# Frequently asked questions.

Last updated: 23 October 2020

## About the consultation

### What is this consultation about?

This consultation is about the shape of future health and care services in the Teignmouth and Dawlish area, given that a new £8million Health and Wellbeing Centre is due to be built in the heart of Teignmouth.

Torbay and South Devon NHS Foundation Trust (TSDFT) is planning to build a state-of-the-art new health facility so that GP services, health and care and voluntary sector services can be brought together under one roof in the centre of town, providing seamless care for patients and carers.

From 1 September 2020, Devon Clinical Commissioning Group (CCG) is running an eight-week consultation, asking local people to consider a single proposal with four elements (detailed below). No services currently provided in Teignmouth and Dawlish would be stopped.

The CCG's proposal involves moving the community clinics most-frequently used by people in Teignmouth and Dawlish – podiatry, physiotherapy and audiology – from Teignmouth Community Hospital into the new centre, along with consultant-led ear nose and throat clinics. These make up 73 percent of all outpatient appointments at the hospital.

It proposes that all other clinics and day case procedures move to Dawlish Community Hospital, which will accommodate them in its more modern surroundings.

And it proposes to reverse an earlier decision to provide 12 rehabilitation beds at Teignmouth Community Hospital, saying successful community services have made them unnecessary.

### How long is the consultation?

The consultation lasts for eight weeks, it started on 1 September 2020 and closes at midnight on 26 October 2020.

## How can I share my views?

There are lots of different ways you can share your views:

- You can find more information about the consultation at www.devonccg.nhs.uk/teignmouth-and-dawlish
- With COVID-19 still circulating, the consultation is taking place in a different way, with live meetings being held online so that the risks of public gatherings are avoided.
- Fill in the survey – for ease and speed, complete the survey online at: www.devonccg.nhs.uk/teignmouth-and-dawlish
- Request a paper copy of the consultation document and survey from Healthwatch Torbay:
  - Email engagement@hwdevon-plymouth-torbay.org
  - Telephone:0800 0520029
  - Post: Freepost-RTCG-TRXX-ZZKJ, Healthwatch Torbay, Paignton Library, Great Western Road, Paignton, TQ4 5AG
- Attend an online meeting (see below), where you can watch a presentation, express your views through your phone, tablet, laptop or computer, and ask questions of the panel, who will be a mixture of clinicians and managers.

The meetings are on these dates:

| | |
|---|---|
| Friday, 11 September | 2.30pm – 4pm |
| Thursday, 17 September | 10.30am – 12noon |
| Wednesday, 23 September | 6pm – 7.30pm |
| Tuesday, 29 September | 3pm – 4.30pm |
| Monday, 5 October | 11.30am – 1pm |
| Saturday, 17 October | 11am – 12.30pm |

You can register in advance for the meetings or join on the day, using our website.

These meetings will be held via Microsoft Teams. Haven't used Microsoft Teams before? Don't worry, full instructions are available at www.devonccg.nhs.uk/teignmouth-and-dawlish

- We will be directly contacting a wide range of community groups to ask if they would like to talk to us.

- You can also request that we attend your community meeting. Go to www.devonccg.nhs.uk/teignmouth-and-dawlish to express an interest or contact Healthwatch, as below.

- You can call our independent partner Healthwatch in Devon, Plymouth and Torbay with any queries, to ask for a copy of the consultation document or to arrange to speak to someone from the CCG. The number for Healthwatch is: 0800 0520029
- Email us via Healthwatch, our independent partner: engagement@hwdevon-plymouth-torbay.org
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## Why are the meetings online?

Because COVID-19 is still present in the community, the consultation will take a different form.

To avoid the risk associated with public meetings and to save people travelling, live meetings will be held online, with the opportunity for people to ask questions and air their views in real time.

## When are the online meetings?

The online meetings are on:

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| Friday 11 September | 2:30pm – 4pm |
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## I don't have a computer or smart phone, how can I express my views?

You can call our independent partner Healthwatch in Devon, Plymouth and Torbay with any queries, to ask for more copies of the consultation document or survey, or arrange to speak to someone from the CCG. The number for Healthwatch is: 0800 0520029

If you live in the Teignmouth and Dawlish area, during the week commencing 7 September 2020, you should also receive a copy of the consultation document, which includes a pull-out questionnaire, at your home via Royal Mail.

