

# Safe, effective care within the budget

## Public consultation document

Version 2 01.09.15

### Consultation options

Where should community inpatient beds be located in Northern Devon?

Option A: Beds at two community hospitals

Option B: Beds at North Devon District Hospital (NDDH)

Option C: Beds at NDDH and one community hospital



**18 August – 29 September 2015**

### Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

## Foreword from our Chief Executive

Healthcare is continually changing and advances in technology and medicine mean we can improve the way we care for people as well as meet the challenges of an ageing population.

For many years we have been investing in enhancing our community health and social care teams. Clinicians with a huge range of skills and expertise are helping people maintain their health and independence, primarily in their own homes.

Across North and East Devon these teams are currently supporting up to 7000 people in their own homes providing rehabilitation, nursing and social care support. When the Care Quality Commission inspectors visited these services last year they found examples of outstanding care and compassion.

They work with patients, carers and families to prevent admissions and get people home from hospital more quickly. This is because – for the majority – patients recover their independence and rehabilitate far better when in their own home, in familiar surroundings.

Hospitals usually form a very small part of someone’s care but we understand that the hospital building is the most prominent local symbol of your NHS. However, we have examples in Devon of how removing inpatient beds can enhance the level of service available locally, for instance in Torrington, Moretonhampstead, Budleigh and on a temporary basis, Ilfracombe.

Devon’s NHS is financially challenged and whilst our first priority is always to provide high quality and compassionate care, we have a duty to do this within the available budget.

To enable us to continue delivering high quality care within our budget we need to shift our resources from hospital beds to the care surrounding the patients in their own homes.

This consultation is about how we decide the location of fewer community hospital inpatient beds in Northern Devon whilst giving people the reassurance as to the care they can expect instead in their own homes.

Through this consultation we are committed to working in partnership with local communities to ensure the right decision is taken for the whole of Northern Devon. This consultation is as important to those towns without a community hospital as those with one.

The contribution of our local stakeholders in determining the criteria by which we should make a decision has been crucial and has influenced the content and structure of the consultation outlined in the following pages.

We are not entering this consultation with a preferred option. Each of the three choices will deliver safe and effective care within our budget and we will consider any additional options which also meet the same goal.

I would strongly recommend that you read this document alongside the Information Pack that we have prepared as this contains the information we would like you to consider before identifying your preferred option.

I look forward to meeting you at the consultation meetings and hearing your views via the feedback and communication channels.

Yours sincerely

Dr Alison Diamond  
Chief Executive  
Northern Devon Healthcare Trust

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## Setting the scene

The Northern Devon Healthcare NHS Trust (NDHT) is the provider of healthcare services across Exeter, North, East and Mid Devon.

In Northern Devon we run the acute hospital (North Devon District Hospital in Barnstaple) as well as five community hospitals, and the home-based services such as community nursing and therapy teams.

Community hospital inpatient beds are currently located across four towns in Northern Devon: Bideford, Holsworthy, Ilfracombe (although these are temporarily closed) and South Molton.

On any one day our community teams are supporting up to 7000 people to live independently in their own homes. This is a far greater number than are inpatients in our community hospitals. Therefore, for every community hospital bed that closes, it results in only one or two additional patients each month onto the community team's case load.

## Our vision

### **Delivering high quality and sustainable services that support your health and wellbeing**

It is our vision to move towards an independence not illness service. It is our aim to provide more care outside of hospital because this offers better, more patient-centred care. It allows us to anticipate and prevent deteriorations in health and tailor our service to the needs of our patients.

For our clinicians this is not a difficult direction of travel as we've been on this journey of moving care out of hospitals for many years.

We believe that we can provide much better care for people in their own homes, where it is clinically appropriate to do so. People who require an admission to a hospital bed will always get one.

### **Delivering safe and effective care within our budget**

Each financial year we sign a contract with our commissioners (NEW Devon Clinical Commissioning Group) which dictates the level of funding that the Trust will receive to deliver its services for that year.

This financial year, we have a gap in funding of £11million. £5million of this has to be found from our community services budget (this is across North and East of Devon).

This is the same every year and the Northern Devon Healthcare Trust has a strong track record in making the required efficiency savings whilst continually improving the quality of care we offer.

What is different this year is that we are not able to absorb this gap in funding without making significant changes to the way services are delivered. In addition, Devon's NHS has been identified as particularly financially challenged which puts the onus on all organisations to make our services financially sustainable.

