

# Re-shaping community- based health services in Newton Abbot

**Dr Paul Johnson**

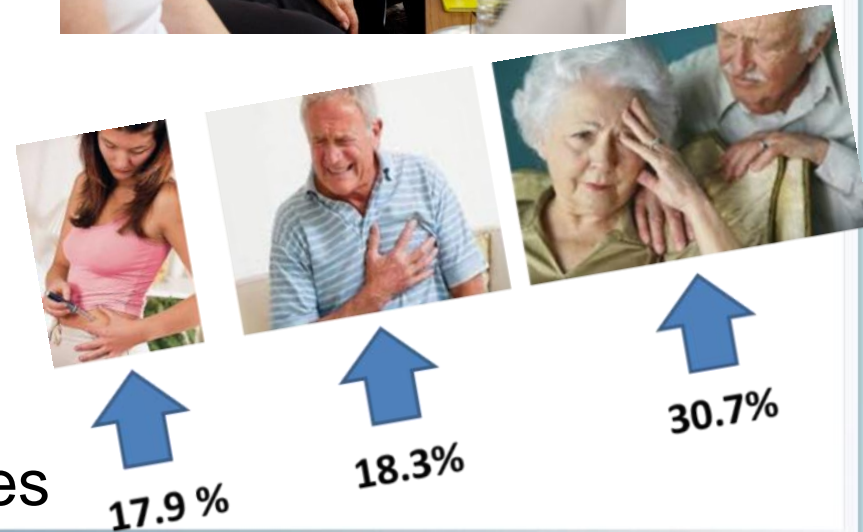


# Our ambitions today

- Three aims for the meeting:
  - Set out the choices facing us for the future of health care
  - Summarise how to play a full part in this 12 week consultation
  - Hear your views, alternative suggestions and answer questions
- Three hopes by the end of the meeting
  - We understand the need to work within a fixed budget and a limited staffing resource
  - We recognise that 'no change' is not an option
  - You feel you have been able to comment on the proposals

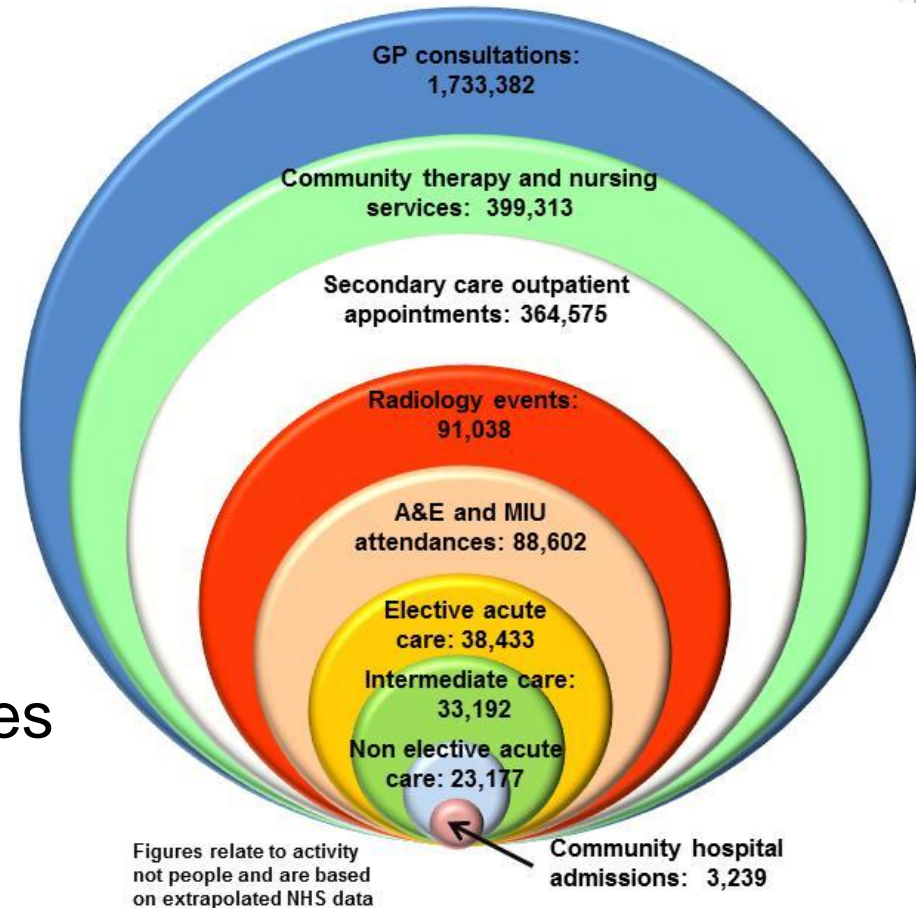
# Why change

- National requirement: “the NHS is looking to make major efficiencies” (NHS England, Aug 2016)
- Current model not affordable
- Increasing demand:
  - People living longer
  - More people living with complex illnesses, long term conditions and disabilities e.g. diabetes
  - Pressure on existing services



