increasing needs of our population. The proposals which form the basis of this consultation would contribute £1.4million towards the savings requirements of the Trust.

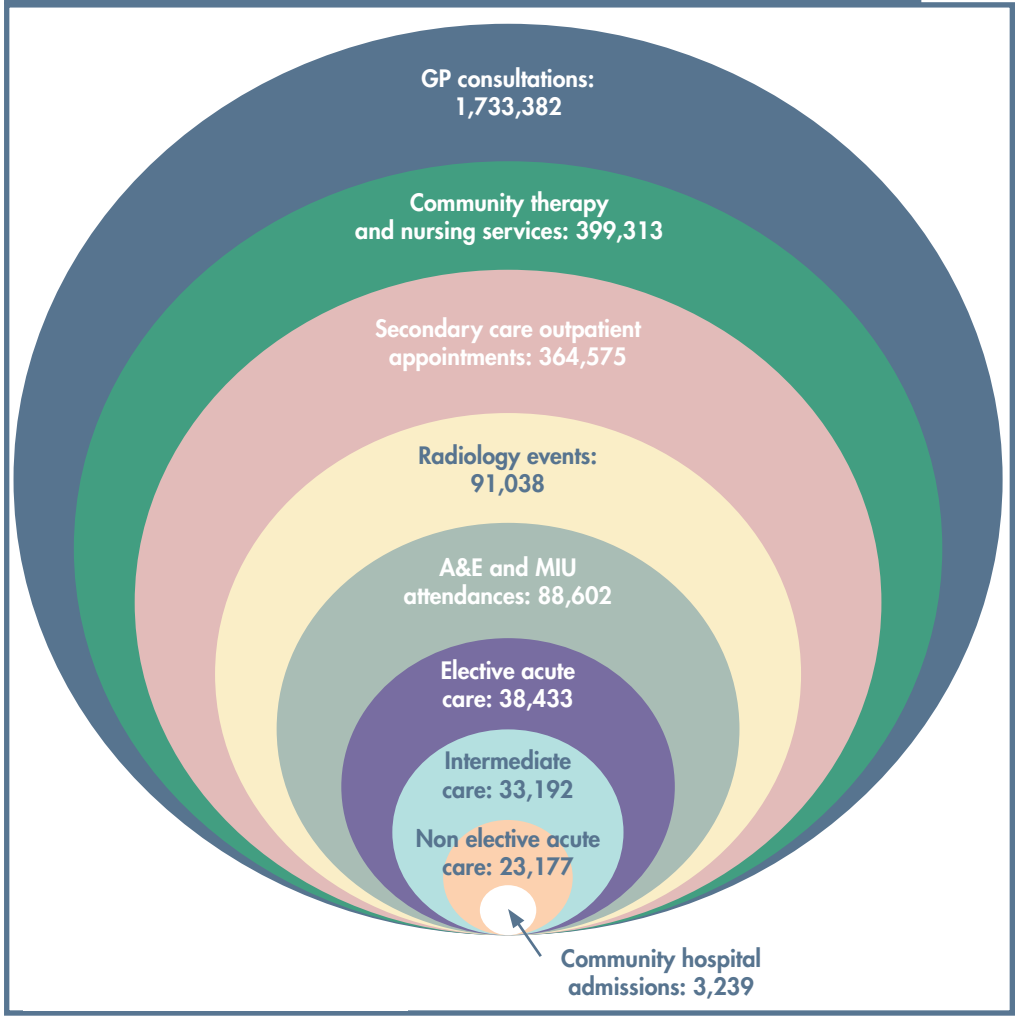
By switching funding from bed-based to community-based care, we would be investing more of our resources in the local services most used by our communities. As the diagram opposite illustrates, the largest volume of activity rests with GPs, community therapy and nursing.

As the diagram below shows, almost five times the number of people admitted to community hospitals (3,239) are cared for at home (15,912).



A separate paper setting out the financial case for change, including details of the financial cost of the different options considered as well as issues of capital funding, is available from the CCG website and in hard copy on request.

Activity across South Devon and Torbay



The figures relate to activity not people and are based on extrapolated NHS data.

Make best use of our staff

We want to make best use of our staff, providing good career opportunities and roles which attract people to work in local health and social care services. There is a shortage of doctors, nurses and other qualified staff nationally. We already see the impact of this locally, with MIUs in Dartmouth and Ashburton temporarily closed and beds temporarily relocated to Newton Abbot from Bovey Tracey Community Hospital. The number of beds at Paignton Hospital has also been temporarily reduced due to safe staffing issues.

Many other services are under similar strain, with difficulties in recruiting to community and hospital nursing posts, some medical and therapy specialties, and to specialist social work and social care.

Our partners in residential and nursing care homes are also experiencing challenges in recruiting staff and in providing the range of specialist care needed, particularly long-term care for people with some forms of dementia. Attracting GPs to this part of the country is also difficult, with many practices struggling to recruit.

We need to design services that make the best use of the time, availability and skills of these staff. By bringing them together to work as integrated teams in partnership with the local voluntary sector, we would have the range of skills to better respond to the needs of the community they serve. Local bases would enable them to have more patient and client contact rather than use their time in travelling.

Ensure our buildings are fit for the future

We need to rationalise many NHS and social care premises which are not fit to deliver 21st-century services and use the proceeds to invest in bases locally from which our staff can deliver our future model of care and an enhanced range of services. The major sites from which health services are currently delivered locally are owned by Torbay and South Devon NHS Foundation Trust.

Three: Our proposals

The proposed new model of care

The diagram below illustrates the new model of care, which has been developed in parallel with, and informed by, engagement discussions across the CCG area. It takes account of best clinical practice and is aligned with national NHS approaches such as the Five Year Forward View. It is this model which forms the basis of this consultation and the following section describes how it would operate if the consultation proposals are approved.

