

TEIGNMOUTH ENGAGEMENT FEEDBACK REPORT

INTRODUCTION

From 30 April to 8 June, South Devon and Torbay Clinical Commissioning Group (CCG), supported by local GPs, Torbay and South Devon NHS Foundation Trust (TSDFT) and Volunteering in Health asked people in Teignmouth, Dawlish and surrounding areas for their views on ideas to improve local services.

The CCG wanted to hear from local people on ideas to co-locate the three GP practices in Teignmouth in a new building and the possibility of bringing other services together in the same centre, including voluntary sector representation.



This report summarises what people told us. Every response has been read and notes of meetings reviewed. We are grateful to everyone who participated and to members of the coastal engagement group (Chair Barrie Behenna; Bob Naish, Tony Ellacott from the League of Friends; Helen Peirce, Frank Bond representing PPGs (patient participation groups); Bob Alford, Andy Davies representing voluntary and community organisations and Cllr Peter Williams from Teignmouth Town Council) who worked with us to produce a fair and accurate summary of the feedback. Our thanks also go to the support provided by Dr Felix Gradinger, Researcher in Residence (Integrated Care) TSDFT.

In summarising the feedback from the questionnaire, meetings and other correspondence, the CCG, TSDFT (The Trust) or GPs do not endorse any views expressed or any assumptions as to how services might operate in future. Similarly, those members of the coastal engagement group who worked with the CCG to help produce this engagement report endorse it as an accurate summary of what people said during the engagement but make no comment on the accuracy or otherwise of the opinions reported.

A complete list of responses to the feedback questionnaire is available on the CCG website: www.southdevonandtorbayccg.nhs.uk/teignmouth-engagement-2018

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REASONS FOR SIX WEEK ENGAGEMENT

Before any decisions were made, the CCG wanted to hear what local people thought of the opportunity to bring some health and care services together in a new building in Teignmouth. The four core aspects discussed were:

- The increasing pressure on GPs, resulting in the three Teignmouth practices concluding that the best way of creating capacity to secure the survival of GP practices in the town is for them to co-locate in a new building.
- The opportunity a new building would provide for other services which might benefit from being co-located with GPs such as the multi-disciplinary health and wellbeing team and some voluntary sector services.
- The key factors that should be taken into account when identifying a site for any new NHS building in Teignmouth.
- The conclusion of both the CCG and Torbay and South Devon NHS Foundation Trust that the success of the post 2014/15 consultation changes means that the proposed 12 rehabilitation beds do not need to be established at Teignmouth Hospital, due to the success of the health and wellbeing team and services in supporting people out of hospital.

The CCG is committed to consulting on reversing the 2015 decision to have rehabilitation beds in Teignmouth and before doing so wanted to hear views on these other ideas so that any resulting service changes could be included in the same consultation.

FACTS AND FIGURES OF ENGAGEMENT

The CCG promoted the six week engagement period via GP practices, posters and drop in events at venues in Teignmouth and Dawlish. Paper copies of the feedback questionnaire and summary information were available on request, in GP surgeries, in Teignmouth, Dawlish and Newton Abbot hospitals, as well as via some voluntary sector organisations. The events and the opportunity to comment via a questionnaire were promoted in local papers as well as via social media. GP practices emailed patients for whom they had addresses and the CCG contacted those who had responded to the previous consultation and where addresses were still available. Information was posted on the CCG website and was also available via the Trust and GP websites.

As a result:

- 427 people completed the feedback questionnaire either on line or in paper format
- 180 people signed in at the drop in events, with others also attending
- 60 people wrote or called the CCG to give feedback and/or ask questions
- Meetings were held with local MP Anne Marie Morris, Teignmouth Town Council, Teignmouth League of Friends, Coastal Health & Wellbeing Forum, The Coastal Engagement Group as well as staff. Individuals such as the local MP, the chair of Devon County Council's Overview and Scrutiny Committee, Teignbridge Council leader and local county councillors were briefed, as was Devon Council's Joint Engagement Forum.

A petition signed by 1,093 signatories was also received: “Teignmouth Branch Labour Party oppose the closing of Teignmouth Hospital, and demand that the 12 promised rehabilitation beds be reinstated, urgently, and the services currently situated at Teignmouth Hospital be retained in Teignmouth.”

COMMON THEMES

In responding to different questions in the feedback questionnaire and in discussions at meetings and events, we found that people had particular views on the following:

1. Teignmouth's three GP practices co-locating in a new building
2. Bringing other services together with GPs in a new building
3. Identifying a location for a new building and travelling to it
4. Suggestions for services that could be accessed/co-located in a new building
5. Future of the hospital and beds
6. Future of other NHS services (eg theatre outpatients) in the town
7. Other issues (eg building size, design, environment, ownership, finance, staffing and resources)
8. Individual experience of health and wellbeing team

Feedback is summarised below, theme by theme and a breakdown of responses to the feedback questionnaire is included as appendix 2.

1. Views on Teignmouth's three GP practices co-locating in a new building

Generally local people supported the idea of practices co-locating, believing this would deliver benefits to patients. As a result of economies of scale and lower running costs, resources would be freed up to support services. The idea of GPs co-locating on one site was also supported by Teignmouth League of Friends and Volunteering in Health.

Benefits

People thought that duplication would be reduced by co-location, resources would be better used and services would be more joined up, waiting times reduced, expertise shared and administration streamlined. Benefits identified included increased availability of appointments due to a belief that opening hours would be more flexible as GPs would be available across a wider time frame. Improvements were anticipated such as more proactive communication with patients through for example having reminders to attend appointments.

It was thought that co-location would result in better access to a wider range of expertise or second opinions as well as being able to have diagnostic tests immediately rather than having to make a follow up appointment. Better access to their own GP or a GP of choice was anticipated as was an increased likelihood of more home visits.

Generally the quality and scope of services was expected to improve for example through better communication and teamwork; easier liaison and support between clinicians, especially in cases where diagnosis is difficult; better training of staff; joint working; sharing specialist services such as nurses and GPs with special interests. It was thought practices would find new, improved, modern, purpose-built facilities with good disabled access helpful in recruiting, retaining and developing GPs and other staff.

