healthwatch Devon

Better services through public involvement

Torrington 200

A report with recommendations concerning 'Torrington Community Hospital'

28th May 2014

Log no HWD1

Contents

Intended Audience

- Health and Social Care Commissioners and Provides in Northern, Eastern and Western Devon Clinical Commissioning Group area (hereafter referred to as NEW Devon CCG).
- Parish, District and County Councillors in North Devon including Torridge Councillor
- Patients, users of social care and the wider public.

Acknowledgements

Healthwatch Devon would like to sincerely thank the people of Torrington and surrounding areas, who brought their concerns to us and who participated in this report, and also those who volunteered their time and effort in the analysis and interpretation of the results.

About Us

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Healthwatch Devon is a Charitable Incorporated Organisation (no. 1155202).

Foreword

“This survey and collection of feedback, provides a 'snapshot' of local opinion around Great Torrington, North Devon, about the future of the local community hospital. The NHS can be proud of the affection shown in the vast majority of responses. However, whilst the NHS remains a significant 'public good', owned and run by local people for local people, it is vital that any changes to its service are based on a shared understanding of needs between the local community and the responsible health commissioners and providers. Healthwatch Devon is pleased to have facilitated the study and asks those responsible for local healthcare to endorse and act upon the recommendations."

John Rom, Interim Chair of the Shadow Board

Executive Summary

This report has been written under section 221 of the Local Government and Public Involvement in Health Act 2007.

This report describes how Healthwatch Devon has impacted on the community engagement process by increasing feedback in one area of Devon, Great Torrington. This was at the request of a number of different community activists and representatives following public demonstrations and a media campaign organised by a local campaign group called “Save The Indispensable Torrington Community Hospital” (STITCH), which aimed to draw attention to the proposed changes to the use of Torrington Community Hospital.

Under the Healthwatch legal remit, (contained in section 221 of the Local Government and Public Involvement in Health Act 2007 and associated statutory instruments), the results will be reported to the “Torrington Community Cares” data oversight group. This is a multi-agency group comprising of Commissioners, Providers, community representatives, elected members, “lay” people and Healthwatch volunteers.

Reference has been made to local needs, and also the necessity of qualitative feedback which illustrates the feelings and views of the community about their health and wellbeing services, as well as numerical statistics which demonstrate health and demographic characteristics. Recommendations have been made as a result of feedback received and are summarised at the beginning of the results section. The results themselves portray a snapshot of a community which places high value on locally available services, is resistant to change as a possible precursor to a drop in service availability, but nevertheless appreciates good quality care wherever it may be provided.

Recommendations have been made as a result of this report and responses are invited from the community, as well as relevant providers and commissioners in the Northern Locality of NEW Devon CCG. Northern Devon Healthcare NHS Trust (NDHT) jointly led the work and they are the current providers at Torrington Community Hospital. The Commissioners and Providers are also asked to note the contents of a report provided by Devon Senior Voice, which is appended to this report.

Three concerns which appear of major significance as a result of this work are “we don’t want the beds relocated”, “What is understood by enhanced home-based care?” and “How will people’s safety and social isolation be dealt with if more people are cared for at home?”

Summary of Recommendations

1. Further work

1.1. Healthwatch Devon to continue work across Devon with providers, CCG, volunteers and community representatives, to promote and support co-productive involvement in an engagement process which would be tailored to each community, including:

- Service planning and consultations
- Developing processes to enable people to be involved in evaluating need
- Advocating for community voice.

2. Dialogue and Communication

2.1. This is an opportunity to improve information and communication as to the nature and location of "bed based" care following acute emergency or elective care episodes.

3. Health Needs Assessment

3.1. Health Needs to be demonstrated as specifically aligned to the population.

3.2. A distinction to be drawn in reporting between normative or comparative need and the felt and expressed needs of the community.

3.3. The current expectations of the Torrington community in relation to clinically assessed need appear to be at odds with felt or expressed need. An explanation within needs assessments in plain English of clinical/normative/comparative need as well as those felt or expressed by people may help understanding of the position health services must take in relation to modernisation, finance and changing demographics.

4. Systems and Processes: Quality and Safety

4.1. The public expressed confidence in the safety of bed based care, but the public perception of Enhanced Home Based Care was that it was less safe. Clinical systems and processes in place to mitigate any risk, whatever the model of care should be more clearly explained.

4.2. Patients should feedback about quality in real time without fear or favour. Complaints and compliments need to be acted on in an accountable and transparent manner.

4.3. Information about the Patients Advice and Liaison Service and Healthwatch Devon should be routinely available to those receiving home based care and services in the community.

5. Service Change

5.1. Respondents recognise the importance of the hospital as an outpatient facility and the potential for it to be further developed as a base for additional services and community provision. However, the majority who took part in this survey do not wish this to be at the expense of the inpatient beds. Further dialogue needs to continue. Clear accessible evidence about need should be available to support decision making. Essential services which cannot be a subject for negotiation need to be clearly differentiated from areas upon which engagement activity may be expected to have an influence.

Introduction: Why Healthwatch Devon carried out this work

Across England, NHS commissioned services which are currently delivered in the community, or those which could conceivably be delivered closer to home, are undergoing long term transformational processes. In planning for the future, paying regard to demographics and available resources, there may be a requirement for changes to current service provision. Citizens, local communities, people who currently use services, those who may need to use them in the future and their advocates and carers all have a right to be involved in having a say in how our services are planned and shaped on a strategic, local and personal level. Commissioners have a requirement to "demonstrate how the community voice has informed decision making, and to listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management"[1].

In order to promote and support the involvement of people in the commissioning, provision and scrutiny of services by enabling people to comment on the quality of those services, in the Spring of 2013, the Healthwatch Devon shadow board began to take an interest in our local Transforming Community Services programme.

In Devon the Clinical Commissioning Group of Northern, Eastern and Western Devon, is, at the time of writing, carrying out ongoing engagement processes with patients and the public. This is to sound out the feelings, views and opinions of interested local people regarding the future of services and local need for those services; initially through a series of listening exercises designed to reach out into rural and urban communities. More details about how you can be involved in similar exercises and future developments can be found on the Clinical Commissioning Group website.