If supported, the model below would see GPs, community health and social care teams and the voluntary sector

The proposed new model of care

> "The proposed new model of care aims to provide the majority of care as close to home as possible, supporting people to remain independent."

working together to provide for the vast majority of people's health and wellbeing needs in each of the localities that make up the CCG and Trust population. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient. We want to see local communities helping to support the wellbeing needs of their local population.

We recognise that one size will not fit all. From locality to locality, and from town to town, there are differences in health, demography and geography, as well as variation in the availability of services such as residential and nursing care. The proposed model of care needs to reflect these differences while being able to deliver consistent, high-quality care.

Our new model of care would reflect the needs of the community in each of the four CCG localities which are part of this consultation: Moor to Sea; Newton Abbot; Paignton and Brixham; Torquay.

Accessing services would be made simpler through a central contact point for information and signposting. By calling a single telephone number, people would be signposted to support in their local community or to local health and social care teams or services according to their needs.

There are four key elements to delivering this care model locally – locality clinical hubs, including community hospital beds and minor injuries units; local health and wellbeing centres; health and wellbeing teams; and intermediate care provision.

Clinical hubs

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

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services, therefore adopting the principle of 'care closer to home'. The clinical hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Services provided in the hubs would include:

- **Multi long-term condition clinics:** these would provide a 'one-stop shop' approach to help people manage multiple long-term conditions by accessing information and treatment in a single clinic.
- **Minor injuries unit:** Newton Abbot and Totnes clinical hubs would offer access to MIU and x-ray diagnostic services, between 8am and 8pm, seven days a week.
- **Specialist outpatient clinics:** these are attended by people from a wide geographical area. They are mainly consultant-led and usually have less than 1,000 attendances a year. Specialist services often require more bespoke facilities or equipment which would be available in clinical hubs.
- **Rehabilitation gym:** this would include equipment used to deliver early-stage rehabilitation services.
- **Inpatient care:** a minimum of 16 beds would be provided in the clinical hubs to ensure compliance with safe staffing standards. The use of inpatient services across all of the clinical hubs would be provided to everybody who requires an inpatient stay in a medical ward, irrespective of where they live.

Local health and wellbeing centres

Linked to the locality clinical hub, local health and wellbeing centres would be delivered from Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay. These would see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide health and wellbeing services to the area.

Within these centres, the clinical services most frequently used by local

people would, wherever feasible, be provided by professionals based locally and who would work across community sites.

Local health and wellbeing teams

Services from these centres would be provided in each local area by local health and wellbeing teams. These would bring together an integrated team of community health and social care staff, mental health professionals and our voluntary-sector partners to organise and deliver most of the health and social care needs of the population, working as a bridge between their GP services, the clinical hub and the highly specialist care that can only be provided in a large hospital like Torbay.

As well as face-to-face support, we would enable remote access to specialist advice using technology such as Telemedicine and support via Telehealth systems.

CASE STUDY

'Annie' lives alone with no relatives nearby. She suffers from Alzheimer's, heart arrhythmia and COPD, and is at risk from falling. Some time ago, she fell and was unable to get to her phone. She had to wait several hours for help until her care worker turned up and was able to summon assistance.

We have since provided Annie with a community alarm, pendant and key safe for emergency access. When she next fell she was able to contact the centre immediately via her pendant and we arranged for an ambulance to visit. Within 12 minutes of activating her alarm, the ambulance crew was on site and supporting Annie. Telehealth can provide support and reassurance, minimising distress as far as possible.

The local health and wellbeing team would also oversee arrangements for local intermediate care services which would cover a range of integrated services and would be provided for a limited period, to people who need extra support and care following a period of ill health. As illustrated in the case study on page 12, they are designed to help people recover more quickly following illness or injury, maximising their independence and helping them to resume normal activities as soon as possible. Intermediate care also supports more timely discharge from hospital following an inpatient stay, and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting.

Library image

Library image

CASE STUDY

'Tony' is 76 and had experienced at least four significant falls at home in four months, before finally coming in to hospital with a fractured hip. He had called an ambulance after each fall, but refused to accept any follow-up care.

After a short stay at Torbay Hospital, Tony was transferred to an intermediate care bed to recover from his surgery and regain his strength and mobility. On discharge home, he was reluctant to accept further help but agreed to short-term support with a programme of balance and mobility to reduce his risk of further falls and help him to regain his confidence. We were keen to help Tony better manage life at home so that he wouldn't keep needing 'crisis interventions'.

Our multi-disciplinary team helped him learn what to do should he have a further fall and discussed ways in which he could make his home environment safer.

Tony remains fiercely independent, but did eventually agree to a package of care that included some occupational therapy for ongoing mobility, meals, visits from the intermediate care team and support from Age UK. He has not experienced any further falls in the last six months and is planning to start going out to a local café, with the support of the volunteer from Age UK.

Providing holistic end-of-life care to people and their families would be one of the core functions of the health and wellbeing teams. This would involve coordinating support to enable a person to die in the setting of their choice, with care and support made available to provide the best possible experience for people and their families.

Intermediate or specialist care

By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams. Wherever possible, a person's future needs would be assessed in their usual place of residence rather than a hospital bed. Intermediate care would be organised at locality level and delivered locally wherever possible – in the person's own home or in a local nursing or residential home. Where patients don't need to be in hospital but are unable to live alone or be supported to remain at home, they would be able to access residential care or specialist housing with care and support on site.

CASE STUDY: SPECIALIST CARE AT HOME

'Joe' has a rare condition that led to his being completely paralysed and only able to breathe on a ventilator. In previous years, his only option would have been to be cared for in an institution, either in a specialist hospital or centre. But Joe is not just a patient. He is a husband, father, grandfather and dog-owner. He wanted to make the most of life and be able to return home to live with his family.