If you live in the South Devon and Torbay area (outside the Teignmouth and Dawlish area), you should receive a leaflet via Royal Mail during the week commencing 7 September 2020, explaining how you can find out more and share your views.

## Our community group would like someone to speak to us about the consultation, is this possible?

Yes, to request that we attend your community meeting go to www.devonccg.nhs.uk/teignmouth-and-dawlish to express an interest or contact Healthwatch. The number for Healthwatch is: 0800 0520029.

## Why is this area sometimes referred to as the Coastal Locality?

Coastal is one of five localities or areas of South Devon and Torbay. Localities enable services to work together to plan and deliver services for local populations. Coastal Locality is designed around the main towns of Dawlish and Teignmouth and includes the villages of Holcombe, Shaldon and Bishopsteignton.

The Teignmouth and Dawlish area is thought of as a whole by the health and care services working together as a team to cover its population. The team includes the GP practices who are members of the Clinical Commissioning Group and are crucial to designing services and form the Coastal Primary Care Network

## How have local people been involved in developing this proposal?

As indicated in the Teignmouth Feedback Report these proposals were developed from a long process of talking to local people about what was important to them about health and care services. In 2018 engagement took place to discuss the broad issues and gauge people's views.

Working closely with an engagement group that represented many parts of the community including patient participation groups, the Leagues of Friends, Town Councils and the voluntary and community sector, we have discussed the findings of engagement, developed a vision for the locality, developed and tested proposals and evaluated different options. These discussions also included a final 'is there anything else we could have considered' discussion before we

published proposals. This is also described on page 5 of the consultation document.

## What is the full cost for this consultation process and the breakdown for the various publications that you have published for the public?

The full cost of the consultation process will not be known until after it is complete. The printing and distribution costs of the materials used so far are as follows:

- Item, Cost (inc VAT)
- Printing of 32pp consultation document (18,000 copies on recycled paper) £8,757.60
- Printing of posters £54.00
- Printing of flyers (on recycled paper) £4,557.60
- Distribution of consultation document via Royal Mail (TQ14 and EX7 postcodes) £3,372
- Distribution of leaflet via Royal Mail (TA1–TQ13 postcodes) £10,126
- Total £26,867.20

Note: There have been savings in some anticipated costs, for example venue hire and communication materials for events.

## Why are you not consulting on closing Teignmouth Community Hospital and what will happen to the site?

The CCG is consulting with the public on where services are delivered from. Torbay and South Devon NHS Foundation Trust (TSDFT) owns Teignmouth Community Hospital. If the proposal is agreed following public consultation, then TSDFT will decide what to do with the building. It is likely that the building will be sold with the proceeds being used to develop local NHS infrastructure.

## Should this consultation wait until the COVID-19 crisis has passed?

Services were paused for a number of months and this had a significant effect on how we could plan for the future. We need to plan and prepare for the future so we can meet current and future demand. The consultation was put on hold while we understood the ramifications of COVID-19, but to enable planning for the future, it is right to carry it out it now. It is still unclear how long the effects of COVID-19 will continue to be felt.

### How will feedback given through the consultation be reviewed and used?

Our independent partner Healthwatch in Devon, Plymouth and Torbay is overseeing this consultation and collating and analysing responses.

People's views are being collected via the survey which can be completed on paper, online or by telephone conversation with Healthwatch. Healthwatch is also noting the questions people are asking and the feedback they give in the online public meetings and through correspondence with their office.

Healthwatch has been actively contacting community groups and people in the local area, offering opportunities for specially arranged online or telephone meetings with people from the consultation team where they can discuss the issues and how they might relate to them. Healthwatch is recording those views in these meetings.

Healthwatch will review all feedback collected through these methods and produce a report with the findings that will include any additional options suggested. Additional options to those made in our proposal will be evaluated by a panel that will include people from the community and providers of local services.

The findings of this evaluation will be submitted as part of the report and recommendations to the CCG Governing Body.

## Services and Model of Care

### Why aren't there beds at the hospital?

In 2014/15 it was consulted and then agreed that the beds in Teignmouth Community Hospital be redesigned to focus on rehabilitation rather than significant medical need or convalescence. As time had progressed and the health and wellbeing team were working so effectively that the beds were not implemented and it was decided that the need for these beds should be reviewed.

