Meeting local needs

Involving you in shaping future healthcare in the Torrington area

1 October - 26 November 2013

Torrington Community Cares

www.torringtoncares.co.uk

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In the Torrington area we have an opportunity to design hospital and community healthcare services for the future. Previous investment in community services already means home-based care is a reality for many patients who need it. Over the coming months we will be evaluating this home-based care to check what is working well for patients and families and how we can continue to improve this.

In addition, we are looking at the future role of Torrington Community Hospital. We would like your views on this. We believe the hospital has an important part to play in achieving as much care as possible for local people closer to home and we have some ideas as described in this document.

Now, over the eight weeks between 1st October and 26th November 2013, there will be a range of opportunities for you to get involved in shaping proposals and plans, before decisions are made. We hope you will join in this important discussion.

Who we are:

This project is being run jointly by Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) and Northern Devon Healthcare NHS Trust.

Northern Devon Healthcare NHS Trust

Northern Devon Healthcare NHS Trust operates across 1,300 square miles, providing care for people from Axminster to Bude and from Exmouth to Lynton.

The Trust offers both acute services, centred on North Devon District Hospital (NDDH), and community services, which span a network of 17 community hospitals and nine clusters, across Torridge, North Devon, East Devon, Exeter, Mid Devon, Teignbridge and West Devon.

Northern, Eastern and Western Devon Clinical Commissioning Group (CCG)

Northern, Eastern and Western Devon Clinical Commissioning Group is responsible for £1.1bn of healthcare funding. We replaced Primary Care Trusts and were authorised to commission healthcare services from 1 April 2013.

The CCG is one of two clinical commissioning groups in Devon. As its name suggests, it is founded on three arms or localities, supporting the Northern, Eastern and Western parts of Devon.

Foreword

"With a successful model of home-based care in Torrington and the surrounding areas, we expect the role of the hospital will need to change"

People's needs are changing. The way we meet these needs are changing too. People are living longer and as a result often have more-complex health and social care needs. Many years ago, inpatient hospital care was a focus for much of the care someone might need. Now new treatments, better drugs and innovative models of service all create opportunities to provide better care for more people – in the comfort of a home environment.

Recommendations from national reviews into the appalling events in Mid Staffordshire and into high hospital mortality rates create a blueprint for improving patient care and ensuring this is of consistently high quality. This is important when planning future healthcare.

At the same time, services which were previously provided in large hospitals can now be delivered 'closer to home' in settings such as community hospitals, greatly improving convenience and reducing travel for patients. Examples are outpatient clinics and therapy services. Similarly the importance of joined-up care and a greater emphasis on maintaining health and wellbeing are well recognised and create new opportunities.

Taking these points into account, we are thinking differently about how to meet needs in and around Torrington. But we cannot do this alone. We need people in the Torrington area to join in the discussion about the future. We have had an early opportunity to lay the foundations of excellent services with investment in home-based care in the Torrington area. We will be evaluating this over the coming months, although there is already some excellent feedback from patients and families.

We now need to look at the future role of the hospital. With a successful model of home-based care in Torrington and the surrounding areas, we expect the role of the hospital will need to change. In addition to looking at the health needs of the population, we want to discuss the future role of the hospital with you – so that we can work with you to shape plans that will best serve the health and wellbeing of the population of Torrington and surrounding communities.

We look forward to hearing your ideas and discussing this with you.