The Clinical Commissioning Group is divided into localities. Each locality of the Clinical Commissioning Group in Northern, Eastern and Western Devon (NEW Devon) is developing its own programme for bringing more health services into community settings. Ongoing programme work for Eastern Devon is called "Transforming Community Services". Ongoing programme work for Western Devon (which includes Plymouth) is called "Your Health, Your Future, Your Say". Ongoing programme work for Northern Devon is called "Care Closer to Home" and all three localities are in the process of planning services based on the future needs of local communities. Meetings have been held already which have yielded preliminary ideas from local people. These programmes are being developed to enable more services to be delivered in the community so more people can access them. This will reduce unnecessary hospital visits and admissions.

Healthwatch Devon has promoted and supported all planned listening exercises through advertising on our website and throughout our networks. Specific pieces of work have also been commissioned via the Engagement Gateway which we operate. This enables Health and Social Care Commissioners to get in touch with established networks of service users, including vulnerable groups, to find out their views on specific issues which may affect them. Feedback from our work in the community can be found here.

The types of services which are in the scope of the Community Services planning exercise include:

- Community nursing
- Podiatry
- Speech and language therapy
- Occupational therapy
- Physiotherapy
- Long term conditions (e.g. Chronic Obstructive Pulmonary Disorder, Diabetes)

[1] Transforming Participation in Health and Care, Guidance for Commissioners NHS England Sept 2013

- Community hospitals
- Supporting early discharge from hospital
- Rapid assessment to avoid the need for people to go to hospital
- Tissue viability care

Figure 1: Community Based Services

Figure 1 above is a visualisation of community based services devised by the Kings Fund. Elements of care are shown as being people centred. A key element of service delivery in rural Devon is the Community Hospital, as a place where care is given, visualised here as a community "hub". In meeting local needs, the future role of the 19 community hospitals of the Devon County Council area is one which people do really care about. The Community Hospital has, in some places in Devon, played a part in people's lives from generation to generation. The fact that they are mainly placed in rural market towns already enables the community to access many services which would for most, be several hours of travelling by public transport or a costly journey by car to the nearest acute hospital (i.e. Barnstaple, Derriford, Torbay, Exeter or Musgrove Park) for minor procedures or outpatient consultations.

Local Need

Local needs are measured and evaluated through commissioning processes which must take account of the Joint Strategic Needs Assessment (JSNA). The JSNA town profile for Torrington may be found here. These measures are provided by the Public Health Information Team. It is the job of Healthwatch Devon to ensure the community voice is included in measuring and evaluating local needs. We are involved with developing the JSNA for Devon. Healthwatch Devon also has a seat on the Health and Well Being Board for Devon, as required by the Health and Social Care Act 2012. With this comes a joint statutory responsibility to ensure

commissioning plans take account of the Joint Health and Well Being Strategy[2]. If "the health and wellbeing board feels that the commissioning plan has not taken account of the joint health and wellbeing strategy, it can express its opinion to the NHS Commissioning Board"[3] (NHS Confederation 2012)

Using Bradshaw's "Concept of Need" (fig 2) helps us to understand what is meant by "need". Hawe, Degeling and Hall (1990) have summarised the concept here.

"The term "need" is subjective and socially constructed and as a concept it is widely loosely defined."[4] (Carver, Ward, Talbot 2008)

Using this taxonomy enables consideration of "felt" and "expressed" needs. As a result of this, services could be better targeted, and a reduction may take place in the perceived gap between expectations and delivery. It is important that Commissioners and Providers reflect on the views and opinions of interested communities and individuals as these may signal expectations and experiences which do not match the intended service design.

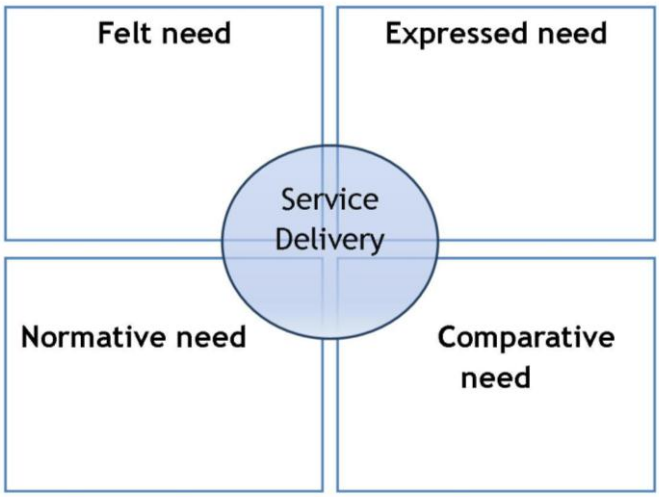

Figure 2: Concept of Need

Torrington Oversight Group is a group of Commissioners, Providers, elected members, STITCH campaigners, Healthwatch Representatives and "Lay" representatives whose role in brief is to have a view regarding the data which informs the development of the programme for future use of Torrington community hospital. The current set of statistics before the Torrington Community Cares Oversight Group evaluate need according to a "normative" value, i.e. expert opinion based on quantitative research and "comparative" need, where one area or population is used as a benchmark against another similar population.

Healthwatch Devon, however, aims to ensure "expressed" need is also evaluated, i.e. those needs which can be inferred about the health of a community, by the observation of use of services, e.g. demand or long waiting lists. The caveat for this condition however, may be that a "need exists because there is not a service in place to satisfy it, or that long waiting lists are the result of inefficiency, rather than the size of the group wanting to be treated"[5], and that the need may also remain unmet.

Finally, Healthwatch Devon can also show the "felt" need within a community of people, place or interest. People may tell us that services do not exist in an area or that they may need improving in some way, or that services may or may not fit their needs. "Felt" need is quite simply, "what people say they want or feel they need. Common methods of assessing felt needs are household opinion surveys, phone-ins, public meetings and calling for submissions from those in the community. When determining felt needs, there are three things to note:

- People have a tendency to express needs in terms of a solution e.g. more nursing home beds.
- People may be representing themselves or others.