There are two hospitals in the Teignmouth and Dawlish area which are four miles apart. Following the previous consultation which proposed the two hospitals would not duplicate each other but would offer different services to the combined population of the locality, Teignmouth focused on health and wellbeing. Dawlish offers the ward-based care for people across the area with more acute illness. GPs can admit patients direct to Dawlish Hospital and use it for post-hospital medical care before patients are discharged back home.

## Isn't the hospital already closed?

No – the hospital provides a range of outpatient clinics led by nurses, therapists and consultants, including the physiotherapy services. Minor day-case procedures are carried out in the treatment room and Volunteering in Health has its information centre and base there. It is also the office base for the health and wellbeing team that covers the Teignmouth and Dawlish area. The CCG is proposing moving the outpatient clinics and day case procedures to either the Health and Wellbeing Centre or Dawlish Community Hospital. The health and wellbeing team and Volunteering in Health will move to the Health and Wellbeing Centre along with Channel View Medical Group.

## Will services be reduced in this process?

This proposal is about existing services being moved within the Teignmouth and Dawlish area, not reduced, stopped or taken outside of the area.

One element of the proposal is to continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital. These 12 rehabilitation beds that were due to be implemented, have never been implemented.

## Does this proposal include Newton Abbot?

This proposal does not include Newton Abbot.

Our Newton Abbot locality is a separate area which includes Newton Abbot, Kingskerswell, Ipplepen and Bovey Tracey. It includes Newton Abbot hospital which is available to people from all over South Devon and Torbay.

## The health and wellbeing team make the model of care work. What do they all do?

The health and wellbeing team has a daily meeting where people in the locality who are most at risk of their health deteriorating to the point of needing a hospital stay are discussed. People from the locality who are already in Torbay Hospital or a community hospital bed are also discussed to see how the team can enable them to be discharged as soon as possible in a planned safe and supported way.

The health and wellbeing team includes:

- GPs
- Community matron
- Community nurses

- Occupational therapists,
- Physiotherapists
- Social workers,
- Social care coordinators
- Pharmacists
- Support workers from independent and voluntary sector organisations to help link people to their communities.

## Are nursing and residential homes available in the Teignmouth and Dawlish area?

There are both nursing and residential homes in the locality. Beds are spot purchased when they are needed. The beds at Dawlish Community Hospital may also be used where there is a medical need. If there is an issue around availability of a suitable bed for someone who needs it, they can be supported in a different way with night sits, community nursing, rapid response and support workers, or we look for a place outside the Teignmouth and Dawlish area.

## Do people get a reduced level of care if they are discharged to their home or to a care home than they would have had if they had gone to a hospital rehabilitation bed?

The place where someone is does not affect the level of care that someone would receive. People get the care that they need.

If someone is discharged from hospital and needs short term intermediate care to get them back to their usual level of ability, the team will support them in whichever setting they are residing in. Depending on what it is they need extra support with, the relevant support person will visit to help them improve. As well as medical, therapy and nursing issues, the team can help with social issues – getting mobile and getting out to reconnect with their interests and avoid isolation. For more information on this see the Clinical Evidence support document.

## If I am to have intermediate care at home, who is going to come and see me and how often?

The team will support you in a way that is based on your individual need and your goals. The team decides together who from the wide variety of disciplines will give you the most benefit in your situation. This could be a support worker, therapist or nurse. They will discuss what's happened around the crisis period you have experienced and what your goal is – this could be medical or social – and who is the best person to help you get back to your usual ability to do things.

They will link with other health and social care professionals such as pharmacists, doctors and social workers to make sure everything is addressed.

You will receive regular visits from the team to work towards your goals and make sure you are safe and well. The number and frequency of visits will vary depending on your needs at that time. This is regularly reviewed with you and adjusted as necessary.

## The health and wellbeing team make the model of care work. What do they all do?

The health and wellbeing team has a daily meeting where people in the locality over the age of 18 who are most at risk of their health deteriorating to the point of needing a hospital stay are discussed. People from the locality who are already in Torbay or a community hospital bed are also discussed to see how the team can enable them to be discharged as soon as possible in a planned safe and supported way.

The health and wellbeing team includes:

- GPs
- Community matron
- Community nurses
- Occupational therapists,
- Physiotherapists
- Social workers,
- Social care coordinators
- Pharmacists
- Support workers from independent and voluntary sector organisations to help link people to their communities.

Further information is available in the Current Services support document

## What evidence do you have to show that if there is a surge during the COVID-19 pandemic the beds in Teignmouth Community Hospital would not be required?

