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NHS
South Devon and Torbay
Clinical Commissioning Group

**Torbay Community Services Review Panel**

**21 October 2016**

**Community Services Reconfiguration**

**Key Lines of Enquiry**

## 1 Purpose

South Devon and Torbay CCG and Torbay and South Devon NHS Foundation Trust welcome the opportunity to discuss the possible impact on the people of the Bay of the proposals, currently the subject of consultation, to reconfigure community services.

The Council and the NHS share a common objective of wanting to maximise activity designed to keep the people of Torbay healthy, to reduce inequalities in health and care and to narrow the life expectancy gaps that prevail across the area. We also want to ensure that when people are in need of support, the best care is available to them, reflecting modern, safe practices.

## 2 Key lines of enquiry

Alongside the consultation documents, the CCG has published a number of support papers, all of which are available on its website, that give significant information about many of the issues raised. These are:

- 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
- Buildings

These are all available at http://www.southdevonandtorbayccg.nhs.uk/community-health-services/Pages/consultation-documents.aspx or via the link from the home page.

In responding to the key lines of enquiry we have not generally duplicated the information contained in these documents although we have referenced them where appropriate.

**How different is the New Model of Care to the previous Zone Teams?**

The model builds on the success of the zone teams and uses the same joint strategic needs assessment process as the Joint Health and Wellbeing Strategy for Torbay. Learning from previous work and experience, the new model is able to offer a more comprehensive solution through the establishment of locality clinical hubs, health and wellbeing centres, and multi-disciplinary health and wellbeing teams. The aim of the model is to deliver more services in or closer to people's homes and to build on the positive working of the intermediate care teams in Torbay.

A strong focus of the model is on joint multi-disciplinary working, prevention and self-care and ensuring the services that people need are accessible to them. The model very much supports the council's 'Building a Healthy community' strapline and the model graphic appears in both the current consultation documents as well as in the Council's health and wellbeing strategy.

**Where are services going to be located?**

We are currently mid-way through consultation and the answer will depend on the outcome of this and decisions made by the CCG governing body early next year. We are committed to listening to all alternative proposals and to considering alternative ideas. We have set out in general terms on pages 18 and 19 of the main consultation document where services will be located in the Bay, should the proposals be approved.

It is difficult at this stage to be more specific as these will vary from location to location, and be influenced by geography, the capacity of local facilities and on how well used the clinics are by local people.

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.

This means that we would expect many of the community clinics which lots of people access to be provided from health and wellbeing centres that are local to people.

Specialist outpatient clinics that would operate in clinical hubs 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.

We are also committed to relocating some services that are provided at Torbay Hospital into the community to clinical hubs. This will help to improve people's experience of services delivered as locally as possible. It is difficult to specify which services this would be because it is influenced by the availability of space in the clinical hubs. This will be clearer once we know the outcome of the consultation.

**What will be the impact on community services (especially domiciliary care) as a result of Brexit?**

There is no evidence that it will have any impact, nor that more funding will be forthcoming.

**Is the Mears contract working well enough?**

'Could do better' is probably the answer. A recent Healthwatch report highlighted some concerns which have been followed up. These relate to the current model of care and we are working with the provider to improve its service both in Torbay and in South Devon.

Part of our proposals, is to align domiciliary/personal care teams more closely with our health and wellbeing teams so that we achieve more effective working, collectively raising standards and enabling the teams to benefit from shared training.

**Are the proposals in accordance with the Joint Health and Wellbeing Strategy?**

As indicated above, there is a synergy between the community focused approach of the consultation proposals and the Joint health and Wellbeing Strategy. By investing more in community based services which look after people in or near their own homes, we hope to strengthen the prevention agenda, tackle disparities in life expectancy and improve care to people living in areas of deprivation.

**What is the purpose of community hospital beds? What pressure do they relieve from the rest of the health and social care system? What is the picture nationally?**

Community hospital beds are primarily aimed at patients who need nursing care around the clock with appropriate medical input, but who do not need the more intensive care and facilities of an acute hospital. They are also for patients who have been referred to the hospital by their local GP because they require medical or nursing input that cannot be provided in their own home or a local care home.

The national position is reflected in the Five Year Forward View which 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 also 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."

