

Northern, Eastern and Western Devon
Clinical Commissioning Group

Pathways for the future

Eastern Locality Proposed Commissioning Intentions for Community Services

Consultation Report

Updated July 2015

Overview

Community Services that take place in or closer to people's homes are extremely important and therefore in May 2013 the GPs and commissioning team in Eastern Locality began to engage people across the area to hear their views in relation to the future provision of these services. We started this engagement early before we had developed any plans or proposals so that we could hear first-hand what was important to the population.

At that time and over a number of months approximately 2000 people attended local health summits or joined in the discussions in other ways, providing a wealth of insights and understanding about community services. People particularly told us how important it was to have joined up care, the right support at home when it is needed and many other points that helped to shape our thinking.

This early engagement underpinned the Clinical Commissioning Group's (CCG's) strategic framework that was published in September 2014. *Integrated, personal and sustainable community services for the 21st Century* set out the improvements we would like to see in community services across each of the three locality areas within the CCG. We know the ideas in the strategic framework had a lot of support in principle; however, we also had to look at how these ideas could be implemented in Eastern Locality.

On 17th September 2014 we therefore published our proposed locality commissioning intentions *Pathways for the future*. We knew that it was important to set out our provisional thinking and to consult on our proposals that affected the nature of community services for the future and more specifically the role of the community hospitals in the area before decisions were made.

The consultation was due to end on 12th December 2014 but was subsequently extended until 24th February 2015 in order that we could consult further in relation to changes to community hospitals in the locality. On 20th January 2015 we published the supplemental consultation document *Pathways for the future; Supplementary Consultation* and asked for your view on the criteria that we should adopt as part of our decision-making and the options for the provision of inpatient services in community hospitals.

We would like to thank the many individuals and organisations who participated in this consultation process and the stakeholder groups who worked with us through this period to help ensure we heard and understood the key and important concerns and suggestions people had. This consultation report provides a summary of the views provided in response to the consultation and explains how these views will now be taken into account in future commissioning of community services.

Signed: 

Dr David Jenner, Eastern Locality Chair

Executive Summary

This consultation was the latest in an ongoing process of engagement that started initially in May 2013 as part of the Northern, Eastern and Western Devon Clinical Commissioning Group's (CCG) Transforming Community Services Programme which set out to develop the strategic direction and plans for future delivery of community services. The learning from the early engagement provided a sound basis for developing and consulting on the strategic framework *Integrated, personal and sustainable: Community services for the 21st Century* which was adopted by the CCG on 4th September 2015.

The next step was for each of the three localities to set out their commissioning intentions to explain how they proposed to achieve the vision and priorities set out in the Strategic Framework. In Eastern Locality, *Pathways for the future* was published launching the consultation on 17th September 2014. This consultation which was originally planned for a 12 week period actually ran for a total of 22 weeks as a result of an extension and supplemental document being issued. The consultation ended on 24th February 2015 although engagement with stakeholder groups continued.

The *Pathways for the future* consultation was seeking the views of individuals, organisations and stakeholder groups on the future provision of community services in Eastern Locality of Northern, Eastern and Western Devon Clinical Commissioning Group including on the following key issues:

- a. Prevention and well-being services
- b. Pathways for Adults with Complex Needs
- c. Stroke Services
- d. Urgent Care services
- e. Inpatient Care

The *Pathways for the future supplementary consultation document* then looked specifically at inpatient services in community hospitals. It set out the different options considered by the CCG and invited views on the criteria to be adopted as part of decision-making and the options put forward by the Clinical Commissioning Group and others as identified. . It explained that although an option had been proposed, the CCG would be keeping an open mind and was seeking views on these important matters before making decisions.

A number of factors were in and out of scope for the consultation:

Theme	In scope	Out of scope
Services	Prevention and wellbeing Adults with complex needs Community stroke services Urgent care in the community Inpatient care in the community	Community specialty services Non-community services
Locations	Community services across the Eastern Locality in Mid Devon, Exeter City; East Devon (Wakley and WEB areas)	Community services outside of Eastern Locality catchment
Contents	All aspects of the proposed commissioning intentions, with a more specific focus on inpatient services	Any proposals outside the scope of the identified services

The consultation process included the publication of materials online, the circulation of flyers in local communities to raise awareness of the consultation and events, holding public meetings in the city and towns across the locality, holding drop in sessions in rural areas, and both hosting and attending a range of meetings to ensure that views are known. The consultation also invited people to telephone, e-mail or write in with their comments.

In total there were 1500 responses to the consultation. These reflected a wide spectrum of views on the priorities for future community services and the issues being consulted on, in particular the proposed options for inpatient care. Within the wide spectrum of views there were a number of themes for the future planning of community services.

These included the importance of:

- Data and information
- Access for patients and visitors in relation to inpatient care
- Ensuring good and value for money home care
- Taking views of service users into account
- Ensuring appropriate facilities for services

The purpose of the consultation report is to provide a summary analysis of the responses received to the consultation, the themes in these responses and how these will be taken into account when the CCG considers the various options for commissioning community services in the Eastern Locality. In addition to this report

further underpinning detail on the consultation process, the learning points for future consultation and additional information on the responses received has been prepared.