[2] http://www.devonhealthandwellbeing.org.uk/strategies
[3] http://www.nhsconfed.org/Publications/Documents/guide_to_governance_for_health_and_wellbeing_boards210612.pdf
[4] http://www.contemporarynurse.com/archives/vol/30/issue/1/article/2565/using-bradshaw%E2%80%99s-taxonomy-of-needs
[5] Hawe, Degeling & Hall, 1990 / ACT Health Promotion 2009

- The level of expectation in relation to services may influence felt need"[6]. (Hawe, Degeling and Hall 1990)

With this definition in mind, Healthwatch Devon carried out a survey in the Torrington area to assist Patients, the Public, Providers and the Commissioning Group to evaluate need in its fullest sense regarding the "Care Closer to Home" pilot project which the Torrington Community Cares team had begun.

How Healthwatch got involved with this project

In the summer of 2013, Healthwatch Devon was contacted by the Town Clerk for Torrington Town Council to explore the role that Healthwatch might be able to take in supporting involvement of local people in the planning process. There had been public demonstrations in the town because of fears that Torrington Hospital would be closed as a result of the relocation of acute or "convalescent" beds. The document and project area covering that work produced by Commissioners and the provider, Northern Devon Healthcare Trust is called "Meeting Local Needs".

The Healthwatch Devon Partnership Officer visited the Town Clerk and the Mayor and subsequently attended a Council meeting. During that meeting and subsequent communications with commissioners and providers it was felt that Healthwatch Devon could play a key role in providing independent advice and guidance for local people during the process. Planned for the Torrington community Hospital area, participation in the Oversight Group has been set up which will enable local people, their elected representatives and clinicians to monitor the effects of the Care Closer to Home programme – albeit specific in this instance to people in the Torrington area, this type of programme development will apply to all patients and users of NHS services in the Northern locality of Devon as part of a wider balanced system of health services in the community.

The resultant initial offer from Healthwatch Devon was to:

- work with the town council elected members to gather views of people who have an interest in Torrington community Hospital
- enable Torrington community Cares (the local multi agency group set up to monitor the process) and "lay" members to have a role in monitoring and evaluation of the planning process.

What we did

Following the meeting, the Partnership Officer was approached by a local campaign group called STITCH (Save The Irreplaceable Torrington Community Hospital). STITCH had originally approached Commissioners and Providers with a survey design, therefore, it was subsequently agreed to work together with STITCH and the Commissioners and Providers. This was further developed as a survey aimed at gathering views from 200 local people in the Torrington area. Healthwatch Devon was the independent lead agency for this work and a prototype quantitative and qualitative survey was developed which covered questions raised by STITCH as well as those from the "Meeting Local Needs" document.

Over the course of three days in Torrington Town Centre, STITCH, lay people, Healthwatch staff and NEW Devon staff made direct approaches to passers-by. The following month online feedback was also sought. STITCH played a key role in gathering people's views. The result was that the views of 167 people were gathered to be collated by a joint team of Healthwatch

[6] Hawe, Degeling & Hall, 1990 / ACT Health Promotion 2009

volunteers and paid staff, a lay representative and a NEW Devon analyst. 88% of the target figure of 200 respondents was achieved. Devon Senior Voice also prepared a report based on feedback from their members and decision makers are invited to consider the comments made as a result of that survey.

The results of this report will be presented to the Torrington Oversight Group which has been set up to monitor the pilot process taking place in Torrington. The data collected has been used to write a complementary analysis which provides a snapshot of what people are saying about health and social care services.

Key Point 1: Discussion with offices from NEW Devon CCG and volunteers has given rise to the idea that the survey and information gathering process may be improved and adopted across the NEW Devon area. Healthwatch Devon will need to make an assessment of staff, volunteer and resource capacity to carry out this activity.

Recommendation 1: Further work

1.1. Healthwatch Devon to continue work across Devon with providers, CCG, volunteers and community representatives, to promote and support co productive involvement in an engagement process which would be tailored to each community, including:
- service planning and consultations
- developing processes to enable people to be involved in evaluating need
- advocating for community voice.

Results

Q1: Where do you live?

This map shows the location of the 167 respondents to the survey. Most are grouped in Torrington, but the scale of the map cannot show individual pins. (n= 167)