We worked with them to put in place a package of care that meant he could continue to live at home, supported by round-the-clock carers and our community matron, as well as other professionals such as physiotherapists, occupational therapists, podiatrists and his GP. Although life is not what Joe had hoped for in retirement, he is at home with his family and much-loved dog, and is still able to get out and about, thanks to a specially-adapted car.

Putting compassionate care at the heart of what we do every time

As our new care model develops, the importance of giving staff time to deliver compassionate care remains central at all times. One way to do this is to replace the question 'What is the matter with you?' with 'What matters to you?' A key part of giving care and support is to do the things that matter most to people and help them achieve those things for themselves wherever possible.

Library image

Changing to the new model

Moving to the new model of care requires us to do things differently. It means switching funding from hospital to community care and making sure the new services are in place before changing the current provision.

Investing in community services

In the current financial year, we are investing £3.9million in strengthening community services in line with the new care model. The full-year effect of this in 2017/18 would be £5.8million. The additional expenditure this year includes:

- £177,000 for wellbeing coordinators, to be employed by our voluntary-sector partners in each locality, to support and signpost local people to the most appropriate services in their local area
- £220,000 to provide clinics and services for people with multiple long-term conditions located at each of our clinical hubs – Totnes (Moor to Sea), Brixham (Paignton and Brixham), Newton Abbot and Torquay town centre – commencing with the first phase in Brixham and Teignmouth (in Coastal locality)
- £2.1million to provide additional intermediate care services in people's

own homes or close to home in local residential and nursing homes, which would support people to return to maximum independence.

Fewer, safer community hospital beds

By introducing the new model of care throughout South Devon and Torbay, the number of community hospital beds will fall from 151 to 93. The reduction in the four localities covered by this consultation will be 44 (121 to 77).

This reduction is based on proposals to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more can be invested in local community teams.

If these consultation proposals are agreed, there would be community hospitals in Brixham, Newton Abbot and Totnes (as well as Dawlish in our Coastal locality) serving the population of South Devon and Torbay.

By concentrating medical beds in fewer hospitals, we would be able to ensure we meet national guidance on safe staffing levels.

At present, many people admitted to hospital do not go to the one nearest to them, so concentrating medical beds in fewer locations is in line with general current usage.

Stronger minor injuries units (MIUs)

To ensure that MIUs provide a viable, effective service, we propose to reduce the number to three and have them located in Newton Abbot and Totnes, as well as Dawlish in our Coastal locality. All MIUs would open 8am to 8pm, seven days a week, and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both of which are currently suspended), Brixham and Paignton would close.

Intermediate and domiciliary care

An integral part of this care model approach is to stimulate the care home/intermediate care market in South Devon in the same way as it has been developed in Torbay. Notwithstanding the partial role that community hospitals play in this area, it is clear that provision at present does not meet current, let alone future, need.

Until there is certainty as to future demand, it is unlikely that the market would expand. An invitation to express interest will be issued to the private sector so as to facilitate discussions on how best to meet future needs and to explain the model of care and the investment strategy.

Discussions have already taken place with local authority colleagues and with some care home operators. As a result, an initiative is under way to identify the most appropriate model for the future.

The way domiciliary care in the home is purchased in Devon has recently changed. In South Devon and Torbay the primary provider is Mears, which is responsible for providing care directly or managing other providers. This change will improve the quality of patient care, as there will be a greater mix of personal care workers. People will receive packages of care more quickly, careworkers' pay and conditions will be improved, and carers will receive more training. This approach complements the proposed model of care.

In addition, the rehabilitation beds in Teignmouth Hospital will also be available to anybody who needs rehabilitation care, irrespective of the locality in which they live.

Reduced pressure on Torbay Hospital

By improving the availability and quality of support in the community, Torbay Hospital would be able to focus attention on patients who are acutely unwell and cannot be treated near to or in their own homes or in a community hospital. Over the past year, it has had to open an additional 32 beds to cope with demand pressures, caused, in part at least, by the shortage of out-of-hospital support. Should the proposals set out in this document be approved and implemented, the additional 32 escalation beds would no longer be required. Attendances at A&E are also expected to decline as people's confidence in MIUs increases. As more resources are used to keep people well and independent for longer, then overall people would need fewer admissions to hospital for acute care.

Four: What this might mean

For you as a patient

For someone with a number of long-term conditions, this is how the service might work in future if proposals in this document were implemented.

'Mr Jones' lives in Buckfastleigh and has four long-term conditions, including atrial fibrillation, congestive cardiac failure, chronic kidney disease and Type2 diabetes.

Currently	In the future
Attends three separate appointments to see his consultants at Torbay Hospital	Attends a new service in Totnes
Sees two specialist nurses	Has a wellbeing coordinator to put him in touch with local voluntary services
Sees two dieticians	Sees one team, which includes a doctor, nurse and dietician, for all his conditions
Has a total of 25 different hospital appointments a year	Has just six appointments a year
12 appointments at his GP surgery	Through better coordination he only needs three GP visits a year
Admitted twice for heart failure in the last year	Given support from the heart failure team at home
Takes 14 different medications	Better understands his treatment and how to manage his conditions and now only takes nine medications
Lonely as he lives alone and doesn't know what to do for the best	Much happier as he has access to a range of support and voluntary groups which help him achieve what matters most to him

For your area

The likely impact of these service improvements, if approved, is set out on pages 16-20, alphabetically per locality.

Where reference is made to specialist outpatient clinics that would operate in clinical hubs, these are clinics where patients currently travel further to access them. They are mainly consultant-led and usually have less than 1,000 attendances a year. Some non-consultant-led clinics such as audiology require more specialist facilities or equipment.

Examples of specialist outpatients might include: audiology, cardiology, dermatology, ear, nose and throat, endocrinology, general medicine, general surgery, gynaecology, neurology, orthopaedics, paediatrics, rheumatology and urology.