Disadvantages

It was seen as unnecessary, a bad idea and with no benefits. Reasons given included a belief that it would not reduce the difficulty of getting through to/seeing a GP, especially your own registered GP. It was thought that improvements would be short lived and the negative experience of large surgeries in other areas of country was contrasted with appreciation for smaller Teignmouth practices which felt less overwhelming and more efficient.

Confidentiality issues were raised with concerns that staff in different practices might be able to access all patient records; that staff would know why family members were going to the doctors; and that people would bump into other patients who they would prefer not to know they were receiving medical care. There was also concern that a larger administrative hub could threaten confidentiality, especially when handling clinical calls.

Co-location was seen as reducing choice. Perceived good reputation and service quality currently informs practice choice. It was said that between practices, this was variable. People had switched practices due to perceived poor service and were concerned they would end up seeing a doctor from a practice they had chosen to leave. Concerns were also raised about how people could change practices in future.

There was some feeling that GP practices are part of a community and if they are not accessible and located in different areas, community resilience could be affected. It was suggested that the idea reflected a finance-led initiative which would benefit GPs rather than patients.

Other issues

There was speculation about whether co-location was a forerunner for a future merger of the three practices. For some, it would be the right thing to do. Little benefit was seen in running three practices separately from the same location and aligning individual practices to specific functions was suggested. Others wanted to retain practice independence and their unique identities, with concerns over the risk of creating too large a practice with too many patients. The recent Richmond House merger was highlighted as an example of the difficulty of getting an appointment when part of a larger practice. Concerns included a higher risk of unsustainability if services were all in one place, less competition leading to complacency/poor service, potential job losses and whether more or less administrators would be needed.

There were mixed views on whether co-location would impact on ease of getting appointments, although this appears less of an issue for some practices. Some people were concerned that as they didn't have problems booking an appointment, they didn't want arrangements to change. The impact on continuity of care was raised as a result of concerns that seeing the same/their own doctor or nurse would be less likely.

Good feedback was received about the Doctor First system at Glendevon/Channel View which was seen as brilliant and a backward step should it not be maintained.

Comments anticipated a loss of personal contact/familiarity and the risk of patients feeling like a number rather than an individual. There were concerns that people would be confused and would struggle with the change or would be more at risk of anxiety or infection due to their physical or mental health condition.

Establishing a new GP practice in the town was suggested as preferable to changing existing practices.

2. Bringing other services together with GPs in a new building

The concept of a new health and wellbeing centre which brought services together attracted strong support. For some, a new centre was conditional on finding an accessible site while others felt that local people would benefit, wherever it was in Teignmouth. Others supported the idea, provided it was based in a refurbished hospital. Having multiple buildings at a single location was also suggested.

Support came from those who saw a new centre as a way of securing services locally while others feared that bringing services together in one place would make it easier to close them in future.

The current central location of GPs was said to benefit the town's economy as people combine seeing their GP with for example shopping (especially if carers/ relative accompanying patient to the surgery). Retaining footfall in town was therefore important, as was not creating unnecessary journeys.

Benefits

Bringing statutory and voluntary sector services together in one place with GPs was seen as a positive step towards delivering a more joined up, patient focused service where the collective contribution would be greater than the sum of the individual parts. It was thought important that primary care was more involved in patient decision making and it was felt that this would be easier if they were co-located with the health and wellbeing team. Simplifying access for patients and reducing multiple journeys to obtain care were seen as important.

Bringing GPs and other teams together under one roof was thought likely to improve communication, joint working and reduce unnecessary duplication. A new centre was also seen as providing a local office base for staff working in the community such as dieticians, strengthening cooperation between professionals. Co-location is likely to result in increasing cooperation between services.

Building a new centre was seen as an opportunity to review what services could best be brought together so as to maximise the benefits to local people. Planning the best mix of services was stressed, with the focus on the benefits of specific teams working together as opposed to just filling a building.

A new centre was also seen as an opportunity to restore services lost to the town in the past. Services which assisted diagnosis and prevention were highlighted, such as scanning, bloods and minor operations. Giving space to complementary medicine in a new centre was suggested although the importance was stressed of ensuring space for medical services was prioritised over accommodation for other services.

Patient understanding of the role of different services would be increased by co-location and would help encourage people to take more care of their wellbeing, thus supporting health promotion and smoothing the transition between services. Staff would spend less time travelling to meet with colleagues and so would have more time for patient care, discussing individual needs and care plans.

Referrals between different teams was thought to be more straightforward if co-located, making it easier for people to know where to go when they needed help. The likelihood of staff being available to meet diverse needs was thought likely to increase.

Disadvantages

Those who opposed the idea suggested it was better to spend money on services and not buildings, that current arrangements worked well and that they did not want to see the hospital close. As a new centre threatened the long term future of Teignmouth's Hospital there was some opposition from people, concerned that some services would be lost to the town.

They wanted to see the retention of both the theatre and outpatient clinics in Teignmouth with hospital beds returned as they were seen as a solution to delayed discharges from Torbay Hospital. The establishment of a new centre was seen as preventing rehabilitation beds from being restored at the hospital or in the town. The potential loss of League of Friends' funded initiatives such as the physio suite caused concern.

The potential disruption of such substantial change was highlighted as was a risk of overcrowding if all services were in one place. There was concern that a one stop shop would cause confusion to patients by blurring the role of specific services and that some patients might be affected by seeing seriously ill patients accessing services.

It was argued that GP practices should be kept separate from other services, partly due to confidentiality issues and partly due to a belief that Teignmouth was too small a town to cope with reduced patient privacy. Concerns were also raised regarding NHS funding GP premises. As private businesses it was felt they should be kept separate from NHS outpatient clinics and physio services. There was also a fear that bringing other services into the same building would stop GP practices expanding in future.

The need for co-location of services was questioned as technological advancements supported remote working.

3. Identifying a location for a new building and travelling to it

Respondents were asked to rank each of five factors in order of priority – public transport, parking, access, closeness to public services and room for expansion. All were seen as important and for some, differentiating between them was not an option.