Demand modelling for a second wave of COVID-19 has been undertaken by the Devon CCG's Business Information team. The modelling for beds with mechanically ventilated or non-invasive ventilation oxygen (MV/O+) and those with normal oxygen (o) is based on the assumption that a second wave would be similar in size to the first wave, in line with current estimates. A number of assumptions are made in relation to the Government's appetite for risk.

Our modelling shows that across the Devon and Cornwall system, with NHS Nightingale Hospital Exeter, in place, 77 beds MV/O+ beds will be available with demand for 73 beds and 315 O beds will available with demand for 286 beds.

At the beginning of the pandemic Torbay and South Devon NHS Foundation Trust undertook a planning exercise on how their community hospital bed capacity could be expanded to support increased numbers of patients needing hospital care but not requiring MV/O+ or O beds. The exercise identified Dawlish, Brixham and Totnes community hospitals as suitable for additional beds with an additional 18 beds available in the first phase and another 6 available if demand continued to increase. These beds were not required during the pandemic but are still available should the system experience a surge in demand over the winter.

It was concluded that the 12 rehabilitation beds at Teignmouth community hospital would not be required or considered suitable to provide care for patients requiring MV/O+ and O beds. Teignmouth community hospital was not considered suitable as part of the plan to expand the number of community hospital beds as the wards are not suitable to provide safe nursing during a pandemic, the access to the wards does not support caring for patients with only one entrance point and that there were other options that were more economically viable with shorter timescales for implementation.

For further information see the Impact of Covid support document.

## What is happening with Dawlish Minor Injury Unit (MIU) – it is currently closed

Dawlish Minor Injury Unit (MIU) opening hours were reduced at the end of July 2019 following Devon CCG approval in order to provide a safe and consistent level of service, due to staff shortages. The initial agreement was to reduce the hours over a three-month period. However, the staff shortages were unable to be resolved within this time frame and a further extension was agreed in October 2019 to continue until the end of March 2020.

In March 2020, in response to the COVID-19 pandemic, the Trust agreed with the CCG that the MIUs in Dawlish and Totnes would be closed from March 2020 onwards. Both remain closed currently. COVID-19 and the additional challenges arising from social distancing, infection control processes and screening requirements increased pressures on both the staffing model and service delivery. COVID-19 has compounded the staffing issues as there is now a requirement for two staff to cover triage and assessment of patients to ensure safety. In addition to this, the requirement to provide adequate social distancing arrangements within the department limits the number of people in the waiting area to four.

As a result a decision was made to temporarily close Dawlish and Totnes MIUs enabling the concentration of the staff to the Newton Abbot Urgent Treatment Centre supporting a greater ability to provide a robust, safe and efficient service that provides the best possible patient experience within Covid-19 and infection control regulations.

The Trust remains committed to providing these commissioned MIU services. The MIU services are continuing to actively recruit to their workforce and are looking at processes to cover the additional workload resulting from COVID-19.
In addition, the X-ray equipment at Dawlish needs replacing and there are gaps within the radiology staffing team, which mean that the X-ray facility cannot currently be reopened. The replacement of this equipment is within the 2020/21 capital investment plan for the Trust.

## What forms of care are available to me if I am frail at home?

### Intermediate care

Intermediate care service focuses on supporting people coming out from hospital, preventing people from being admitted unnecessarily and providing rehabilitation for those recovering from injury or illness. It involves a wide range of professionals and support workers from health and social care and has close links with GPs, voluntary sector and specialist clinicians as required. The team will visit people at home to support them and provide nursing or therapy support as required to keep people safe and help them return to their maximum ability. The team links closely with the community health and social care team and steps in for crisis intervention of clients when required. The intermediate care team also utilise short term placements in local residential or nursing homes when someone is unable to remain at home due to illness or injury but does not require hospital admission.

### Rapid response

This is a service that provides care visits for someone who may be in crisis at home. It may be a one-off visit, such as for someone who has seen a professional from the intermediate care team but needs a bit more help in the very short term. Rapid response is able to provide things such as personal care, support with meals and assistance with medication.

### Social care reablement

This is short term care support (up to 4 weeks) with a focus on rehabilitation by carers trained to help people become as independent as possible. The reablement is goal focused and clients are encouraged throughout any tasks to be independent, it is often used when someone is recovering from a bone fracture or short-term illness.

