Northern, Eastern and Western Devon
Clinical Commissioning Group

Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East and Mid Devon

North Devon District Hospital
Raleigh Park
Barnstaple, Devon
EX31 4JB
Tel: 01271 322577
Fax: 01271 311541
Minicom: 01271 322746
www.northdevonhealth.nhs.uk

Direct Line: 01271 349566
e-mail: kate.lyons1@nhs.net

Councillor J Whittaker
Chair
Torridge District Council
Riverbank House
Bideford
EX39 2QG
Via e-mail: councillor.whittaker@torridge.gov.uk

27 September 2013

Dear Councillor Whittaker

Thank you to you and your council for hosting the meeting on Thursday, 29th August to discuss the Torrington Community Cares project.

My team felt it was a very productive discussion and we welcomed the opportunity to correct some misperceptions and explain more about our rationale.

Notwithstanding the problems experienced in our engagement approach to date, we have heeded the feedback from your members and will plan a far more open debate than has hitherto occurred.

I also feel it important that we provide a formal response to the questions you raised, as well as some of the additional issues raised at the meeting to ensure that all members are in possession of the full facts. As we said, a website with all the details about the project including patient stories, data and draft evaluation criteria can be accessed via www.torringtoncares.co.uk. Of particular interest might be the minutes of the task group meetings held in Torrington.

In addition, we plan to publish all correspondence from stakeholders regarding the project to ensure everyone has access to the same information.

1. **When will the beds at the Torrington Community Hospital be available again? How many will become available when they do and for how long will they be so?**

   Over the last few weeks, the Northern Devon Healthcare NHS Trust has been working to ensure there is sufficient staffing in place so six beds can be open for admissions. These staff are now in place and Torrington Community Hospital will reopen to admissions on Tuesday 1st October.

   Also starting on the 1st October is a six-month evaluation into home-based care, the model of care that we talked about in our August meeting.

2. I understand that the two local surgeries are not in favour of the proposed closures. Don't they have some role in this decision-making process?

Rightly the GPs want the best for their patients. They wish to ensure that as many individuals as possible have local access to as wide a range of health services as practicable. The community hospital has provided good care for those needing it. Obviously they would want to ensure that any change to that provision provided as good as, if not a better level of care. They are supportive of the test of change but remain committed to the Community Hospital and its future development.

Dr Chris Bowman has a continuing dialogue with the local GPs to support their engagement with this project and to ensure that any problems they identify can be addressed promptly.

3. There must be statistics that can demonstrate the effectiveness of the bed closures and that clearly show whether or not patients can be nursed in their own homes as well as they would have been in hospital.

At the meeting on the 29th August, we spent a great deal of time explaining the type of patients that are currently served by the inpatient beds at Torrington and how their health needs could very easily be met by the community teams.

Small community hospitals are limited in the scope of their medical service provision by dint of their small size and small number of patients. Therefore, the patient's medical needs are well within the competence of our community nurses and therapists. Patients with more complex needs are not seen in Torrington and would be admitted to NDDH. This will not change.

It is also worth bearing in mind that an enhanced and expanded community nursing and therapy team is already in existence in Torrington, hence the six month test of change.

These teams currently support between 180-250 patients in their own home at any time. The effect of the excellent work of these teams is to dramatically reduce the admissions to the community hospital (approx. 2 per week). At some point very soon, this service might no longer be safe to provide as the staff will struggle to retain their clinical skills seeing so few patients and we will struggle to recruit staff to work in such a clinically-isolated environment.

At the meeting, we mentioned several areas of evidence that we use to guide our approach. These are available on the www.torringtoncares.co.uk website or we can send them to you on request. They are:

Acuity audits for the last three years report that 40-50% of patients currently inpatients in our community hospitals have no medical (health) reason for being there;

Admission trends;

Length of stay trends.

We would say we do have the evidence that the bed closures will improve the patient's experience and their care by helping them recover more quickly. However, we acknowledge that this message, whilst often repeated, has been obfuscated by the concern about the loss of beds and we commit to ensuring that people understand how the use of the community hospital has changed.

4. Can the redeployed staff be brought back to work in Torrington?

The redeployed staff are now incorporated into the rotas for the provision of clinical services in other areas – some in Torrington community teams, and others to support stroke and inpatient services in Bideford.

These arrangements cannot easily be unpicked but we are working hard to establish adequate staffing to enable us to maintain access to beds and begin the consultation process.

Even though redeployed, the Torrington inpatient nursing staff remains substantively employed in Torrington Community Hospital. There are no job losses as a result of this test.

5. Is the business plan to support this proposal in the public domain?

Yes. The Devon Primary Care Trust produced a strategy called Optimising Community Services which provided the framework to support the 12-18 months of additional investment in the Torrington community services. Before that the 'Way Ahead' strategy document also sets the scene for the project in Torrington.