Community clinics, which would operate in health and wellbeing centres, generally have more than 1,000 attendances a year and are mainly provided by locally-based professionals, working across community sites. Examples of community clinics include: MSK (musculoskeletal assessment and treatment), speech and language therapy and podiatry.

MOOR TO SEA

What would be different?

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

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

For the population of Totnes, Dartmouth and Ashburton/Buckfastleigh, local health and wellbeing teams would be co-located, where possible, with GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

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

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

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

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

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

What could services look like and where would they be?

Clinical hub in Totnes (currently Totnes Hospital)

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

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

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

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

- Community clinics
- Health and wellbeing team

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

- Community clinics
- Health and wellbeing team

NEWTON ABBOT

What would be different?

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

Inpatient services at Newton Abbot Community Hospital would expand from 20 beds to 45 beds (plus 15 stroke beds). The MIU would open between 8am and 8pm (currently 10pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Newton Abbot, Bovey Tracey, Chudleigh and the surrounding areas, the local health and wellbeing teams would be co-located where possible with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings such as Bovey Tracey Community Hospital (nine beds currently temporarily relocated to Newton Abbot) would no longer be required and would close if these proposals are approved.

What could services look like and where would they be?

Clinical hub in Newton Abbot (currently Newton Abbot Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New long-term conditions clinic
- Specialist outpatient clinics
- Community beds (45 beds)
- Stroke unit
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre for Newton Abbot (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre for Bovey Tracey and Chudleigh (developing plans to co-locate services with the Bovey Tracey and Chudleigh GP practice)

- Health and wellbeing team
- Community clinics

PAIGNTON AND BRIXHAM

What would be different?

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

The current MIU services offered at Paignton and Brixham Community Hospitals are not sustainable in their current form and, under these proposals, would close. People would have the option of visiting a designated GP practice for some MIU services provided locally or attending the MIU in Totnes or Newton Abbot, which would operate consistently seven days a week, 8am to 8pm, and provide x-ray diagnostics.

For the population of Brixham and Paignton the local health and wellbeing teams would be co-located, where possible, with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. They would work in partnership with local care home providers to deliver more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings from which we currently deliver inpatient and community services including Paignton Community Hospital (28 beds but currently 12 beds are temporarily closed due to safe staffing issues), Midvale Clinic and Church Street would no longer be required and would close if these proposals are approved.

Community inpatient care and more specialist services such as audiology, cardiology and dermatology outpatient clinics for the population of Paignton would be provided at their nearest clinical hub in Brixham, Totnes or Newton Abbot.

Staff delivering care directly to people in their own homes would have an integrated office base in the King's Ash area, providing easy access to Paignton and Brixham.

What could services look like and where would they be?

Clinical hub in Brixham (currently Brixham Hospital)

- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds plus 4 flexible use)
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre in Brixham (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre in Paignton (planned to be developed in Paignton as part of providing fit-for-purpose accommodation for local GP Services)

- Community clinics
- Pharmacist
- Enhanced primary care MIU services
- Health and wellbeing team

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

TORQUAY

What would be different?

A health and wellbeing centre would be developed in Torquay as part of proposals to co-locate health and wellbeing services which would include community nurses, physiotherapists, occupational therapists, social care staff, coordination and support staff with local GP practices.

The community would have access to a greater range of services, including a new multi long-term conditions service, enhanced intermediate care services, and a health and wellbeing team that works in partnership with local voluntary groups and partner agencies.

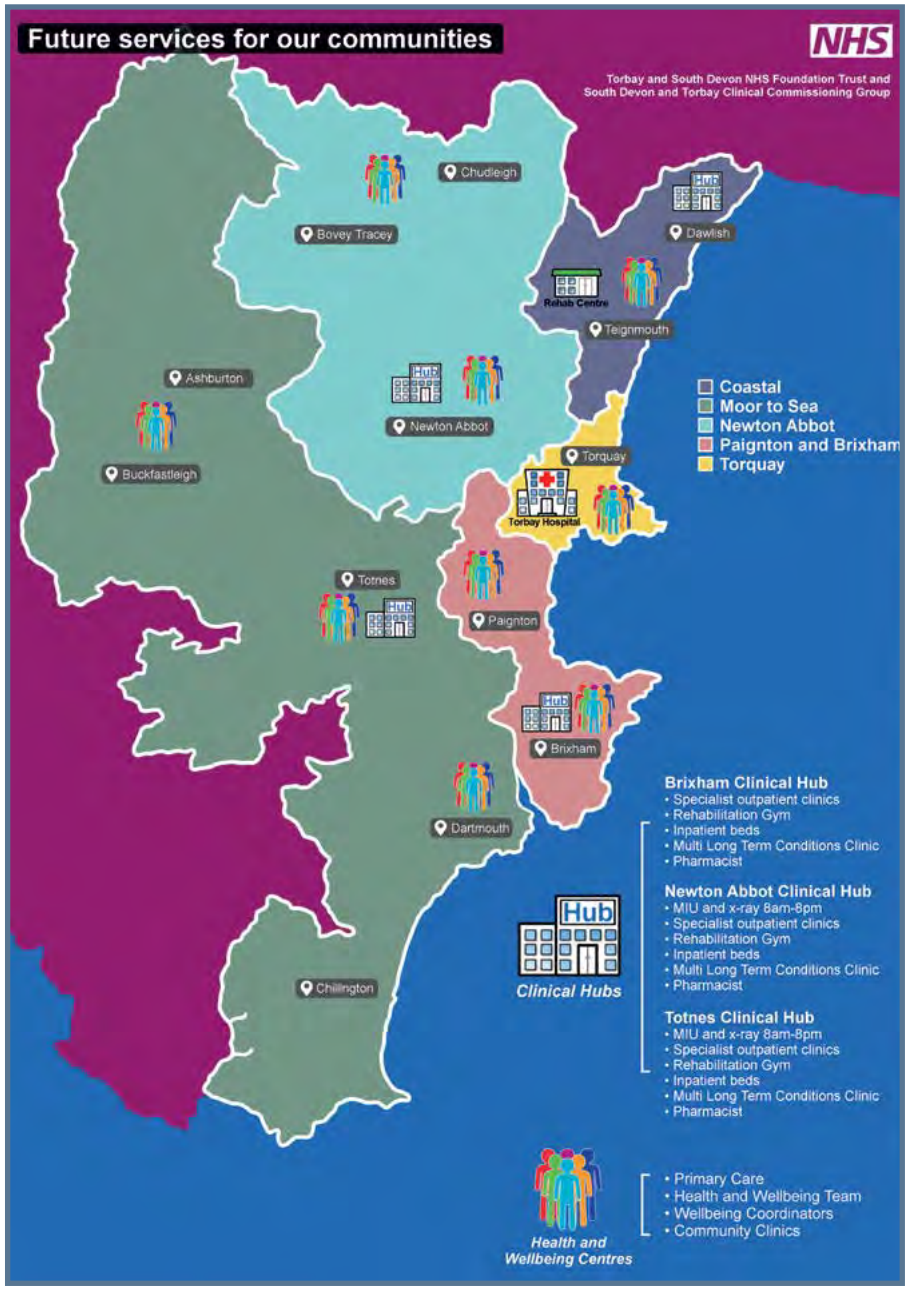
This community team has been at the forefront of piloting new enhanced services that would continue to deliver high-quality services in people's own homes.

