

Stakeholder Briefing No 21 – 20 January 2017

Re-shaping Community Health Services in South Devon and Torbay

Following last year's formal public consultation and the evaluation of the alternative proposals identified in the subsequent Healthwatch Consultation Report, the CCG has today published recommendations for the future reconfiguration of community services that will be considered by its Governing Body on Thursday. It has also published the recommended parameters which will need to be met before the proposed changes to current services can be made.

The report to the CCG Governing Body is available on the CCG [website](#) and key elements are summarised in this briefing.

Recommendations

The report recommends the Governing Body reaffirm its commitment to the model of care and the proposed changes that formed the basis of last year's formal consultation but with three significant changes which reflect the strong feedback provided by the public:

- Rather than disposing of Ashburton and Buckfastleigh Hospital, it is recommended that the hospital be evaluated as a base for the area's local health and wellbeing centre, including co-location of primary care
- The demand for x-ray and for a minor injuries unit in the Bay is recognised and the CCG plans to meet this through the proposed establishment of an urgent care centre on the Torbay Hospital site.
- To enable specialist outpatient clinics to continue to be provided in Paignton where the volume of patients makes this a more appropriate option to travelling to Brixham, Totnes or Torbay.

This means that Bovey Tracey, Dartmouth and Paignton community hospitals will close and the buildings sold to generate capital funding to invest in local health services. While Ashburton and Buckfastleigh Hospital will also close, it could, subject to the evaluation process and discussions with local GPs, host the health and wellbeing centre with primary care co-located.

The closure of these hospitals will enable resources to be invested into the services that support people in their own homes and which will reduce unnecessary hospital admissions and delayed discharges. It also means that services which help keep people well will be strengthened.

The outcome of the three stage evaluation of the 28 alternative proposals submitted by the public, are summarised in the governing body paper which also includes comments from the Community Services Transformation Group, which has overseen the development of the proposals and consultation process, on the recurring issues raised by the public during consultation. All public views have been carefully considered in the evaluation process.

The governing body is also recommended to ensure that all the suggestions for implementation of the changes made in the consultation and captured in the Healthwatch Report should be considered as part of this process.

The parameters for change

The CCG promised during consultation that any proposals for change would not be made to existing services until the new provision was in place and was operating at a level where there was confidence that demand could be met.

The CCG Governing Body is being asked to endorse the parameters as needing to be met before change can take place.

- In order for beds to be removed from a community hospital:
 - Contracts are in place for intermediate care placements in care homes within the locality.
 - Medical leadership in place in the locality.
 - Medical contracts in place to support medical input to intermediate care within the locality.
 - Remaining community hospital inpatient services in the locality meet the requirement for safe staffing standards for sub-acute bed based care.
 - Intermediate care operating at least six days a week in the locality.
 - Intermediate care teams are operating with a sufficient workforce that can safely deliver the service specification to the locality
 - Daily multi-disciplinary team (MDT) meeting in each health and wellbeing team in the locality.
 - Referral systems in place for intermediate care and wellbeing co-ordinators.
 - Suitable capacity within short term intervention services.
- In order for community clinics and specialist out-patient clinics to be removed from a community hospital:
 - Community clinics appropriate to need (physiotherapy, SALT, podiatry) are being delivered in alternative local venues temporarily, or until permanently provided in the local health and wellbeing centre.
- In order for MIU to be removed from community hospitals:
 - Newton Abbot and Totnes MIUs to be open 8am-8pm 7 days a week.
 - Newton Abbot and Totnes MIUs to have radiology at least 4 hours a day, 7 days a week

By agreeing these parameters, the Governing Body is being asked to recognise that a transitional period is required before the proposals set out in the consultation can be fully implemented. It also recognises that throughout the transition, services must be safe and that any risk to that will require appropriate operational action.

Conclusion

Throughout the consultation the CCG stressed that retaining the status quo was not an option and that change was needed if services were to be improved, with more people being supported effectively, in a way that was both sustainable and affordable. In making its recommendations, CSTG believe that the proposals set out today in the Governing Body paper is the best way of achieving this goal. While recognising that there was strong public support for not closing any hospital, CSTG says in the report to Governing Body: "It is not sustainable to continue to spend as much money on hospital based care where the evidence shows that supporting people in or near their own homes delivers better outcomes for many patients."

Contact information

Our contact email address remains SDTCCG.Consultation@nhs.net People can also write to us at South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF or call our switchboard on 01803 652500, 8am to 5pm Monday to Friday.