

Public consultation

**Delivering safe and effective
care within a budget**

18 August – 29 September

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The consultation context

Alison Diamond
Chief Executive

Our vision

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

- Independence not illness service
- Provide more care outside of hospital
 - People recover better in their own home
 - Better, more modern care for patients
 - Anticipate and prevent deteriorations in health
 - Tailor our service to the needs of our patients
- This is not a new direction of travel
 - On any one day, across the Trust we are supporting 7000 people in their own home compared to 600 in hospitals
- There will always be a bed for patients who require one

Consultation context

- CCG's bed modelling recommended a reduction in community hospital beds across North Devon and Torridge
- Acuity Audit – 30-45% of people do not need to be in a community hospital bed
- Resilience of community hospitals during a national nursing shortage
- Health outcomes and cost effectiveness of out of hospital model

The alternative model of care

Highlights of home based care

- Torrington and Ilfracombe
- No adverse health impact on majority of patients
 - Reduced unplanned admissions to NDDH
 - Community teams identifying and supporting earlier when patients health is deteriorating (rapid response)
 - Average of 2 admissions per month to another CH
 - High satisfaction from patients receiving care in own home
 - A&E admissions in line with rest of Devon

Financial pressures

- Financially-challenged health economy
- Success regime
- Trust Development Authority
 - All providers to work to a stretch target
 - £3.488 million surplus for NDHT in **2015/16**
- CCG contract
 - £11million this year (we are being asked to do more with less)
 - £5million saving has been allocated to our community services budget (across Northern and Eastern Devon)

Public consultation

Delivering safe and effective care within a budget

Katherine Allen

Head of Communications and Patient Experience

Approach to consultation

- Honest and transparent
- Open to new ideas
- Inclusive and accessible
- Responsive/informed public

We did not enter into this consultation with a preferred option.

The process

Phase 1	Staff engagement	June 2015
	Stakeholder pre-engagement/ discussion of key issues	June/July
Phase 2	<p>Key stakeholder meetings</p> <ul style="list-style-type: none"> • Agree and weight decision making criteria • Score each hospital/town against the criteria • Agree options for public consultation 	6 and 10 August
Phase 3	Public consultation	18 August to 29 September
	Consultation with staff, clinicians, GPs	
Phase 4	Board decision	6 October
Phase 5	Implementation	TBC

August: Stakeholder Review Group

- Two meetings: 6th and 10th August
- 39 stakeholders attended to:
 - Review and shortlist the criteria being used to make decisions about bed locations across Northern Devon
 - Weight the criteria
 - Score each of the proposed sites against each of the criteria to come up with a preferred option
 - Agree options for public consultation
 - Asked for Trust clinicians to undertake the same exercise

The consultation options

- **Option A: Beds at two Community Hospitals**
 - Bideford and Holsworthy
 - Bideford and Ilfracombe*
 - Bideford and South Molton
 - Holsworthy and South Molton
 - Holsworthy and Ilfracombe*
 - Ilfracombe* and South Molton
- **Option B: Beds at North Devon District Hospital (NDDH)**
- **Option C: Beds at NDDH and one Community Hospital**
 - NDDH and Bideford
 - NDDH and Holsworthy
 - NDDH and Ilfracombe*
 - NDDH and South Molton

Public consultation

- 18 August to 29 September 2015
- Well-attended public consultation meetings
 - Over 1000 people attended
- Attendance at other meetings
 - GP Provider forum
 - Torridge councillors meeting
 - Involving people steering group
- 597 feedback responses
- 52 letters and emails
- Extensive media coverage

Health and Wellbeing Scrutiny

- 14 September 2015
- Issues raised
 - Criticism of consultation process
 - CCG withdrawal from consultation
 - Lack of a “do nothing option”
 - Confusion about long term/short term care
 - Confusion over finances
 - GP input/support
- Committee members voted 4 to 3 to ask us to halt the consultation