Castle Circus Health Centre would continue to deliver community clinics and a range of health services and Torbay Hospital would continue to provide specialist services and acute care to the population of Torbay and South Devon.

What could services look like and where would they be?

Health and wellbeing centre for Torquay (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics



For our communities

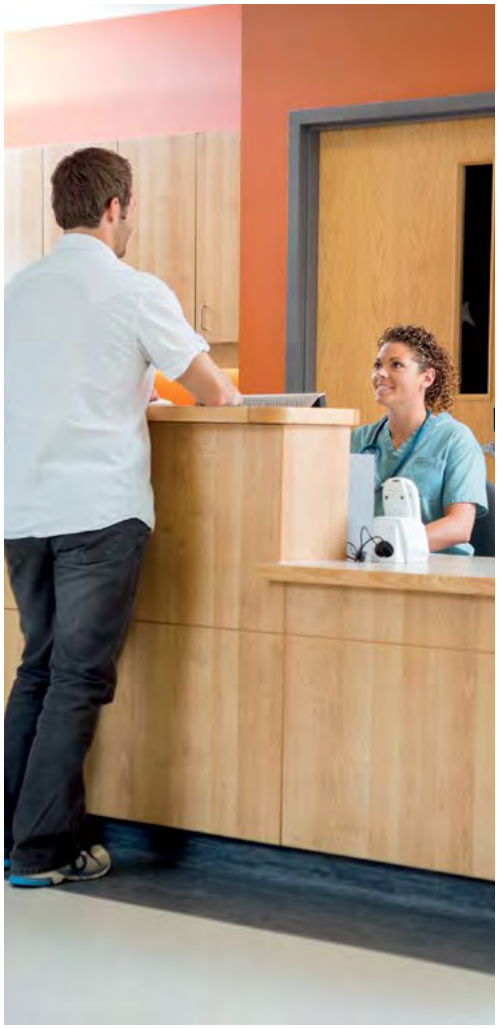
If the proposals set out in this document are approved, core services will be located as shown on this map.

For NHS staff

Staff working across the local NHS are part of this consultation and we also want to hear their views.

We believe that more investment into community-based services would mean that local teams would be bigger, stronger and better able to support those with greatest need. They would also be able to provide staff with better career prospects and more varied work. Concentrating staff in larger teams would strengthen our ability to deliver care and make them more resilient to issues which have led to temporary suspension of services in the past.

Once a decision is made we would ensure all staff are properly supported and their skills properly utilised in the new structures. We would ensure they are fully engaged in the changes and work with them to identify any training requirements. We know that we would continue to need the skills of the staff and they have been guaranteed that there would not be any compulsory redundancies as a consequence of these proposals.



