

Feedback from Meetings/Events

Generally people asked lots of questions about information on the boards, seeking more detail, clarification, discussing what we had said. Good debate around what was being suggested as possible outcomes.

Health and Wellbeing centre

- General support for the concept, with GPs co-located.
- General support for more integrated services providing patients benefit
- Preference from some for GPs/services to be co-located in hospital and related buildings
- Desire to have more detail of what will be included in the building
- Welcome a one stop service if different teams are in one place
- Some concerns around whether this is to make life better for staff
- Need to co-locate questioned given modern technology etc
- Concerns that not all services provided currently in Teignmouth will be in the new centre
- Some concerns about End of Life care and care for isolated elderly without beds
- Some people want to have a new centre and retain hospital
- Some people think good for health and wellbeing team and GPs to co-locate but to leave outpatient and theatre in the hospital
- Questions on what voluntary sector organisations would be located.
- Questions about what a health and wellbeing centre actually does
- Importance of primary care being more involved in patient decision making which would be easier if located in same place as health and wellbeing team
- Some support dependent on site selected
- Concern as to whether it would be too big and impersonal
- Questions over funding, whether private, GP, NHS
- Questions over what we would do differently in health and wellbeing centre compared to the hospital building
- Some suggestions that services better kept separate
- If more people kept at home, greater pressure on carers. What steps being taken to support carers, who cares for the carers
- Not all carers wish to follow the formal assessment process to receive services.
- Insufficient respite care in Coastal
- Growing elderly population surely means community teams need increasing. Is this part of plan?
- Voluntary sector involvement welcomed
- Some people happy to support new building and changes providing services retained in the town, in the new building
- Risk assessment of services coming in one place eg power cuts impact all services as opposed to only some at present
- Concern over future of the Town's pharmacies if one opened in any new building, when the Health and Wellbeing Centre in Cullumpton opened, two pharmacies in town closed
- Evidence wanted that proposals affordable
- GPs supported the co-location

Location

- Neither hospital or east cliff car park has much support (hospital because of position and access; East Cliff because the town can't lose parking, impact on tourism)
- Any site should be flat and have good transport links.

- Brunswick Street mentioned frequently as a suitable location by many people; access said to be good
- Brunswick site might be bigger than believed when options appraisal undertaken. Important to revisit in light of new information
- People who had lived in other parts of the country and seen benefits of services coming together supportive of the idea
- People wanted details of sites rejected and why
- Scepticism that we had looked at a dozen sites
- Access, public transport links and parking were very important in determining choice of site.
- Some people thought our criteria for the options appraisal had to be flawed if East Cliff and the Hospital site came out on top!
- Some concern that no alternative site would be found and that the NHS would implement plans even if site not appropriate
- Concern that neither the Town Council nor Teignbridge Council were aware of the idea of using East Cliff.
- Suggestion we had mislead local people into believing it was an option when the council said it wasn't
- Concern at threat to The Cave (used by young people)
- More information wanted on Trust estates partner
- Whatever solution important to make additional car park provision
- Additional possible sites identified

Hospital/Beds

- Limited number of people mentioned beds at the drop in event.
- Those who raised beds were passionate in their belief that they were needed
- Some people were hostile because we had not implemented 2015 consultation process outcome.
- Some people less concerned about bricks and mortar and more about services being retained
- Capacity required to co-locate GPs and services?
- GPs agree that rehabilitation beds were not needed in the hospital
- Lots of discussion as to whether beds needed or not – concern in particular for elderly people who live alone and those suffering dementia
- Some ignorance as to the fact that rehabilitation/any beds were not in use in the hospital
- Interrelationship between the work of the community based teams and the need for beds – some people believe both needed in Teignmouth, others felt that they would decide on basis of evidence presented
- When explained to them, people liked the way the health and wellbeing team worked
- Belief that beds in Teignmouth would reduce bed blocking at Torbay Hospital
- People should be able to die in their local hospital
- People should have a bed in a local hospital when they need one
- Questions around the evidence that the new system was working and whether getting rid of beds premature, especially given aging population etc
- Number of care homes in area small, they don't do rehab and query weekend placements
- Use of care homes seen as privatisation
- Taking space in care homes for NHS patients reduced supply for local population
- Lots of questions around why the building cannot be adapted to provide contemporary services