Results of public consultation

- Preferred option: 2 community sites (68%)
- Preferred configuration: Holsworthy and South Molton (53%)
 - 53% of respondents from Holsworthy area
- Least preferred: All beds at NDDH (72%)
- 58% say they understand home-based care but many have concerns about social care

Themes from the public

- Expressions of the value people placed in their local community hospital and personal examples of the excellent care received in community hospitals
- Worry about lack of provision of long-term social care, including the difficulty in finding care home beds
- Concern over the distance to be travelled to NDDH and other community hospitals
- Concern that there are not enough beds in the overall system to deal with periods of surge
- Examples of house-building programmes leading to population increases

Themes from stakeholders

- As before, plus:
- Concern over the speed of the consultation and the perceived lack of support from the CCG
- Concern over the ability of an already stretched health system to cope during the winter
- Requesting reassurance that there will be sufficient investment in the community services that would replace the community hospital beds.

GP input into consultation

- Attended meeting of GP provider forum on 25 August
- Received list of questions from GPs and also letters from GP practices
- Meeting with GPs on 29 September
 - GPs not willing to do a “risk assessment”
 - Would like to be involved in the planning of the community service investment when/if beds are removed from a community hospital

Trust clinicians' input into consultation

- Two consultation meetings at NDDH for staff
- Letters from:
 - South Molton Community Hospital staff
 - NDDH Physicians
 - Medical Advisory Committee at NDDH
 - MAU ward staff
 - NDDH surgeons
 - Care of the Elderly consultant – summary of concerns

Feedback from Trust clinicians

- Wanted assurance about the alternative model of care and the level of investment needed to make this a safe level of care for patients
- Assurance about the impact on NDDH and the current issues of discharging patients with complex social issues from NDDH
- Additional concerns over the resilience of NDDH during the winter months and how to prevent cancer surgery being cancelled.
- Concerns over workforce pressures and lack of staff to be able to deliver safe care for patients
- Questions about the views of other stakeholders such as GPs and the CCG

Feedback from clinicians cont'd

- Questions about what will happen to the hospitals which lose their inpatient beds
- How the executive director team engaged the senior clinicians in transformational change
- Questions about the data being used from Torrington and Ilfracombe
- The difficulty of discharging some patients from the acute hospital due to problems within the wider system
- Whether clinicians should have been involved in deciding the consultation options
- The inappropriate use of the Day Surgery Unit as an overnight ward in times of peak demand
- A request for further discussion with the Board about how to deliver safe services.

Coming to a recommended option

Rob Sainsbury
Operations Director

Ifracombe

- Ifracombe included by stakeholder request
 - Will cost from £1.5 million to £2.5 million to refurbish or extend.
 - This work would take at least two years
- No new suggestions put forward which would overcome the lack of finance and deliver in this current financial year
- Ifracombe therefore not considered a viable option by executive director team

NDDH option

- Put forward by operations team
- Least favourite option by public, stakeholders and clinicians
- Insufficient progress with working practices and patient flow at NDDH
- Not considered viable by executive director team

Preferred options

- **Public:** Option A: Holsworthy and South Molton
- **Stakeholder:** Option A: Holsworthy and South Molton
- **Trust clinicians:** Option A: Bideford and South Molton

Executive board carried out a risk assessment of these options

CSEC meetings

- Weighting and scoring of options
 - Replicated stakeholder exercise
 - Different outcome: South Molton and Bideford
- Risk assessment of options
 - Risks identified corresponded closely to those stated by executive team
 - Clinicians requested reassurance on level of community services that will be in place
 - Clinicians unwilling to support any of options without this assurance

- Consultation is in line with the CCG long term strategy
 - Bed modelling paper (May 2015) assess health needs
 - Reduction to 40 beds across North Devon and Torridge
- Embarked on a joint journey
- CCG supports Trust's need to consult on financial pressures
 - Feels NDHT is proceeding at a different, faster pace to them
 - CCG letter says “the CCG will not support proposals for bed or unit closures but only a flex range for the existing community beds”

Pros and cons of each option

Rob Sainsbury
Operations Director

Bideford and Holsworthy

Strengths and Opportunities

- Second-largest population centre outside Barnstaple would retain a community hospital.
- Bideford has the most challenging nurse staffing picture whereas Holsworthy has the most stable staffing for nurses, but struggles with filling the physio and occupational therapy vacancies.
- Bideford is the easiest and most frequently visited site by NDDH clinicians and consultants. Consultants viewed the transfer of patients to be far easier to Bideford.