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1. Introduction

The report relates to a consultation conducted from 17th September 2014 until 24th February 2015. The purpose of this consultation was to provide the opportunity for patients, carers, members of the public, staff and stakeholders to have a say about the proposed commissioning intentions for community services in Eastern Locality of NHS Northern, Eastern and Western Devon Clinical Commissioning Group (CCG).

Community services are the range of health, and integrated health and care services, that take place in or close to people's homes. They include community nursing and therapy services and clinics and other forms of care in community hospitals. These services have a pivotal role in supporting people to maintain or improve their wellbeing as well as providing health and care services.

On 4th September 2014, the CCG adopted a strategic framework - *Integrated, personal and sustainable: Community services for the 21st Century*. This framework provided the vision for community services across Northern, Eastern and Western Devon. The Strategic Framework was informed by extensive engagement. The adoption of the Strategic Framework was followed by the production of locality proposals designed to achieve this vision. The Eastern Locality proposals were set out for consultation in the following documents:

- *Pathways for the future*: published on 17th September 2014
- *Supplementary consultation*: published on 20th January 2015

Through a series of meetings and drop-in sessions the public had the opportunity to learn more about the consultation and give their views. In addition there were arrangements for receiving written and telephone responses. Many people expressed their views and this consultation report is designed to reflect the process used as well as the themes and salient messages gained as a result.

From the outset the CCG recognised the high level of interest in community services and that the public should have confidence in the future model of care. It has at all times maintained an open mind in relation to the future provision of community services and the CCG will now consider the wealth of insights and understanding received as part of the consultation in deciding the next steps.

2. Purpose of the consultation

The consultation document *Pathways for the future* set out the proposed way forward for a number of different aspects of community services and :

- **Prevention and well-being services** with a particular emphasis on promoting prevention, developing networks to support integration and

empowering communities to lead developments. Plans were already underway to establish needs based health and wellbeing hubs in Budleigh Salterton and Moretonhampstead at the time of the consultation and Pathways for the future also proposed a health and wellbeing hub in Crediton.

- **Services for adults with complex health needs** proposing that all communities would have access to a high quality, sustainable and clinically led service to meet health needs that will integrate with the community and other services, run 24 hours a day, 7 days a week and support people to remain independent and at home if they choose and if it is safe to do so.
- **Stroke care services** that were focused on commissioning stroke services through amalgamating inpatient services on a single central site in Exeter, with early supported discharge services for the whole population of Eastern Locality to help people return and be supported at home as early as possible.
- **Urgent care in the community** through set up of nurse led urgent care/minor injuries centres and primary care minor injuries services to replace the current configuration of minor injuries units bringing the model of care up to date with national policy and achieving a consistent and reliable minor injuries service for the future.
- **Inpatient care in community hospitals** by commissioning inpatient care in units of a scale that supports clinical safety, efficiency and the flexibility to enable providers to achieve resilient and flexible services. The proposals set out to consolidate or concentrate the existing inpatient capacity into fewer inpatient facilities across the area.

From the publication of *Pathways for the future* on 17th September 2014, views were first sought on the proposed way forward for each of the five service areas described above. The locality had at the time described the proposed locations of inpatient services, urgent care centres and health and wellbeing hubs with the aim of giving people the opportunity to express their views on the proposed configuration of services.

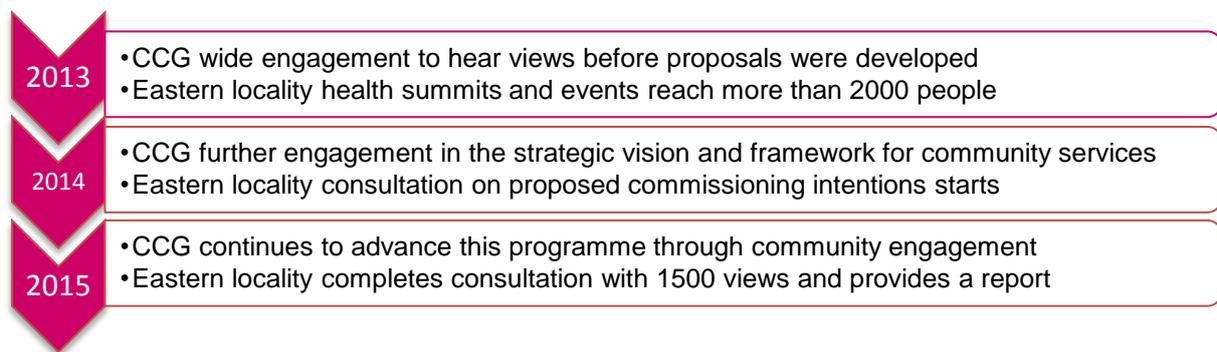
The *Supplementary consultation* published on 20th January 2015 was focused specifically on inpatient services. There had been considerable concern about the proposed change to inpatient services and the supplementary consultation offered the opportunity for comment on the criteria for decision making about these services. It also provided further information about the options considered and invited comment on the proposed option and alternatives.

Through this consultation more than 1500 individuals directly expressed their views providing important themes and salient messages that will help to inform future

commissioning. In addition a number of responses were on behalf of organisations or community groups representing larger numbers of people.

3. Consultation Process

The consultation described in this report was the latest phase in an ongoing programme of engagement designed to assist with the future planning of community healthcare services. This process included early engagement before any proposals or plans were developed, followed by two consultation opportunities – the first was a consultation on strategic matters and principles in the strategic framework and the second was the consultation about more detailed commissioning intention proposals in the *Pathways for the Future* documents.



