

Teignmouth Community Hospital - Desktop Review: January 2019

Addendum to 2016 Clinical Review Report on South Devon and Torbay Community Services

Background

As part of the NHSE assurance process for large scale service change, it is normal for the regional Clinical Senate to undertake a Clinical Review of proposals to consider the clinical evidence base and clinical model behind proposed changes ahead of public consultation.

In December 2018, Devon STP approached the Clinical Senate regarding proposed changes to community services in its Teignmouth locality with consultation planned for 2019. It was suggested that the proposals were applying a similar model of care to that which the Clinical Senate supported as part of a review panel for other areas in South Devon and Torbay in 2016, when Teignmouth and Dawlish (Coastal Locality) was out of scope (as the CCG had already consulted for that area in 2015 and that if the clinical model was sound that a further clinical review panel was not necessarily required).

The key proposals now being put forward for Teignmouth locality are;

- Relocate community clinics from Teignmouth Community Hospital into a new health and wellbeing centre (not yet built).
- Relocate consultant lead outpatient provision from Teignmouth Community Hospital into Dawlish Community Hospital.
- Relocate theatre services from Teignmouth Community Hospital into Dawlish Community Hospital.
- Reverse the decision following the original consultation to establish 12 rehabilitation beds in Teignmouth Community Hospital (these were never established).
- Close Teignmouth Hospital.

It was therefore agreed that as a new consultation is proposed and the Clinical Senate wasn't involved in the original 2015 proposals for the coastal locality that an initial desktop review would be undertaken by the Clinical Senate to ascertain whether a full panel would be required. This would involve cross-referencing the PCBC with the 2016 Clinical review report.

Desktop Review

Members of the original 2016 clinical panel were subsequently convened to undertake a desktop review and to consider the latest version of the PCBC for proposals to services in Teignmouth locality along with a short report from the STP's clinical team to provide evidence/information to support the following questions from the Clinical Senate:

1. Can the Clinical Senate be assured that the model being proposed for Teignmouth/the Coastal Locality is the same as the model reviewed in 2016 for other localities?
2. Can the Clinical Senate be assured that the 12 new rehabilitation beds originally proposed in the 2015 Consultation (which it did not input into at the time) are no longer required?
3. Can the Clinical Senate confirm that the relocation of services out of Teignmouth Community Hospital does not constitute a change in Service Model?

This method is based on the premise put forward that the model of care being applied is the same as that assured in 2016 which has since been implemented successfully elsewhere across Devon meaning that the creation of beds previously proposed are no longer needed. The Senate will also be taking into consideration whether the bed test (not yet developed in 2016) is applicable or not through answering the questions above.

Feedback

Overall

The documentation and discussion within is very helpful and significantly clearer than when this was reviewed in 2016, and they have been more explicit in how they have come to certain decisions, and how services are going to function. The information presented is very good, covering the background and rationale as well as consultation outcomes and links to restructuring in Devon.

The improved service delivery over the last few years is impressive with a greater number of patients being cared for appropriately in the community despite the greater acuity. It is a good model that other areas should learn from without re-inventing the wheel.

1. Can the Clinical Senate be assured that the model being proposed for Teignmouth/the Coastal Locality is the same as the model reviewed in 2016 for other localities?

Yes, the model they are using for Teignmouth and the Coastal locality is largely the same as that used for the other localities within South Devon.

The key components are very similar but with redistribution of activity to the remaining clinical hub. The proposal does include a Clinical Hub, Health and Wellbeing Centre and Health and Wellbeing Team as well as Enhanced Intermediate Care.

The model for other localities did reference the Teignmouth model and the provision of rehab beds and in this sense the model has changed as the rehab beds proposed, but never implemented, are removed permanently however the rationale for this is understood.

2. Can the Clinical Senate be assured that the 12 new rehabilitation beds originally proposed in the 2015 Consultation (which it did not input into at the time) are no longer required?

It seems very clear that they do not need the 12 rehabilitation beds that were proposed for Teignmouth hospital in 2015, but which have never been implemented. The impact of the Integrated Care Team has reduced the need for beds despite the demographic and demand.

3. Can the Clinical Senate confirm that the relocation of services out of Teignmouth Community Hospital does not constitute a change in Service Model?

The Clinical Senate is satisfied that the relocation of services out of the hospital does not constitute a change in the service model.

There is a change to the proposed service model that was originally consulted on as regards to the rehabilitation beds however these were never operational due to the success of the EICT and therefore the actual service model is not being significantly changed.

Overall it is a variation in service capacity and location with reasonable justification.

Further Comments to note:

- The panel noted that funding the (very successful) Integrated Care team could have potentially constituted a change of service model, requiring more consultation and review at the time of development given that one service was expanded while what had previously been consulted on was not fully implemented. The ICT model which is up and running has excellent data to support its ongoing funding and it was noted as

the right course of action to pursue. However, if the model had not been so successful, grounds for change now would be significantly less strong.

- The panel were not clear about how the Mental health team fits into the model, other than the provision for CAMHS to continue at Dawlish. There should be consideration of the capacity of the proposed Health and Wellbeing centre at Teignmouth to deliver Mental Health services and this area was highlighted in the 2016 report.
- There is perhaps a potential missed opportunity regarding amalgamation of GP practices given the difficulties in recruiting and opportunities to explore other roles to manage activity and minimise admin costs.
- The theatre re-location appears appropriate and on balance beneficial. The ability to 'lift and shift' theatre time from Teignmouth to Dawlish is reassuring, particularly given that only a small percentage of the people seen in day theatre are from the Coastal locality, and therefore the impact of the move is not as great as it might have been. Again, the relocation of specialist clinics into a purpose-built facility only 4 miles away would also seem a sensible solution, whilst leaving the high number of community clinics within the Teignmouth hub.

Conclusion

A further Clinical Review Panel for the changes to community services in the Teignmouth locality as described is not required. However, the move to take the proposals to public consultation it supported. The bed test is not applicable as the 12 rehabilitation beds in question were never operational.

Next Steps

The STP have reported that there is some uncertainty regarding the site for the health and wellbeing centre which need to be resolved. Although they are not consulting on the health and wellbeing centre, much of their model is dependent on delivery of the health and wellbeing centre. This, along with the local elections in May, means that they have reported that they currently do not have plans to go to public consultation until at least May.

Desktop Review Panel Members

David Halpin – Clinical Senate Deputy Chair*

Dr Mary Backhouse – GP

Dr Sara Evans – Geriatrician

Dr Paul Winterbottom - Psychiatrist

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