### **Strategic direction of transforming services**

During its consultation, the NEW Devon CCG identified and announced that delivering more care at home will reduce the need for community hospital inpatient beds. The Northern Devon Healthcare NHS Trust supports this direction of travel, but recognises that the CCG consultation went further and will require longer to deliver.

In the meantime we are required to act now to deliver care within our budget. We feel that by looking after more people at home, we can provide more efficient and effective services with better health outcomes for our patients.

There will always be a need for some hospital beds, primarily for rehabilitation following a stay in an acute hospital and before people are quite ready to come home, but we do not need as many in Northern Devon as we currently have.

To enable us to continue delivering high quality care within our budget we need to shift our resources from hospital beds to the care surrounding the patients in their own homes.

## How we identified the consultation options

This consultation is about how we decide the location of fewer community hospital inpatient beds in Northern Devon whilst giving people the reassurance as to the care they can expect in their own homes.

**Option A: Beds at two community hospitals**

**Option B: Beds at North Devon District Hospital (NDDH)**

**Option C: Beds at NDDH and one community hospital**

Through this consultation we are committed to working in partnership with local communities to ensure the right decision is taken for the whole of Northern Devon. This consultation is as important to those towns without a community hospital as those with one.

The work we have done with our local stakeholders in determining the criteria by which we should make a decision has been crucial and has influenced the content and structure of the consultation outlined in the following pages.

We are not entering this consultation with a preferred option. Each of the three choices will deliver safe and effective care within our budget and we will consider any additional options which also meet the same goal.

No community hospital will close as part of this consultation. Just like in Torrington and Ilfracombe – albeit temporarily – where inpatient beds are removed the hospital will continue to provide day services such as outpatients and the local home-facing community health and social care team will be expanded and enhanced.

## Background work and how we have got here

From the start, we have been committed to working in partnership with our staff, stakeholders and the general public to determine how to improve the care and experience for patients and the location of the remaining inpatient beds in Northern Devon.

### **June/July 2015: Pre-engagement with staff and stakeholders**

During June and July, the Trust's board members visited towns across the Trust and met with staff and key stakeholders. The pre-engagement sessions covered:

- The Northern Devon Healthcare Trust's vision
- The consultation and the context
- The financial challenge of delivering safe and effective care within the budget.

We asked staff for their ideas as to how we could improve patient care within our vision.

We asked stakeholders to be part of the Stakeholder Review Group and attend two meetings to help us set the content and process of the consultation.

### **August: Stakeholder Review Group meetings**

On the 6th and 10th August, we held two stakeholder meetings. 39 town, district and regional councillors along with members of the Hospital's Leagues of Friends were invited to take part in these meetings. The purposes of which were as follows:

- Review and shortlist the criteria being used to make decisions about bed locations across Northern Devon
- Weight the criteria according to how important and relevant it was to the decision of where beds should be located
- Score each of the proposed sites against each of the criteria to come up with a preferred option.
- Agree options for public consultation

## Outcomes of the Stakeholder Review Group meetings

The stakeholder meetings were an invaluable part of this process. We would like to sincerely thank all our stakeholders who have taken part and gave their full consideration to scoring and weighting the criteria.

A summary of the meeting outcomes is as follows. A full report of the weighting and scoring exercises can be found on our consultation website - [www.northdevonhealth.nhs.uk/consultnorth](http://www.northdevonhealth.nhs.uk/consultnorth) - or available on request.

### 1. Shortlisted criteria

We considered the full list of 19 decision-making criteria which resulted from NEW Devon CCG's Care Closer to Home consultation. From this list, the stakeholders agreed that the following non-financial criteria should be considered when making decisions about where inpatient beds should be located:

1. Ability to recruit and retain staff
2. Older people living alone
3. Accessibility and transport of any kind to another bedded unit for rehabilitation
  - a. Access to NDDH
  - b. Access to another community hospital
  - c. Number of people with cars
  - d. Transport
4. Reducing inequalities
  - a. Positive impact on protected groups
  - b. Quality of housing
  - c. Life expectancy
  - d. Carers
  - e. All disease states
5. The quality of the building stock and the condition of the facilities
6. The private sector availability in terms of care homes and social care
7. Flexibility for a period of surge
8. Changing demographics
9. The impact of lost opportunities – i.e. is there an alternative plan for the use which could create greater benefit for the community which would be stopped?