This strategic direction has been picked up by the PCT's successor organisation and the NEW Devon CCG is currently consulting on its Care Closer to Home strategy.

The Northern Devon Healthcare Trust has also, since 2011/12, been pursuing the following vision: 'We will deliver local integrated health and social care to support people to live as healthily and independently as possible, recognising the differing needs of our local communities across Devon'.

Through the consultation process and inherent evaluation of the project, we will be analysing the success of the project according to financial metrics, healthcare-needs, quality and patient safety indicators and patient experience feedback. This will be in the public domain.

6. Can you explain why public meetings are not occurring on a Saturday?

For reasons that are well understood, we cancelled the public meeting planned for Saturday 17th August. We replaced it immediately with a meeting on the 12th September to ensure the public knew we were committed to explaining our proposals and hearing their feedback. Subsequently, we arranged an additional public meeting for Saturday 14th September, 10.00am at the Plough Theatre. In fact more people attended the Thursday meeting than the Saturday.

I hope this response provides you with sufficient assurance that we are planning our engagement events in full cognition of providing the public with the greatest level of accessibility.

7. What plans have been made to counter the effects of difficult winter weather conditions?

We are proud of our business continuity plans, which have meant that we have weathered the last two severe winters and springs whilst maintaining our core, essential services. Our community teams are well-used to travelling in difficult conditions to reach people in remote areas and prioritise vulnerable patients.

Our winter plans are reviewed every year. We involve other agencies (with 4x4s) and prioritise the vulnerable when planning care. Poor weather not only affects patients, but staff, who often are unable to get to work so the plans are very comprehensive.

8. Is the hospital closing?

No, at no point have we ever raised the possibility of the hospital closing. In fact we would like to see more services offered at the hospital.

9. Is Bideford next?

Bideford is a much larger unit and inpatient services offered at Bideford are currently under the clinical supervision of an NDDH consultant and are therefore able to offer a more complex medical service to inpatients.

Whilst there is a team of community health and social care professionals already working very successfully in Bideford to support people in their own homes, there are no plans at present to replace the inpatient services with increased community teams.

No other area in the northern locality has had the benefit of enhanced nursing services, in terms of the size of the workforce and the advanced skills that are being developed in Torrington.

We have also invested in a pharmacist to support the community teams to manage the medicines of patients and effect quick reviews of medicines. No other area in Northern Devon has received this level of investment in clinical services and it is because this clinical infrastructure is in place that we feel confident our community teams can more than replace community inpatient services.

10. The community model is only applicable in certain cases for a small number of patients

Even 10 inpatients – far more than are typically ever in the hospital - represent a very small number and, as we have already explained, Torrington does not currently admit patients with complex needs. This is because it is a small community hospital and is therefore limited in the medical interventions it can offer.

Our nursing and therapy team also have extended skills that are not all available in the hospital.

Our home-based community model is applicable to the great majority of patients, with only a handful requiring an inpatient bed at the community hospital. We have seen this trend very clearly in the last two years, as our community team has grown and as inpatient admissions have fallen.

11. How are you going to reassure the public that this is not a done deal?

We have been clear throughout that the beds will reopen if the test of change is not successful. The staff remains on substantive contracts, with Torrington as their base.

Any significant service change, such as closure of the inpatient beds, might also be subject to formal public consultation.

12. Can we have the pros and cons of the new model of care?

Yes, we plan to include this information in the evaluation documents.

13. How are you planning to compensate the community for the loss of the social function of the hospital?

This is an interesting point and one that has come across through the feedback at the drop-ins. It is important to note that our role is to commission and provide health services, not social care.

However, our view would be that if the test of change is evaluated to be successful, we would look to turning Torrington Community Hospital into a vibrant social and health hub for the community. At the heart of the consultation, we will be asking what services we might be able to run at the hospital.

So far the community has inundated us with ideas such as exercise classes, more outpatient clinics, maternity and children's services, leg ulcer clinics (which work really well in other northern Devon

towns), and offering use to the voluntary sector, sexual health and family services amongst many more.

We are limited by space so many of these clinics and ideas would only be possible if the beds were no longer at the hospital.

I do hope you feel this is a comprehensive response and welcome the sharing of this information with the council members.

To ensure that there remains community involvement in the test of change, we are launching a Torrington Cares Oversight Group. We would like to invite Torridge District Council to nominate a councillor to attend these meetings, likely to be monthly. We would request that the councillor who attends commits to feeding back the progress of the project at the next appropriate meeting of the Council.

I attach the draft terms of reference of this group and welcome your response as to whether you would accept our invitation to be a member on the Group.

Within a few days I expect to be able to email and post to you the documentation to support the test of change starting on the 1st October. Again, I would appreciate it if you could circulate these documents to all those with an interest at Torridge District Council.

Yours sincerely

KATE LYONS
Director of Operations
Northern Devon Healthcare NHS Trust

CAROLINE DAWE
Northern Locality Managing Director
NEW Devon CCG

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