Due to community based support being inadequate to cope with demand, community hospitals currently admit patients who could be better supported in the community. In that sense they relieve some of the pressure on out of hospital care. Our proposals are designed to switch spend from keeping patients unnecessarily in hospital to the services which can support them at home and in the community and which the clinical evidence suggests would improve their recovery.

**What capacity is there within residential care homes to provide intermediate care? Are there enough trained staff to provide this care?**

In Torbay the intermediate care system is already working well, with sufficient care home capacity. The Trust is currently recruiting to strengthen its intermediate care teams.

Outside Torbay, work is already underway to forge partnerships and intermediate care contracts with the care home market. Provider forums are already in place in the Newton Abbot, Moor to Sea and Coastal localities which provide an opportunity for discussion and service design. A tender process led by the NHS will block contract a small number of beds (2-4 in each locality) with the flexibility to spot purchase over and above this number to respond to changing demand. It is expected that the new tendered service will take effect as soon as possible and no later than the 1 April. This is required irrespective of the outcome of the consultation and reflects the desire to improve services at home for patients and carers.

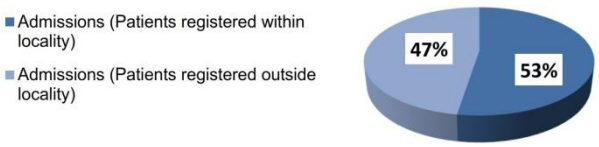
**What proportion of people in community beds in Paignton and Brixham Hospitals are "medically fit to leave"? What are the barriers to them leaving?**

Across our community hospitals the numbers vary from time to time. Audits suggest that 30-40 percent of patients could be more effectively looked after in an alternative care setting if out of hospital support was available.

As our clinical case for change support document indicates, national surveys suggest this number is higher. This is the main barrier to patients being discharged although it is a complex combination of issues which underpin this difficulty. Delayed discharges is a relatively small problem at Torbay Hospital compared to many other acute hospitals. Delays occur more in community hospitals which is one of the reasons why we are proposing reducing the number of hospital beds and switching spend to expand the community based support which is needed to meet current and future needs.

Below is a breakdown from one of the support documents showing the number of patients admitted to Paignton and Brixham hospitals.

| **Total Admissions Paignton Hospital** | **723** |
|---|---|
| Of which, patients registered within the locality | 380 |
| Of which, patients registered outside locality | 343 |
| Average length of stay (days) | 13 |
| Total bed days | 9,293 |
| Beds | 28 |




| **Total Admissions Brixham Hospital** | **431** |
|---|---|
| Of which, patients registered within the locality | 287 |
| Of which, patients registered outside locality | 144 |
| Average length of stay (days) | 14 |
| Total bed days | 6,111 |
| Beds | 20 |

**Please can you provide examples of Trust Staff who will be part of the new Health and Wellbeing Teams? Are these relationships between the Trust, GPs and other organisations already in place? What are the barriers to this?**

Health and wellbeing teams will be an integrated team of community health and social care staff, mental health professionals and our voluntary-sector partners. Staff currently working in community teams will form part of these teams and will include community nurses, physiotherapists, occupational therapists, social work staff and a range of support staff. Torquay locality has been piloting an enhanced intermediate care model for the last year with GPs employed by the ICO working as part of the Intermediate Care Team. This has shown some benefits in terms of enhancing the clinical support to the team and improving joined up ways of working.

Many of the changes cannot be implemented until decisions are made after consultation. One of the advantages of the creation in October 2015 of the Torbay and South Devon Foundation NHS Trust was the establishment of an integrated care organisation bringing health and social care staff together. It is therefore much easier to establish this new structure. There are close working relationships with GPs and the Trust has recently appointed five GP clinical directors who will support the joint working between acute, community services and primary care.

At the core of the new care model is the development of health and wellbeing centres that propose to bring together in one place GP's and the health and wellbeing teams. This will help enable joint working, improved communication and shared decision making to happen consistently to serve the needs of each local community.

**MIUs**

- **What is the catchment area for each MIU?**

  There are no geographical limitations on MIUs which people with a clinical need can attend. However, there are some natural MIU geographical catchment areas including:

  - Paignton and Brixham MIUs generally cover their respective town populations.
  - The Dawlish MIU covers the CCG's coastal locality including Teignmouth, Shaldon, Bishopsteignton, Starcross.
  - Newton Abbot MIU covers its locality including Ipplepen, Kingsteignton, Kingskerswell, Abbotskerwell, Bovey Tracey, Ashburton.
  - Totnes MIU covers the town and Dartmouth.
  - For completeness, Torbay Hospital is primarily used by Torquay and Paignton residents.