### 2. Weighting and scoring

At the second stakeholder meeting we asked one group to weight the criteria by asking them how important they felt each criteria was. We aimed for consensus within this group.

We asked a second group to score the options against the criteria.

We then compiled the results of the weighting and the scoring. The result enabled a ranking of the preference of each site to emerge. This ranking was as follows:

- I. Holsworthy
- II. South Molton
- III. Bideford
- IV. North Devon District Hospital



### 3. Feedback about the process and options

We shared this outcome with the participating stakeholders and asked for their feedback and observations. The key areas of concern with an outline of how these have influenced our final options and process are outlined in the table below.

Stakeholder feedback	How feedback has informed the process, content and options
Lack of information about home based care and what would be in place of the community hospital inpatient beds.	The consultation document includes details about home based care. This information will also be covered in detail during the public meeting presentations and discussions.
Lack of information about NDDH as an option. Stakeholders were confused and concerned about how this option had come about 'at the last minute'.	<p>During engagement processes it quite often happens that new options are presented and considered. The NDDH option was suggested by our operational division and we had insufficient information to discount it as an option.</p> <p>More information is included in the consultation document 'option' section about NDDH as a location for community beds.</p> <p>We have also added 'NDDH + one other community hospital' as an option to the consultation so the option of beds at NDDH would not rule out another community site.</p>
Removing Ilfracombe from the process had happened too quickly.	<p>We can only consult on options which are feasible. The refurbishment of Ilfracombe will take at least 2 years meaning it will not be possible to consider in this financial year.</p> <p>However, we will include Ilfracombe as one of the options for this consultation on the understanding that we will need to receive suggestions during the consultation as to how we can overcome these constraints to deliver a 16-bed unit within this financial year.</p> <p>We welcome solutions which have not already been explored through the preceding engagement exercise with the Ilfracombe community (September 14 to June 2015) The report is available here: <a href="http://www.northdevonhealth.nhs.uk/about/projects/ilfracombe-safer-staffing">www.northdevonhealth.nhs.uk/about/projects/ilfracombe-safer-staffing</a></p>
<p>Stakeholders did not have the knowledge to score the sites.</p> <p>That there was the potential for bias within the weighting and scoring with stakeholders scoring based on their allegiances rather than the criteria and information available.</p>	<p>We appreciate and recognise these concerns and whilst it was a difficult process, most attendees at the meeting understood that they were being asked to score criteria according to their own personal view of how important it was.</p> <p>The consultation has to use criteria to enable a decision that is based on consideration of facts and what is best for the whole community rather than one community feeling it will 'win' by shouting the loudest.</p> <p>To provide balance and comparison, the criteria scoring exercise will now also be completed by the Trust's senior clinicians and management team who have detailed knowledge about factors which influence best practice patient care.</p> <p>These scored and weighted results can be compared with the stakeholder's scores at the end of the consultation.</p>

Stakeholder feedback	How feedback has informed the process, content and options
Concern at why the CCG had pulled out of the joint consultation process.	We understand this concern and have publicly stated our preference for this to have been a joint process. However, we remain in regular contact with NEW Devon Clinical Commissioning Group and respect their decision to separate their Care Closer to Home consultation from our 2015/16 'safe and effective care within budget' consultation.

Prior to the Stakeholder Review Group meetings we thought that we had four feasible options which we would weight and score and then go out to publically consult upon. As seen from the table below, these changed significantly following the Stakeholder meetings.

Considered feasible options prior to Stakeholder Review Group meetings	Final options incorporating stakeholder feedback
Holsworthy and South Molton	Beds at any two community hospitals
South Molton and Bideford	Beds at North Devon District Hospital (NDDH)
Holsworthy and Bideford	Beds at NDDH and one community hospital
NDDH	

## The consultation options

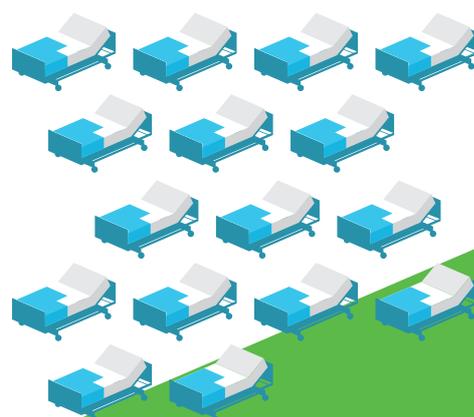
The current options for public consultation are as follows:

- Option A: Beds at two community hospitals**
- Option B: Beds at North Devon District Hospital (NDDH)**
- Option C: Beds at NDDH and one community hospital**

These are described overleaf with a narrative from the Northern Devon Healthcare Trust which assesses each option against the agreed decision-making criteria.

