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Northern Devon

Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East and Mid Devon

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18th July 2014

Dear Members,

Thank you for the letter we received from Torridge District Council on 11th July 2014 following a council meeting.

Before answering the points below in full detail, I would like to state that we have received these questions on many occasions before and feel we have answered them fully.

We are making this point to ensure you are aware we have gone to great lengths to conduct our engagement and involvement activities as transparently as possible.

On numerous occasions we have asked the author of these concerns to meet us to discuss his concerns. All invitations have been declined.

Where consent was given by the requestor, we also published our responses via the Torrington website www.torringtoncommunitycares.co.uk

We are therefore delighted to be writing to an elected body because we are sure you will allow us to publish this response.

Before commencing a response on each point in turn, we would encourage you to read the full engagement and evaluation reports which are attached and are in the public domain as Trust Board papers for July 2014.

www.northdevonhealth.nhs.uk/board

"NHS organisations have a duty to consult their local authority overview and scrutiny committee (OSC) on proposals for the reconfiguration of local health services. An OSC can refer a decision to the Secretary of State for Health if it is not satisfied with the NHS consultation or that proposals are not in the best interests of patients. The Secretary of State can then ask the independent reconfiguration panel for its initial advice on that referral"

The NEW Devon CCG and Northern Devon Healthcare Trust presented the evaluation and engagement reports to the Devon Health and Wellbeing Scrutiny on 16 June 2014.

The Torrington Community Cares project was passed **without restriction** by the H&WB Scrutiny Committee and the NHS was asked to update the committee in a further six and twelve months time.

Our process of engagement was mapped against NHS England's requirements and standards for robust patient engagement. A table demonstrating these requirements is attached with this letter and can be found on Page 5 of the engagement report.

We would therefore request that your committee, the Torridge District Council External Overview and Scrutiny Committee declare itself: "….not to be satisfied with the process of consultation"

The Torrington Test of Change was never called or referred to as a consultation.

We carried out a Test of Change to trial a new model of care for six months. The Test was supported by a 12 month engagement and involvement exercise to ensure local people were engaged and involved in the process. This approach is entirely consistent with NHS England guidance which urges NHS organisations to develop on-going conversations in the development of services and not to limit involvement to specific consultations.

Devon County Council Health and Wellbeing Scrutiny Committee based their 'no restriction' decision following thorough scrutiny of both the engagement and evaluation reports.

Again, we would strongly recommend a read of the full evaluation and engagement reports before considering a challenge to the decision of this committee.

"….not to be satisfied that the changes have been carried through in the best interests of patients"

There is a compelling clinical consensus that the patient care provided in the community in Torrington is excellent, safe and high quality.

We have found no evidence that patient care has been in any way impacted negatively by this change in model of delivery. The evaluation shows that the home-based care is as good if not better than inpatient care provided by Torrington Community Hospital.

Patient experience and Friends and Family Test reports tell us that patients, their carers and families like receiving care in their own homes. This evidence can also be found in Appendix 6 of the Engagement Report

The evidence of the new model of care is compelling. In six months:

- 97 patients were supported in their own home to avoid a hospital admission
- 10% fewer patients were admitted to NDDH as an emergency
- The length of stay in hospital was reduced from an average of 35 days to 7days.
- There were no statistically significant changes to numbers of phone calls to Devon Doctors, SWAST, 999 or visits to local MIUs

Furthermore we believe that new clinics being developed in Torrington will be of considerable benefit to patients who as a result will no longer need to travel to Barnstaple for their treatments / diagnosis.

On 15th July, the Northern Devon Healthcare Trust launched new Ultrasound clinics at Torrington, which will offer a local service and mean 20 people per week from Torrington and the surrounding parishes do not have to travel to Barnstaple for the same service.

"….you refer the decision to reconfigure healthcare in Torrington back to Devon County Council's Scrutiny Committee and request that they refer the case to the Secretary of State for

Health as you are not satisfied with the NHS consultation or that proposals are not in the best interests of patients.