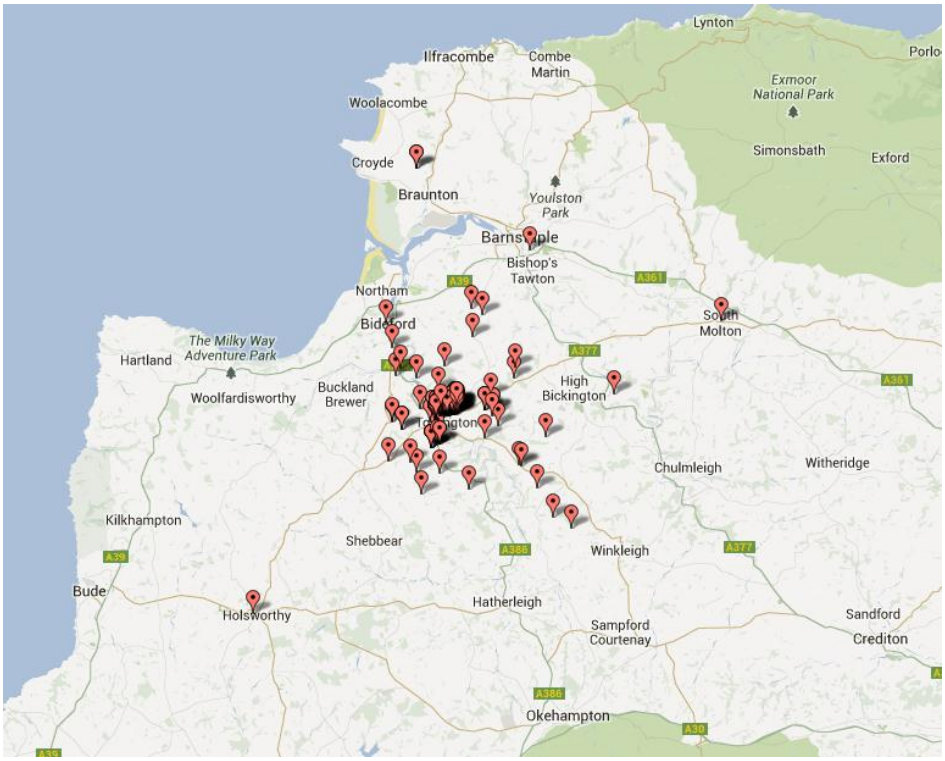

Figure 3: (Q1) Location of Respondents

Q2: Age. Please state your age group

161 Eligible responses = 96%n. Most respondents were aged between 41 and 75.

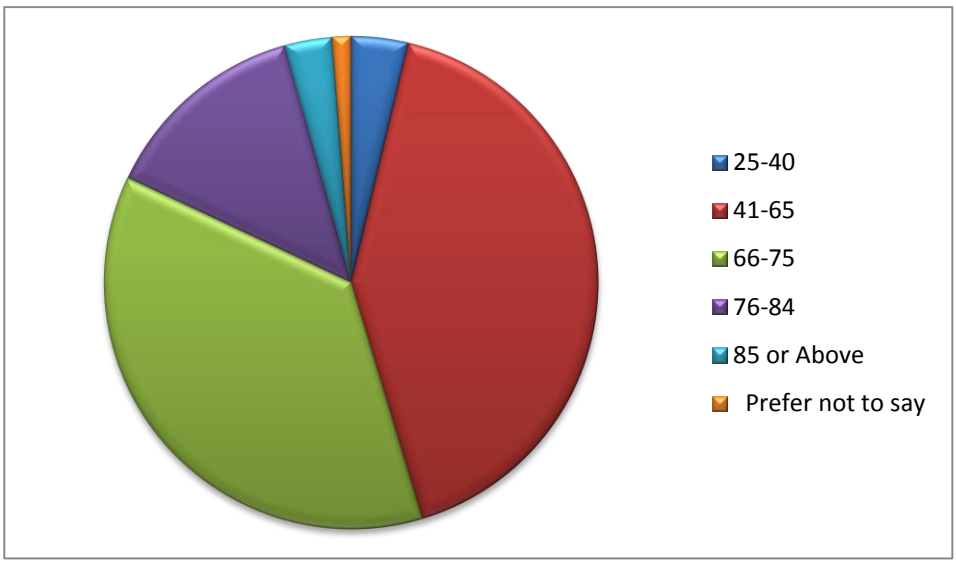

Figure 4: (Q2) Age of Respondents

Q3: Have you heard of the project to look at possible future changes to the use of Torrington Community Hospital?

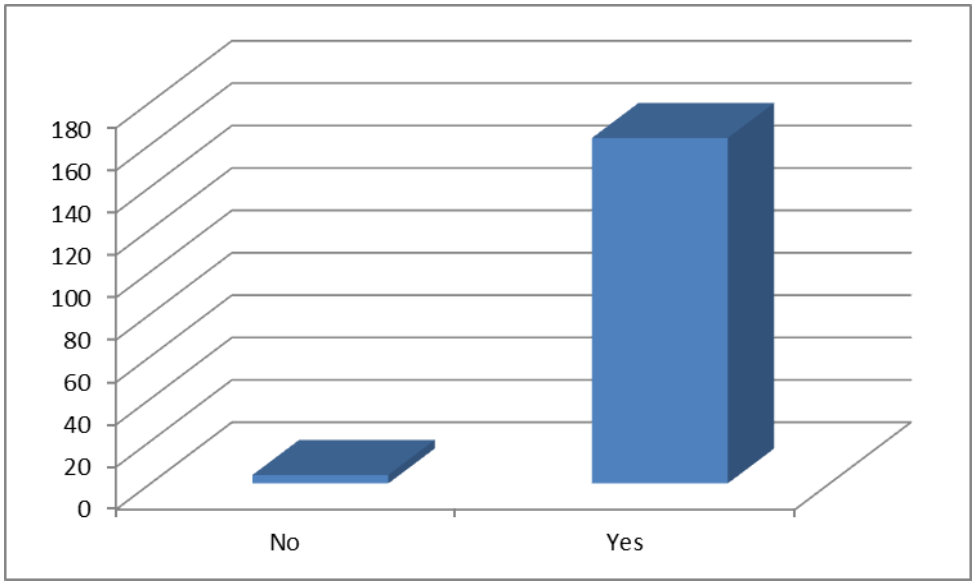

Figure 5: (Q3) Have you heard of the project

Q3 continued: How did you hear about the project?
167 eligible responses (100% n)

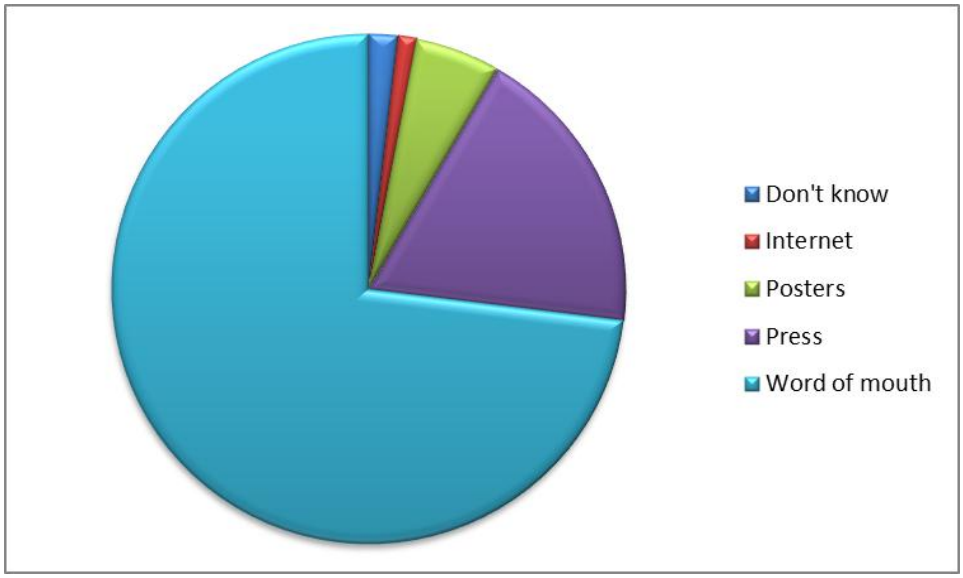

Figure 6: (Q3) How did you hear about the project?

