

**Consultation closes  
23 November**



**South Devon and Torbay  
Clinical Commissioning Group**

## **Stakeholder Briefing No 17 – 18 November 2016**

### **Re-shaping Community Health Services in South Devon and Torbay**

This coming Wednesday is the last day to submit your views to Healthwatch on the CCG proposals on how best to change the way community services are provided to meet rising needs. Join our twitter chat on Monday at 7.30pm for answers to last minute questions #intothefuture

The feedback questionnaire [www.communityconsultation.co.uk](http://www.communityconsultation.co.uk) enables you to respond to different aspects of the proposals, comment on them in your own words and put forward alternative suggestions. Please don't miss out on the chance to say what you think about the different aspects so that we can assess the level of support for the different elements of the proposals.

Signing a petition saying keep our hospital open demonstrates the strength of feeling in many communities on this aspect of the proposals. But it doesn't tell us for example whether there is support for looking after more people in their homes; whether we should be spending more on the services that most people use; or whether having fewer minor injuries units open 12 hours a day, seven days a week, with x-ray is supported.

We want to hear your views on these elements too. So please encourage contacts, friends and family to complete the questionnaire [online](#) or send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG. Alternatively just write with your views to Healthwatch at the same address.

#### **Five key consultation issues**

As consultation draws to a close, we review five key themes that have been regularly discussed.

#### **Community hospitals**

The CCG is proposing to reduce the number of hospital beds by closing four hospitals. In doing so, it plans to invest more in the community services that most people use, focusing more on prevention and preventing people being admitted to hospital unnecessarily and staying there too long. The CCG believes that too great a proportion of the current budget is spent on beds that successive audits say we don't need, limiting what can be spent on the community based services.

We recognise that many people do not want to see their local hospital close. Reasons range from the traditional role of the hospital in the community to concern that out of hospital care will not be as good, especially where social care is also required. The CCG recognises the important role hospitals have played in the past but its priority is to put in place the services that are needed for the future, using the latest medical approaches. What has worked well in the past is not always the answer to what will work in the future.

We need to fund and develop responsive services which can look after people and help them to stay well, independent and as far as possible, out of hospital. Retaining all hospitals doesn't help us to do this or to strengthen the community based services that most people use. People don't live in hospital and only stay on average for 15 days. If we do not switch spending as proposed in the consultation, how will we fund the expanded community based services that we need and make sure that they are consistently of a high standard?

## **Care at home**

As page 7 of the consultation document highlights, almost five times as many people are looked after at home than are admitted to a community hospital. Nationally and locally we face challenging issues in relation to supporting people at home and we are working with our social care colleagues to improve standards, reliability and the quality of support.

The CCG plans to have social care colleagues working more closely with health professionals in health and wellbeing teams which we believe will contribute to strengthening performance through a more integrated approach, provide better access to training and peer support. Any breakdown in service is unacceptable but we should not lose sight of the number of people who are successfully supported at home and the need to further strengthen these services to cope with increasing demand. Maintaining the current level of bed based hospital care does not tackle this issue nor does it enable us to provide more support to people on discharge from hospital.

## **Health and Wellbeing Centres**

The CCG is proposing that the clinical services most frequently used by local people will be provided, where practical, in health and wellbeing centres in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay. These centres would bring together 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. Community clinics such as musculoskeletal assessment and treatment, speech and language therapy and podiatry would be provided in these centres. By ensuring much closer cooperation between GPs and health and social care professionals, we will provide the coordinated, joined up care that people tell us they want, in locations at the heart of our communities.

## **Location of clinical hubs**

The CCG is proposing these to be in Brixham, Totnes and Newton Abbot to provide better access to medical, clinical and specialist services. They would have sufficient community hospital beds to meet safe staffing levels and provide a range of specialist outpatient clinics. These would be clinics which are mainly consultant led and are not high volume. Examples might include: audiology, cardiology, dermatology, ear, nose and throat, endocrinology, general medicine, general surgery, and gynaecology. They would also run some clinics which have traditionally only been provided in Torbay Hospital.

From all quarters of the CCG area, local people argue for a clinical hub to be closer to them. If we are to make best use of our resources and staff, there cannot be a clinical hub in every town. The proposed locations offer most people throughout the CCG area reasonable access and a choice of where to attend, depending on where they live or work. The locations are also proposed on the basis that the buildings in these towns can accommodate the required services.

## **Minor Injuries Units (MIUs)**

To provide a viable alternative to A&E, the CCG believes that MIUs need to be open seven days a week, have x-ray and be in locations which will attract at least 7,000 people a year so as to provide the experience needed to keep staff skills up to date. There is a national shortage of staff who deal with x-rays and we believe the best approach is to concentrate them in fewer MIUs so they can operate 12 hours a day, providing an effective A&E alternative to the whole population of South Devon and Torbay. Our aim is also to work with our GP colleagues and the health and wellbeing teams to bridge the gap between services provided by GPs and those in the MIUs so as to provide treatment of ailments and injuries which do not need to be seen in an MIU.

## **For more information**

Please go to [www.southdevonandtorbayccq.nhs.uk/community-health-services](http://www.southdevonandtorbayccq.nhs.uk/community-health-services)