

Stakeholder Briefing No 22 – 26 January 2017

Re-shaping Community Health Services in South Devon and Torbay

The CCG Governing Body met this morning to review the feedback from the consultation and to consider the recommendations for the future of community services. After a two and a half hour meeting, the governing body approved the recommendations as set out in last week's [stakeholder briefing No 21](#) and in the [papers](#) for today's meeting.

As a result of the changes agreed, some 1,600 people will in future be supported at home or in the local community, rather than admitted to hospital. The impact on each town is summarised below:

- **Ashburton/Buckfastleigh:** the hospital will close but the site will be evaluated for a health and wellbeing centre which will be co-located with GPs. Medical beds will be available in Totnes or Newton Abbot
- **Bovey Tracey/Chudleigh:** the hospital will close and a health and wellbeing centre will be developed co-located with GPs. Medical beds will be available in Newton Abbot.
- **Brixham:** the hospital will become a clinical hub with medical beds. A health and wellbeing centre will be developed and the MIU will close.
- **Dartmouth:** the hospital will close and a health and wellbeing centre will be developed, co-located with GPs (likely Riverview). The Dartmouth clinic will also close. Medical beds will be available at Totnes.
- **Newton Abbot:** the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.
- **Paignton:** the hospital will close, a health and wellbeing centre will be developed and specialist outpatient services will be provided where the volume justifies their provision. Midvale clinic and the MIU will close.
- **Totnes:** the hospital will become a clinical hub with medical beds and the MIU will open 12 hours a day with x-ray seven days a week. A health and wellbeing centre is also planned.
- **Torquay:** health and wellbeing centre is planned and governing body recommended that an urgent care centre should be developed on the site of Torbay Hospital.

In today's discussion, governing body members were posed 10 specific questions before agreeing the recommendations:

- 1) Does Governing Body agree that the 25 alternative proposals listed on pages 20 to 27 should be discarded?
- 2) Is the Governing Body assured that the case for reducing community hospital beds has been robustly made?
- 3) Is the Governing Body assured that the evidence is clear for the location of clinical hubs, namely Totnes, Newton Abbot and Brixham?

- 4) Is Governing Body assured that the evidence and rationale for the placement of MIUs has been made and is sound, namely Newton Abbot and Totnes?
- 5) Is GB assured that the case for reduction of x-ray services in the Bay has been made based on sound evidence?
- 6) Is the Governing Body assured that care at home, namely intermediate care and rapid response will be sufficiently available and able to provide safe services?
- 7) Is Governing Body assured that concerns raised in regard to End of Life care have been adequately addressed in the proposal?
- 8) Is Governing Body assured that adequate attention has been given to future population modelling?
- 9) It is recommended that the following feedback from the consultation is included in the implementation planning
 - a) Transport
 - b) The services that are provided in Health & Wellbeing Centres
 - c) Mental health integration
- 10) Is Governing Body content that the parameters for implementation (as set out in last week's stakeholder briefing No21) are adequate for:
 - a) Community hospital beds
 - b) Community outpatient clinics
 - c) Minor Injuries Units?

In considering these questions, governing body members gave particular attention to the national shortage of radiographers which limited MIUs to two locations; the availability of quality end of life care; access to domiciliary care and care home beds; the impact of increased travel for some services; the proposals took account of future demographic changes, especially new housing and increasing numbers of people holidaying in the area; and access to services for young families and children.

Timetable

The CCG and the Trust believe that the model of care being implemented is the best way of tackling weaknesses in the current provision as well as being sustainable in the face of increasing demand. It believes that better care will result from the changes agreed today as well as increased focus on health promotion and wellbeing.

Subject to the parameters being successfully met, the CCG anticipates a rapid implementation of the proposals. Patient care and safety will be priorities in any transition of services. Some changes will happen before others and implementation will vary from area to area depending on when the parameters are met.

Conclusion

Throughout the consultation people told us that they wanted to retain their community hospital but at the same time the proposed model of care, including supporting people to stay out of hospital and a greater focus on health promotion and wellbeing, received substantial support. A recurring theme throughout the consultation was that retaining the status quo was not an option, that the CCG had to operate within its legal obligations and that change was needed if services were to be improved in a way that was both sustainable and affordable.

Alternative suggestions were sought during the consultation and all were evaluated to see if they provided a better way of delivering hospital and community based care. The CCG has chosen a set of proposals designed to secure a healthier population and better outcomes for patients.

Contact information

Our contact email remains SDTCCG.Consultation@nhs.net; or write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF or call 01803 652500, 8am to 5pm Monday to Friday.