Q4: What do you understand about this project?
Around 90% of respondents commented on their understanding of the project, with responses suggesting a range of views about proposed changes and the reasons for them. Slightly more than half of these respondents felt that the purpose of the project was to remove inpatient beds, with a third linking this to the development of enhanced home-based care. A much smaller number mentioned a greater number of clinics and more extensive outpatient provision based at the hospital. Nearly a fifth of respondents thought that intention was to close the hospital.
In many cases comments took the form of a short summary of the respondent's understanding of the project.

'There is a proposal to provide enhanced care at home for residents who otherwise may have been treated at the community hospital.'

On a very few occasions these comments suggested that there might be some merit in the project:

'To find the best type of care for older people from Torrington and the surrounding area.'
'The plan is to … to try and aid patients back to their homes as quickly as possible, with rehabilitation going out to the patients' home. To find ways to utilise Torrington Hospital to its fullest.'

However, when respondents did express views about the desirability of the proposed changes, these were predominantly negative. A common perception amongst these respondents was that the changes were being driven by local or national financial constraints:

'The trust is in financial difficulties and shutting the beds and going to 'enhanced care' will save money.'

'NHS cut backs means they are reducing the amount of beds.'

One comment succinctly captured respondents' concerns about travel to more distant hospitals and anxiety about the quality of home-based care:

'Patients needing community hospital care will be accommodated in other hospitals some distance away at great inconvenience to their relatives. Those who can will be nursed at home by community staff - no-one has yet made it clear if these staff will be fully qualified community nurses.'

In around 10% of cases, respondents' views about the project were coloured by scepticism about the extent to which the views of the Torrington residents would be taken into account:
'Supposed to be a consultation process but I feel it is more lip service. I feel minds have been made up and policies suggest that this is going to happen whatever.'

'The health trust are closing the hospital and using care in the community. The decision was made without consulting the people of Torrington.'

Q5: Have you already been involved in this project?
Respondents were asked to tick all that applied to them. Most respondents to this question ticked more than one answer. 76% of the total respondents to this survey gave at least one answer to this question (reading the newspaper).

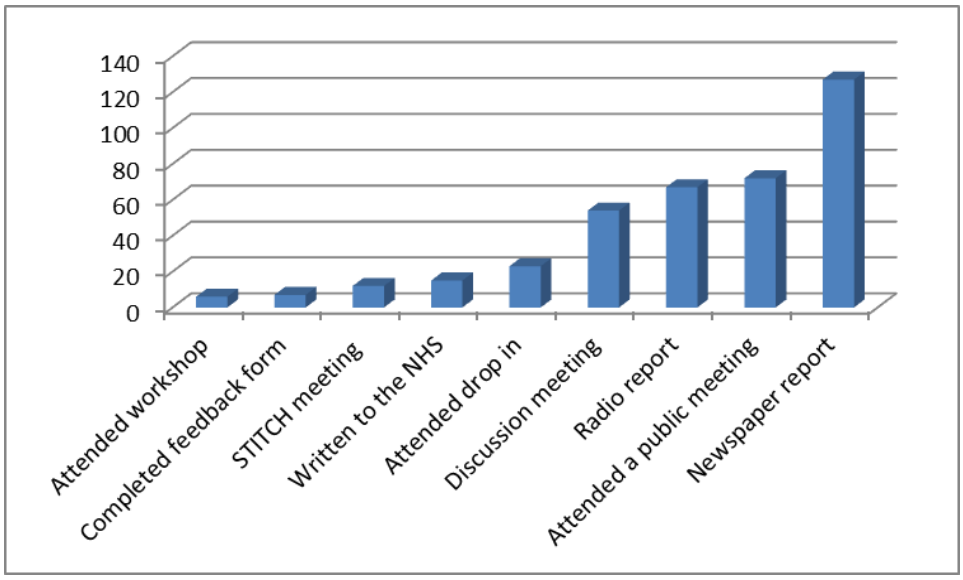

Figure 7: (Q5) Have you already been involved in this project

Q6: Have you been a patient in the Torrington Community Hospital in the last 2 years?
22 respondents (13% n) said they had been a Torrington Community Hospital patient in the last 2 years – a very small minority as inpatients and the remainder as outpatients.

Of the inpatients who had been transferred to Torrington following major surgery at Northern Devon Acute Hospital in Barnstaple, and one said that this had been a key factor in promoting a more rapid recovery:

'The staff at Torrington were fantastic, I felt like I was part of a family, they really were excellent, my recovery accelerated very quickly and the strain on my family almost vanished. I could not have had this same treatment in my own home'.

Another inpatient was treated in Torrington Community Hospital following referral by a GP. This individual felt that this had provided a critical half-way house between home and an acute hospital:

'Whilst my condition was not serious enough to be taken to a larger hospital I was considered too ill to be at home and benefited from highly focussed medical care from the Community Hospital team.'

The majority of outpatients had received physiotherapy at the hospital. Where respondents commented on their experience they were invariably positive. Four of the outpatients highlighted the convenience of receiving treatment locally rather than travelling to a more distant hospital.

Q7: Has a close friend or relative been a patient in the Torrington Community Hospital in the last 2 years?
70 people (42%n) had had a close friend or relative who was a patient in the hospital in the last 2 years

Q8: Have you visited anybody in Torrington Community Hospital in the last 2 years?
86 people (51%n) had visited somebody in the last 2 years. The overwhelming majority reported an extremely favourable general impression of the hospital. Comments often highlighted respondents' perceptions of excellent care, friendly staff and a homely atmosphere. Ease of access was also identified as an important factor for both patients and their friends and family. The following comments are typical:

'I have visited many friends in Torrington hospital and found them very professionally cared for and very happy with their care. There is a friendly and happy atmosphere in the wards.'