The facts or information behind the narrative is taken from the Information Pack (available at [www.northdevonhealth.nhs.uk/consultnorth](http://www.northdevonhealth.nhs.uk/consultnorth)).

We welcome a debate on our assessments as its purpose is to encourage a discussion to enable us to reach a decision on the best option for the whole of Northern Devon.



## OPTION A

### Beds located at two community hospitals

This option would see community beds operations from two sites between Bideford, Holsworthy, Ilfracombe and South Molton. There are six possible combinations and we have provided a narrative of the extent to which each option meets the decision-making criteria below.

The six options are

1. Bideford and Holsworthy
2. Bideford and Ilfracombe\*
3. Bideford and South Molton
4. Holsworthy and South Molton
5. Holsworthy and Ilfracombe \*
6. Ilfracombe and South Molton\*

\*We can only consult on options which are feasible. The refurbishment of Ilfracombe will take 18 months to three years meaning it will not be possible to consider in this financial year.

We will need to receive suggestions during the consultation which deliver a 16-bed unit in 2015/16.

We welcome solutions which have not already been explored through the preceding engagement exercise with the Ilfracombe community (September 14 to June 2015) The report is available here: [www.northdevonhealth.nhs.uk/about/projects/ilfracombe-safer-staffing](http://www.northdevonhealth.nhs.uk/about/projects/ilfracombe-safer-staffing)

Criteria	Bideford	Holsworthy	Ilfracombe	South Molton
<b>Older people living alone</b>	In 2012, NHS Devon, Devon County Council and Devon Senior Voice produced the Ageing Well in Devon report. This estimated that there were 25,579 households in Devon consisting of pensioners with a life limiting illness who lived alone. Unfortunately we do not have the data for each town in Devon.			
<b>Accessibility and transport of any kind to another bedded unit for rehabilitation</b>	Bideford is the most accessible site to NDDH by car (20 minutes) or bus (45 minutes).  Bideford also has the highest % of car ownership of the four towns, making access to other sites potentially the easiest.	Holsworthy is the furthest site from NDDH (29.8 miles), with the longest and least frequent bus services.  In addition, Holsworthy has the lowest % of residents who have a car, making the journey to NDDH or another community hospital difficult.	Whilst Ilfracombe is geographically the closest (9.9 miles) to NDDH and takes 26 minutes by car, this increases to 1 hour 10 minutes by public transport.  The next nearest community hospital is South Molton (26 miles) which would take at least 2 hours by public transport (via Barnstaple).  Car ownership is fairly high at 23%.	South Molton is 13 miles from NDDH and Bideford is its closest community hospital (20 miles).  It is fairly well-served by public transport.  Car ownership is the second lowest at 13%.
<b>Reducing inequalities</b>	It needs to be acknowledged that an option which combines these two options leaves the North Devon region without any community hospital beds.  Bideford has the second highest deprivation score at 22.1 and Holsworthy 19.8.		It needs to be acknowledged that an option which combines these two options leaves the Torridge region without any community hospital beds.  Ilfracombe has the highest deprivation score (27.1 compared to the Devon average of 17). South Molton has the lowest at 18.9.	