'Ease of access' was considered the most important factor with 'public transport links' and 'parking' close behind. 'Closeness to other public services' and 'room for expansion' were considered significantly less important.

In advocating the importance of easy access, people indicated that any health and wellbeing centre would need sufficient parking to enable swift access (to avoid missed appointments); good bus links with the coastal area; and good pedestrian and disabled access. The importance of short term parking was highlighted for staff operating from the building; for volunteers; and for carers dropping off their patients (recognised as not ideal at present).

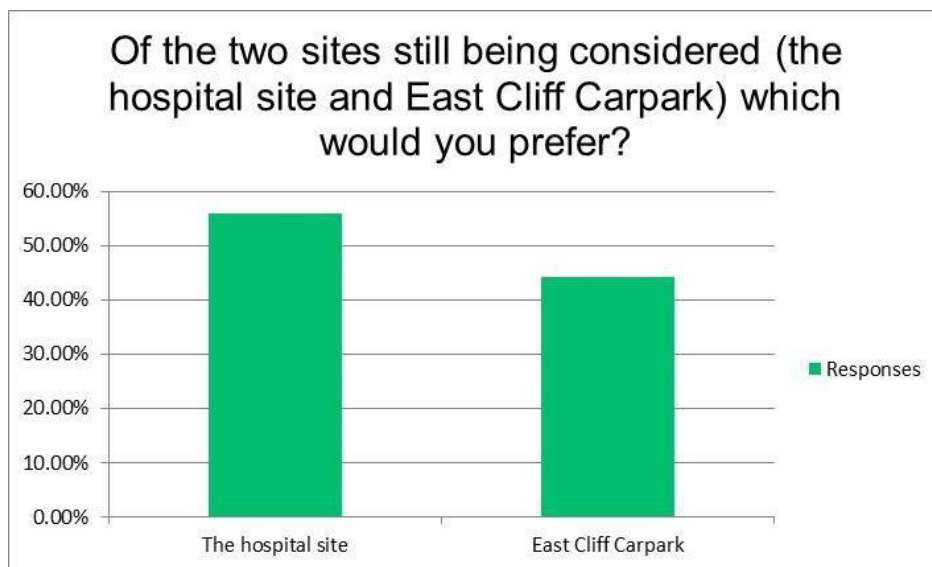
Views and preferences on accessibility was in part determined by the side of town in which respondents lived. Getting the initial scoping and design right from the outset was seen as important to preventing future problems arising such as room for expansion,.

People felt easy access was particularly important to older, frailer or disabled people and that more would be likely to miss their appointments or rely more on 111/999/A&E if it was too difficult or costly to get there.

Site preferences

The engagement process sought preferences on two sites which had been identified through a wider options appraisal process and at that stage, were the only sites not to have been ruled out – East Cliff Car Park and The Hospital site.

As the chart below indicates, of those responding to the questionnaire, 165 people (almost 56 per cent of those who stated a preference) preferred the hospital site with 130 indicating a preference for East Cliff Carpark. 132 people responding didn't indicate a preference.



About 120 people commented that they wanted neither, believing that both sites would be inappropriate for a new health and wellbeing centre. Respondents stressed the importance of identifying the right site for any new centre, with strong desire for a central, flat location with good access by foot, car and bus. An out of town site was favoured by some; given most people do not live in the centre of Teignmouth.

Pros and cons of the Hospital site

Those who favoured the hospital site thought it was more accessible, was well known as a health facility and had capacity to include GPs and other services. Maintaining its links with the past was also seen as important. People believed the site could be developed/extended so as to increase parking options and improve access. It was felt that service disruption would be less if the hospital site was chosen as fewer teams would have to move. For some, it was likely to be cheaper to redevelop the hospital than to start from scratch from a new site.

Those who opposed the hospital site disliked its distance out of town, its location at the top of a hill, the inappropriateness of the site for GPs and a belief that elderly people in particular couldn't walk to it. It was thought to be too small. Some argued that the hospital should be adapted and extended while others thought the building should be knocked down with either the whole site being developed to meet health and social care needs or it being sold to fund a new centre elsewhere.

Pros and cons of East Cliff car park

While there seems to be conflicting views as to how easy East Cliff is to access by public transport, the car park was seen by those who favoured it as being more central, more accessible, close to the railway station and with scope for a new building plus parking. Increased traffic flow, it was argued, would be more easily handled than at the Mill Lane junction leading to the hospital and building the new centre would have no adverse operational impact on the hospital. East Cliff was viewed as indispensable as a car park, essential for coaches and fundamental to the future of tourism in the town. People commented that it was also up a hill and difficult to walk to. Concerns were also raised about the potential loss of The Cave (music centre) should the car park be developed.

Other suggested sites

We publish below a list of sites suggested by local people in the feedback questionnaire. Neither the CCG nor the Trust is commenting at this stage on their suitability or availability, not least because many have current businesses operating from them. The sole reason for listing them is to be transparent. Some of the names below relate to the same site but reflect the way they were described in responses.

The sites suggested by the public were: Bobbets garage, Addicott Electrics, astro turf by Teignmouth Community school, Barclays Bank building, Bay Hotel, land behind Teignmouth rail station, Bitton House, Broadmeadow, Brunswick Street, land by Golf course, the car park end of Teign street, central garage, Cliffden Hotel Gardens, Den /George street, fenced off areas adjacent to car park behind Oyster Catcher Café, Hazeldown sports field carpark, Jacks Patch Garden Centre, land opposite Richmond house surgery, Library, Michaels Field, Morrisons - industrial units/land adjacent, Natwest building, Northumberland Place Car Park, Old Cinema, Old Dairy, Old Jail, Old police station, Old Riviera Cinema Site, Old Swanson's garage, open air Lido, Quay area, Riviera bar, Rugby club ground, TAAG, The derelict car park off Northumberland, Waitrose site.

Throughout the engagement, the CCG, Trust and GPs stressed that they would explore all viable suggestions from the public as part of developing a firm proposal.