'Excellent care. Staff very friendly and welcoming. Homely atmosphere. Easier for elderly friends/relatives not to have to travel a great distance for visiting. Food very home based and nutritious.'

'The care was excellent and I'm sure helped my friends recover more quickly. The staff were very kind and catered to the patients' needs. It was helpful that local family and friends could visit easily.'

'Excellent care provided, with very attentive staff who can give time to administer medical treatment, listen and talk to the patients in a relaxed quiet atmosphere. It has an open friendly presence which is well organised and in a clean environment.'

The view emerged, again, that Torrington Community Hospital provided an important half-way house between NDDH and home-based care:
'Whilst there she was visited every day by the doctor and nurses. In other words she had been cared for 24/7. She was discharged (date removed) back to my care. If we didn't have the cottage hospital there is no stepping stone between the NDDH and home.'

A small number of respondents were highly appreciative of the end of life care provided by the hospital:

'The care to a dear friend was excellent. She was made to feel secure and loved during her illness and her family were given support during her final hours. She was able to die in dignity.'

Critical comments were evident in just five responses. Other than two references to the building itself – *'bleak', 'faded'* – these appeared to cover specific individual issues rather than identifying more general concerns.

Q9: Enhanced home based care. This was explicitly explained thus, although the investigators still perceive that respondents are still confused by the different types of home based care, or care based in a residential care home and under what authority that care is provided.
"As an alternative to inpatient care in the Torrington Community Hospital, the Northern Devon Healthcare Trust is considering a different way of providing hospital and nursing services. This could include bed based care in the home thus possibly avoiding unnecessary hospital admissions. This is called "enhanced home based care".

(By this we mean care provided at home for a short period of time, while you are unwell. This is different from the care provided by Social Services, which is usually provided over a much longer period of time to support you with basic personal needs such as washing, dressing and preparing meals.)"

Have you or a close friend or relative had enhanced home based care provided by Northern Devon Healthcare Trust in the last 2 years?

38 (23% n) respondents said they had received enhanced home-based care. The comments made by five of these were at least partly positive about some aspects of this care. These included the care provided by Marie Curie nurses for one patient and the support received by a dementia sufferer. However, even some of these more positive responses revealed concerns about variability in the quality of care:

'For mum it wasn't ideal. Nurse who administered injections was rather brutal and I had to ask for a replacement. Good job I was present. For dad the support for dementia was very good.'
In contrast, around half of the 38 respondents made negative comments about the quality of home-based care, raising issues such as:

- inadequate amounts of time during visits, sometimes exacerbated by long intervals between visits
- fragmented care
- poor engagement with patients
- inconsistency in the quality of provision
- the risks arising from these perceived weaknesses in the quality of care.

The following comments indicate clearly the level of concern felt by some respondents:

'Totally inadequate; dignity eroded; 15 minute slots totally useless; slept in a chair, then had a bed and commode but unable to access the commode by themselves.'

'My aunt had carers who came in but she was on her own most of the time. Aunt set fire to the house on one occasion; she had dementia and left the cooker on.'

'Left Torrington hospital to have care at home - not as good as in hospital. Had a time slot - did their jobs but didn't engage with patient (patient felt happier with hospital care).'

'Care is fragmented with different nurses attending and information not shared. Not clear how patients are allocated to members of nursing team. Current system inefficient due to poor communication and lack of consistent presence. Equipment is not consistently available: some is delivered, some has to picked up in S Molton. Phone calls unanswered. No 24/7 care. This is not enhanced care.'

'Unsafe, patient unable to get a doctor after 8pm, no nurse available. Patient in considerable pain. Syringe driver dislodged on a relative with a terminal illness (had to wait for 3 plus) hours to get it re-sited and get catch up time lost for pain and symptom control.'

Q10 In terms of maintaining your own health and wellbeing into old age, what is important to you? (please tick all that apply)
86 % of people answered this question at least once.

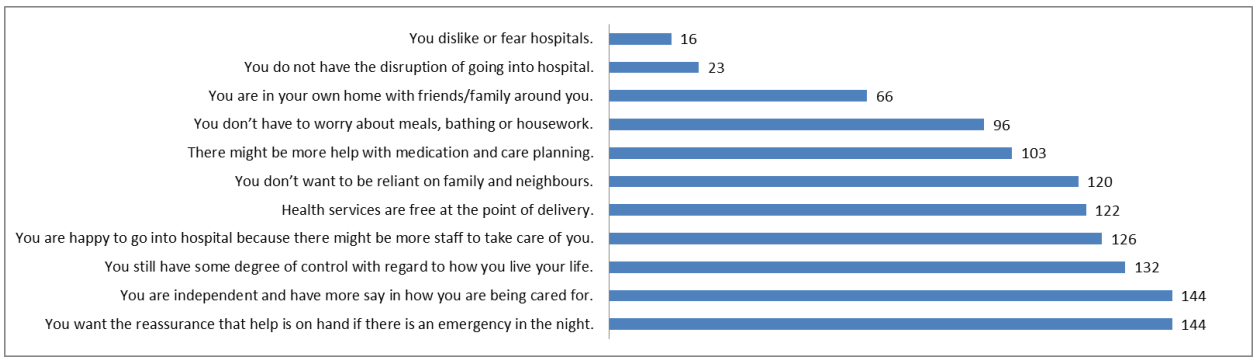

Figure 8: (Q10) What is important to you

Q10 continued. Any other comments you'd like to make?
Two thirds of the 167 respondents made additional comments in this section of the questionnaire. A third of these felt that, while they would like to be independent and remain at home for as long as possible, inpatient hospital provision was an essential safety net.

'I would be happy to remain independent in old age while I have the capability to care for myself. However if I was seriously ill or incapacitated I would prefer and be happy to go to hospital with constant care available, rather than rely on others without the necessary knowledge or capability to provide intense personal care.'

Nearly a fifth of responses included comments related to the importance of **local** provision
'In an ideal world I would wish to be independent and make my own choices. However is circumstances dictated then I would wish to be cared for in Torrington, in a small community hospital where I could more easily be visited and supported by friends and family - more personal nursing.'