The Secretary of State can then proceed to ask the independent reconfiguration panel for its initial advice on that referral."

The NHS has committed to provide the Devon Health and Wellbeing Scrutiny Committee with an update of the evaluation and engagement in both six and twelve months' time. Because this remains in process within Devon Health and Wellbeing Scrutiny Committee, we consider this referral unwarranted.

In support of this request I have itemised 9 aspects of the failure of the process…

1) The 10 hospital beds in Torrington Hospital were closed illegally in July 2013. This was illegal because there had been no period of consultation before closure.

The temporary closure of the inpatient beds was not illegal. In August 2013 we initially closed the beds, however we heard the concerns from the community and in response paused the project, and put measures in place to re-open the inpatient beds. On the 1st October the Test of Change began with six inpatient beds open at Torrington Community Hospital, the beds were then not closed until 25th November 2013.

What launched in July 2013 was the engagement and involvement activities to support the temporary service change.

Since 2011 Great Torrington has received significant additional investment in its community teams (£383,000). The success of these teams saw the admissions to Torrington Community Hospital drop considerably.

It was the view of senior clinicians that the unit was no longer sustainable because nurses were in danger of becoming de-skilled because they were seeing too few patients.

In response to concerns from the community, we paused the Test of Change in September and restarted our engagement with the community. We publicly acknowledged the mistakes we had made in our engagement approach at this point.

The Test of Change began again on 1 October with six beds reinstated for the first eight weeks in response to community requests for a 'safety net'.

2) During the closure patients were moved to other hospital breaking the principle, "no decision about me without me"

No patients were moved during the period of temporary inpatient bed closure (26 November to 31 March 2014).

As we prepared to take down the beds, patients whose length of stay was predicted to go past the closure date were moved - in liaison with family and carers - to the nearest community hospital.

There was one move which was mis-communicated and for which we have apologised for but the other patient was entirely satisfied with the way their care continued following the transfer.

The principle of no decision about me, without me is a strong ethos of the community health and social care teams in Devon and so we do not recognise the concerns behind this allegation.

3) Following the closure of the hospital the CCG justified closure by stating there would be a 6 month trial to determine whether a system of "Hospital at home care" could successfully replace hospital care.

That the initiative is an experiment is not in doubt: NEW Devon CCG has not been able to identify any other community hospital from which it has already withdrawn services and where the result has been accepted by the local population and the healthcare outcomes proved acceptable.

It is important to note that at no point did Torrington Community Hospital Close during the Test of Change.

Furthermore, the NHS organised for a group from Torrington to visit the same model of care working in Exmouth and Budleigh. The members of the group were able to talk to staff and community representatives.

There is a growing body of evidence about the effectiveness and popularity of home-based care across Devon. Indeed Devon is leading the way in providing as much care as possible out of hospital.

The Torrington evaluation and engagement reports contain a most thorough analysis of home-based care and we would seek to reassure the community that the Test was not an experiment but the start of an evolving and strong model of care.

We regularly checked the safety and quality of the model of care at bi-monthly milestones through the Test of Change. There was significant and senior clinician scrutiny of the evaluation reports throughout this time which a) gave assurance that the care was safe and high quality and b) allowed us to make improvements to the care model.

We would welcome community involvement in Torrington about securing local services. There are well-established community-led projects underway in both Budleigh and Moretonhampstead where the NHS is working with communities to secure and introduce local services which address unmet needs.

Inpatient services in both towns ceased in 2013/14 and we are actively encouraging the Great Torrington community to work with us in a similar way for the benefit of the whole community.

We have concerns that there may be people in Torrington who feel intimidated from speaking freely' We are committed to hearing their voices through inclusive engagement and continue to target the more hard to reach members of the community.

4) Before closure of the hospital beds and the start of 'the experiment', there had been no study of the health needs of the population.

