

Re-shaping community- based health services in Newton Abbot

Dr Paul Johnson

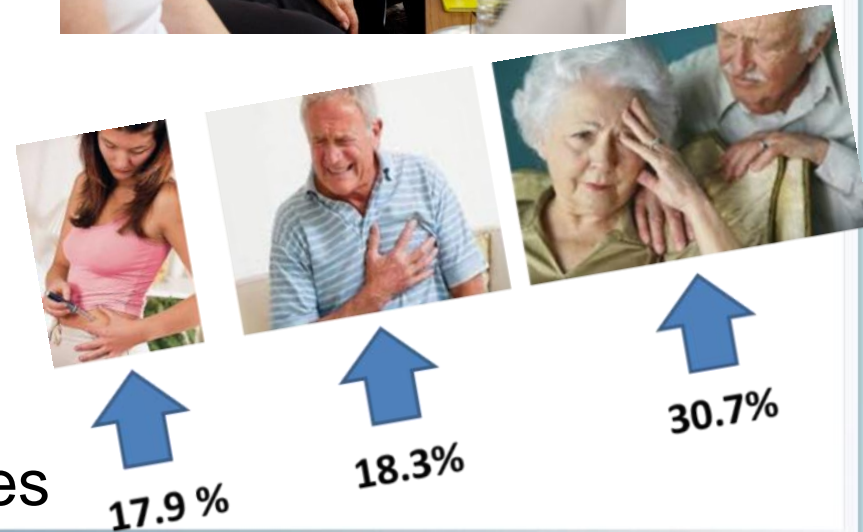


Our ambitions today

- 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

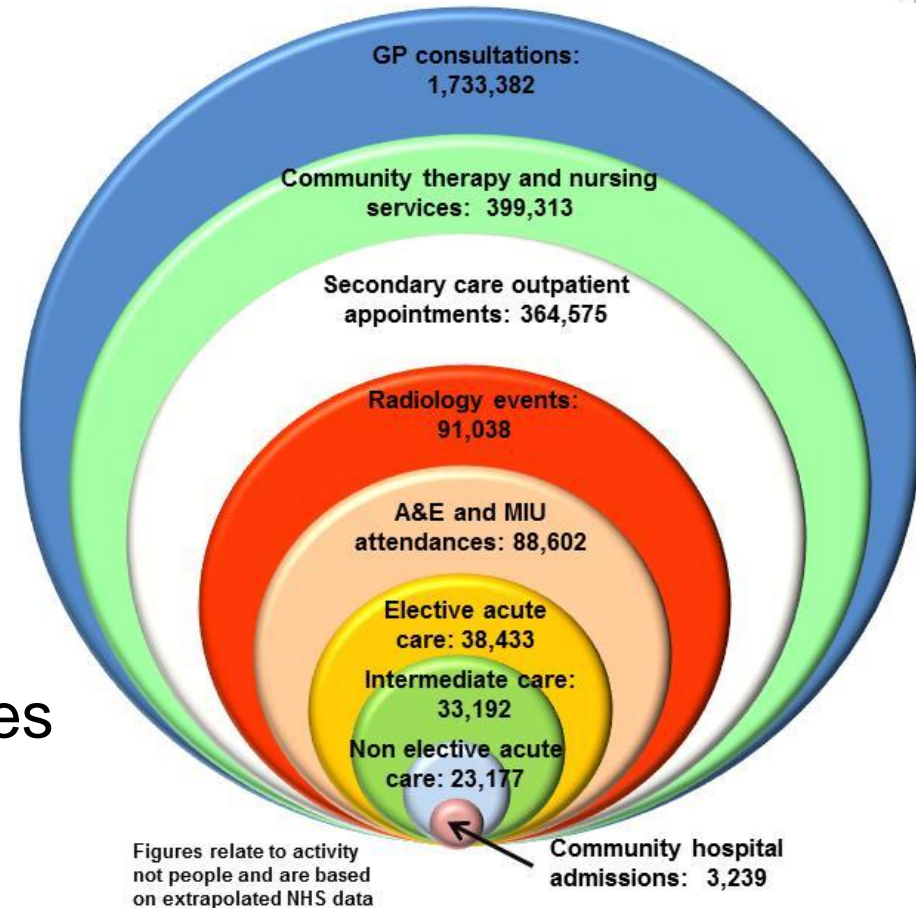
Why change

- 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 change2

- 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



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

- 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
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652 511
- Complete the feedback questionnaire

www.communityconsultation.co.uk



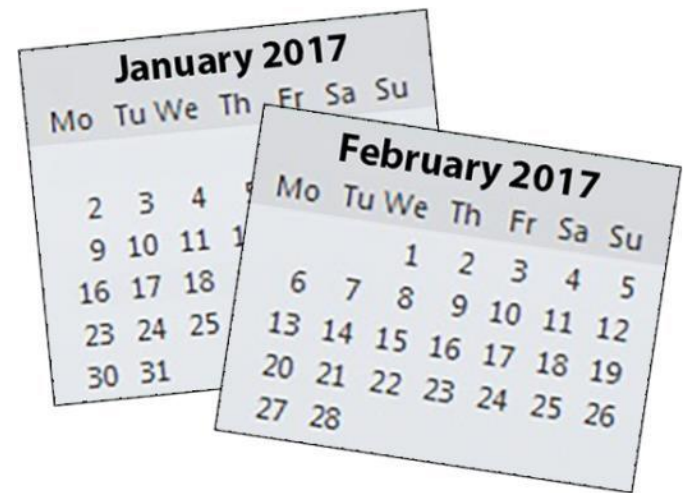
Other ideas?

- 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