



**Torrington Community Cares: Meeting
local needs
Staff and stakeholder engagement and
involvement report**

Appendix 2

GP position statement letter and response

Summer 2014

***Published by the Northern Devon Healthcare NHS Trust and Northern,
Eastern and Western Devon Clinical Commissioning Group***

www.torringtoncares.co.uk

Torrington Health Centre
New Road Torrington EX38 8EL

17th March 2014

Dear Dr Bowman,

I am writing in response to your request for a “position statement” from the doctors of Torrington regarding the closure of the bedded unit at Torrington Hospital.

The General Practitioners of Torrington share the sadness felt by the Torrington Community at the loss of a facility which has served the town for generations.

We do however acknowledge that the functionality of the hospital beds has been impaired in recent years by their use for patients who come from outside our practice area and by the delayed discharges arising from the slowness in placement of patients for long term care.. Furthermore, the increasing workload for GPs has made it difficult to find enough time to devote to the care of the in-patient unit and might preclude resumption of this role in the future.

We are aware that there is an inexorable rise in the demands on community health services as a whole as the population ages and we believe that it is right and proper that the Commissioning Group should explore how best to spend the finite resources available for these services.

It may well be that a community hospital bedded unit serving a population of less than twenty thousand patients cannot be afforded but we are concerned that the costs of maintaining the beds versus the true cost of alternative provision has not been clearly stated.

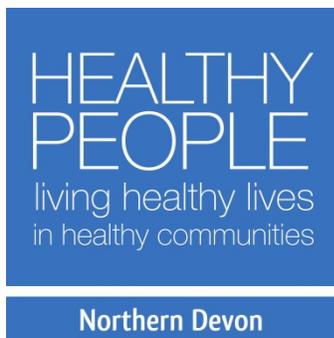
We believe that it is disingenuous to claim that the “Closer to home” project is able to replace the hospital beds. There will remain a core group of patients who will continue to need in-patient care in a community setting and we are aware that our patients are now being admitted to Holsworthy, Bideford and South Molton Hospitals – albeit in small numbers.

In terms of our own workload it is fair to say that we have not seen an increase in the demand for home visits during the closure period although we anticipate that there will be an increase in direct admissions to our local nursing homes of patients with complex medical needs in the future.

In summary, we believe that the closure of the Torrington hospital beds is a financially driven proposal and should be acknowledged as such. We remain concerned that the money which has been invested in the “Care closer to home” project will be vulnerable to future cutbacks within the NHS.

Yours sincerely Dr Rosemary Thomas

On behalf of the GP partners of Torrington Health Centre and Castle Gardens Surgery



Northern, Eastern and Western Devon
Clinical Commissioning Group

Dr Rosemary Thomas
Torrington Health Centre
New Road
Torrington
North Devon
EX38 8EL

28th March 2014

Dear Rosemary,

Thank you for your letter to Dr Chris Bowman dated 17th March 2014. Last week Dr Bowman resigned from the Northern Locality of NEW Devon CCG so I have taken over as clinical lead for Torrington Community Cares and the development of services in the community in general.

I have read through your letter and have noted your points. We have recently published a draft review of the Torrington Community Cares pilot after four months and we plan to publish the final review after the agreed six months. The four month review covers most of the points you raise and it can be found at <http://torringtoncares.co.uk/>. I would be keen to meet with the partners from both practices, either together or separately, to explore any remaining issues and discuss what further commissioning areas we should look at as part of the wider scope of Care Closer to Home. I expect a lunch time would suit people best but I will happily fit around people's working day.

Findings and data from the review so far have shown that the model of care is safe, sustainable and effective and for this reason inpatient beds at Torrington Hospital will remain closed whilst we collate the evidence gathered during the evaluation period.

While I must stress that no decision has yet been made about the long-term future of inpatient beds, we want to continue our efforts to look at what services we could provide from the hospital should bed closures become a permanent arrangement.

So we can continue to hear your views we would be very grateful if a GP representative from both Castle Gardens Surgery and Torrington Health Centre could join our regular Torrington Community Cares steering group that tends to meet for two hours on a fortnightly basis. We would be happy to look at holding some of the meetings in or near Torrington for your

TCC involvement and engagement report 2014: Appendix 2 – GP position statement letter & response

convenience and as this would be providing clinical advice to the commissioning process we would cover appropriate practice costs.

I hope this and the review document goes some way to reassuring you about the model of care and please do not hesitate to contact me if you want to discuss any points further.

Yours sincerely,

A handwritten signature in black ink, reading "John Womersley". The signature is written in a cursive style with a large initial 'J' and a long, sweeping underline.

Dr John Womersley
Locality Chair