In addition to engaging and consulting, the locality reviewed current and future health needs, patient safety and quality requirements, developments in national policy and financial sustainability with the aim of achieving the best possible services for patients within resources available. With the rising population, increasing health needs, resource constraints and new approaches to healthcare it was clear the current state was untenable and it was important to plan now for the increasing challenges ahead to achieve the best interests of patients and the population within this context.

The consultation *Pathways for the future* opened on 17th September 2014 and ran until 24th February 2015, a period was just over 22 weeks in total. This was important to:

- Enable sufficient time for the consultation on issues of high interest and concern.
- Provide supplementary information and further engagement of stakeholders
- Take into account the fact that the consultation spanned the Christmas period.

The consultation requested any comments but specifically invited views on:

- The strategic priorities and how the locality proposed to achieve them
- The commissioning intentions overall

- The criteria for future decision making
- The proposed options for inpatient configuration, and any alternative options
- Any other comments people wished to raise

The aim of the consultation process was to create a range of opportunities to participate in the consultation and to hold a number of meetings to enable people to ask questions and receive information as well as giving their views. This included:

- 11 public meetings held in the 10 market and coastal towns in East and Mid Devon and 1 public meeting was held in Exeter City. All were clinically led by GPs and supported by the commissioning and communications teams in the CCG.
- 19 drop in sessions to reach more rural areas where members of the public could book a 1-1 conversation with a commissioning clinician to discuss the proposals.
- 4 meetings specifically for town, parish, district and county councillors across the area. In addition there were meetings and briefings with MPs.
- 2 staff events for staff working in community services to hear their views and experiences first hand.
- Speaking on invitation to a range of groups at their planned meetings to reach in particular interest groups such as patient participation groups, those giving a voice to older people, those representing rural communities and many others.
- Discussions with Devon Healthwatch and the Devon Health and Wellbeing Scrutiny Committee to at key points in the process.
- Working with key stakeholders across the area through health and wellbeing hub steering groups, stakeholder reference groups, patient panels and others.

As well as these many face to face contacts people were invited to telephone, e-mail, write and return feedback forms to the Eastern Locality team of the CCG to contribute their views.

The majority of events were in the first period of the *Pathways for the future* consultation, whilst in the second phase the focus was on providing further information including publishing documents on the CCG website, conducting key stakeholder engagement, and encouraging written responses to specific questions as described in this report.

The consultation approach was developed by the team in Eastern Locality supported by communications, engagement and other inputs as appropriate. The aim was to build on prior engagement and consultation and to seek to achieve the duties and requirements placed on the CCG and to reach out across the communities served to hear views in local areas.

To reach as many people as possible the consultation was published online, with hard copies circulated on request and available at public meetings; drop in sessions and on request. As for CCG policy access to documents in different languages and formats could also be made available where required.

4. Consultation Responses

As already indicated more than 1500 people engaged directly in the consultation process, with many more indirectly engaging through organisations or representative groups. A summary of responses is provided in this section with further detail in appendix 1. Already early reports of the consultation responses have been shared with the locality board and published on the CCG website to keep people informed ahead of this final consultation report.

Eastern Locality is split into four sub- localities: Mid Devon; Exeter; Woodbury, Exmouth, Budleigh (WEB); and Wakley. The attendances and responses in total and by sub-localities are described in the table below:

Mode of engagement	Mid Devon	Exeter	WEB	Wakley	Total
Public Meeting attendances	134	21	25	1036	1216
Drop in session attendances	36	4	8	91	139
Sub-locality councillor meetings	2	2	10	13	27
Attendances at staff events	Total 60 staff at events				60
E-Mail responses	The majority of letters, e-mails and forms were from the Wakley area				166
Letters					243
Feedback form responses					70
Supplementary consultation forms					41
Crediton Newspaper Forms	All newspaper forms were from Mid Devon				36

It is notable that the vast majority of attendances at meetings and written responses related to the future role of community hospitals and arose largely, but not exclusively, from the communities of Axminster, Ottery St Mary and Crediton where the commissioning intentions proposed significant service change particularly to inpatient facilities. However across all parts of the locality patients, carers, members

of the public and key stakeholders continue to engage and maintain an interest in future community services.

In addition to these responses described above three petitions were received during the consultation period:

Petition	Signatures	Concern
Crediton and surrounding area ¹	3045 signatures	Proposed bed closures at Crediton Community Hospital
Axminster Hospital Action Group	6820 signatures	Proposed bed closures at Axminster Community Hospital
Save our Ottery Hospital	1900 signatures	Proposed bed closures at Ottery Community Hospital

Each of these petitions have been received and noted by the CCG Governing Body. In addition to petitions reflecting a collective voice, there were also a number of responses on behalf of organisations or groups. These included communications from Town and Parish councils, community hospital Leagues of Friends, Local Medical and Optical Committees, College students, MP responses, local GPs, campaign groups and others to express views and rebuttals as described in this report.