Dr Alison Diamond
Medical Director
Northern Devon Healthcare NHS Trust

Dr John Womersley
Chair of the Northern Locality Board
Northern, Eastern and Western Devon Clinical Commissioning Group

1. Introduction

"Our aim is to create a vibrant service in Torrington which unites health, social care, public health, local government, patients, carers and the voluntary sector"

1.1 Our aims for healthcare

Our aim is to create a vibrant service in Torrington which unites health, social care, public health, local government, patients, carers and the voluntary sector. We want to minimise travelling for patients and their friends and families, and to maximise the accessibility of high quality treatment, care and support. In particular we want to work with the local community to:

- Make sure home-based care is effective and of high quality
- Design a positive and sustainable future for Torrington Hospital

We have invested in the Torrington area to establish an enhanced model of home-based care, and think it is so good that we want to continue it into the future. But we know that unless you or a family member experience that care, it is not easy to fully understand the benefits. Seeing is believing and we are therefore evaluating this home-based care over the next six months. We want the community to be involved in this.

At the same time we want to discuss the future role of the hospital. This is the purpose of this document. We have a tremendous opportunity. The hospital building is convenient for people in the town – albeit much less so for people in outlying villages – and has easy access routes. It has developed recently too, for example with rehabilitation services and new balance classes to prevent falls. The success of home-based care means there is a reduction in the use of inpatient services and we expect that reduction to continue.

We think this is good news as it means patients are benefiting from care in other ways. It also gives the opportunity to design Torrington Hospital for the future with you. In doing so we need to think about the rising numbers of people living with complex and long-term conditions, examples of successful approaches elsewhere that might benefit a rural area such as Torrington, and the opportunities for the hospital to be a focal point for health and wellbeing support.

The main question we need to answer is:

What should the role of Torrington Community Hospital be in the future, for the greatest benefit of people in and around Torrington?

1.2 Involving you

Your views are important. What you say will help to inform our thinking about future developments at the hospital and we are encouraging you to join this discussion which will run for a period of eight weeks from 1st October until 26th November 2013.

To ensure the community is at the centre of this work we are establishing a Torrington Community Cares Oversight Group, which will include lay members, public representatives, clinicians and managers. In addition there will be a series of communications and discussions to make sure there is a range of opportunities to have your say. Feedback forms can also be filled in online or posted back to us (please see page 15).

Although the discussions regarding the role of the hospital are taking place over the next eight weeks, decisions about the longer-term future will be part of the Clinical Commissioning Group's Care Closer to Home programme and will not be taken until:

- Ideas for the use of the hospital have been assessed, tested where practicable, and shared with you for further comment
- The six-month evaluation of enhanced home-based care has been completed in March 2014 and the outcomes reviewed

In summary, the timeline is as follows:

July-September 2013	Views gathered through Torrington Community Cares programme, including drop-in sessions
12/14 September 2013	Public meetings
1 October 2013	Launch of eight-week period of involvement
1 October 2013	Start of six-month evaluation of home-based care
26 November 2013	End of eight-week period of involvement
31 March 2014	End of six-month evaluation of home based care

With regard to the hospital, views gathered during the eight-week period will be used to develop, discuss and, where appropriate, test proposals for the future role of the hospital. At the end of the six-month evaluation of home-based care, this information, together with the proposals for the hospital, will be drawn together in preparation for further involvement and consultation as appropriate.

"What you say will help to inform our thinking about future developments at the hospital and we are encouraging you to join this discussion"

2. The changing emphasis of care

"There is evidence that caring for the older population with long-term conditions in a home-based healthcare model is safe and as effective as an admission to an inpatient hospital bed"

2.1 Care closer to home

'Care closer to home' has been the direction of national policy for over a decade, largely to cope with rising demand as the population ages and the number of people with long-term conditions increases. The aim is to ensure that health services are designed around the needs of the patient, not around the desires of provider organisations.

There are many publications on this including the recent report by the respected King's Fund thinktank in 2012, 'Transforming the Delivery of Health and Social Care: The Case for Fundamental Change.' This concluded that:

> 'In the system of the future, the vision should be of 'home as the hub' of care, enabling patients and service users to take greater responsibility for their health and wellbeing, with the support of carers and families. Innovative providers are already demonstrating the scope for providing services in people's homes that may previously have been available only in hospitals.
>
> 'This includes, for example, the provision of intravenous antibiotics, chemotherapy for cancer patients and home haemodialysis for renal patients. Home care may also include the delivery of medication for patients with conditions such as rheumatoid arthritis and multiple sclerosis, and continuing health care for patients (including children) with complex needs.'