# Why change ....2

- Too many people are admitted to hospital because there is no better alternative
- Services need to keep pace with latest medical practices
- Care needs to meet changing quality standards
- Need to be able to recruit and retain staff to maintain safe staffing levels
- Investment needed in services most people use



# Choices we face

- How to provide quality services to meet rising demand within the finances available?
  - We are already spending more than our fair share of the NHS budget according to the national formula
  - By 2020/21 the forecast cost of demand for all services will exceed money available by £142m if we do nothing
  - Changing the model of care better equips us to deal with future increases in demand
- How do we make sure we recruit and retain enough staff?
- How to meet safe staffing levels?
- How do we invest in services that most people use?



# Proposed solution

## You told us you wanted

- Support to stay at home
- Continuity of care
- Coordination of care
- Better communication
- Accessible services

## We propose

- Invest in services which support people at home
- Devote more resources to help keep people well and independent
- Help people take more control of their health and care needs
- Enable staff to work closer together to support more people
- Only have people in hospital when they need to be
- Give people the choice of effective minor injuries units
- Make sure people can contact us easily

# How we propose to do things



# Community services

- Invest £5.1 million per year
- Switch spend from hospital-based care to community-based care
- Majority of care provided closer to home
- GPs, community health and social care teams and voluntary sector working together
- Staff supporting many more people in the community team than they can in a hospital
- Work closely other providers
- Single point of contact



# Community services .... 2

## Health and wellbeing centres

range of health and wellbeing services and community clinics

## Health and wellbeing teams

community health and social care staff, mental health professionals and voluntary sector partners

## Intermediate care

designed to help people recover more quickly, maximising their independence

## Clinical hubs

outpatient appointments, specialist conditions clinics and inpatient services

## **Minor injuries units**

- Fewer sites but improved services
- Consistent opening hours, 8am-8pm, 7 days a week
- Access to diagnostics e.g. x-ray
- Real alternative to A&E

## **Community medical beds**

- Reduce reliance on bed-based care
- Minimum of 16 beds available in community hospitals
- 2 nurses covering at any one time
- More efficient and timely discharge

# What this means for Newton Abbot

- Clinical hub at Newton Abbot Hospital
  - 45 community inpatient beds
  - Long term conditions clinic
  - Specialist outpatient clinics
  - Rehabilitation gym
  - Pharmacist
- Health and wellbeing centre in Newton Abbot
  - Local health and wellbeing team
  - Community clinics
- Minor Injuries Unit at Newton Abbot Hospital
  - Minor injuries unit (MIU) with x-ray 8am to 8 pm, 7 days a week
- Expansion of intermediate care



# Future services?

## Clinical hubs:

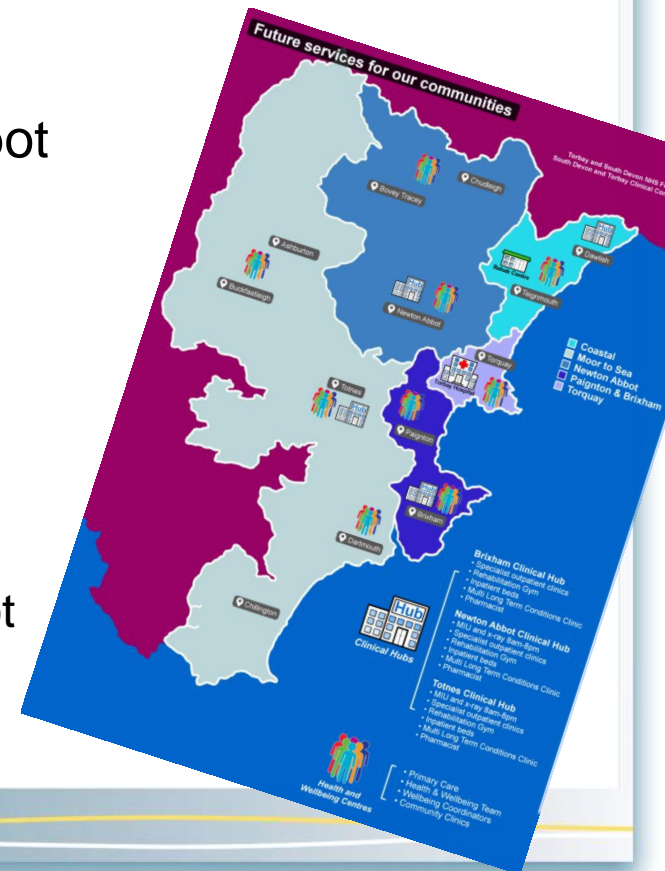
- Brixham
- Newton Abbot
- Totnes
  - Specialist outpatient clinics
  - Rehabilitation gym
  - Inpatient beds
  - Multi-long term conditions clinics
  - Pharmacist