Existing and new relationships with key stakeholders were maintained or established during the consultation. In particular this included:

- Continuation of the steering groups such as those that are well established in Moretonhampstead, Crediton and Budleigh Salterton where the CCG is working with communities in relation to the Health and Wellbeing Hub concept and the use of community hospital sites.
- Maintaining ongoing engagement with standing stakeholder groups in each sub-locality including the Moretonhampstead, Budleigh and Crediton stakeholder groups, the Tiverton Choice group and a range of other key groups and voluntary sector organisations, often representing people who find it more difficult to engage.
- Setting up by the CCG of a new Stakeholder Reference Group in Wakley sub-locality which includes County Councillors, League of Friends and other representatives of the area. This Group has conducted considerable and in depth work in suggesting and appraising options for the future and

¹ Note since the close of consultation a further petition with 700 signatures was received in relation to the proposed bed closures at Crediton Hospital.

made recommendations to the CCG in the Independent Report of Sir John Evans.

The locality team has sent out hard copies of documents on request, made information available at all meetings, uploaded information to the CCG website and sent emails to engage and inform as many people as possible, giving them the opportunity to feedback their views.

5. Feedback on the strategic priorities

In the first phase of consultation between 17th September and 12th December people were asked to comment on the six strategic priorities for community services as they applied in Eastern Locality.

As with prior engagement there was overall support for the strategic priorities although there were also specific concerns particularly in relation to the realities and challenges of implementation. There were some comments that the priorities were aspirational, 'management speak' and although right to a degree they also needed to take into account the impact on individuals and carers.

The comments below are only to illustrate some of the feedback received.

5.1 Help people to stay well

"Promoting wellbeing, being realistic about both their own needs and where to get help and learning to live with chronic conditions is all important."

"Prevention medicine has a huge part to play."

"It is difficult to find fault with the strategy, the challenge will be in implementation and hopefully GP led process will be successful."

"Yes to prevention but there are already a large number of people beyond the prevention stage. What about their care?"

5.2 Integrate care

"This I believe is the most challenging area and yet the one that is likely to produce a dramatic improvement if managed well."

"Good luck with that idea. All these services have their own little empire/knowledge/experience of their field - and appear unwilling to discuss with other fields."

"Rubbish – individuals and their families constitute patients and every individual patient has different and specific needs. What is being suggested is an administrators dream and a healthcare nightmare"

“This sounds good but it extraordinarily difficult to achieve as each service has its own agenda and timeline which is often impossible to connect together.”

5.3 Personalise support

“People still need the interaction with others to maintain their own wellbeing and the reason to get up in the mornings!”

“My anxiety about personal health budgets is that it's hard to predict the cost - it might balloon. The importance of information, education - self-management is clear - but whose responsibility is it to do it?”

“Agreed, but care occasionally has to be provided by inpatient beds in a hospital, so every community needs them and to pretend that equivalent care can be provided by home visits is simply unrealistic.”

“Budget, budget, budget is all we hear....Having paid into the system a long long time, I would expect help in my old age if required.”

5.4 Co-ordinate pathways

“Helping patients through a crisis and rehabilitation to prevention and ongoing care is very important, I agree.”

“Minimising trauma, stress and helping patients feel safe and be able to access help/support as easily as possible is also important.”

“Co-ordination again depends on budget available and staff who can act when required...”

“I agree but I do need to know how you would achieve this” “Care with co-ordination is a great concept but when and how will it be implemented...”

5.6 Think carer, think family

“The increasing life expectancy will inevitably bring about more family carers. They will need more support, training, respite services than appears to be available.”

“Not everyone has family/friends locally in a position to take on or manage care in the home.”

“Many older people have no family or only at a considerable distance. They probably have a carer early and late and might not see anyone inbetween.....”

“The strategy is correct and should if managed well deliver better quality of life for carers and patients alike.”

5.7 Home as the first choice

“Yes in some circumstances it worked for my mother in law but if she had been any less able she would have had to go into a home or hospitalised.”

“Care in the community is not a replacement for hospital beds. One follows the other, very often the two models complement each other and one cannot replace the other.”

“Many people prefer to be cared for in the safety of a hospital setting”

“Evidently desirable and clearly linked to many of the strategies above”

6. Feedback on commissioning proposals

6.1 Overview of feedback

In addition to the range of feedback in public meetings and drop in sessions, 243 letters and 166 e-mails were received, with by far the vast majority from the Wakley Sub Locality. These letters were often detailed, with people sharing personal experiences and heartfelt messages and it is important to thank the people who took the time and trouble to write to the CCG in this way. Every single meeting, letter and e-mail has been reviewed and considered.

Although some consultees raised strong concerns and opposition to the CCG inpatient proposals, there was also evidence of recognition that some change would be needed and that the CCG had an ‘unenviable task’. There appeared a clear understanding that a viable future model was needed for sustainable care, to deal with the rising population and resource limits. Some consultees did make the point that care at home was ideal and that most people would prefer to be at home rather than hospital however others preferred home but wanted confidence that the care at home would be good care.

6.2 Responses to the commissioning proposals

Prevention and wellbeing services

As in the pre-consultation engagement most comments were in support of the principle of a model that achieved greater prevention although the realities of delivery and ensuring this was not at the expense of other key services were points that were described as important.

Adults with complex needs

There were a number of comments in the consultation relating to the role of home

care and the importance of this being good care so that people feel safe and supported at home as described in the themes from consultation above. This highlighted a key challenge in how to give confidence in a service that is less visible than buildings based care.