One of the sites rejected as a result of the original options appraisal was Brunswick Street but through the engagement it was identified that more space may be available than was originally thought. More than 100 people advocated Brunswick Street with Broadmeadow (15) being the next most suggested site.

The need to consider multi storey buildings which could incorporate underground car parks was highlighted although there was concern that this would impact adversely on those living or working close to any site.

4. Suggestions for services that could be accessed/co-located

Responses to a number of the questions brought forward many suggestions of services which could be included in any new health and wellbeing centre. These are listed below:

- Mental health and counselling services
- The inclusion of a pharmacy (although in discussions at drop in events and meetings, concerns were raised about the impact this might have on pharmacists in the town)
- Offices for community dietitians
- Community nursing care services
- X ray service for minor injuries
- Non-NHS complementary services
- A rehabilitation ward
- Holistic care making the best use of health promotion and public health
- Nutrition and lifestyle services
- Specialised nurses for women's health, skin cancers etc.
- A dentist
- Day surgery and outpatient clinics
- Physiotherapy
- Gymnasium for physiotherapy
- Podiatry
- Volunteering in Health and Alice Cross

5. Future of the hospital and beds

A section of the community believes that Teignmouth Hospital should remain a hospital, irrespective of any changes that might be made to services. Some saw it as a historic building which had a good track record of caring for local people. Personal and family experience of receiving care in the hospital meant that some people did not see a reason for it to close.

Those who argued for the retention of the hospital also believed that restoring beds was essential. There was concern that the previous consultation decision to establish

rehabilitation beds in Teignmouth had not been implemented and the CCG was criticised for not being transparent and straightforward. Those who wished to retain the hospital argued that beds were needed and did not think that equivalent care could be provided as effectively in other ways. There were concerns that insufficient care was in place for people to be able to return home after medical care in for example Torbay Hospital. It was suggested that the lack of rehabilitation beds in Teignmouth led to delays in patients being discharged from Torbay Hospital and this in turn increased waiting times. A local hospital it was said enabled relatives to visit their loved ones more easily and that a community hospital was a bridge between the acute hospital and home.

It was argued that support at home didn't work, as patients had inadequate contact with professionals.

The contrast was drawn between the different requirements of a hospital for local people and a doctors' surgery, with opinions that these should be kept separate. Concerns were raised that as GPs were an interested party, their views on whether the hospital (and beds) was needed could not be seen as objective.

The League of Friends believe that current hospital based services should remain in Teignmouth, see no reason to transfer services from the Hospital other than the health and wellbeing team. The League of Friends also supports a voluntary sector presence in a new building".

A minority of those who responded to the feedback questionnaire and who attended the drop in events wanted the hospital to be retained. The majority of those respondents commented that the hospital was difficult to access, out of town and would be better replaced by a modern building.

The local branch of the Labour Party submitted a petition "to demand the reinstatement on the 12 rehabilitation beds at Teignmouth Hospital" It said: "Teignmouth Branch Labour Party oppose the closing of Teignmouth Hospital, and demand that the 12 promised rehabilitation beds be reinstated, urgently, and the services currently situated at Teignmouth Hospital be retained in Teignmouth."

6. Future of other NHS services

Throughout the question responses, people shared their views about the future of other NHS services currently based in Teignmouth. Any reduction would be seen as a loss to the town as a whole and in particular there was concern about the potential loss of the current fully functional operating theatre in the hospital. There was a belief that if any services moved to Torbay Hospital there would be a reduction in quality. There was concern as to whether other hospitals had the capacity to cope with any move of current Teignmouth Hospital services. Outpatient clinics that currently operate in Teignmouth Hospital were also seen as important and concerns over access, transport and parking should they be moved elsewhere.

Other issues

Building size, design and the environment

Questions were raised as to how big a new building would need to be to accommodate, with room for expansion, GPs and other services. Those who supported co-location were concerned that a desire to bring services together might result in no suitable site being found or that any building was not so large as to be impersonal and intimidating for patients.

Feedback emphasised the importance of any new building not having an adverse impact on the area surrounding any proposed site or on the town generally. People felt the town enjoyed economic benefits as a result of GPs being centrally based and maintaining this was an important argument in favour of a central site for any new centre.

People wanted to see a bold, creative, clean, bright and modern facility which appealed to all age groups and which fitted in with the architectural environment of the town.

Questions were asked about sound proofing consulting rooms and whether service resilience would be affected as a result of a single location being more vulnerable to for example power cuts. There were also concerns that co-location would lead to greater congestion in the town due to so many people heading to the same place and the impact that would have on pollution levels.

Ownership and finance

The affordability and cost of a new building was raised as was its perceived lower maintenance and running costs. It was suggested that any available funding would be better used retaining day surgery and opening rehabilitation beds; not wasting the money previously spent on the hospital if it was closed.

Bringing teams together under one roof was seen as being more cost effective, not least as staff would have more time as a result of not working in such difficult buildings. Changes, it was argued, should not just be based on making savings but delivering the best services. In addition to the savings on building costs, it was suggested that there would be savings in sharing building overheads, insurance, equipment, staff etc. Especially for primary care, colocation in a new building was seen to offer flexibility in staffing with for example a single team providing blood tests and other 'back end' services. Expensive equipment was thought to be more affordable if services co-located (eg x-ray equipment and technology).

With different teams, the voluntary sector and GPs in a new building, people wanted assurances that any new centre would remain in NHS ownership and control. For some, it was important that PFI or an equivalent funding scheme was not used.

Questions were raised as to the source of the capital funding for a new building; whether GP practices would profit as a result; and whether legacies left to Teignmouth hospital could be transferred to the new building. The success of the GPs in obtaining some national capital funding led to questions as to whether this was driving the timescale and risked decisions being made in haste. There was a view that any available capital funding should be used to upgrade the hospital so as to secure its long term future.