Night sit
This is a service that may be utilised to support people who require regular overnight support due to a short-term crisis situation. The night carers will provide details about any help given overnight to help ensure that a person's needs are fully understood so they can be safely managed in the longer term.

Domiciliary care support
This is means-tested-longer term support provided by private agencies. Social care workers can support setting this up if needed.
For further information please see the Current Services support document

## What do I do if I am not managing, or I am worried about my situation at home?

You can discuss your concerns with your GP or contact Care Direct on Care Direct (Devon) – 0345 155 1007 or email csc.caredirect@devon.gov.uk to discuss your needs.

It is a good idea to have thought about a plan of action for when you might need help. This should include:
• Who to contact if you need help
• How to contact them – mobile phone/community alarm
• Who has a key to access your home (this should be someone you trust)
• If you don't have anyone nearby that you feel comfortable leaving a key with, can you install a keysafe? (the Police endorse Supra C 500). You will need to check with your insurers and have it in writing that they are happy for this to be installed)
• Do you have a Lions Message in a Bottle or a Medi alert bracelet/necklace with important relevant information, which in the event of a crisis can be taken to A&E/hospital/intermediate care bed if required?
• Do you have a Treatment Escalation Plan in place for when you are not able to state your wishes for your future care? It is good practice for everyone to have one of these.

There are things you can do to help you age healthily and having a plan in place to help you avoid an incident in the first place is a great idea. Increasing physical activity, eating a varied diet and keeping up with medical reviews and checks such as vision, hearing and medication are very important. Keeping your home environment safe and clutter free and where necessary consider equipment that might help you maintain independence for longer. The Age UK Practical Guide to Healthy Ageing is very helpful:
https://www.england.nhs.uk/wp-content/uploads/2019/04/a-practical-guide-to-healthy-ageing.pdf

## What is the range of voluntary group support available in the area? How do we find out about it? Will they be involved in this?

The Teignmouth and Dawlish area has many voluntary sector and community groups who support people with health and wellbeing needs. These groups support people in their own homes to maintain their independence, reduce social isolation and manage their health and care needs. They provide a range of activities such as befriending, community/volunteer transport, lunch groups and group meetings, physical activity sessions, advice and support with accessing services, food banks, support with shopping and at home and care and support at end of life and for those with specific conditions. For details about community and voluntary sector groups in Teignmouth and Dawlish contact Teignbridge CVS on office@teigncvs.org.uk.

## Will the current services at Dawlish will continue unchanged?

These proposals do not affect the current services at Dawlish Community Hospital.

## The Report to the Governing Board says that 'Evidence shows that the Intermediate Care team is able to care for more people in their own homes than on a twelve bedded rehabilitation ward'. What evidence has been provided that this care is of a similar standard?

This information is detailed on our website in the Clinical Evidence support document. (particularly from page 5, Evaluation of Impact of Enhanced Intermediate Care Team).

Rehabilitation provided in people's homes by a team that includes GPs has meant:

1. With closer GP support through daily coordination meetings, people with more complex needs can be supported in their own homes. The standard of this care is more comprehensive and coordinated than what would previously been achieved with a smaller team. The rehabilitation is more likely to be in the person's familiar environment, which builds confidence and means recovery is more likely to be sustained.
2. The team is able to oversee more people, and therefore now can review people admitted to Torbay hospital over the previous 24 hours and support planning for their discharge at an earlier point. There is also a focus on end of life patients who are being supported at home.
3. Quality of care for Coastal patients has improved hugely. The patients are likely to spend less time in hospital, are less likely to be in residential care and more likely to have any care they need at home. By changing how they work,

the outcomes for Coastal patients have changed. Coastal has:
the highest referral rate into and use of the intermediate care team in the CCG, including of social prescribing.
• The lowest rate of hospital bed days used per 1000 population over 70 in the CCG.
• A 6% reduction in emergency admissions compared to a 3% CCG average increase. This reflects that people's health and care is more under control with crises being anticipated and supported while the person is at home.
• Monitored patient satisfaction throughout the process.

## In 2014/15 a public consultation on the future of Teignmouth Hospital concluded that its rehabilitation beds played a vital role in the care of local residents and should be retained. How has this situation changed?

This information is detailed on our website in the Clinical Evidence support document. It contains a clear statement from the South West Clinical Senate on page 3 in response to the question '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."