Urgent care

There was understanding of the model of urgent care centres whilst at the same time concern about the change this would bring. The responses were concentrated in a small number of communities and included the importance of minor injury units and walk in centres, issues of access and transportation, and the loss of community support if services changed.

Stroke care

There had been considerable prior consultation with patients and carers by the Stroke Association in relation to stroke rehabilitation and early supported discharge with support for the change to the current model. Feedback in relation to the commissioning intentions tended to be focused on the location of the service and was relatively minimal.

Inpatient care

Although there was some understanding of the need for change there was almost universal concern in the responses received from communities where closure of inpatient services was proposed. Themes included the importance of access, the costs vs benefits of home care; taking the data and information into account; the facilities available and how much people valued their local units.

6.3 Specific community responses

In relation to community hospitals a number of individual and collective responses were received in communities where change to inpatient services and to a lesser degree minor injury services was proposed.

Axminster: There was substantial concern in Axminster with almost all of those who commented indicating they were against the proposal to close the inpatient beds in Axminster. Not everyone was against the principle of consolidation if necessary but if there was to be consolidation there was a clear message that Axminster would be the most appropriate location to have the inpatient beds. A range of reasons were given including:

- *The building and facilities are of a much higher standard and the alternative would need costly improvements.*
- *The town is growing rapidly with even more elderly people moving in.*

- *Patients from Lyme Regis, Chard, Uplyme and Charmouth use the hospital and a clear message that people in East Dorset also see Axminster as their local hospital*
- *Free car parking and good accessibility by public transport (parking limited in Seaton and lack of public transport from Axminster to Seaton).*
- *Axminster Hospital is the furthest community hospital from the RD&E (27 miles).*
- *There is a real confidence in and appreciation of the quality of services in the hospital.*
- *Visiting is more difficult if services are not local and visiting is important for patients.*

In Axminster a Rebuttal Document was submitted by Axminster Town Council, GPs and Hospital League of Friends during the first period of the consultation.

“This document will address the inaccuracies and shortcomings seen in the report [Commissioning intentions document] and makes a case firstly to consider Axminster community Hospital as the first choice for bed consolidation and secondly to show that reducing bed numbers is an action that will drastically decrease the level of patient care.”

Ottery St Mary: As for Axminster there was substantial strength of feeling against the proposal to close inpatient beds, although there were also indications that greater clarity on the alternatives to inpatient care and how the hospital could be used would be of assistance in forming a view. The concerns included:

- *Ottery Hospital services a vital function in this pocket of population, which includes a substantial number of villages and small towns around Ottery St Mary.*
- *The inpatient beds should be back up to 24 beds.*
- *The town is rapidly developing and new towns around the area i.e. Cranbrook*
- *The people of Ottery St Mary and surrounding districts value the hospital and have raised a lot of money for equipment and the building itself.*
- *What will happen to the hospital if there are no inpatient beds or Minor Injury Unit?*
- *The population looking towards Honiton and Ottery for their medical services is very similar – around 16,500. Honiton and Ottery St Mary are equally situated for access from the other towns, but Ottery St Mary is closer to Cranbrook which is a large, new development.*

Save Our Ottery Hospital (SOOH) noted:

“We believe that removing the inpatient beds and minor injuries unit at Ottery St Mary Hospital is amazingly short-sighted. We understand and appreciate that the

CCG has financial difficulties, but shifting inpatient beds to other hospitals may cost even more money”

Crediton: In Crediton although there is a stakeholder group working with the CCG on the development of a health and wellbeing hub there was also concern that beds may close and the points made included:

- *Care closer to home should consider a viable number of in-patient step-up / step-down beds in Crediton, closer to patients homes.*
- *Crediton is expanding rapidly with large new housing estates.*
- *GP surgeries are full with long waits to see a doctor.*
- *The hospital is needed to ease the pressure on the RD&E.*
- *Unhappy with the stroke unit moving from Crediton to Ottery St Mary*

Sidmouth: In Sidmouth the focus was on minor injuries services with a number of letters expressing concern about the potential loss of local access for a range of reasons including:

- *Sidmouth has a large population, especially over the summer months*
- *The Minor Injury Unit is important to the population.*
- *The Minor Injury Unit is fully equipped funded through the League of Friends.*
- *Concern over transportation to the nearest Urgent Care Centre in Honiton, especially the elderly.*
- *The lack of community support to League of Friends (Sidmouth Victoria Hospital Comforts Fund) if the Minor Injury Unit is closed.*

A range of letters was received in different sub-localities and these extracts indicate the strength of opinion, noting these are only a selection of the many letters received:

Wakley (Axminster, Honiton, Seaton, Sidmouth and Ottery St Mary): *“I am writing to you to express my family and my concerns about your proposals with regards to our local community hospital. Since 2005, the hospital has been a key factor in the health and welfare of our family. My father spent his last days, in comfort, in the hospital when suffering with the terminal illness. More recently my mother has had the benefit of two spells in the hospital, firstly as part of her rehabilitation following a hip operation and then a more extended stay following a fractured pelvis.....*

The hospital is ideally situated for people living in our region of East Devon. There are several benefits including the patients seeing their own doctor, the hospital is on the main bus route which makes visiting easier for all (both family and friends) and these issues aid recovery”.... I feel strongly that this whole concept has been driven by some financial motive and not the care of patients”.