League of Friends Funding

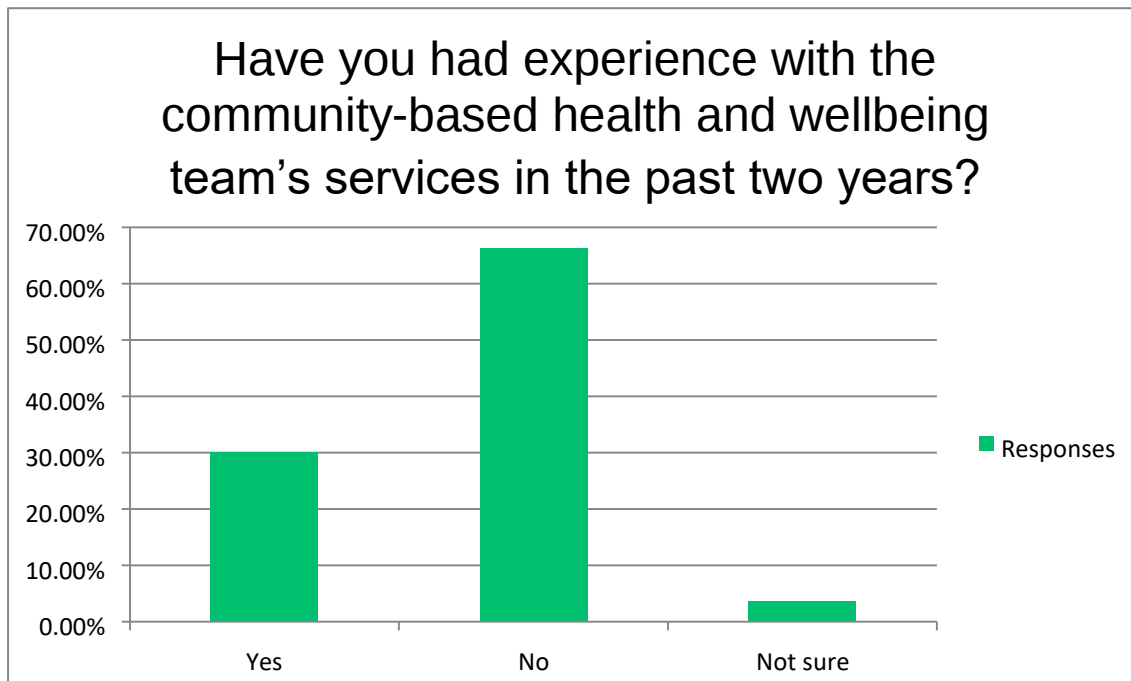
Concerns were raised that funds provided by the League of Friends for things like the physiotherapy suite would go to waste if the hospital was closed. Questions were also asked about the feasibility of items that had been purchased by the League being transferred to any new building.

Staffing and Resourcing

Greater flexibility of staffing was anticipated by services co-locating with experience being more easily pooled, support services being shared and less time wasted by staff no longer having to travel to more than one site. Effective leadership and well trained reception, switchboard and administration staff was seen as essential to making co-location work.

7. Individual experience of health and wellbeing team

People were asked in the feedback questionnaire for their own experience of accessing and receiving care delivered by the health and wellbeing team in the two years since it was established.



Thirty percent of those who responded had had experience of using the health and wellbeing team for themselves or others. Overall the responses to this question were positive, ranging from superb, excellent, very good, good, very helpful, friendly, professional, and fine to adequate. Comments were made in relation to joined up services, services putting the patient first, patients getting the right support at the right time. From some of the responses it is difficult to decipher whether comments specifically related to the Health and Wellbeing Team, hospital provided services or wider care at home services which could be provided by a range of providers statutory or private. This suggests that people do not have a clear understanding of what the health and wellbeing team is and what it delivers. Where it is clear what the comments related to they were counted as such.

Negative comments were: poor, unreliable, unavailable, negative, slow response and not enough staff, unreliable care at home and unable to access evening and weekend care.

From the individual comments it is difficult to establish whether these relate to the health and wellbeing team or care at home provided by care agencies.

IMPROVING FUTURE ENGAGEMENT AND CONSULTATION

Thank you to everyone who commented and made suggestions. We are always trying to improve how we involve people in the development of ideas and how we seek their views when proposals have been drafted. Comments made in response to this engagement will be taken into account in planning any future engagement and/or consultation.

WHAT HAPPENS NEXT

The feedback from the six week engagement programme has been shared with the project team which is identifying what should be done to ensure that people in the CCG's coastal locality receive the services they need, now and in the future.

Identifying the best site for a new centre which could house the three GP practices is a priority so as to secure the sustainability of primary care locally.

The location and size of any new centre will need to take account of those services which would be best co-located with GPs. Recommendations will also need to be made in relation to the future of other services based in Teignmouth such as out-patient clinics and the theatre based in the hospital.

Once any proposals have been prepared they will need to be considered by the CCG's governing body before being reviewed by NHS England so as to ensure that any proposals meet the needs of our communities and our statutory obligations.

It is anticipated that depending on the scale of any proposed changes, consultation would take place on these as well as on the reversing of the decision to establish 12 rehabilitation beds in the hospital.

It is likely that any consultation is likely to take place in late autumn/early winter but it is impossible at this stage to be specific as it depends on the nature of any proposals developed.

10 KEY POINTS ARISING FROM THE ENGAGEMENT

1. There is support for GPs co-locating in a modern health and wellbeing centre, although for some people, this is conditional on finding the right site.
2. Having other services and voluntary sector representation also co-located with GP practices in a new building is viewed positively.
3. A new centre is seen as a way of improving care, by bringing together the teams that work most closely together, including social care and voluntary sector representation.
4. In planning any new centre, care needs to be taken to ensure any development complements its surroundings and does not have a disruptive impact on the adjacent area.
5. Opinion is split between those who believe a new centre should be in a refurbished Teignmouth Hospital, in a new building on the hospital site or at another location.
6. Support for a new centre is for many conditional on finding a flat site, which people can access by car, public transport or on foot. Most respondents thought that a town centre site was the best option
7. Reflecting the petition submitted, some people want to retain the hospital and avoid the loss of any outpatient services and the theatre
8. Some people said that 12 rehabilitation beds should be restored to the hospital in line with the previous consultation

9. There is a lack of understanding as to the way care is delivered locally and the services that form part of the health and wellbeing team. This is compounded by confusion over social care and health care provision in the community.
10. There is scepticism as to whether the recent engagement and any future consultation is anything more than a tick box exercise. Some people believe that decisions have already been made.