## Where does end of life care fit in?

In the experience of the health and wellbeing team, run by Torbay and South Devon NHS Foundation Trust, most people want to have their end of life care provided to them at home. In the team's daily multidisciplinary team meetings, team members discuss patients at the end of their life and agree how the team will support them. In some areas, the end of life care team is separate and this work is referred over to them, but in Teignmouth and Dawlish it is done as part of the health and wellbeing team, linking with palliative care services and coordinating with their support. This means the care is more integrated and an embedded part of the team's work.

We also use Dawlish beds for end of life care where people are unable to safely remain at home. We support discharge of people at the end of their life from Torbay where appropriate to home, or to Dawlish community hospital so their relatives don't have so far to travel to visit.

Volunteering in Health has specialist workers with end of life training who can support the emotional needs of those people and carers who are going through these difficult times.

### How do mental health services fit with the integrated model of care and will they be included in the health and wellbeing centre?

Mental health is a priority for community services and it is recognised that there has been an increase in concerns regarding the mental health of younger people since the onset of the pandemic. Prior to this the community focus had been around older people with mental health problems.

The links between these services are strong, with weekly attendance by the older people's mental health team at the community multidisciplinary team meeting. It is recognised that these strong links need to extend to include the teams responsible for mental health services for people under the age of 65 and there are currently discussions taking place about how this can best happen. The new centre will enable this to happen more easily due to the co-location of primary care and community services.

The community team link closely with the voluntary sector who have skills in supporting people with early onset problems and recognising when more specialist help is required. They can then request referral on to the appropriate team.

Also the Coastal Primary Care Network of GP practices which serves a population of 35,000 will employ its own mental health nurses who will be working with the community team and will be able to support younger people.

Finally, Coastal practices have a lower referral rate to mental health services due to our community approach linking with the voluntary sector which helps us support the whole person, not just their illness. The team runs Help Overcoming Problems Effectively (HOPE) courses that support people with depression and anxiety, diabetes and other issues. Local clinicians have seen people finish those courses who report a significant positive impact on their life.

## Care Homes

### What is 'convalescence' and who provides it these days? / Why doesn't the NHS provide 'convalescence'?

NHS hospital beds are for people who need active medical or surgical treatment or rehabilitation provided by qualified nurses, therapists and doctors. Convalescence describes a long period of time when people need a rest to recover from the active treatment and rehabilitation. This does not need qualified nurses, therapists or doctors to provide and therefore can be provided with care at home or in a residential home.

## What is the difference between residential home beds and nursing home beds?

People in nursing homes need a registered nurse to be on hand 24 hours a day, 7 days a week as their needs cannot easily be anticipated. (The nurse needs to regularly take observations, monitor changing needs and respond by changing care, medication type or dosage as required.

People in residential care need continuous and regular support during the day and overnight. They might need two people to care for them at a time. They might need short term help to go to the toilet due to illness or injury. Or they might need extra encouragement and support to start moving about or help from one or two people to move safely.

During a residential stay, the level of support that each person needs will be assessed. The assessment will take into account their health, functional ability and their family/support.

## Are nursing and residential homes available in the Teignmouth and Dawlish area?

There are both nursing and residential homes in the locality. Beds for short term rehabilitation are spot purchased when they are needed. The beds at Dawlish Community Hospital may also be used. If there is an issue around availability of a suitable bed for someone who needs it, they can be supported in a different way with night sits, community nursing, rapid response and support workers, or a place may be found outside the Teignmouth and Dawlish area, in South Devon or Torbay.

Currently, there is a sufficient supply within the local area for those individuals who require a short or long-term placement, with a number of vacancies within a 10-mile radius of Teignmouth.
Devon County Council suggests that further market planning activity is needed and the development of a nursing home within the Teignbridge area may be appropriate to accommodate future growth for long-term need which is a different issue to the short term rehabilitation being discussed in this consultation.

For further information see the Current Services support document

## If more care is shifting to care homes, are they suitable and can they cope with this?

Our focus is on supporting people wherever they need to receive their care. Because we are able to give people more support in advance of a health crisis,

we have seen a reduction in number of people needing to move to care homes. However, care homes are very important to us.

We are fortunate to have some excellent care homes in this area. The Care Quality Commission, our health and wellbeing teams and quality assurance and improvement team work closely with them to provide advice, practical support and training.