There is evidence that caring for the older population with long-term conditions in a home-based healthcare model is safe and as effective as an admission to an inpatient hospital bed. Patients being treated at home report very positively on the experience, with over 90% stating that they were pleased with being offered home-based care and that they felt less stressed than being in a hospital. Patients often feel that treatment at home interferes less with their daily activities and that it is less disruptive for friends and carers, leading to greater overall satisfaction.

The people most likely to benefit from home-based care are the older population, as they have some predictable health needs from their long-term conditions and are most likely to experience negative impacts if admitted to a hospital.

2.2 The local direction

Against the national background, the Devon County Council Health and Wellbeing Scrutiny Committee task group report, 'Future of Community Hospitals', published in September 2012, is particularly important. This report places emphasis on ensuring patients are at the heart of service change and that engagement with the public is genuine, meaningful and timely. It is available at: www.devon.gov.uk/community_hospital_tg_final.pdf

Local county councillors visited eight community hospitals in compiling their report, which underlines why "taking no action is not an option":

- Patients in community hospitals might not have a medical need to be there (an annual county-wide audit by Devon Public Health suggests that 40% are fit to leave but unable to do so)
- The ageing population and the increasing complexity of cases, with dementia a key factor (around 40% of community hospital patients have dementia, and this figure is rising)
- Advances in technology and models of care that allow more flexibility to treat people in different settings (mobile clinics, for example)
- Financial climate – services can no longer be provided in the way that they have been; there is the need to do more with less

The importance of care in or closer to people's homes is recognised and the CCG's Northern Locality has recently published a conversation document on this topic, called 'Care Closer to Home'. See: www.newdevonccg.nhs.uk/northern/get-involved/care-closer-to-home--have-your-say/100522?download=true

This draws on experience where commissioners and providers have introduced and tested new models of provision such as the Hospital at Home scheme in Exmouth and Budleigh Salterton, where patients can, as appropriate, receive their hospital care at home.

"Services can no longer be provided in the way that they have been; there is the need to do more with less"

3. The role of the community hospital

3.1 Investing in home-based care

Complex care teams support people with multiple conditions and needs. These teams are an excellent example of health and social care services working together to co-ordinate the support patients need to remain independent at home and in control of their health. Across northern and eastern Devon, these teams are already supporting between 5,000-6,000 patients at own home at any one time.

Building on this foundation, there have been further rapid developments in the Torrington area. Recent investment has seen the number of nurses and therapists increase sharply, enabling them to support and care for 180-200 people at home at any one time. Patient and family feedback is very positive.

The care and support these teams provide with individuals and their families is not always visible in the same way as a hospital or ambulance. However, the facts are:

- More than twice as many occupational therapists and physiotherapists are now employed, so they support people in their own homes as well as provide rehabilitation in hospital. The team has increased from 1.44 to 4.13 whole-time equivalents since late 2011.
- Nearly twice as many nursing staff are employed, with the team increasing from 7.4 to 12.2 whole-time equivalents since late 2011.
- From early 2013 we have extended the community nursing team's hours to 8am–8pm, seven days a week, providing highly-skilled nursing services for people who need them at home. This is in addition to overnight nursing and medical services accessed via Devon Doctors.
- An enhanced range of local services, such as balance classes and daily rehabilitation is already available in Torrington Hospital.

There are also other developments such as the establishment of a rapid response team, to help people in a crisis by visiting them quickly in their own homes, and new discharge co-ordinators to help people return home sooner with the right support. We are also working with care homes.

3.2 The role of the community hospital

There is no set definition about what a community hospital is or should do. Although traditionally used for inpatient care, many community hospitals have developed as a base for clinics and other services.

