

24th September 2013

ND ref. **FOI/13/106**

Dear

Thank you for your 22/08/13 request.

Freedom of Information

Please provide

1. **How many of the therapy team are based solely in Torrington?**

Answer: In total there are 8 therapy staff employed solely to cover Torrington (head count) which make up 5.57 whole time equivalents (wte).

2. **What proportion/ numbers of the therapy team are qualified (HPC registered) and non qualified workers?**

Answer: Qualified = 2.32 wte
Unqualified = 3.25 wte

3. **What numbers are Occupational therapists and physiotherapists in Torrington?**

Answer: Qualified Occupational Therapists = 1.5 wte, (head count = 2)
Qualified Physiotherapists = 0.82 wte. (head count = 2)
Unqualified 3.25 wte. (head count = 4)

4. **How many registered community nurses are based in Torrington?**

Answer: 9.15 wte

5. **How many non registered nurses/assistants are based in Torrington?**

Answer: 3.0 wte

6. **How many nurses both registered and non registered will be on duty per day for only the Torrington area when project starts?**

Answer: Minimum of 4 nursing staff (2 qualified and 2 unqualified) on 7 day/week 8am – 8pm

7. In the plan is it certain that Torrington GPs will follow up their patients at home after discharge?

Answer: As is currently the case GPs are informed electronically immediately a patient is discharged and are able to follow up if that is required. The community teams keep in close contact with GPs and keep them informed regarding patients care plans.

Many patients do not require a GP follow up.

8. How many nursing visits per patient per day are expected / planned and actually happen?

Answer: Some patients require visits daily (even multiple visits per day), some weekly, some fortnightly. The visits sometimes last 10 minutes and sometimes many hours. The decision on how much support a patient requires is a clinical one and not limited by any other considerations.

This model of care has been operating in Devon since 2008 and since 2011, we have been collecting activity data on the community teams.

For your reference, the average caseload at any one time is around 100 for Torrington community nursing team, and the team makes around 180 visits per week. After aggregating the high-need, low-need and minimal-need patients, this equates to around 0.3 visits per patient per day including weekends.

9. Is the care manager/ social worker allocated a) solely to Torrington home discharges and b) based in Torrington?

Answer: Yes, the Torrington area is covered by the Torridge social care team. This team covers the whole Torridge area. There has been a community care worker based in Torrington for a number of years: the current post holder has been based at Castle Gardens Surgery for over three years.

However, this post holder is not solely allocated to Torrington as their work is allocated across the whole patch and decided on the basis of patient need. This means that other members of the team also pick up social care cases in the Torrington area as required.

The social care team have two hospital discharge community care workers who cover the hospitals in the area, Torrington included. One of these workers is linked to Torrington hospital.

10. Will the care manager/ social worker meet the patient and family prior to discharge to home?

Answer: This decision is made on a case-by-case basis but the answer is usually, yes. Some people return home without needing a visit e.g where care is already in place and just needs to be reinstated.

Discharges that are more complex and require a face-to-face visit are referred by the ward for assessment by the complex care team (health and social care). This process involves meeting the patient and others

involved in their care to carry out an assessment and discuss support options prior to their return home.

11. In the event of a crisis for the patient at home, what plan is in place to safeguard their health and safety?

- a) nursing plan
- b) GPs plan
- c) care managers/social workers plan
- d) therapists plan

Answer: Each patient being cared for at home has a contingency plan. They will have a contact number for the team and the emergency number for Devon Docs out of hours. For those with most complex needs and highest risk of a crisis there is also an individual contingency plan agreed with the GPs, which also shared with the South West Ambulance Service and Devon Doctors.

This means that even in a crisis, all agencies are aware of the patient's needs and know there is a plan to follow.

12. In the event of a crisis – do you intend to use private nursing homes?

Answer: In the event of a crisis, an individual assessment is done based on current health and social care needs. This assessment informs the clinical decision about whether the patient would benefit from being cared for in another setting or whether more intensive care can be provided in their own home.

The range of options available to our community staff include nursing home, residential home, hospital, night sitters amongst many others.

We already occasionally use nursing homes when that offers the most appropriate care for the patient and will continue to do so. For those referrals that are from the NHS - and therefore this stay constitutes part of the ongoing NHS care - there is no cost to the individual.

Which ones and why?

Answer: Ideally we use one of the two homes in Torrington to enable patients to remain within their community. The only times this does not happen is when the patient and/or their family make a choice to go elsewhere or if there are not any spaces.

13. Who makes that decision re use of private nursing home?

Answer: In a crisis a senior clinical member of the community health team would assess the patient and discuss with them and their family the relative risks of the situation and their recommended course of action so the decision is made by the patient/carer informed by the clinical professional.

14. Does the patient and their family have a say in the:

- a) discharge plan and
- b) crisis plan?

Answer: Yes. Any decision about a patient's care always rests with the patient. Professionals will only make recommendations in their professional opinion to help a patient make their own decision about what care in which setting is appropriate for them.

15. Who monitors the standard of care given in the private nursing home? And how?

Answer: All care homes, as well as all hospitals, community health services and GP practices are monitored and regularly inspected by the Care Quality Commission and are held to account to the same set of standards for care.

16. How many Torrington and area patients are being transferred to other community hospitals - daily rate (from May 2013 - to date when you return this information)

Answer: Torrington Health Centre registered patients – Zero. (Eight of 8 inpatients were admitted to Torrington community hospital.

Castle Gardens registered patients – Three, two of whom were on the stroke pathway and were appropriately admitted to the stroke rehab service at Bideford. (Seven of the 10 inpatients went to Torrington)

The daily rate for both Torrington practices is 0.025 patients per day.

To aid comparison, the community nursing team alone make 25 visits per day, on average including weekends.

17. How many miles per day on average does a registered nurse in the Torrington area cover?

Answer: Based on last year's costs, the average mileage per full time member of staff is approximately 20 miles a day.

I hope this is useful. To the best of our knowledge it comprises all the relevant information held by the Trust.

Yours sincerely,

FOI - Northern Devon Healthcare NHS Trust

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