We also work with Devon County Council to look at what capacity we will need in the future versus what we currently have and plan together with how we ensure the right facilities are available to meet the demands of a changing population.

# Estates / Facilities

## Will the services be reduced, or have less space if they move?

Services are not being reduced, but 'lifted and shifted' to different locations. The physical space that services have has been reviewed, including use of storage cupboards, meeting rooms and communal areas such as receptions and kitchen areas.

The space available to the musculoskeletal physiotherapy service will actually increase by 14m$^2$ for the gym and 2m$^2$ for the cubicles. The review has also considered changes in how people work. The plans enable the services to continue working as they do now.

## Can you confirm that services can be safely accommodated in Dawlish (and Newton Abbot) hospital please?

None of the services discussed in this consultation are to move outside of the Dawlish and Teignmouth area. The only locations being considered for these services to move to are Dawlish Community Hospital and the new health and wellbeing centre in Teignmouth.

Space at Dawlish Community Hospital has been carefully considered. It is a modern, purpose-built hospital with capacity for expansion. Capital investment is planned to accommodate the specialist outpatient clinics and day case procedures. Two existing outpatient rooms would be converted into a day case procedures suite. These rooms have an external wall to support the required ventilation. A double nursing bay which is not used for beds would be converted into 2 consultation rooms. All the clinics that are currently provided at Teignmouth Community Hospital and are proposed to move to Dawlish Community Hospital will be able to be 'lifted and shifted' meaning that clinic days and times will remain the same.

You can see a floor plan of Dawlish Community Hospital as part of the consultation documents – the document entitled 'Proposal for Dawlish minor procedures facility plans'.

## Is the Brunswick Street site big enough for what is required?

A schedule of accommodation has been worked out, based on national standards and the space that people who will be working in the building have said they need.

It also includes a collective view of the shared space, such as reception, meeting rooms, kitchen and some clinic rooms that are used at different times of the day. This will facilitate the best use of space and joint working.

You can see site and floor plans for the Health and Wellbeing centre as part of the consultation documents.

## Why don't you keep the hospital and GP services separate?

The options considered when developing these proposals are included in the consultation documentation. The options included locating the GP services in the Health and Wellbeing Centre and keeping the outpatient clinics and day case procedures in the existing Teignmouth Community Hospital or in a new build on the Teignmouth Community Hospital site. The documentation shows the evaluation process and why the options are being proposed.

## What will the health and wellbeing centre be like?

Information about the proposed health and wellbeing centre can be seen on our website.

## How will the closing of a hospital impact on bed blocking at Torbay?

Please see the Clinical Evidence support document.for further information. The intermediate care team can take care of more people in their own homes than they would be able to on a twelve bedded rehabilitation ward. The health and wellbeing team work together with GPs and the voluntary sector to ensure that discharges from acute hospitals are not delayed.

## Has the planning application to Teignbridge District Council been made for the Health and Wellbeing Centre?

Torbay and South Devon Foundation Trust has detailed site and floor plans for the Health and Wellbeing Centre which can be viewed on our website. The Trust

has a conditional agreement with Teignbridge District Council to purchase the site on Brunswick Street and is currently in pre-planning discussions with the council. You can see site and floor plans for the Health and Wellbeing centre as part of the consultation documents.

## Have the different options you have considered been costed?

Costing of the different options is included in the Financial support document.

## Why are you planning for another pharmacy to be included when there are already two nearby?

NHS England and NHS Improvement commissions pharmacies and deals with the contracting arrangements. It is not our intention to increase the numbers of pharmacies and the NHS would want to talk with those who are currently in the town about the possibility of moving into this building.

## Is ENT (Ear Nose and Throat) clinic moving to Dawlish or staying in Teignmouth?

The proposal is for ENT clinics to move to the Health and Wellbeing Centre in Teignmouth, due to its connection with the high-use audiology clinic (which would also move to the centre if the proposal is implemented). Pages 20-22 of the consultation document correctly include ENT as one of the specialist clinics, before explaining that it would relocate to the Health and Wellbeing Centre under the proposal.

## Are you sure you can't use the hospital for anything else?

The site is owned by Torbay and South Devon Foundation Trust. If the proposal for consultation were to be approved, the site would be vacant. At present, the trust does not have any alternative uses for the hospital site but would certainly examine proposals and suggestions for the site use as they arise.