Generally the inpatient aspect is for ongoing nursing and therapy if that cannot be provided at home. This particularly applies to patients who require a clinical assessment followed by a short period of care (usually 24-48 hours). As already indicated, three years of a Devon-wide audit have shown that 40% of patients in a community hospital were fit to leave if appropriate services were available in the home, such as the home-based model.

Added to that, fewer people are admitted to inpatient care. And when patients are transferred from acute care in Northern Devon, quite often their total length of stay in hospital is longer than for a patient transferred directly home for intensive therapy and support.

Specifically in the Torrington area, our investment in home-based services is showing this shift in the use of the hospital. Figures for the past three years show how the number of admissions has fallen:

2010/11 = 145 (approx. 12 per month), down 8% on previous year

2011/12 = 114 (approx. 10 per month), down 21% on previous year

2012/13 = 107 (approx. 9 per month), down 6% on previous year

This trend has continued since, with just 33 admissions from February to July 2013 (approx. 5.5 per month).

As patient admissions reduce, it is more difficult for inpatient staff to maintain the right skills to continue meeting the increasingly-stringent quality requirements for hospital care. Yet there are gaps – people still have to travel too far for appointments and support that could be closer to home in the local hospital.

What patients say

Following a fall and a stay in hospital, 'Laura' developed a severe infection that required an intensive 14-week course of daily intravenous antibiotics. Laura had started her treatment in Exeter before being transferred to Barnstaple. After a couple of weeks, Laura was discharged and admitted to the virtual ward, and she started receiving her care at home:

"It was so nice to come home. I felt like I had got part of my life back. I think that being in hospital you can become institutionalised very quickly. At home you're in your own surroundings and your own environment and I think this helps you to get better quicker. Also, friends and family can come and visit you whenever they want and not when someone else says they can.

"Until you are in the situation, you don't know what care is available. I think people worry that there won't be the equipment they need at home and things like that. People don't realise how unwell you can be and still be treated at home. But I think that people should be told.

"Had I not been able to receive intravenous antibiotics at home, I would have been in hospital for 14 weeks, away from my home and my own environment. The only thing you don't get at home is an 'are you okay' every five minutes. But you don't need that. I know exactly who to call if I am not well. Every time I would much rather be at home

"It was killing 'Joe' (Laura's husband) to keep coming to the hospital every day – it really was. Psychologically it makes a difference as well. Being a couple, we want to be together. I feel sure that Joe would have been ill by now if I had still been in hospital.

"Before I came home the community team did a thorough assessment of our house and living circumstances to make sure we would be safe to have care at home. It's not just the district nurses either – you get physios, occupational therapists and other carers. You can even have someone through the night if you feel it's necessary. There is always somebody there if you need them. You just don't realise you can get all this.

"If someone asked me if I wanted to be in hospital or to receive care at home, my answer would be 'I want to go home'."

What the GP says

Dr Chris Bowman, GP and Deputy Chairman, NEW Devon CCG Northern Locality:

"As a GP, my overriding concern is that the care for patients is as safe and effective as it can be. The national evidence suggests that, in this respect, looking after people at home is as good as keeping them in hospital. That's why we have invested so much in the Torrington area.

"But we want to be sure locally, which is why we will be evaluating our model of home-based care over coming months, looking at outcomes and talking with patients and carers about their experience. At the same time, given the small number of admissions to Torrington Community Hospital as more and more people are looked after at home, we have to ask whether it is the best use of limited resources to keep inpatient beds 'just in case'.

"Is there really something that only a hospital environment can give? Or should we look at opening up the building to a wider range of local people, perhaps helping to meet social needs as well giving easier access to NHS services such as outpatient clinics?

"I'm genuinely excited, because this is a huge opportunity for making sure care is closer to home for far more people, of all ages, and from surrounding parishes as well as from the town itself."