- **Where do patients actually live who attend? What is their average travel time?**

  The accompanying pivot table gives patient details per town by postcode but travel time is not recorded. As a general comment, where a patient lives is not necessarily relevant in that they will often go to the minor injuries unit closest to where they incurred their injury. The accompanying table provides a breakdown of all EX, PL and TQ postcodes, with all others under 'OOA' (Out of Area).

- **Current opening times of MIU & x-ray facilities?**

| Location | MIU opening times | X-Ray opening times |
|---|---|---|
| **Brixham Community Hospital** | 8am – 4pm<br>Monday to Friday | 9.30am – 12.30pm,<br>Wednesday |
| **Dawlish Community Hospital** | 8am – 8pm, 7 days a week, including bank holidays | 1.30pm – 5pm,<br>Monday to Friday |
| **Newton Abbot Community Hospital** | 8am – 10pm, 7 days a week, including bank holidays | 9am – 5pm,<br>Monday to Friday |
| **Paignton Community Hospital** | 8am – 5pm<br>Monday to Friday | 9am to 5pm,<br>Monday to Friday |
| **Totnes Community Hospital** | 8am – 9pm, 7 days a week, including bank holidays | Monday:<br>10am – 2.30pm,<br>Wednesday<br>10am – 12 noon,<br>Thursday,<br>10am – 2pm |

- **Have the advertised opening times been operated?**

  Yes

- **Is there staff available to operate the X-ray facility?**

  Yes as per the operating times above. Radiologists are in short supply nationally which is one of the reasons for reducing the number of MIUs and concentrating x-rays in fewer locations.

- **How often over the past year has the MIU had to close? Why? What mitigating actions are put in place? Where were patients directed to instead? Where did they actually attend?**

  In May 2015, TSDHCT had to temporarily cease provision of the Minor Injury Unit Service at Dartmouth Community Hospital due to the inability to safely and resiliently staff the unit. Recent retirements and resignations and an inability to recruit to the unit, and the service in general, meant that the Trust had to temporarily close the unit. Patients were re-directed to either local GP provision or the MIU services in Totnes or Brixham Community Hospitals.

Since January 2016, there have been two earlier than planned closures at Dawlish MIU (closed at 4pm instead of 8pm) because of staff illness. Patients were redirected to Newton Abbot MIU.

The Trust continues to seek to recruit staff to its MIUs.

- **Current and historic staffing arrangements: Has staff retention been an issue? Is there a specific reason for this?**

  There is no significant difference generally between the staffing profile in MIUs and other local health services. Overall general staff retention across the services is good.

  However the smaller MIUs (eg Dartmouth/Ashburton) were not resilient as they often relied on a single or double person basis to operate them. The units had an older staffing profile thus retirements and the inability to recruit replacement staff to those less busy units impacted on the Trust's ability to retain or sustain them. Apart from retirements, a few staff have left for family or relocation reasons. More recently two staff have left to take up promotion positions at local GP practices.

  The difficulty in recruiting nursing staff to these posts also reflects the limited availability of this specialist workforce within the Devon area. It is also recognised that the same small pool of staff is being targeted by the high number of MIUs and Emergency Departments around the county. Furthermore, it is evident that the ability to recruit Specialist Advanced Practitioners seems to be much more difficult where they are less likely to be able to attain/maintain particular skill levels in units with low attendances rates and there is a low appetite to work in units where risks are higher because of the lack of colleague staff or absence of on-site diagnostic services eg radiography.

  Where it has been difficult to recruit requisite nursing staff, the Trust took the decision to recruit and to in-house train a cohort of paramedical staff. Nevertheless, the constraints outlined above still apply!

  There is some evidence from individuals (external to Devon) who were offered posts in rural towns that the primary reasons for declining these offers were because of the high housing costs, remoteness and perceived ineffective transport links. There seems to be growing evidence that other services in the south west are beginning to employ such staff at higher pay bandings too.

- **What other facilities are there currently at the hospitals?** This information is available on the Trust website at: http://www.torbayandsouthdevon.nhs.uk/visiting-us/ashburton-and-buckfastleigh-community-hospital/

## 3 Conclusion

We hope the above information provides a useful basis for face to face discussion.

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14 October 2016