

Stakeholder Briefing No 4 – 11 February 2015

Re-shaping Community Health Services in South Devon and Torbay

Purpose

In this issue of our regular briefing which keeps people up to date with discussions being held in engagement meetings in different parts of South Devon and Torbay, we look at the clinical reasons for change, summarise feedback received, set out current thinking and the new consultation timescale. More details are at www.southdevonandtorbayccg.nhs.uk/community-health-services

Clinical case for change

The Five Year Forward View (NHS England October 2014) sets out a clear national direction for the NHS. This and other planning guidance describes an NHS that:

- Focuses on out-of-hospital care with integrated services centred around the patient
- Develops new models of primary and community care
- Has admission to an acute hospital bed as a last resort
- Meets optimum and safe staffing guidelines
- Meets Equality Act requirements.

In looking at how best to reconfigure community services, we need to take account of this national guidance as well as available information on how to deliver the best care to our population.

Evidence suggests that:

- The longer an older person remains in a hospital bed, the harder it is for them to regain their independence and return home
- Older people are more vulnerable to hospital-acquired infections
- Older people admitted to hospital stay longer and are more likely to be readmitted
- Coordinated care in a person's own home often delivers better outcomes than bed-based care.
- Integrated health and social care can reduce the use of hospital beds and can be associated with low rates of emergency hospital admissions as reported by the Kings Fund
- More than one third of all community hospital beds were occupied by patients who were fit to leave that care setting (2015 Devon audit)
- To maintain skills, MIU nurses need at least 7000 patient contacts per year.

Guidance for community beds which require 24/7 nursing care and medical input suggests one registered nurse per eight beds and that two trained staff should always be on duty. This makes the most viable configuration a minimum of 16 beds.

Feedback from stakeholder meetings

Among the issues repeatedly highlighted and which have been passed to those considering possible consultation options have been:

- A perceived shortage of hospital beds and in particular intermediate care beds, especially where there is a lack of care homes
- Impact on Torbay Hospital of reducing the number of community hospitals
- A belief that community hospitals are the best places to care for frail elderly people
- Concern on safety in community hospitals because of limited medical cover
- Investment needed in community services if people are to be supported at home.
- Staff recruitment and retention issues
- The difficulty of getting social care or health support in more remote areas
- The important role of local organisations in health education and promoting self-care
- The importance of MIUs operating on a consistent basis so people know what services they provide and when
- Desire to see end of life care and mental health support included in community services
- Transport, travel time and parking issues if services concentrated in fewer areas
- Simplifying access to services via a single contact point
- Importance of sharing data across teams and with voluntary sector
- Request for financial transparency in consultation
- Copying good practice from elsewhere
- Making better use of technology.

Summary of progress

The CCG and its partners are considering a range of options including:

- **Minor Injuries Units:** having fewer with consistent seven days a week opening hours, diagnostics and each providing services for at least 7,000 patients per year.
- **Community medical beds:** applying the safe staffing guidance and reducing the number of community medical beds.
- **Intermediate care:** as 24/7 nursing care and medical input not required for these beds, reducing reliance on community hospital based intermediate care in favour of increasing provision in the private sector and in people's own homes.
- **Community services:** increasing investment to enable people to be cared for as close to home as possible with a greater focus on prevention and self-care, increasing the voluntary sector role.

Timetable

There is a requirement for public sector organisations to avoid consulting on major service changes while elections are taking place. Due to the governance referendum in Torbay and the election of the Police and Crime Commissioner in Devon, we are now planning to begin a 12 week public consultation in May.

More information

If you would like further information please go to www.southdevonandtorbayccg.nhs.uk/community-health-services where there are copies of the presentations being used; email us at sdtccg.consultation@nhs.net; telephone 01803 652 578 in office hours; or write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.