Criteria	Bideford	Holsworthy	Ilfracombe	South Molton
<b>Availability of care homes and social care</b>	Bideford has a low capacity of care homes (116 beds for 39k population) with significantly the highest 70+ population.	Holsworthy has one of the highest nursing home capacities (149 for 14k population).	Ilfracombe has 140 care home spaces serving a population of 19k. It has no day care facilities/services.	South Molton has 60 care home spaces serving a population of 13,700. It has no day care facilities/services.
<b>Changing demographics</b>	Bideford is projected to see a 23.7% increase in population between now and 2026 (additional 9689 residents).  The +85 years band will grow by 81.1% or 1072 people (average age of a community hospital inpatient).	Holsworthy is projected to see a 7.9% population increase between now and 2026 (additional 1140 residents).  The +85 years band will grow by 61.8% or 261 people (average age of a community hospital inpatient).	Ilfracombe is projected to see the lowest (2.2%) population increase between now and 2026 (additional 412 residents).  The +85 years band will grow by 81.1% or 407 people (average age of a community hospital inpatient).	South Molton is projected to see a 7.3% population increase between now and 2026 (additional 1003 residents).  The +85 years band will grow by 81.1% or 391 people (average age of a community hospital inpatient).
<b>Ability to recruit and retain staff</b>	Bideford has had significant staffing problems with high levels of agency usage	Of the community hospitals, Holsworthy is the easiest to recruit and retain staff to.	Ilfracombe's inpatient unit closed because safer staffing was not possible in a 10-bed inpatient unit due to lone working and unsustainable workforce projections.	South Molton has experienced some issues with over-reliance on agency nurses over the last year.
<b>The impact of lost opportunities</b>	Increasingly, Bideford is being used to decant services from NDDH as we run out of clinical space. Ophthalmology and Audiology have recently increased their presence in Bideford.	There are close links between the hospital and North Devon Hospice services in Holsworthy.	The Trust has been working with the community to explore additional day services to run from Ilfracombe whilst the beds remain closed. This brings services to the community meaning they would not have to travel.  This work would cease if the beds were reinstated at Ilfracombe as there is not enough space to provide both 16 beds and extensive day services.	RD&E will move its renal services to Barnstaple in 2016 leaving empty space at South Molton.  There is an opportunity to work with the community and commissioners to look at how we use this vacant space to fill some of the gaps in service provision (day services, for example)
<b>The quality of the building stock and the condition of the facilities</b>	Bideford is a relatively older hospital building and quite an inflexible, poorly laid out clinical environment.	Holsworthy is a relatively modern hospital building with a flexible layout.	Ilfracombe is a Victorian building with an inflexible layout. The high cost and time of conversion or refurbishment.	South Molton is a relatively modern hospital building with a flexible layout.
<b>This option allows us the best degree of flexibility for a period of surge</b>	Bideford has the largest potential bed capacity (40) which would support a period of demand surges.	Holsworthy has some capacity for surge.	At a maximum of 12 bed spaces, Ilfracombe has no capacity for periods of demand surges.	South Molton has some capacity for surge.

Criteria	Bideford	Holsworthy	Ilfracombe	South Molton
Summary of strongest points in favour of locating beds	Highest population and greatest predicted population increase	Geographical isolation / accessibility Lowest car ownership Poor transport links	Highest deprivation Poor transport links	Neutral on most scores
Summary of weakest points in favour of locating beds	High use of agency nurses and significant staffing resilience issues Already very close and accessible to NDDH High car ownership Lost opportunity of taking more services from NDDH	Highest care home capacity	Not safe at fewer than 16 beds Can't deliver 16 beds in 2015/16 No room for more than 12 beds No adverse impact (for majority) of beds being closed since September 2014	Possibility to use the space vacated by Exeter's renal service in a different way

## OPTION B

### Beds located at North Devon District Hospital

This option would see all community rehabilitation beds and services located at North Devon District Hospital (NDDH) in Barnstaple.

This option was put forward by the Trust's senior clinicians and operations directorate and we have committed to explore it because we received feedback from some stakeholders in the pre-engagement phase that they would like us to describe this in more detail. A description of this option follows.

We would like to better prepare our services in order to meet the demands of the demographic rise in older people with complex and multiple physical and mental health issues.

There are two aspects to this option:

The first aspect would see us establishing a Frailty Unit at NDDH which would offer community inpatient services as well as rapid access to diagnostics. We believe we could improve the continuity of care we offer patients by dealing with a single admission to hospital (rather than a transfer out to a community hospital as well as NDDH). The Unit would accept GP referrals directly.

Not every town has a community hospital, including Barnstaple, so NDDH would serve the health needs of every community. We also feel that patients would benefit from the easy access to diagnostics, consultant input and specialist nursing because all these services already exist under one roof at NDDH.

We would develop better ways of assessing patients and develop pathways that meet the particular needs of frail elderly patients. These efforts are essential in preventing unplanned admissions to Hospital and enable earlier discharge home.