'I would be in a place close to friends and relatives who could visit even if they did not have their own transport, which in my case is a fact. My mother was in NDDH for a month and it takes two buses and nearly an hour to get there and buses do not run in the evening so after work visits were not possible.'

Concerns about the burden placed on other family members were also evident in nearly a fifth of responses.

'I would like to remain at home as long as possible but if I became seriously ill I would like to think that Torrington Hospital would be available when specialist medical care was not necessary. I cannot be sure my family will be living locally and I could not expect them to be available for 24 hour care.'

'Care in the home for many elderly could mean a heavy burden falling on the elderly spouse. I have first-hand experience of this with my wife's parents. My elderly mother in law is disabled and my 76 year old father in law provides all her care with no support.'

Around a sixth of those who responded were anxious about the prospect of being at home without 24 hour care.

'Fear of being taken ill in the night if at home. Fear of falling etc. if alone all night.'

'I would worry that if I lived alone that if I became ill I would not be able or remember to take medicines or feed myself or know how to call for help and keep warm.'

Again, there were significant concerns about the quality and sufficiency of home-based care. There were references to this in nearly a fifth of responses.

'I can't see how home care will work in some circumstances. Where are the carers coming from? How about bad weather in the winter?'

In some cases respondents did not reject the concept of home-based care, but were sceptical about how well it would work in practice.

'In principle what you are proposing is a good idea - in practice it never works. I've worked in homecare, agency staff, often foreign with little understanding, constant changeover of staff, that the elderly get confused over. They want what they've always known - a reliable NHS local hospital.'

Around 10% of responses referred to broader local and national issues, and the way in which the project was being managed. Mistrust and scepticism were apparent in most of these.

'Don't take Torrington people for fools. The trust and CCG are perceived as arrogant and patronising. You have wasted so much money on this which could have been spent on refurbishing TCH and looked after staff more. Low morale is caused by management.'

'It is an abiding concern to me that privatisation of the NHS is in the offing. This new regime is a symptom.'

Q11. Thinking about the future, what should the role of Torrington Community Hospital be in the future, for the greatest benefit of people in and around Torrington? This question has been analysed by NEW Devon CCG and the results will be made available to complement the findings of this report. Healthwatch Devon has had full oversight of the analytical framework used to produce the results of this question.

Q12. What services and support would you like to see provided at the hospital?
Nearly all respondents commented on future provision at the hospital. Many wished to see a wide variety of clinics. The areas most frequently mentioned were physiotherapy, family planning and sexual health, chiropody, mental health and the provision of a minor injuries unit. References to the hospital as a wider community resource were also common.
However, more than three quarters of respondents wished to see inpatient beds retained, rather than removed to facilitate additional services. As in earlier sections of the questionnaire this was underpinned be a number of common themes:

- transport and ease of access
- respite care to reduce the burden on friends and family
- end of life care
- the need for a halfway house providing convalescence between discharge from NDDH and home

The following comments are typical:

'The alternative uses, outlined in the document 'meeting local needs', seem to be reasonable. However I do feel that maintaining a number of beds at this hospital in a rural area where travel is not easy, especially for elderly people, is very important.'

'It should continue with its present role of providing hospital care with beds for end of life and people not needing primary care but needing care following discharge from Barnstaple before returning home.'

'Used for respite care for people who care for chronically ill patients.'

Q13. What needs would these meet? This question has been analysed by NEW Devon CCG and the results will be made available to complement the findings of this report. Healthwatch Devon has had full oversight of the analytical framework used to produce the results of this question.

Q14. What problems might these solve, and for which sections of the community?
Around half of the respondents commented in this section and their views were closely in line with those reported earlier in the questionnaire. Again, the need to reduce travel – for both outpatients and inpatients – was often cited as a key consideration.

'Clinics based in Torrington would save on travel. Having well-being classes would help people to stay healthy as long as possible.'

'Facilitates access for family and friends to visit which I think would assist the recovery process - an important psychological benefit.'

A number of respondents felt that the retention of inpatient beds would help reduce pressure on other areas of the health service.

'To provide after care for the patient from the acute treatment given at NDDH. By doing this it will support the bed situation at the NDDH.'

'Take the pressure off doctors. Hospital could be open after surgeries close and have needs assessed prior to sending to A&E.'

Q15. hat in your view would successful home-based care be like (generally or for individuals) in the Torrington area?
Nearly 90% of respondents expressed views on what would constitute successful home-based care. For nearly half of these **time** and **expertise** were the critical factors. There was a sharp focus on ensuring the availability of well-trained professionals with sufficient time to meet patients' needs and build strong relationships with them.

'It must be delivered by very well trained health care professionals who would be able to spend plenty of time with those they care for.'
'Home-based care can be very satisfactory providing there are enough trained staff with sufficient time to treat and chat. Carers must have long enough to talk and make sure patients can eat and drink and take medication with a friendly relationship.'

'Successful home based care needs fully trained community nurses. If patients are to be nursed at home they need frequent assessment. A nurse is trained to take in many details by observation from home circumstances, giving hints about carers and conditions, gathered in conversation and assessing mental state and well-being.'

More than a quarter of those who responded highlighted the importance of **24 hour care**. In some cases this was related to the availability of qualified staff able to draw on additional medical expertise as required.

'Cared for by trained professionals on a 24/7 basis. Reassurance that contact can be made with medical professionals out of hours and that someone would visit.'

'24 hour care with qualified staff who have access to other medical professionals at the time of need and not 24 hours later.'

'Doctors and nurses on call, and available, 24 hours of the day and night. For them to be able to spend enough time with patients. For patients to know whatever help was needed would be there when needed.'

Other respondents commented on the importance of 24 hour care for vulnerable and isolated patients, particularly through the night.

'Not good for people who live alone. They will get frightened if they have no near neighbours or relatives. Night time is the worst.'

'I cannot see 24-hour care actually happening and feel that vulnerable people would be left alone overnight feeling scared, worried and isolated.'