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Five: Getting involved

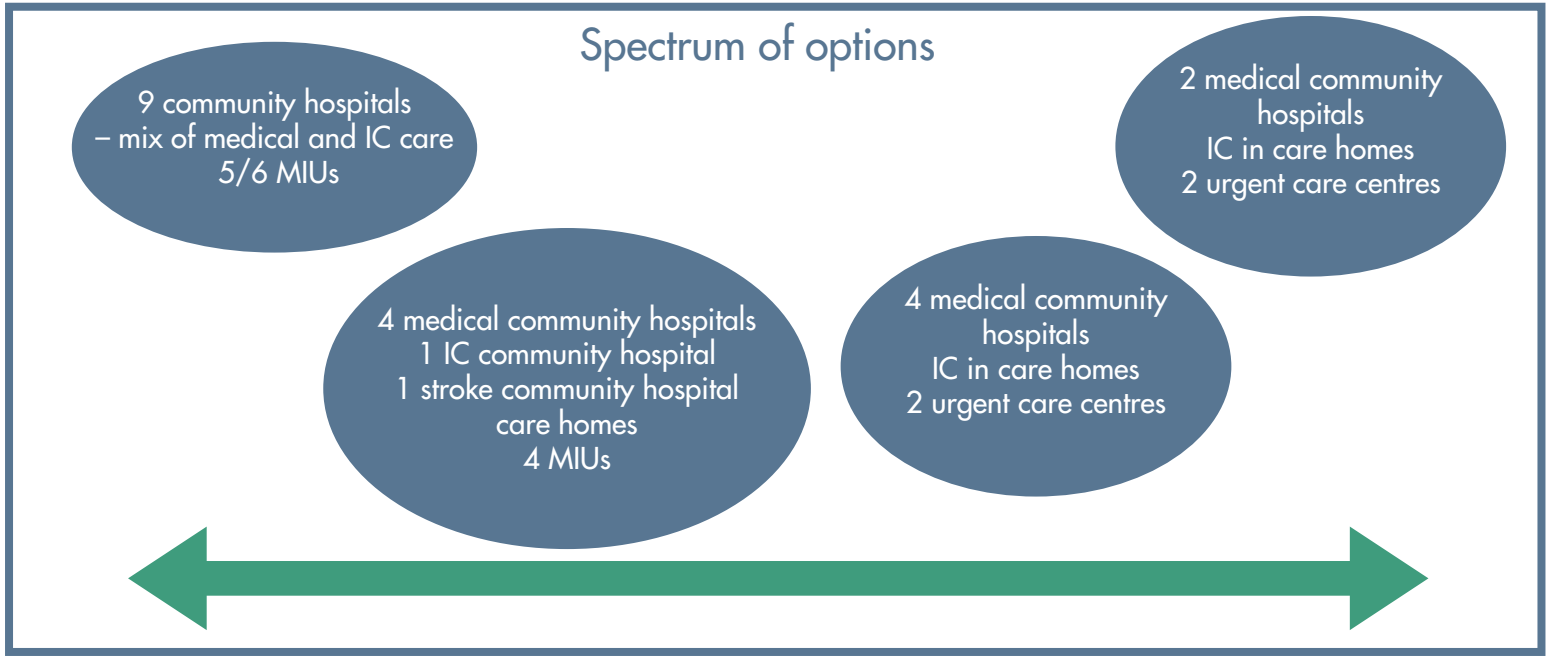
How our proposals developed

The new model of care has been developed over the past three years, since the engagement discussions in 2013. In trying to respond to the clinical, demographic and financial pressures that face us, a range of alternative approaches has been explored with different combinations of bed-based and community-based services.

A separate paper which outlines the development and rationale of the consultation option is available on our website or in hard copy by request. Five options were considered, based on the extent to which they would enable investment in community services and deliver the new model of care. The numbers and locations of community hospitals, MIUs and local teams changed according to the option with a range of possibilities being considered.

Each option was evaluated by the multi-agency Community Services Transformation Group on the extent to which it met future patient needs, delivers safe clinical standards, was affordable and financially sustainable. Where an option did not deliver the proposed care model or was not operationally or financially sustainable, it was rejected.

The CCG and Torbay and South Devon NHS Foundation Trust believe that the approach set out in this consultation document represents the only viable option for providing what people told us they wanted, in a way that would meet future clinical needs and population pressures within the budget available.



Alternative approaches

The CCG and the Trust would welcome alternative suggestions and approaches. Views expressed in this consultation will be independently collated by Healthwatch and reported to the governing body of the South Devon and Torbay Clinical Commissioning Group, ahead of it deciding what changes should be made. Before any decision is made, all ideas will be evaluated to asssess whether they meet the clinical, demand and financial challenges.

There is a range of ways in which local people can find out more about the proposals, discuss any alternatives and give their views as to the service improvements which we are proposing in this consultation. These are outlined on the following pages.

> "The CCG and Trust would welcome alternative suggestions and approaches."

Taking part

Come to a public meeting

We have arranged public meetings to discuss these proposals across South Devon and Torbay and these will be held at:

Location	Date	Time	Venue
Ashburton	20 Sept	1pm, 4pm and 7pm	Ashburton Town Hall, North Street, TQ13 7QQ
Bovey Tracey	13 Sept	4.30pm and 7.30pm	Phoenix Hall, St Johns Lane, TQ13 9FF
Brixham	29 Sept	6.30pm	Scala Hall, Market Street, , TQ5 8TA
Buckfastleigh	22 Sept	6.30pm	St Lukes Church, Plymouth Rd, TQ11 0DA
Chudleigh	16 Sept	6.30pm	Chudleigh Town Hall, Market Way, TQ13 0HL
Dartmouth	15 Sept	4pm and 7pm	Dartmouth Academy, Milton Lane, TQ6 9HW
Newton Abbot	13 Oct	6.30pm	Exeter Road Campus, Daphne Collman Hall, 28 Old Exeter Road, TQ12 2NF
Paignton	28 Sept	9am, 4pm and 7pm	Sacred Heart Roman Catholic Church, 24 Cecil Road, TQ3 2SH
Torquay	6 Oct	6.30pm	Upton Vale Baptist Church, St. Marychurch Road, TQ1 3HY
Totnes	11 Oct	6.30pm	Totnes Civic Hall, High Street, TQ9 5SF
Widecombe	12 Oct	6.30pm	Widecombe Church House, TQ13 7TA

Invite us to a local meeting

We are very happy to attend as many meetings that happen routinely in your community, as is practical.

If you would like us to present our proposals and answer questions, please email us to arrange this: sdtccg.consultation@nhs.net; or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

Read up on the detail

In addition to this document, there are more detailed papers on our website www.southdevonandtorbayccg.nhs.uk/community-health-services covering:

- The clinical case for change
- Information about the use of local services
- Options and rationale
- Population case for change
- The financial case for change
- Travel times
- Summary of stakeholder engagement and feedback
- Consultation terminology.

If you need a paper copy, please email: sdtccg.consultation@nhs.net; or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

You can also visit our website to find a locality-by-locality slide presentation that brings together information used in our engagement meetings over the past year and which summarises the consultation proposals.