Exeter: *“Recently I had to attend the Walk In Centre in Sidwell Street, Exeter, for treatment to a minor injury. As my wife and I have found on a few occasions in the*

past this is a very useful agency for certain kinds of medical advice and treatments, well-established here in the centre of our city.....

While I was there and receiving excellent, prompt treatment, I heard a rumour which astonished me, which is that the centre is to be closed down. I could not believe my ears. I understand that it is used by over a thousand patients a week.....At a time when accident and emergency departments are under unprecedented pressure of demand it makes obvious sense to me that WICs are likely to form part of an overall strategy of providing the general public with medical services which divert demand from both hospitals and overstretched GP surgeries.....”

WEB (Woodbury, Exmouth and Budleigh): *“Our town councillors recently attended one of your recent engagement events in Exmouth and have now received your commissioning proposals for community services in the Eastern Locality. They are broadly supportive of your proposals for Exmouth to deliver more care in patients’ own homes and community settings rather than the hospital. Councillors are however, concerned about the capacity of the local GP surgeries and the shortage of appropriately skilled care staff, especially in the context of your strategic priority of “home as first choice”. Councillors believe that the availability of a suitably skilled workforce will be central to the successful delivery of the CCG’s vision for healthcare in East Devon”*

Mid Devon: *“I am writing regarding the closure of the inpatient beds at Crediton Hospital. Both my parents were at the hospital, my mother with later stages of cancer and my father with a stroke. The hospital was invaluable to us at those times as it would have been impossible for them to be nursed at home and they passed away peacefully with all the family near them. Moving the stroke beds to Ottery St Mary will mean added pressure on families visiting as it is further away than Exeter.... Losing the overnight beds would be a negative step for Crediton with a rising and ageing population”.*

6.4 Recurrent themes in the responses

It is important to look at the recurrent themes from these and other responses to understand common concerns in order that these can be taken into account in future planning and decision making. An analysis of the breadth of consultation responses reveals that consultees commented particularly on the following areas.

The role of home care

The point was made in many responses that home may be best although it is not always possible and appropriate alternatives services are needed. Some examples of good experiences of home care and some less so were given. There were comments that it was good that care at home was recognised but that people needed to feel safe and supported at home. Views about home care included:

- *Care at home needs to be good care*
- *It can be frightening for person living alone*
- *There is a need for trained and reliable carers*

- *More people being cared for at home may be more costly and difficult to sustain*

It was also suggested that although care at home may be first choice, the local hospital was next best and this was not portrayed in the consultation. One person pointed out that the role of the community hospital was vital 'in between' hospital and home.

The value of local hospitals

As already indicated, the majority of comments in relation to the value of community hospitals came from the areas where change had been proposed in Axminster, Ottery St Mary and to a lesser extent Sidmouth and CREDITON. Although the CCG inpatient proposal had intended people would receive community hospital services in a nearby community hospital, the perception emerging in many responses was that people would need to have more of their care in Exeter and there was associated worry about travelling, relatives visiting and being so far away from families was a regular theme in responses.

One person described their concerns about care in a community hospital outside their town as being seen as an 'impersonal stranger'. Other themes included:

- *The fact that people donated to the local hospital to support it*
- *That local hospitals are known and familiar to and trusted by communities*
- *That care in the local hospital was from a known GP making patients feel safe*
- *That it was easier for relatives to visit and visitors were so important to patients recovery*
- *That it was questionable whether the financial saving outweighed the impact on patients*
- *The hospital role in bringing a person home from Exeter so it is easier for them to see friends*
- *The absolute value of the local hospital in recuperation and end of life care*

Some respondents recognised the potential for consolidation but a number of clear reasons to consolidate inpatient provision in alternative locations were given by people in these communities where respondents understood consolidation may be necessary but did not consider the specific option proposed by the CCG as the most appropriate.

Rationales included the need to take greater account a range of factors such as centres of population, transport especially in rural areas, parking and parking charges, co-located services, access routes, medical facilities and resilience. Suggestions were also made that other hospitals could have different roles e.g. rehabilitation, end of life care to benefit the wider area.

There was some confusion about the Clinical Commissioning Group's work to develop longer term plans for community services whilst at the same time in some

areas Northern Devon Healthcare NHS Trust was making temporary closures of inpatient facilities. The Clinical Commissioning Group has been clear that the long term planning is separate from any temporary provider-led change.

The importance of data and information

Concerns were expressed about the early data supplied and, although further detail was provided there was ongoing concern on the level and depth of information available which people wanted to understand better. A number of considerations were outlined:

- *How we will reconcile the increase in population with the reduction in resources*
- *The need to understand estimated costs and savings of final options*
- *The need to further understand the real advantages and disadvantages of hospital at home*
- *The importance of taking into account changing demographics such as dementia*

At the same time there was very positive feedback on the approach to data

- Hospital League of Friends

"I just wanted to drop you a semiformal note thanking the CCG in general and Dr Daniels and his colleagues in particular for your complete openness in sharing your planning data supporting your TCS. We have arranged a special League of Friends general committee meeting and I'll be starting the meeting by showing the Friends that your planning data is comprehensive, valid, and sourced from a range of data mostly in the public arena; people may come to different conclusions, they may instinctively object to the TCS proposals for change, but they have no grounds to challenge the data itself or accuse you of not taking all relevant factors into account. Some of the pictures the data presents may come as quite a surprise to those of us with widely-held perceptions".