Joint strategic needs assessments (JSNA) are the responsibility of Devon Public Health and are done on a very regular basis. Therefore there are regular assessments of the needs of the local population and they are published on the website: www.devonhealthandwellbeing.org.uk by searching under Great Torrington.

Furthermore a readiness report was written in advance of the trail of Home-based care. This report was published in responses to MP Geoffrey Cox and a Freedom of Information request.

5) Before closure of the hospital beds there had been no impact assessment conducted on how closure would impact on all sections of the community, therefore they were breaching the Equality Act.

We have already provided responses to both MPs to answer this question as well as Freedom of Information requests.

The northern locality of NEW Devon CCG completed a readiness report completed at the start of the Test of Change.

The final evaluation report contains an updated Equality Impact Assessment, which more closely reflects that actual impact of the new model of care based on the experiences over the six month Test.

6) At two public meeting held by the Trust/CCG on 12/14th Sept.2013 the public were given a presentation of the reason for the closure of the hospital beds being to provide a "new", "better", "enhanced" system of healthcare. The real reason for the closure was announced when Dr Womersley's (CCG) spoke at the public meeting in Holsworthy. Here he revealed the true (financial) reasons for change

Views clearly differ on what can accurately be attributed to Dr Womersley's presentation on Care Closer to Home.

Decisions to review service are based on a multitude of factors which include advances in healthcare, operational factors, clinical effectiveness, quality of care and of course finances.

It is widely reported that Devon is a financially challenged health economy and that radical and rapid changes are needed to ensure the NHS in Devon and Plymouth recovers to a sustainable financial position.

We have not hidden any of this rationale. During the Test of change we published evaluation reports at key milestones. As well as finding that quality of care was excellent, a key finding was that the new model of care was able to support far more patients (200 on the case load at any one time, compared to 90 inpatients a year) for **less money**.

Home-based care offers a service to a greater number of patients, is as good if not better quality and costs less per annum.

7) At the two public meetings, the town was promised there would be a fair evaluation of the "new enhanced" service to determine whether it would be appropriate. The evaluation is not an impartial or valid piece of research (see the retired doctor's letter).and consequently the interim 4 month evaluation report by the CCG was rejected in its entirety by Torrington people. This self-valuation demonstrates a complete lack of validity and lack of integrity.

There are two strands to our response to this allegation.

The first is that we now need to see evidence of the lack of partiality of which we are being accused. This is an allegation that has been put to us without substantiation many times and we consider that it calls into question our integrity and professionalism.

It is not accurate to say that the evaluation data is not impartial. We request this accusation is substantiated.

It is also not accurate to say that the 4 month evaluation was rejected by the community of Torrington. We request this accusation is substantiated.

The second strand to our response is that on hearing concerns about the clinical evidence for change, we established the Oversight Group with a remit of overseeing the evaluation process.

The Oversight Group took membership from multiple stakeholders in the community including STITCH, TTVS, Healthwatch and many more. The terms of reference for this group were agreed and are enclosed as an appendix in the final reports.

Going forward, we have requested that PenCLARCH oversee our evaluation process for independent assurance.

We also identified that the voice of the patient, currently receiving care in their own homes, was not being heard. We collected 10 patients stories, which were independently validated by Healthwatch.

Please refer to the engagement report for more detail on this approach.

8) The OSG is a stakeholder meeting, which should have been run according to stakeholder rules. (see Northern CCG PSN terms of reference) These set out clear details of protocols on issues such as agendas, public attendance etc. This framework has been ignored.

This statement is not accurate and all members agreed the Terms of Reference for this group.

9) A major healthcare change has to meet 4 key criteria, these are,
· Clarity about the clinical evidence base underpinning the proposals;
· Support of GP commissioners involved;
· Consistency with current and prospective patient choice;
· Genuine engagement of public and patients

Because of the process that Northern CCG have adopted, and are persisting with, none of the 4 criteria will be met.