A description of the NHS services in Teignmouth which are supporting people to be well, independent and at home is available at:

<https://www.torbayandsouthdevon.nhs.uk/about-us/our-vision-of-health-and-care/coastal-locality/>

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APPENDIX 1: PREPARING THIS FEEDBACK REPORT

The process was overseen by a sub group of the Coastal Engagement Group (see page one for members) who received in confidence all data.

The process for producing this feedback document was then undertaken in the following stages, agreed by the sub group.

- Step 1: On line and paper questionnaire returns were collated, question by question and reviewed by the project team.
- Step 2: Comments at meetings, in correspondence and in the media were collated and reviewed. Any points not covered by responses to the questionnaires were added in.
- Step 3: A summary of responses for each of the four main sections of the questionnaire was prepared by NHS staff (Primary care, A new building, The hospital and Your experience) Each was discussed with a member of the sub group to ensure all relevant points had been captured.
- Step 4: Summaries were reviewed by the whole group and discussion took place over how best to remove duplication and ensure the document was clear, factual and readable.

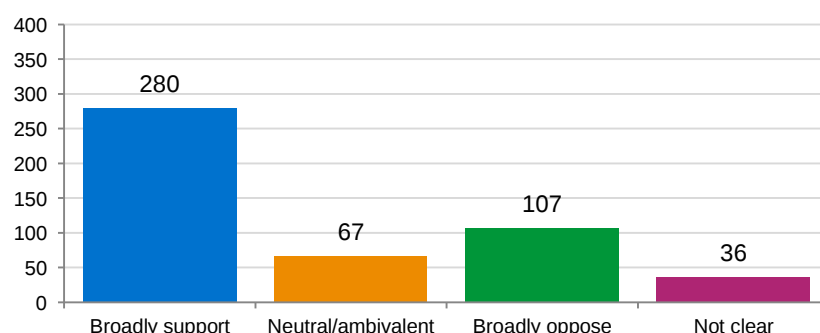
- Step 5: As a result of these discussions a new structure for the document was created and information collated under a series of themes which were common across responses. In addition a statistical breakdown of responses to each of the questions posed was prepared. As there was a large degree of overlap in relation to the different questions, comments from respondents were not always clear. As a result responses were broken down as 'broadly supportive', 'ambivalent', 'broadly opposed' and depending on the question, a number of other categories (Appendix 2)
- Step 6: The revised document was reviewed and amended by the whole group, suggestions made both in relation to content and structure
- Step 7: A final draft was considered by the group and approved as a fair and accurate record. Members wanted to be clear that in approving the draft, they were not commenting on the validity of any of the comments or opinions expressed.
- Step 8: The draft was approved by the CCG
- Step 9: The draft was shared with the full coastal engagement group prior to publication
- Step 10: Copies of the engagement report were distributed to those who participated in the engagement and who provided the CCG with contact details for this purpose.

APPENDIX 2: RESPONSES TO FEEDBACK QUESTIONNAIRE

Multiple comments were made in responses to questions. Because of this and the fact that not everyone answered all questions, the total respondents therefore vary from question to question. Responses were not always clear as to their intention. The following breakdown therefore reflects the interpretation made by those reviewing the feedback of views expressed. The questions are presented in line with the four sections which were set out in the feedback questionnaire.

Primary Care

1. What do you think about the idea of all three Teignmouth practices being based in the one building?



2. What do you think would be good about such a move?

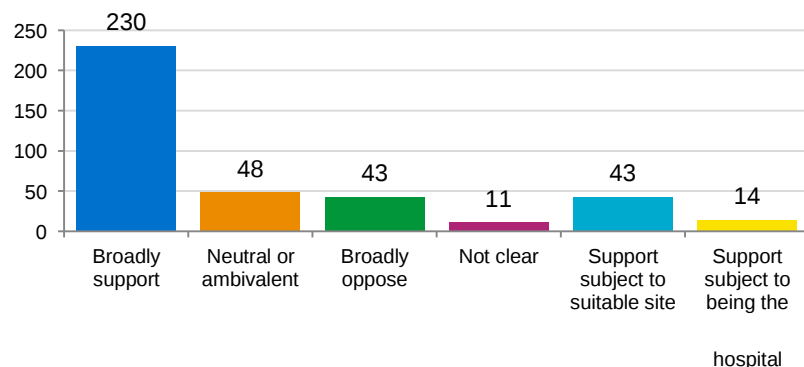
These are reflected in the feedback report and cannot be given a numerical value.

3. What do you think would be bad about such a move?

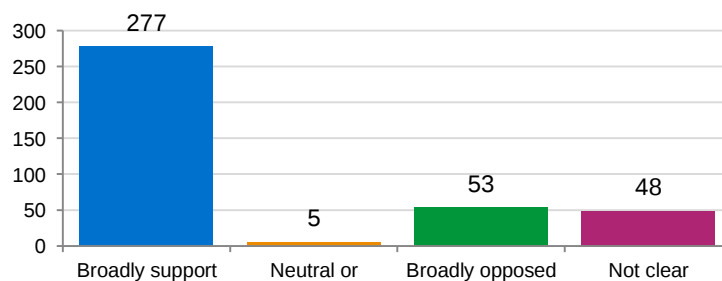
These are reflected in the feedback report and cannot be given a numerical value

A new building

4. What do you think about having a new health and social care building in Teignmouth?

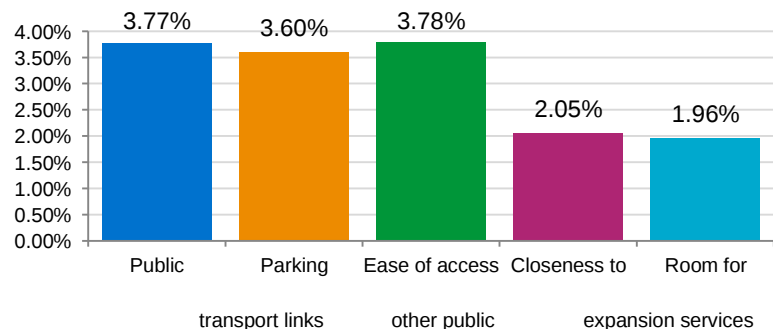


5. What do you think about having other NHS services and some community groups in the same building as GPs?



6. What factors should be taken into account when identifying a site for a new building?

The figures below are based on a weighted average. (To get this score, the highest factor is given a weight of five and the lowest, one.)