Other themes described in relation to the supplementary feedback forms which focused on inpatient care are provided in the next section and focused on the importance of access; listening to views of service users and taking into account the quality and flexibility of facilities in future planning.

7. Feedback on criteria for decision making

As part of the supplementary consultation issued on 20th January 2015, feedback forms were included to gather information on people's views of the proposed criteria for decision making as well as obtaining further insights in relation to the option proposed by the CCG.

In total **41** feedback forms were received. Even though the supplementary forms did not give the option to note where the individual lived it was apparent that the majority (almost all) of these forms came from Axminster in the Wakley area due to the narrative in the comments box.

7.1 Proposed criteria for decision making

People were asked if they agreed with the proposed criteria and to rank them in order of importance. They were also asked to identify if they did not agree with any of the criteria and to explain why.

In total **34** respondents gave a view of the criteria:

Do you agree with the proposed criteria for decision making:	Number of 'Yes' responses	Number of 'No' Responses	Not Applicable / Unconvinced:
Achieves the Gateway (essential) criteria:	32	2	
Meets current and future health needs	30	4	
Achieves patient safety, quality and staffing requirements	32	2	
Accessibility of the services	30	3	1 (N/A)
Potential for delivery	31	2	1 (Unconvinced)

These responses were largely supportive of the proposed decision making criteria. In the light of comments respondents made to accompany the ratings it appears the majority of the 'no' responses were given to reflect disagreement with the CCG's proposed option rather than disagreement with the criteria per se.

12 respondents ranked the criteria and it was mixed on what was ranked highest and lowest in order of importance. There was no clear consensus amongst consultees in relation to the most important criteria but the numbers of people and their preferences are set out in the table below.

Criterion	1 st rank	2 nd rank	3 rd rank	4 th rank	5 th Rank
Achieves the Gateway (essential) criteria:	2	4	2	4	0
Meets current and future health needs	2	3	3	4	0
Achieves patient safety, quality and staffing requirements	0	4	6	1	1
Accessibility of the services	3	1	0	2	6
Potential for delivery	5	0	1	1	4

Comments suggested the following points were missing or insufficiently expressed in the proposed criteria for decision making:

Access

Although access was included it was noted that geography (location and catchment area) and communications (on key road and transport networks) needed to be taken into account. The impact of access on visitors for patients was made repeatedly in the feedback forms and the many letters received.

“Accessibility a priority please”

“These proposals do not meet current or future needs of the community. Many homes are being built and therefore in the future there will be an even greater need for local care”

“Seaton is inaccessible for many. I understand also that parking is limited. I have heard of someone trying to visit, they couldn’t park - so did not visit!”

Views of service users

Many people made the point that the strongly held views of local communities who are service users should be taken into account.

“I have not seen anything about the wishes of the users and potential users of the

service. These changes affect our quality of life, healthcare outcomes and need to be taken into account. The East Devon demographic means community beds are particularly appropriate for our community.”

“Why take away something that has worked extremely well for over 100 years. This decision makes no sense what so ever. We need beds and increased and improved care at home. When is this going to happen?”

“Respect local views and think long term”

Delivery potential

Relevant points from the commentary included the need to take into account the quality of facilities to deliver services into the future and the availability of other services e.g. x-ray. It was pointed out that the impact of no beds on other services should be taken into account.

“The existing community hospitals fill a vital need for local care for patients and need to continue to cater for the needs for which they were created - now more than ever.”

“..There are many patients from each community spending time in RD&E when their needs could be met in community hospitals. This will get worse in the future.”

Facilities

The scope for future expansion and facilities for care in the longer term was highlighted as was the support given by Leagues of Friends

“The potential for delivery should look at the buildings and their potential for expansion if further reductions are made in the number of community hospitals in the future.”

“It should also look at the present state of the building infrastructure as the savings being made a re quire small and could easily be overturned if major building works are required.”

“The new wards have first rate facilities the stay in hospital much safer.”

Additional points for criteria

In addition to the supplementary form responses, some letters and e-mails addressed criteria directly whilst others indirectly highlighted points that were relevant to and should be considered within the criteria for decision making. These included:

Quality	<i>Track record of meeting patient expectations</i>
Finance	<i>Based on evidence based cost comparisons</i>

	<i>Understand return on investment</i>
Access	<i>Access and parking with shortest journey times where possible Accessibility to RD&E for patient transfer and support</i>
Facilities	<i>Modern, flexible accommodation Cost efficient to operate and maintain Capable of increasing beds Benefit and productivity of co-located services</i>

In the light of responses received the criteria have been updated to take the feedback into account.

7.2. Views on the CCG proposed option

The supplementary feedback form also asked if respondents agreed with the CCG proposed option – which was to consolidate inpatient care on 7 out of 10 current inpatient sites and 12 community hospitals, meaning 3 hospitals would not have inpatient beds, namely Axminster, Ottery St Mary and Crediton. The responses on the supplementary consultation form clearly showed almost every respondent did not.