What patients say

'Phil' and 'Louise' had been in their own home for years when Phil became ill and needed to go into North Devon Hospital. For two weeks, Louise went to every day. However, due to an outbreak of an infectious illness there was restricted access and Louise was no longer able to visit. Phil was in hospital on his own for another two weeks before he was discharged home with a support package:

"While Phil was in hospital the therapy teams came round, they made all the adaptations they needed to our home so that when he was ready to come home, our house was ready for him.

"We really didn't want him to go into hospital at all at first, because you're always so scared that if you go in you won't come out! But it's been so much better having Phil at home; although he is still quite poorly he is in control and amongst all of his familiar surroundings; it means we can be together as well! I think Phil has got better so much quicker because he has been at home.

"The level of care for Phil has been amazing; we feel we've been so lucky. We have people come in up to four times per day more if we need it, and we've built relationships with the whole care team. The nurses who come really know us and pay such attention, even to the littlest things. I don't think you get that in hospital because the nurses are always so busy.

"Before we were in this situation, we would never have known how much care was actually available to us at home. We know that if we are worried or something goes wrong we can call the nursing teams and they will come and see us. We also know that all of the different carers whether they are district nurses or the night carers talk to each other, so if they notice anything they will always be in touch with each other straight away."

4. What are your views?

4.1 Planning ahead for Torrington Hospital

The previous pages cover developments in recent years that mean it is important to prepare for the community hospital of the future. This will become even more pressing as the population ages and the prevalence of health issues such as diabetes, obesity and dementia continues to grow. Simply admitting people to inpatient care is not the answer – we need a different way forward that will bring the best-possible services into the community and that will stand the test of time.

So how should we go forward?

We have made considerable progress in strengthening our community teams over the past two years, to a point where our nurses alone are typically looking after more than 25 times as many people at home as are being cared for in Torrington Community Hospital.

So do we need fewer inpatient beds or none at all? Should the hospital be used instead for other services? We believe it should be.

These and many other considerations mean we are focusing our involvement with you on a broad overall question over the next eight weeks.

What should the role of Torrington Community Hospital be in the future, for the greatest benefit of people in and around Torrington?

Implicit in this question is recognition that people have different and various needs. As our earlier engagement work has shown, these are often more to do with social support than with healthcare. Also implicit is our aim not just to help as many people as possible, of all ages, but to take into account the needs of those people who live in the town and also those in outlying areas. At least half of the population served by Torrington Community Hospital live in outlying areas, well beyond walking distance.

There are a number points that you might also like to consider when thinking about your response:

- Whether the requirements are the same for people who live in outlying villages as for those who live in Torrington itself
- The role of the hospital in supporting younger people and families as well as for older age groups
- The potential to support health and wellbeing through enabling use of the hospital by community and voluntary groups with an interest
- Whether there would be benefits in bringing more clinics and other services out of Barnstaple to save travel for local people
- The gaps you see in current services that we should consider when planning for the future

These will help you fill in our feedback form, which asks:

What should the role of Torrington Community Hospital be in the future, for the greatest benefit of people in and around Torrington?

- **What services and support would you like to see provided at the hospital?**
  Don't limit yourself to healthcare if you don't want to, but think more broadly about what might benefit people – see below for some early ideas
- **What needs would these meet?**
  What problems might these solve, and for which sections of the community?

Many ideas for the hospital have already been put forward by people during drop-in sessions at the hospital and via other routes. Although not yet assessed for practicability, these include:

- More out-patient clinics; each clinic held at Torrington rather than Barnstaple saves on travel for up to 12 people
- Sexual health clinics
- Renal dialysis
- Intravenous antibiotic transfusion
- Blood transfusion
- Chemotherapy
- Minor injury unit
- A base for Devon Doctors
- Mental health services, including 'memory cafe'
- Day centre/hospital for older people
- Exercise classes, such as pilates or tai chi
- 'Leg club' for people with ulcers, based on successful model in Barnstaple
- End-of-life care

Other services that might benefit the community include:

- Advice and support for people living with long-term conditions, such as diabetes
- Advice on healthy lifestyles
- Support from voluntary groups
- Advice on benefits and housing.