The key features of this service at NDDH would include:

- Inpatient and same-day assessment beds & services for frail older persons,
- Dedicated Consultant-led & Therapy-led assessment with access to senior Occupational Therapy and specialist nurse for older persons
- Enable rapid access to diagnostic tests and pharmacy input
- Provide a streamlined service to Community health and social care teams and other community pathways
- The service would minimise multiple transitions (hand-offs) of care and allow greater continuity of care because specialist input to take place in one place
- Reduced length of stay. Typically medical patients stay 3-5 days at NDDH then 21 days at a community hospital. We would anticipate patients spending far less time in hospital because we could provide more prominent therapy resource to support re-ablement.

The second aspect would be the development of a new model of care in the community which supports all inpatient beds being at NDDH. Our clinical teams would focus far more effort on anticipating patients' deterioration in health, considering all alternatives to a hospital admission first and intervening early and effectively to support people's independence.

#### **Summary of strongest points in favour of locating beds at NDDH**

Majority of community hospital patients transfer from NDDH so patients are already in Barnstaple.

Barnstaple is the most accessible town in Northern Devon by car and public transport.

Continuity of care.

Full range of NDDH services would be available to community hospital patients under one roof.

#### **Summary of weakest points in favour of locating beds at NDDH**

No community in Northern Devon would have inpatient beds at their local community hospital.

This option scored the lowest by a significant margin during the stakeholder weighting and scoring exercise. However, feedback from our stakeholders was that they felt unable to score this option sufficiently due to a lack of information.



## OPTION C

### Beds located at North Devon District Hospital and one community hospital

This option would see half of the community rehabilitation beds operating from one community hospital site with the other half operating from North Devon District Hospital. The possible combinations with a summary of their strengths and weaknesses are as follows:

	<b>NDDH</b>	<b>...plus Bideford</b>	<b>...plus Holsworthy</b>	<b>...plus Ilfracombe</b>	<b>...plus South Molton</b>
<b>Strengths of this combination</b>	<p>Majority of community hospital patients transfer from NDDH so patients are already in Barnstaple</p> <p>Barnstaple is the most accessible town in Northern Devon by car and public transport</p> <p>Continuity of care</p> <p>Full range of NDDH services would be available to community hospital patients under one roof</p>	<p>Highest population and greatest predicted population increase</p>	<p>Geographical isolation / accessibility</p> <p>Lowest car ownership</p> <p>Poor transport links</p>	<p>Highest deprivation</p> <p>Poor transport links</p>	<p>Neutral on most scores</p>
<b>Weaknesses of this combination</b>	<p>No community in Northern Devon would have inpatient beds at their local community hospital</p>	<p>High use of agency nurses and significant staffing resilience issues</p> <p>Already very close and accessible to NDDH</p> <p>High car ownership</p> <p>Lost opportunity of taking more services from NDDH</p>	<p>Highest care home capacity</p>	<p>Not safe at fewer than 16 beds</p> <p>Can't deliver 16 beds in 2015/16</p> <p>No room for more than 12 beds</p> <p>No adverse impact (for majority) of beds being closed since September 2014</p>	<p>Possibility to use the space vacated by Exeter's renal service in a different way</p>

## How to get involved

The six-week consultation in Northern Devon launched on 18 August 2015 and will run until 29 September 2015. All communities in Northern Devon are invited to participate, not just those which currently have a community hospital.

Using the criteria outlined above in combination with your own knowledge and views, we would like you to tell us:

1. Which is your preferred option?  
If applicable, please outline the combination.
2. Please tell us why you have made this choice, with as much reference to the agreed criteria as possible.
3. If Ilfracombe is included in your preferred option please outline your proposed solution to deliver a 16-bedded unit within this financial year.
4. Which is your least favourite option and why? Please reference the agreed criteria as much as possible.
5. Are there any other options you would like us to consider?

There are several ways you can get involved in this consultation. We would very much like to hear your responses to our consultation questions and receive your input and ideas. We are committed to working in partnership with you to come up with the right decision on where the community hospital beds should be located.

### Public consultation meetings

We hope that you will be able to join us at one of our consultation meetings which will be held throughout August and September.

The meetings will be in a drop-in format which will provide an opportunity to:

- Hear a presentation about home-based care, and an outline of how we have reached this stage in the process
- Discuss the benefits and disadvantages of each of the options
- Discuss any other possible options

The times, dates and locations for the different meetings are below.

A presentation will be delivered at 3.30pm, 5.00pm and 6.30pm during each drop-in meeting. Every presentation will be the same, so you do not need to attend the entire meeting.