'It's through the night that's difficult - people get out of bed and fall. Older people always have to get out of bed, half asleep with slippers on and they tend to fall'

Some respondents clearly felt that successful 24 hour home-based care should replicate the services available in hospital – and could **only** be delivered in hospital.

'You cannot give 24 hour care at home; that is why the hospital must remain.'

Around one in eight people commented on the importance of **continuity of care** to build personal relationships and understanding of patients' needs and circumstances.

'I would question continuity of care - so that you could provide a degree of friendship as well as practical help'

'Continuity of care - important that patients get a rotation of staff that they know. Gives patient reassurance.'

'A constant group of carers and medical assistants who know the patient needs and can respond to them.'

Slightly less than a tenth of respondents suggested that successful home-based care needed to be underpinned by **inpatient provision** at the Community Hospital.

'We all need help from time to time for medical conditions that do not require hospitalisation then home visits would be a great help. Having the same caring and professional people in our homes would be ideal as long as we still have our local hospital as a back up should conditions worsen'.

Dealing with the **size and rural nature** of the Torrington area, particularly during the winter months, was an important consideration for a few respondents.

'The travelling the carers would have to do for this area is vast; they would not be able to attend soon enough when individuals become ill.'

'As for when the winter months are upon us the situation will be worse; providing suitable vehicles for the conditions would be extremely costly knowing how Torrington and surrounding parishes have such a high population of elderly people who need professional care.'

Nearly a fifth of respondents were extremely doubtful whether home-based care could ever be successful. The strength of feeling was evident in some more trenchant comments.

'It is bound to be inadequate. It is the back door to privatised healthcare. There will be a lot of lonely and frightened people left alone for hours not being able to cope. How can this be classed as quality health care? How can they staff high demands for night care if patients need all night care?'

'Following my experience of having cared for my mother, who suffered with dementia, for 7 years, and died relatively recently, I have no faith whatsoever that successful home-based care

would be given in the Torrington area. In such a widely-flung rural community elderly and vulnerable patients would simply be 'out of sight, out of mind'.'

In contrast, the experience of a very small number of respondents suggested that successful home-based care was achievable.

'I think we have good care in the community; several people where I live have carers and everyone seems content about it'

Key Points and Recommendations

(summarised at the beginning of this document)

Key Point 2: Residents hold the hospital in high regard. Their experience as patients, carers, families and friends is overwhelmingly positive. Consequently, they are disappointed and anxious about the removal of inpatient beds. They feel that this will have a serious and negative impact on the quality of care in the Torrington area.

Recommendation 2: Dialogue and Communication

2.1. This is an opportunity to improve information and communication as to the nature and location of "bed based" care following acute emergency or elective care episodes.

Key point 3: Residents are worried about access to care, given the dispersed, rural nature of the hospital's catchment area and its demographic profile. Travel to other hospitals in North Devon, particularly for elderly people, can be a significant challenge given the limited availability of public transport. People's expressed and felt needs amply demonstrate these anxieties.

Recommendation 3: Health Needs Assessments

3.1. Health Needs to be demonstrated as specifically aligned to the population.

3.2. A distinction to be drawn in reporting between normative or comparative need and the felt and expressed needs of the community to narrow the gap between expectations and delivery.

3.3. The current expectations of the Torrington Community in relation to clinically assessed need appear to be at odds with felt or expressed need. An explanation within needs assessments in plain English of clinical/normative/comparative need as well as those felt or expressed by people may help understanding of the position health services must take in relation to modernisation, finance and changing demographics.

Key Point 4: A lack of confidence in the quality and sufficiency of home-based care, often founded on personal experience of poor provision, is adding to residents' anxiety about the removal of inpatient beds

Recommendation 4: Systems and Processes (Quality and Safety)

4.1. The public expressed confidence in the safety of bed based care, but the public perception of Enhanced Home Based Care was that it was less safe. Clinical systems and processes in place to mitigate any risk, whatever the model of care should be more clearly explained.

4.2. Patients should be able to feedback about quality in real time without fear or favour. Complaints and compliments need to be acted on in an accountable and transparent manner.

4.3. Information about the Patients Advice and Liaison Service and Healthwatch Devon should be routinely available to those receiving home based care and services in the community.

Key Point 5: Residents recognise the importance of the hospital as an outpatient facility and the potential for it to be further developed as a base for additional services and community provision. However, they do not wish this to be at the expense of the inpatient beds.

Recommendation 5: Service Change

5.1. Respondents recognise the importance of the hospital as an outpatient facility and the potential for it to be further developed as a base for additional services and community provision. However, the majority who took part in this survey do not wish this to be at the expense of the inpatient beds. Further dialogue needs to continue. Clear accessible evidence about need should be available to support decision making. Essential services which cannot be a subject for negotiation need to be clearly differentiated from areas upon which engagement activity may be expected to have an influence.

Conclusion

There is a tangible perception by our respondents, (who are mostly aged between 41 and 75, who had mostly heard of this development by newspaper reports and word of mouth via street collection of views,) that the public engagement process is a pretence, that a decision to permanently remove the inpatient beds has already been made and is a precursor to closing the hospital. Moreover, there is a suspicion that this decision is being driven by financial pressures. Most people's involvement had been through reading newspaper reports and the minority of people had attended a workshop. More respondents had been to a drop in and/or public meeting where they were able to hear first-hand from commissioners and providers.

There remains, however, mistrust by some local people of the CCG and NDHCT and this is impeding a constructive dialogue about future healthcare in the Torrington area.

Regard needs to be paid to community perceptions of the quality care for vulnerable people outside inpatient settings. This may affect expectations of good quality healthcare. The role of residential care homes, care agencies and community organisations as providers is vital and the community needs reassurance that possible alternative locations for care are as tightly regulated and managed as those in the much loved community hospitals. Travel and transport are a major concern for rural communities and this also must be a consideration in planning and locating well used services.

It is hoped that this report will enable constructive discussion and debate about how some of the fears and anxieties present in the Torrington community can be resolved, and offer an opportunity to enable the commissioners and providers to demonstrate, in time, which model of service delivery will most likely maintain safe and timely care, without isolating vulnerable people, and whether, in fact, any improvements can be achieved in an austere financial climate.