## Health and well-being centres:

- Ashburton/Buckfastleigh
- Bovey/Chudleigh
- Brixham
- Dartmouth
- Newton Abbot
- Paignton
- Torquay
- Totnes

## MIUs

- Newton Abbot
- Totnes



# The investment and savings achieved

- Reduced reliance on bed based care with closure of Bovey Tracey, Ashburton (& Buckfastleigh), Dartmouth and Paignton community hospitals and escalation beds in Torbay saves £6.3million
- MIU activity concentrated in Totnes, Newton Abbot (and Dawlish in coastal) and closing Ashburton, Dartmouth, Paignton and Brixham MIUs saves over £0.2million
- Investment in community based services of over £5.1million per year
- Overall this provides a saving of £1.4million per year

# Taking part in consultation

Consultation runs from 1 September – 23 November

[www.southdevonandtorbayccg.nhs.uk/community-health-service](http://www.southdevonandtorbayccg.nhs.uk/community-health-service)

- Full consultation document (papers copies available)
- Four locality summaries
- Detailed support documents
- Video, case studies,
- Frequently asked questions
- Feedback questionnaire
- Ask a question online



# Taking part in consultation..2

- Invite us to any community based meeting
- Engage on social media – Facebook & twitter chats
- Email [sdtccg.consultation@nhs.net](mailto:sdtccg.consultation@nhs.net)
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652 511
- Complete the feedback questionnaire

[www.communityconsultation.co.uk](http://www.communityconsultation.co.uk)



## Other ideas?

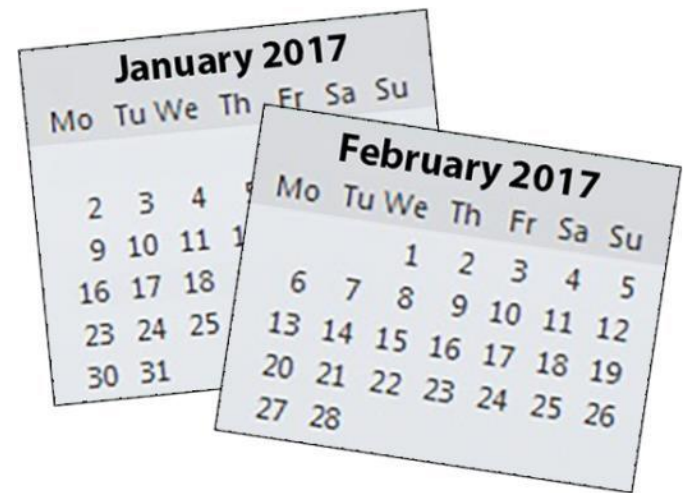
- Engagement groups
- Partner agencies
- GPs and other clinicians
- We have set out how we think we can best meet future needs.
- Let us know if you have alternative ideas - all options will be considered so long as they are clinically sound, deliverable and affordable





# After consultation

- All feedback collated by Healthwatch
- All viable alternative ideas assessed
- Consultation report produced by Healthwatch and published
- CCG governing body consider the feedback report, alternative ideas at meeting in public  
January/February 2017
- Final decisions made



# Thank you for listening – in summary

- We face increasing demand for services
- We have less money to provide services
- We need to provide quality services to meet rising demand within the finances available
- We want to:
  - Promote self care, health promotion and prevention
  - Invest in services which support people at home
  - Reduce reliance on bed based care
  - Provide effective minor injuries units
- Doing nothing is not an option