Follow on Twitter or Facebook

Throughout the consultation we will be holding question-and-answer sessions on Twitter and using our social media pages for sharing information.

www.twitter.com/sdtccg

Torquay: www.facebook.com/ccgtorquay

Paignton and Brixham: www.facebook.com/ccgpaigntonandbrixham

Newton Abbot: www.facebook.com/ccgnewtonabbot

Moor to Sea: www.facebook.com/ccgmoortosea

Ask to receive our regular briefing

During our engagement discussions we have produced a series of simple stakeholder briefings to keep those involved up to date with discussions across the area. We will continue to produce these during the consultation. They will be available on our website and emailed to stakeholders. If you would like to receive these directly, please let us have your email address by emailing sdtccg.consultation@nhs.net.

We will do our best to make paper copies available locally where it is possible to leave them – for example, in community centres or village halls, information points or GP practices.

What happens next?

Our consultation starts on 1 September. All feedback will be gathered by Healthwatch (Devon and Torbay) and a report produced for consideration by the Governing Body of South Devon and Torbay Clinical Commissioning Group. All alternative suggestions will be fully explored ahead of any decision.

Both the feedback and details on alternative suggestions will be published.

Discussions will take place with GPs, providers, healthcare professionals and managers before a recommendation is made to the CCG's Governing Body at a meeting in public in January/February 2017. Once a decision is made, it will be communicated widely and a timetable for any changes set out.

The goal will be to put any major service changes into effect before any changes are made to current provision. As indicated earlier, NHS premises which could be affected by the proposals set out in this document are owned by Torbay and South Devon NHS Foundation Trust. Should a decision be made to close and dispose of any of these NHS premises, proceeds from any sale will be used by the Trust in support of services within South Devon and Torbay.

Any questions?

During the consultation, if you have any questions or require more information, take a look at our website: www.southdevonandtorbayccg.nhs.uk/community-health-services.

If you can't find what you are looking for please use one of the following ways of getting in touch:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511.

Make sure your views count

Views expressed at public meetings will be noted by Healthwatch, and views expressed at community meetings attended by the CCG or the Trust will also be fed back to Healthwatch to be included in its consultation report. Other correspondence and petitions will also be noted by Healthwatch.

The questionnaire seeks views on the range of issues underpinning the consultation as this will help us to evolve the model of care.

For your views to be registered as part of the consultation, please complete the questionnaire at the end of this consultation document or electronically at www.communityconsultation.co.uk. Paper copies will be available across the area and are available on request by emailing sdtccg.consultation@nhs.net, or writing to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF, or calling 01803 652511.

Six: Other issues

Travel

Impact on mean (and median) travel time to closest site

	Current model	Proposed model
Public transport weekend	29 mins (19 min)	30 mins (27 mins)
Public transport weekday	20 mins (18 mins)	26 mins (24 mins)
Car peak	7 mins (7 mins)	12 mins (13 mins)
Car off-peak	5 mins (5 mins)	8 mins (8 mins)

Impact on maximum travel time to closest site

	Current model	Proposed model
Public transport weekend	76 mins	100 mins
Public transport weekday	76 mins	100 mins
Car peak	38 mins	45 mins
Car default speed	27 mins	32 mins

- Travel times are based on a journey start point at LSOA (Lower Layer Super Output Areas) population centre. LSOAs are geographic areas used by the Office for National Statistics for census data and are areas that consist of between 1,000 and 3,000 people or 400 to 1,200 households.
- In calculating the above figures for public transport, we have taken travel times between 8am and 6pm for the weekend (average of both days) and for weekdays (average of five days).
- Travel times for car travel (road) are based on data from the Department for Transport (DfT). Off-Peak travel times use the DfT default car speeds. Peak travel times use the DfT average traffic speeds for the morning peak between 7am and 10am.
- For maximum and average travel times, we have calculated the time taken to get to the nearest clinical hub for each LSOA and taken the maximum and average of these times for all the LSOAs in the area. The assumption made in the new model calculations has been that an individual would travel to their nearest clinical hub.

In considering the impact of the proposals on communities, we have looked at the implications for travel.

A key element of these proposals is to bring care closer to people's homes, strengthening community-based services. So, for substantial numbers of people, travel times will be reduced as a result of being supported at or near to their home, in their local health and wellbeing centre or at their locality clinical hub. For many, travel to Torbay Hospital will no longer be necessary.

As the tables on the left indicate, where continued travel is necessary to access clinical hub services (such as community beds), the average time would increase by no more than nine minutes if the proposed changes are implemented, and the maximum time by no more than 32%.

We believe that as so many people will have their travel reduced, a nine-minute average increase for those who will need to travel is not unreasonable in terms of concentrating

limited budgets on securing improved, accessible care for the people of South Devon and Torbay.

For those patients who need to travel to a clinical hub but are not able to secure their own transport or voluntary transport, or are unable to access public transport, then patient transport may be available subject to eligibility criteria.

Additional information relating to travel times is contained in the additional support documentation available on our website or in hard copy on request.

Urgent care centres

Nationally, the NHS is seeking to develop new and better ways of providing care through an initiative called Vanguard. This aims to speed up the pace of change in the NHS by developing better ways of delivering services which can be copied and implemented across the country.

South Devon and Torbay is one of eight urgent and emergency care Vanguards. Locally, a range of stakeholders, including staff and patients, has been involved in developing an improved urgent and emergency care model, covering five workstreams: self-care, NHS 111, urgent care centres (UCC), shared records and mental health.

A key Vanguard rationale is to help implement change quickly and we are running this Vanguard initiative alongside and independently of the consultation. Improvements are already being made: for example, 111 and out-of-hours services have recently been re-procured and a project team is looking at the benefits that might flow from developing MIUs into UCCs.