The weight of the five answer choices (1 to 5) are multiplied by the number of responses they received. The five totals are then added together and divided by the total number of responses for that factor.)

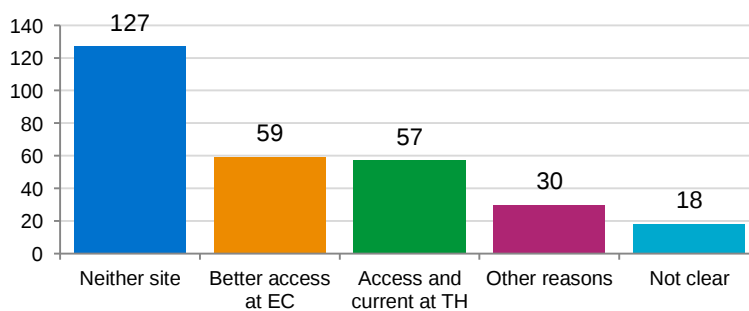
7. Sub question to 6 (If you can think of any other factors that should be taken into account) is given its own number (7).

These factors are reflected in the feedback report.

From this point, all question numbers in the paper version are one numeral out - ie Q7 in the paper version is Q8 in the on line questionnaire results, Q8 is Q9 etc

8. Of the two sites still being considered (the hospital site and East Cliff Car Park) which would you prefer?

Please see table on page [].
The responses to the sub question of why people made their choice are:



77 people commented on parking either generally or in support/opposition to one of those sites.

9. What is more important to you – having services based in Teignmouth or their specific location?

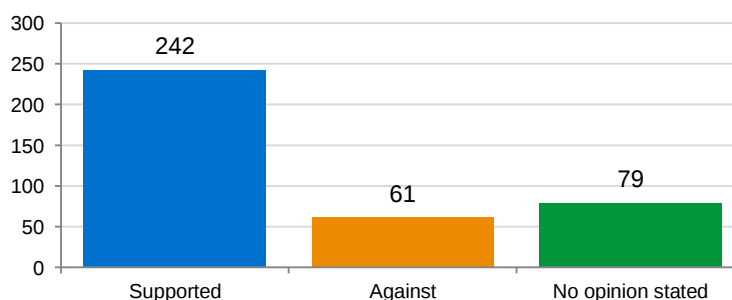
Answers could not be calculated on a numerical basis and responses are captured within this report.

10. Are you aware of other sites that could be available?

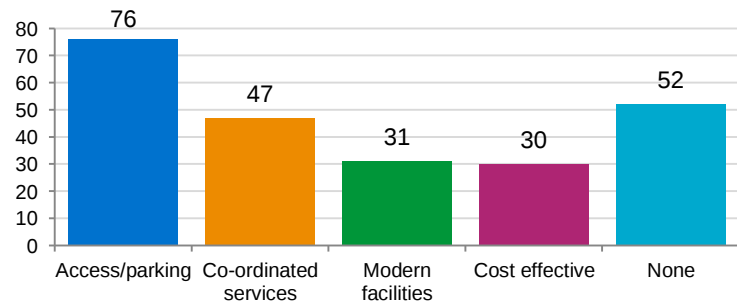
The list of sites suggested by the public appears on page []

The Hospital

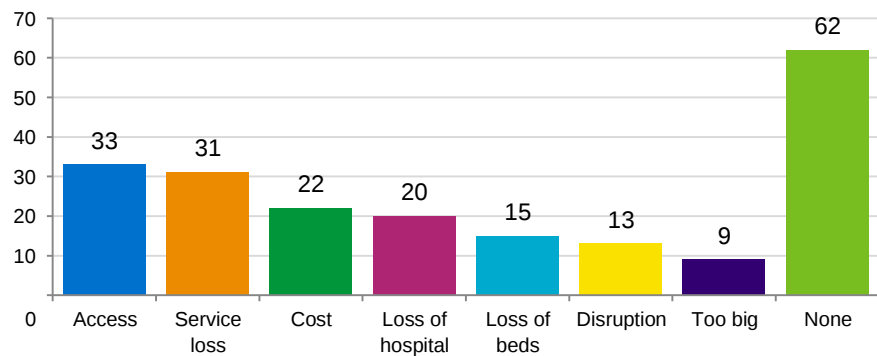
11. What do you think about moving some hospital services into a new building in Teignmouth?