Weaknesses and Threats

- Both hospitals in Torrridge, leaving the North Devon without a community hospital.
- Bideford's ward layout would require an additional HCA per shift to ensure line of sight between patients on ward and staff at all times
- Car parking under pressure at Bideford.
- If beds go from South Molton, this will require greater investment into community services than the other options because of the high delayed transfers of care and comparative difficulty accessing packages of care for South Molton residents.

Bideford and Holsworthy

- Holsworthy is the largest of the most isolated communities with very poor transport links.
- Both hospitals are equally placed to deliver some surge capacity.
- Bideford has a very large population and covers a wide area. While Bideford itself has good transport links, it provides services to other parishes where public transport is limited. This means that friends and family are able to visit loved ones more easily.

Recommendation

- This is not the preferred option due to leaving North Devon without a hospital and the safer staffing pressures at Bideford.

Bideford and South Molton

Strengths and Opportunities

- Bideford is the easiest and most frequently-visited site by NDDH clinicians and consultants and South Molton serves a very rural population without the benefit of good transport links.
- There are high delayed transfers of care and care package availability in South Molton which are eased by the presence of community beds.
- Both of these hospitals are regularly used by consultants from NDDH and RD&E.
- This leaves one hospital in North Devon and Torridge. This option was the senior clinicians preferred option following the weighting and scoring exercise

Weaknesses and Threats

- Bideford's ward layout would require an additional healthcare assistant per shift to ensure line of sight between patients on ward and staff at all times (recent significant incidents requiring investigation).
- Car parking is under pressure at Bideford.
- This would leave one of the most rural and isolated populations (Holsworthy) without a local hospital.

Bideford and South Molton

- This would leave one of the most isolated populations (Holsworthy) without a local hospital.
- Strength of public feeling: respondents from Holsworthy were very able to articulate the impact from accessibility, transport and health inequalities if beds went from Holsworthy.
- It is unlikely that Holsworthy inpatient staff would consider a move to Bideford as suitable alternative employment due to the travelling times involved.
- This option has an additional financial cost for continuing inpatient services at Bideford.

Recommendation

- This is not the preferred option.

Holsworthy and South Molton

Strengths and Opportunities

- Preferred option following the public consultation
- Most modern buildings. Bideford is the oldest, least modern clinical environment.
- Stroke beds would remain at Bideford, with the rich physio, speech and language and occupational therapy inpatient teams.
- Bideford community easier to recruit therapists and community nursing.
- This leaves one hospital in North Devon and Torrridge apiece.
- 5% of NDDH's patients come from Cornwall and this option enables this flow of patients to continue: Many patients from Cornwall are transferred from NDDH to Holsworthy

Weaknesses and Threats

- Closing beds in Bideford would displace patients from one of our largest populations.
- Some Barnstaple and Torrington patients use Bideford and it would be unlikely that Bideford and Barnstaple residents would accept being transferred to Holsworthy.
- It leaves the stroke unit 'isolated'. Willow and Elizabeth share nursing staff to provide resilience and this would be lost.
- Recruiting qualified therapy staff to both South Molton & Holsworthy is always challenging – these teams are isolated with limited career structure making them less attractive for pulling in staff from out of area.

Holsworthy and South Molton

Strengths and Opportunities

Weaknesses and Threats

- There are barriers to patient flow in Torrington
- There is no consultant support to Holsworthy. All medical cover comes from the GPs.
- We are unaware of the long-term plans for Stratton.

- This was by far the most popular option with the public respondents to the consultation
- Both Holsworthy and South Molton serve large, rural and dispersed populations

Recommendation

- This is the preferred option.

Questions?