	Number of 'Yes' responses	Number of 'No' Responses	Did not respond
Do you agree with the proposed option?	1	37	3

The reasons people did not agree with the proposed option included:

- Transport, travel and parking making visiting difficult to other community hospitals
- Communities have supported funding and upgrading of local hospitals
- The population is growing and this needs to be taken into account future expansion
- The good reputation of current services
- The data may be relevant if building new but other factors apply when services exist
- The need for beds close to home to avoid people going into acute hospital
- Need evidence community services are in place
- Cost impact of more care at home not fully understood

In addition to being invited to comment on the proposed option, people were also asked to provide feedback on any alternative options they would prefer and their

reasoning for this. Noting the 41 total responses were almost wholly from Axminster, by far the most frequent suggested alternative option was to retain beds (with the number of 16 beds in each) in both Axminster and Seaton. One person who responded to this question said 'either the closure of beds in Seaton or 16 beds in both hospitals.' This reflected the messages in the Axminster Rebuttal Document.

A range of views were expressed spanning the following areas:

Care at home

The point was made that everyone would prefer to remain at home but it is not just support that is needed but home adaptations for example need to be taken into account. The challenge and costs of older people being cared for at home was also raised particularly with the rising numbers of older age groups who would need to be supported. The need for the right aftercare at home when beds are removed was also a clear area for attention.

"As much care as possible, close to our home as is possible. Which means community hospital beds in our town ... "

"We need our hospital to be used to its full capacity and no more cuts to services. From experience care at home is not always what people want or the right choice for them"

Future role of hospitals

One point made clearly that mirrors feedback in the many letters received was that although the CCG states it does not intend to close any hospitals the future role of these is 'vague to the extreme' and that there should be a 'much clearer idea of how they will be used.' A lack of clarity on the role of 'hubs' was apparent as perceptions were that they would provide hairdressing and café's rather than a wider range of health and wellbeing support for communities.

"I do not agree with using the hospital as what you call a "hub" - Coffee shop, hairdressers, playschool etc.

"The problem (bed blocking) can be eased by providing transitional beds in local community hospitals so that patients still needing non-specialist hospital nursing care and supervision can be prepared for a return to "full" care in the community..."

Finance

Although the CCG did supply financial information there was concern that detailed costings of providing care in the community were not available and so people are not convinced the proposed option is affordable and sustainable with an aging population. The idea of funding following the patient and shifting services from the large hospital into local areas was flagged as important. There was concern stated

that the financial position will lead to further reductions in services in the future and that the funding formula applied to the CCG was unfair.

“...The community has put vast sums of money in to make it the hospital it is...”

“The RD&E is full and frequently people need to recover in their own community with good transport links. Your figures do not match those of others and keep our beds open!”

Monitoring

A key question was also asked that on making the decision how will the CCG monitor the effects of changes in the future. This has been raised in other discussions and is an important factor to take into account.

8. Conclusion

The Eastern Locality Board meetings in February and March 2015 received an overview of the substantial responses and feedback received during the consultation. The Eastern Locality Board received the draft consultation report on 27th May 2015 and this updated report will be one of a number of documents considered by the Governing Body of the Clinical Commissioning Group on 16th July 2015.

In taking into account the themes from consultation it will be particularly important to ensure the following points are addressed in advance of any implementation:

Theme	Actions
Data and information	<p>The actual costs and savings of the options will need to be understood to ensure any option decided upon is viable. Information is available in the Governing Body papers and it will be essential to continue to check financial viability in the detailed planning and implementation of any service change</p> <p>The future projection of health needs is highlighted in the data pack supporting the papers and is important in achieving a viable option for the longer term. As well as being considered in decision making this needs to be included in the detailed implementation planning.</p>

<p>Access</p>	<p>Any change will have some impact on geographical access in such a large and relatively rural area. Liaison with transport and parking providers will be important to identify potential steps that can be taken particularly to ease access for patients and visitors as part of implementation planning.</p> <p>It will also be important to set out realistic parameters and monitor the true issues of access in evaluation of future services to understand both the gains and challenges associated with any new model of care implemented in relation to community services.</p>
<p>Home care</p>	<p>Indicators should be agreed for recording and reporting the quality and reliability of home care, the outcomes for patients and the ongoing cost/benefits of delivery. Such indicators should be agreed as part of implementation planning.</p> <p>To build greater confidence in home care it will be important that this information is shared and that that routes to feedback both positive experiences and concerns are carefully arranged particularly in the transitional period.</p>
<p>Views of service users</p>	<p>Community engagement will be important whichever options are decided for future services and it is suggested that such engagement is led on a day to day basis by the provider of services now and in the future embedding engagement in service delivery.</p> <p>The CCG will need to ensure such arrangements are robust and monitor through Gateway arrangements, recognising the value and potential for stakeholder groups in engagement across the area to offer greater influence of and public assurance in progress in these areas.</p>
<p>Facilities</p>	<p>As well as taking facilities into account in relation to delivery of services now the CCG should request further confirmation from the provider of the flexibility and adaptability of these facilities for future change in the implementation planning.</p> <p>In addition at an early stage planning for the wider role of community hospitals through a community engagement model will be an important step to address concerns about the future of these facilities.</p>

These and other points arising from the Governing Body discussions on 16th July 2015 will be important to embed in future planning. It is important that this information, along with the evidence considered in decision making should be made available to the Devon Health and Wellbeing Scrutiny Committee before any decisions, if taken, are implemented. The next report to this Committee is due in September 2015.

Many people put in a vast amount of their time and input to assist the locality and give their views and although this is a summary of a vast amount of information it aims to represent clearly and openly the themes and salient messages received.