12. What do you think the advantages of this change would be?

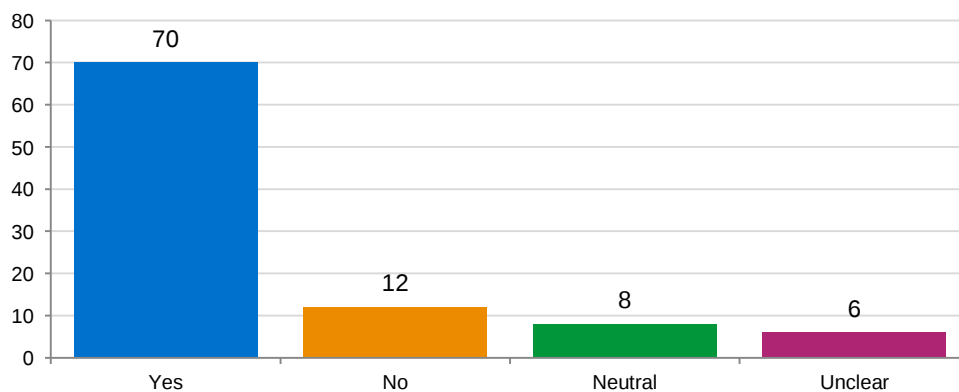


13. What do you think the disadvantages would be?

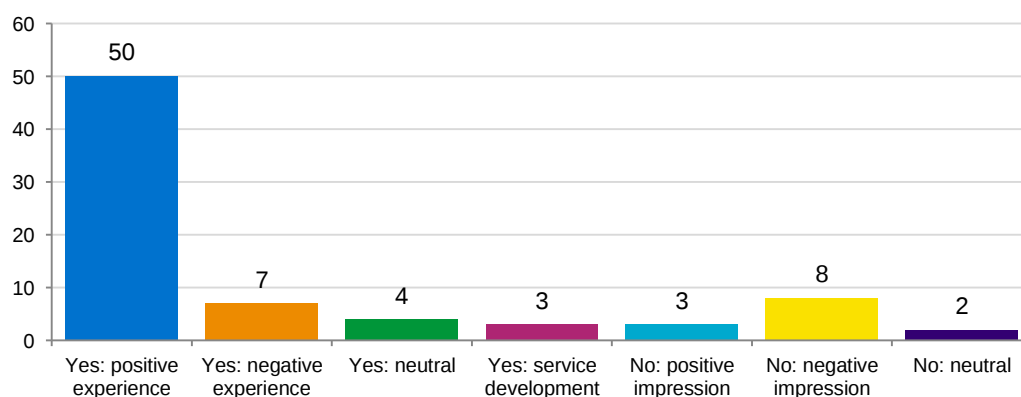


Experience

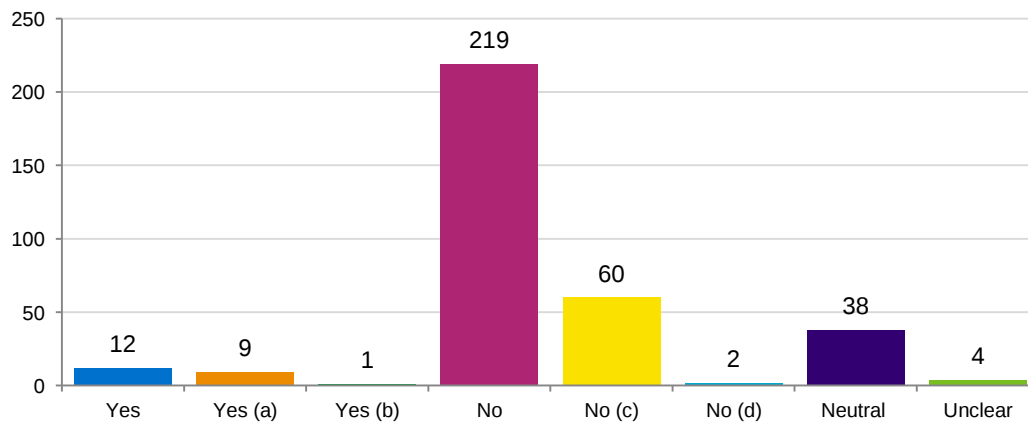
14. Have you had experience with the community-based health and wellbeing team's services in the past two years?



If so, how would you describe your experience?



15. Have you in the past two years experienced any health issues that you feel could have been better cared for if the rehabilitation beds had been in place?

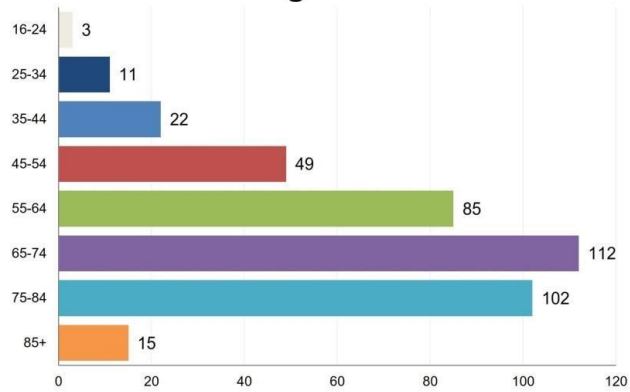


(a) Yes and feel that could have been better cared for if the (c) No and feel that people could have been better cared for if the rehabilitation beds had been in place rehabilitation beds had been in place

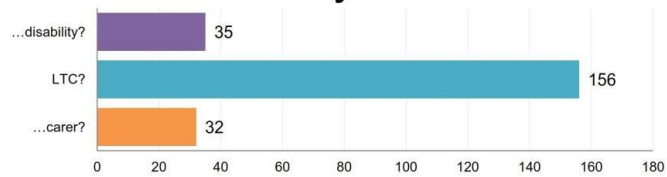
(b) Yes and do not feel that could have been better cared for if the (d) No and do not feel that people could have been better cared for if the rehabilitation beds had been in place rehabilitation beds had been in place

APPENDIX 3 – DEMOGRAPHIC BREAKDOWN OF QUESTIONNAIRE RESPONDENTS (QUESTIONS 16 – 20)

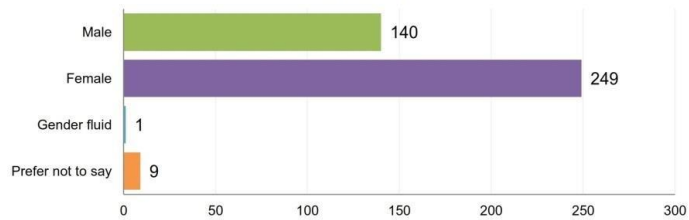
Age



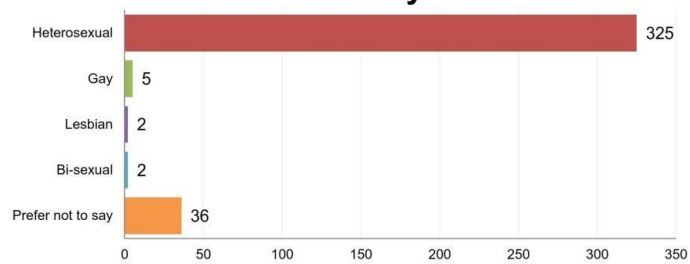
Identify as...



Gender



Sexuality



Ethnic group