The engagement report clearly answers this specific point. The NHS is very confident that it has followed due process during this Test of Change. The evidence base for this trial is outlined in detail in our evaluation report and engagement and patient choice covered in our full engagement report.

A summary however is as follows:

Support from GP Commissioners

The Northern Locality Board members of the CCG, who are also GPs, have been involved from the outset in the Test of Change and they required assurance that the model proposed meets the needs of patients in terms of safety and quality.

It is recognised that support from all member practices is not unanimous, but we acknowledge that this is a difficult conversation for individuals who are also members of the affected communities. Local GP's and practice staff have been involved in several of the evaluation exercises including detailed case reviews to understand patient health needs and care and whether they were met by the community teams.

There is support from Board-level GP commissioners for this model of care.

Clarity on Clinical Evidence Base

There has been a national drive to move services out of acute hospitals and in to the community since 1990. Public health has conducted a review of evidence of this care in community settings. Their summary is:

''There is good evidence that hospital at home care is at least as safe and effective as care in a hospital setting, as long as patients are carefully selected. The evidence outlined in this paper is relevant to older adults across a range of conditions."

There is robust evidence from three Cochrane Systematic reviews, and other supporting sources, that hospital at home patients have similar or reduced levels of mortality, similar levels of readmissions and

fewer patients being in residential care at follow up than in-patient care. Hospital at home also significantly increased patient satisfaction.

The evaluation demonstrated that the national clinical evidence base could be applied to Torrington.

Strengthened Patient and Public Engagement

Throughout the process the NHS has had a genuine desire to work in partnership with the community to develop services that could meet the needs, wants and aspirations of the Torrington Community and its surrounding parishes.

We also heard and incorporated the anxieties about the Test of Change into the evaluation and engagement approach. The engagement approach we took was mapped against NHS England's requirements and standards for robust patient engagement.

To ensure we could hear many different voices, including STITCH (Save The Irreplaceable Torrington Community Hospital – the local protest group), in many different ways we provided a vast array of engagement and involvement opportunities. Since July 2013, these included:

34 events
2 public meetings
16 drop-in sessions
4 focus groups
5 Oversight group meetings
15 meetings with Councillors
10 Tour and Talk sessions
10 patient stories
1 visit to Budleigh
4 leaflets/posters
2 films
1 supporting document
3 published evaluations
61 letters and responses
1 website with an online message board: www.torringtoncares.co.uk
17 press releases
13 Freedom of Information (60 questions)

Key to this work was the voice of the patients who were receiving home based care. 10 patient stories were carried out, three of which were developed into a film which can be seen here: http://torringtoncares.co.uk/patients-say/feel-receive-care-home-torrington/

We also acknowledged when we had not got the approach right, and I refer to the pause in the Test of Change in September and restarted engagement.

We were always flexible and responsive in our approach, continually developing activities based on feedback; indeed we received very positive feedback from the public about their experiences of these opportunities. We also developed very good relationships with local groups and stakeholders including The Crier, Rotary and Care Forum; these relationships helped us to communicate messages widely and effectively and offered another platform for feedback.

Consistency with Current and Prospective Patient Choice

The NHS England guidance is clear that the concept of patient choice relates to the choice of provider once a clinical decision is made about need.

The Torrington community's challenge to the Northern Locality and NDHT has been that they should have a "choice" to be admitted to a community hospital bed, or not. This is not commensurate with the NHS guidance, in that the public do not have admitting rights to hospital beds.

Provision is made for patients to be rightly admitted to a bed in Torrington, should that be the optimum clinical decision, and the NHS funds the admission to one of the Torrington care homes for as long as there is a health need.

It has been noted that the new model of care increases choice for more people. Patients can still be admitted to a bed, but now there is an option to be cared for at home, return home sooner, spend less time in a hospital bed or not even be admitted into hospital in the first place (where this is clinically safe).