Tuesday 18 August 2015 – The Landmark Theatre, Ilfracombe

Thursday 20 August 2015 – Holsworthy Memorial Hall

Tuesday 25 August 2015 – South Molton Town Hall

Thursday 27 August 2015 – Bideford College

Tuesday 1 September 2015 – Hatherleigh Community Centre

Thursday 3 September 2015 – Lynton Town Hall

Monday 7 September 2015 – Barnstaple Rugby Club

*Please visit our website at [www.northdevonhealth.nhs.uk/consultnorth/how-to-get-involved](http://www.northdevonhealth.nhs.uk/consultnorth/how-to-get-involved) for more information.*

## Other ways to input into the consultation

We understand that not everybody will be able to attend the consultation events. There are many other ways that you can feed into this consultation and they are as follows:

### Consultation feedback form

Please complete the form included in this consultation document. This form can also be completed online, or can be downloaded from our website. Please return completed forms to Gemma Steele at the address below or email them back to us at [ndht.contactus@nhs.net](mailto:ndht.contactus@nhs.net).

### Invite us to a meeting

If you are not able to make one of our meetings, we will be more than happy to attend one of your local meetings to talk through the criteria and options. If you would like to arrange this please contact Nellie Guttman at [nellieguttman@nhs.net](mailto:nellieguttman@nhs.net) or on 01271 322 460.

### Email or write to us

You can send us your feedback and comments by writing to:

Chief Executive  
Northern Devon Healthcare NHS Trust  
Raleigh Park  
Barnstaple  
Devon  
EX31 4JB

You can email us: [ndht.contactus@nhs.net](mailto:ndht.contactus@nhs.net)

Or call us on: 01271 322 460

## Supporting information

We want to ensure you feel fully informed about the current situation across Devon so that you feel you can input into this consultation in meaningful ways. We have therefore produced the following documents which provide more information. All of these materials can be found on our website at: [www.northdevonhealth.nhs.uk/consultnorth](http://www.northdevonhealth.nhs.uk/consultnorth)

- Information Pack
- Weighting and scoring results from Stakeholder Review Group meetings



## Consultation feedback form

To submit a response to this consultation, please record your views on this form and return to us via the details below. Whilst optional, it would help us ensure we run a representative and full consultation by including your name and town below.

**1. Of the three options, which is your preferred option? If relevant, please outline the combination**

**Option A: Beds at two community hospitals**

**Option B: Beds at North Devon District Hospital (NDDH)**

**Option C: Beds at NDDH and one community hospital**

Preferred option

.....  
.....  
.....

Site/s combination (if applicable)

.....  
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**2. Please explain your reasons for identifying the preferred option below and outline how this meets the agreed criteria**

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**3. If Ilfracombe is included in your preferred option, please outline your proposed solution to deliver a 16 bedded unit within the 2015/16 financial year (please only provide solutions not previously explored)**

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### Decision-making criteria

1. Ability to recruit and retain staff
2. Older people living alone
3. Accessibility and transport of any kind to another bedded unit for rehabilitation
  - a. Access to NDDH
  - b. Access to another community hospital
  - c. Number of people with cars
  - d. Transport
4. Reducing inequalities
  - a. Positive impact on protected groups
  - b. Quality of housing
  - c. Life expectancy
  - d. Carers
  - e. All disease states
5. The quality of the building stock and the condition of the facilities
6. Private sector availability of care homes and social care
7. Flexibility for a period of surge
8. Changing demographics
9. The impact of lost opportunities – i.e. is there an alternative plan for the use which could create greater benefit for the community which would be stopped?

**4. Which is your least preferred option?**

Please explain the reason for your response below

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**5. How well do you think we have explored the options to this consultation**

1. Completely       2. Very well       3. Quite well       4. Not well at all

Are there any other options we could have considered?

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**6. Do you understand how we intend to look after people differently in the towns where beds may be reduced? If not, what questions do you still have?**

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**7. Is there anything else you would like to tell us?**

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Your name (optional) .....

Are you a member of staff?    Yes     No

Town name / postcode  
(required to ensure geographically-representative consultation) .....

**Please return completed forms to us at the address below or by popping them into your nearest community hospital.**

**This form can also be completed online or can be downloaded from our website [www.northdevonhealth.nhs.uk/consultnorth](http://www.northdevonhealth.nhs.uk/consultnorth).**

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