As part of this work, elements of UCCs are likely to be piloted at Newton Abbot over the coming months so that a judgement can be made as to the benefits they could bring in South Devon and Torbay.

The piloting of some aspects of UCCs does not pre-empt the outcome of the community consultation, although, if patient benefits are identified, it is likely that we would want to build on this in the coming year.

National guidance

We are carrying out this consultation in line with our duties under the Health and Social Care Act 2012, section 14z2, and in line with Cabinet Office consultation principles published in January 2016.

We have also carried out equality impact assessments on our proposed model of care and our engagement and consultation process.

We have considered all characteristics protected under the Equality Act 2010 and gone further than those, to plan how we will design the consultation so that everyone can take part in it, including those who might not usually hear about such things or get around to taking part.

We are asking groups and organisations to talk about the consultation and will support them to do so. Examples of these are schools, children's centres, groups for older people, local groups that support disabled people and those with sensory loss, drug and alcohol recovery services, and organisations which provide advice.

We have also considered how we communicate changes to groups such as the travelling community, people with learning disabilities and those for whom English is not their first language. We have identified organisations which can assist in cascading information to such groups.

In terms of the proposed model of care within localities, we have considered accessibility: travel distances, access for people with disabilities or sensory loss, public transport links and parking.

Terminology

Like every major organisation, there is a range of technical terms used in the NHS. Here are some of the terms used most frequently in this document:

Self-care: personal health maintenance. Any activity of an individual, family or community, which is intended to improve or restore health, treat or prevent disease or maintain existing good health.

Urgent care services: outpatient care services focused on treatment for injuries or illnesses requiring immediate care but that are not serious enough to require the intensive care and facilities of the acute hospital.

Intermediate care: a range of integrated services provided for a limited period of time to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living.

Long-term condition: a condition that lasts longer than a year, impacts on a person's life and may require ongoing care and support. Examples include diabetes, asthma, arthritis and Chronic Obstructive Pulmonary Disease (COPD). Long-term conditions become more prevalent with age and older people are more likely to have more than one long-term condition.

Primary care: The care given by a health provider, often a GP, who typically acts as the principle point of consultation for patients and who coordinates access to other specialists.

Secondary care: healthcare services provided by medical specialists and other healthcare professionals who generally do not have the first contact with the patient.

And finally

Change is never easy, especially when it impacts on well-respected services and requires different ways of accessing services. In putting forward these proposals the CCG and Torbay and South Devon NHS Foundation Trust have sought to develop a model that takes advantage of modern, evidence-based practices, responds to what people tell us they want, and is sustainable and affordable.

This is an opportunity to build with local people a strong system that places compassionate care at its heart, and which will deliver quality care for the diverse communities of South Devon and Torbay.

Please give us your views by completing the questionnaire on the following pages.

Seven: Complete the consultation feedback questionnaire

To formally take part in the consultation

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

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

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

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

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

Service preferences and challenges

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

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

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

Please continue, if necessary, on a separate sheet

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

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

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?	Yes	No	Don't know
	○	○	○

New model of care

4. The NHS should support people to keep well and independent for as long as possible by:	Strongly agree	Agree	Disagree	Strongly Disagree
Investing in health promotion activities (eg exercise classes for those with heart and lung disease)	○	○	○	○
Providing support nearer to where people live	○	○	○	○
Developing more out-of-hospital care and treatments, especially for older, frail people	○	○	○	○
Funding more community services by reducing the number of hospital beds	○	○	○	○

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	○	○	○	○
Who feel lonely or isolated	○	○	○	○
Who have medical needs that can be managed at home	○	○	○	○
Who have medical needs that can be met in a care home	○	○	○	○
Whose family feel unable to look after them	○	○	○	○

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	○	○	○	○
Treat people with the most complicated health conditions	○	○	○	○
Care for people in their own homes or close to where they live	○	○	○	○
Keep open all community hospitals	○	○	○	○

Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	○	○	○	○
The distance I have to travel	○	○	○	○
The expertise of the specialist that I see	○	○	○	○

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	○	○	○	○
Be open seven days a week	○	○	○	○
Have x-ray diagnostic services	○	○	○	○
Be staffed by specialists experienced in dealing with minor injuries	○	○	○	○
Be easily reached and have good car parking	○	○	○	○
Operate different hours in different locations	○	○	○	○
Offer different services in different locations	○	○	○	○

9. If the choice is between:

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

OR

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

do you agree that it is better to do the latter?	Yes	No
	○	○

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

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

Close Ashburton and Buckfastleigh Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Bovey Tracey Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Close Dartmouth Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes ○ No ○ Don't know ○

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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

Please continue, if necessary, on a separate sheet

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

	Strongly agree	Agree	Disagree	Strongly Disagree
In a person's own home	○	○	○	○
In a community hospital	○	○	○	○
In a care home near to a person's home	○	○	○	○

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

Please continue, if necessary, on a separate sheet

Other information

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

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

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

15. If you are responding on behalf of an organisation, please tell us what type:

- ◯ NHS provider organisation
- ◯ County or district council
- ◯ Town council or parish council
- ◯ Third sector provider
- ◯ Patient representative organisation
- ◯ League of Friends or equivalent
- ◯ Independent healthcare provider
- ◯ Other – please state in the box

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

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

17. Age

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

18. Do you consider yourself to have a disability?

- Yes
- No

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

- Yes
- No

20. Do you consider yourself to be a carer?

- Yes
- No

21. Gender

- Male
- Female
- Transgender
- Gender fluid
- Prefer not to say

22. Sexuality

- Heterosexual
- Gay
- Lesbian
- Bi-sexual
- Prefer not to say

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

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

Please see next page for return address

Returning the questionnaire to Healthwatch

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

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

OPTIONAL

Name: .....

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

Address: .....

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

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

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

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

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

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

NHS
South Devon and Torbay
Clinical Commissioning Group