Torrington hospital had 10 beds which were on average are used by 90 people per annum. The changed model of care enabled more people to be cared for in their own home which indicates that in term of use of NHS resources more people benefitted from the community based model.

The number of patients on the community caseload only increased by 13, but the number of admissions avoided was nearly 100.

This tells us that we know who our vulnerable patients are and by increasing the number of visits and getting to them sooner, we can safely keep them at home. We also know that people would prefer to be cared for at home, when it is clinically safe to do so.

8) Five retired doctors with almost 170 years collective experience as medical practitioners in the Torrington health area have rejected, the approach and methodology (See attachment)

We conducted a thorough case note review with the currently practising GPs serving Great Torrington.

We have the utmost respect for the wealth of knowledge and understandings of the local community that these retired GPs have. We do also need to recognise that there have been significant clinical advances in the last few years which have resulted in developments and changes in the most effective models of care.

There is a growing national consensus on the standards of inpatient care following the Francis Report into Mid Staffs, the Keogh Review and recent NICE guidance.

The time for inpatient beds in small units such as Torrington, Moretonhampstead and Budleigh may be drawing to a close. There are problems around recruiting staff to small units and we have a duty of care to staff around 'lone working'. We know that these units are highly and rightly valued by the communities and we have been working hard with these communities to develop a bright future for these hubs in the community.

9) The Healthwatch report finally published the results of the survey "Torrington 200", carried out in autumn 2013. The report showed a total support for the re-opening of the hospital beds. Torridge and West Devon MP Geoffrey Cox has stated: "Throughout the process I have strongly urged our health authorities to be fully transparent about the alternatives and have suggested that there was a very good case for calling a halt to the current process and starting again " "In the meantime, the beds should be open and used."

We would concur with the MP's analysis, that the process as handled by Northern CCG has been flawed, and request that members of the Torridge external overview and scrutiny committee at the meeting on Wed 9th July 6.00pm, vote to refer the case back to the Dept. of Health.

This concern raises points that occurred along the six months timeline so it is not appropriate to group them into one point.

However, the NHS has met MP Geoffrey Cox on many occasions throughout the Test of Change and heeded his advice at those times.

At the meeting in August, he requested that we paused the Test of Change and rethought our engagement approach. The NHS acknowledged the mistakes in the engagement process, paused the Test of Change and restarted with six beds reinstated as safety net. We also reaffirmed our commitment to transparency by focusing on the Oversight Group membership, responding to correspondence and encouraging meetings with key members of the community to ensure they were kept informed of the Test of Change progress.

The most vocal objection has centred on the potential loss of beds and therefore opposition to the new model of community service delivery.

As well as these very vocal objections, the Torrington community also voiced and recognised the significant benefit to the wider community of developing a community health hub out of which other services could be provided. Indeed all services that were developed were in accordance with those services for which the community felt there was most need.

To try to understand the expressed public view, an additional action plan was compiled from the public engagement activities of others including Healthwatch, “Save the Irreplaceable Torrington Community Hospital” (STITCH), Devon Senior Voice and the Drop-in sessions conducted by Torrington Town Council.

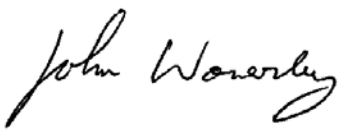
In analysing the content of the engagement activities listed in the report it became apparent that there was an expressed desire for beds, but the usage of those beds was described by some respondents as convalescence, respite and end of life care.

Neither convalescence nor respite requires the clinical services of medical or nursing staff; End of life may, but the statistics show that people would rather be cared for at home. The remainder of the responses gave no reason for the requirement for a bed and none gave an explicit medical reason.

I hope that this has answered any remaining concerns you have about this project. The final recommendations will be going to the NHS boards on the 22nd and 23rd July where final decisions from the project will be made.

Considering the number of times we have received similar allegations and accusations, we would respectfully ask that any future claim is substantiated with detailed evidence where we have failed in our duty as public servants.

Yours Sincerely



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