- Scepticism as to whether there is significant cost to modernise and bring it up to current day standards
- Any suggestion to close hospital was asset stripping with the Trust wanting the capital receipt
- Concern about wasted resource, past investment in the hospital especially league of friends.
- Minor injuries unit should be restored
- Impact on patient choice if hospital closes
- League of Friends want the hospital to remain and believe there is a need for both a health and wellbeing centre and a hospital
- Belief that Teignmouth had had a poorer service because of the failure to open the beds
- Some people thought the community based approach was better providing sufficient resources to make it real
- Belief that the Trust gets more money if closed community hospitals
- Belief that PFI hospitals had to remain open so Teignmouth and other non PFI hospitals had to close
- Belief beds had been removed from hospital in week of drop-ins
- Examples of where team has supported people at home and examples where people believe the support has not been as good
- Suggestions that Teignmouth people have had to go to hospitals out of the locality because of the absence of beds
- Belief that Newton Abbot and Dawlish nearby so hospital not essential – services were
- Coastal GPs have the biggest number of referrals to health and wellbeing team and the lowest number of admissions to acute hospitals

Primary care

- GP surgeries working in one building generally seen as positive
- Much support depending on how accessible the building would be
- League of Friends support a new GP site
- Support if strengthens primary care, range of services available in town
- Mixed views on whether GPs should retain their individual identities when under the same roof or whether they should merge.
- Some people objected on basis of confidentiality – currently go to certain practices so family, friends etc do not know.
- Some people objected on the basis that it would lead to the closure of the hospital.
- Fears that it would be too impersonal
- Important to maintain continuity of GP
- Fears that appointments would be harder to get/impossible to contact surgery by phone
- Concern co-locate reduces patient choice
- Depending on the site, some people might use other surgeries eg Shaldon.
- Some concerns where people had had bad experiences of one practice.
- Need to ensure easy parking for carers of those with dementia needing to see GP
- Threat to general practice should be raised up the agenda as people do not realise risks of it failing.
- Real sustainability issues if GPs can't move to new premises and work more closely together
- More detail needed on how GPs coming together in one building would benefit patients and not just doctors
- Questions around GP funding of building/leasing arrangements
- Would co-location guarantee seven day working of GPs
- What other services might be provided

Theatre and out patients

- Some people think good for health and wellbeing team and GPs to co-locate but to leave outpatient and theatre in the hospital
- Some concern theatres and specialist physio would go to Torbay.
- Concern that community assets funded by local people such as physio suite/ward and other items funded by LoF lost to the town
- Concern that Torbay didn't have capacity
- Access to Torbay poor and parking problems for those attending outpatients at Torbay
- Transport links to access these important
- Belief that patients going through the theatre were primarily Teignmouth patients
- Some discussion around different statistics for usage and the work actually done at the theatre
- Questions as to whether some of that work could be done in the new building eg day case procedures
- Important that outpatient clinics reflect the demography of the population
- Believe that minor injuries day surgery should remain in Teignmouth
- Concern that some outpatient services would be lost to the town
- Scepticism as to whether there is capacity for outpatients elsewhere and whether this would lead to longer waits
- Some thought Newton Abbot and Dawlish not bad options for some outpatients
- Concern about wasted resource given the money invested in these services in Teignmouth
- Belief that people come to Teignmouth from outside coastal because the service is so good

Other

- Concern that the new model of care can be sustained in future years given growth in population
- Better explanation of model of care needed
- More needs to be done to promote the successful outcomes of the care model and people are not hearing the positive outcomes
- Equipment - members of the public who had raised funds for kit (physio) located at Teignmouth Hospital felt very passionately that the equipment remained in Teignmouth/for the benefit of Teignmouth patients
- Upset over "wasted" money with regards recent expenditure at Teignmouth Hospital
- Questions around the trustworthiness of the NHS to implement promises given changed mind after the consultation
- Concern over quality and availability of social care
- Questions about what happens when overnight care needed
- Concern that none of the three councils were represented at the drop in events
- Questions around people electing to have care for example at RD&E and whether they could have follow-up care locally.
- Health and wellbeing centres, end of life care are not terms people use. Just meaningless jargon
- Should DPT be more involved
- Should some services be means tested eg social care
- Problems booking appointments for GPs in Dawlish in advance
- What happens when PFI contract ends at Dawlish Hospital
- Staff have insufficient time to support people in their homes.
- Questions on whether sufficient engagement taking place, especially with key stakeholders
- Deliverability in timescale raised
- Does Devon scrutiny committee have a view

- Consultation with people living near hospital really important given access and parking issues
- What faith can people have that anything promised will be delivered, given failure to maintain past promises
- Welcome for perceived improvement in engagement in some areas
- Question what role Healthwatch has had in the process to date