A Torrington Community Cares Oversight Group will ensure that as many views as possible are gathered to answer our questions, reflecting the whole community served by the hospital. It will go on to assess the ideas, identify those to be taken forward and oversee implementation.

During the eight week period from 1st October until 26th November 2013, arrangements have been made to re-open inpatient beds in Torrington. This takes into account feedback we received from the community regarding the importance of this whilst the conversation takes place. While Northern Devon Healthcare NHS Trust cannot guarantee this arrangement can be sustained beyond this period, we can reassure you that this will not affect future decisions regarding the role of the hospital.

4.2 Evaluating home-based care

Our evaluation of home-based nursing and therapy over the coming six months will help us understand just how effective – or otherwise – these services are. The evaluation will focus on areas such as:

- Patient experience – what did patients and their carers think of the service?
- Staff experience – what did staff think of the service?
- Quality – how good was the care?
- Effectiveness – what was the impact on admissions and on other parts of the healthcare system?

The evaluation will be overseen independently, with outcomes published regularly over the period to March 2014, when final analysis will be carried out. Although this current involvement is about gaining your views on the hospital if you would like to contribute to the evaluation we would welcome your response to this supplementary question:

What in your view would successful home-based care be like (generally or for individuals) in the Torrington area?

4.3 How to have your say

We have prepared a response form for use during the period 1st October to 26th November 2013. During that time, there are a number of ways in which you can respond:

- Fill in the form and return it to us in the Freepost envelope
- Fill in the same form online at the Torrington Community Cares website: www.torringtoncares.co.uk
- Come to one of our continuing Friday drop-in sessions, which are designed to generate an ongoing dialogue and will help highlight any issues that need consideration before the end of the consultation
- Invite us along for a discussion with your own group (please call 01769 575151 or 575154 to arrange)

We will also be engaging key organisations and committees in our discussions, particularly general practices; parish, town, district and county councils; local HealthWatch; and Devon Health and Wellbeing Scrutiny Committee.

5. Summary

We have outlined what might be possible, the rationale for this, and referred to some of the evidence available. This aims to assist involvement with the people who are most important – the patients, carers and communities we serve. Using best practice approaches, over the next eight weeks we will be actively seeking your input to shaping the future. This approach is in line with the our wish to involve you in the planning stage and before decisions are made and there will of course be further opportunities to comment once the outcomes of the discussions on Torrington Hospital and the evaluation of home-based care are known.

If you would like to know more, there is a wealth of further information and evidence on the website. This includes: health needs of the population; national context for care closer to home; and the views of patients and clinicians.

www.torringtoncares.co.uk

Thank you for your input in shaping future healthcare

Feedback form

Once completed, please use the **Freepost envelope** provided to return your feedback form. The deadline for receipt is **26 November 2013**.
This form can also be filled in online at: www.torringtoncares.co.uk

About you:

Your postcode (please include at least the first half, to help with our analysis): .....

Age group: ☐ Under 18 ☐ 19-35 ☐ 36-50 ☐ 51-65 ☐ 66 and over

If you would like to be kept informed about this exercise and future developments, please give:

Your name: .....

Your email (preferable) or postal address: .....

.....

What should the role of Torrington Community Hospital be in the future, for the greatest benefit of people in and around Torrington?

1 What services and support would you like to see provided at the hospital?
Don't limit yourself to healthcare if you don't want to, but think more broadly about what might benefit people.

Please turn over

2 What needs would these meet?
What problems might these solve, and for which sections of the community?

Supplementary question:

What in your view would successful home-based care be like (generally or for individuals) in the Torrington area?

Thank you - please continue on a separate sheet if required.