## Why is the health and wellbeing centre being built in an area of town at risk to flooding?

A range of possible site options were evaluated and this was identified as the best one for its purpose. More information about this decision process can be found here.

Given that almost all of Teignmouth town centre is on a flood plain, it is hard to provide central accommodation that is not affected by this. We are working

closely with Teignbridge District Council to design a building that mitigates against risk of flooding.

This includes considerations to the height and pressure of the building and how the use of the ground floor is designed. Business continuity plans in adverse situations are part of all organisations' procedures, for example recently through the COVID-19 pandemic business continuity plans were enacted to ensure services could continue to be delivered although the staff were working from home and GP services needed to change how they were able to provide their services while having to work remotely.

# Estates / Finance

## How will this building be funded?

Costs for developing a Health and Wellbeing Centre on the preferred site at Brunswick Street to include two GP practices, the health and wellbeing team, Volunteering in Health, community clinics and potentially pharmacy are £8.35million.

The financial model has been developed and approved by Torbay and South Devon Foundation NHS Trust (TSDFT) Finance Committee on the grounds that TSDFT would be able to contribute £1.4million capital from the sale of community sites and the GPs £1million, secured from NHS England/Improvement primary care estates funding. TSDFT's joint venture partner will work to secure a developer/funder to support the remainder of the build costs. This high-level funding model and consequential revenue commitment is supported by the CCG, GPs and other stakeholders and is affordable. It delivers an NHS-owned asset at the end of the 30-year lease period.

## What are the costs for building and moving in relation to improving Teignmouth site?

Costing of the different options is included in the financial support document..

## Why can't you use the hospital site for a health and wellbeing centre? Why shift to a site that you don't own when you already own Teignmouth site?

The options considered for the site of the Health and Wellbeing Centre are outlined in the consultation documentation on How Options Were Evaluated. The Teignmouth Community Hospital site was considered. The Brunswick Street site was selected due to the access to the site, public support for a town centre location and the opportunity to be part of the town centre regeneration.

## What will happen to the hospital site? If sold, what will happen to the money?

The CCG is consulting with the public on where services are delivered from. Torbay and South Devon NHS Foundation Trust owns Teignmouth Community Hospital. If the proposal is agreed following public consultation, then TSDFT will decide what to do with the building. It is likely that the building will be sold with the proceeds being used to develop local NHS infrastructure.

## Is the funding for the H&WBC dependent on Teignmouth Community Hospital being sold?

The construction of the Health and Wellbeing Centre in Teignmouth is not dependent on funds from the sale of the Teignmouth Hospital site.

The financial support document states that the financial model has been developed and approved by Torbay and South Devon Foundation NHS Trust (TSDFT) Finance Committee on the grounds that TSDFT would be able to contribute £1.4million capital from the sale of community sites and the GPs £1million, secured from NHS England/Improvement primary care estates funding. TSDFT's joint venture partner will work to secure a developer/funder to support the remainder of the build costs. Sale of community sites is not specifically dependent on Teignmouth Community Hospital, but its sale will contribute to that pot.

## The CCG Report says Teignmouth Hospital 'cannot be economically reconfigured to provide modern facilities required today and in the future', but provides no evidence to back up this statement. What costs are being compared in order to come up with this conclusion?

Costing of the different options for where services should be sited, including Teignmouth Community Hospital, is included in the financial support document.

## Why is it better value to develop property that does not belong to the Trust – in order to lease it back – rather than to refurbish property that does?

The Trust is committed to providing services in line with its current strategy for health care provision. The Trust is contractually committed to working with its PFI partners and will continue to do so, as both Newton Abbot and Dawlish Hospital are geographically aligned to the Trust's strategy. It is a model that ensures that through life-cycle payments, the building is maintained to a suitable standard for the duration of the contract and avoids the need for up-front capital expenditure which is not always available.

## What will happen to all the facilities and resources such as the physio suite that the League of Friends has provided over the years?

Equipment and resources previously donated by the League of Friends, including gym equipment, will be relocated to the new centre wherever possible.

If the hospital building were no longer needed, we would discuss with local people and the League of Friends how and where to relocate memorial plaques and stones.

## What is the planning permission status of the new proposed health centre?

Pre-planning discussions have taken place with Teignbridge District Council. A full planning application will be submitted in late October with the intention of starting building work in the spring. The planning application can be withdrawn if necessary.

## Why not spend the money on upgrading current facilities instead of building something new? Why not let the GPs build their own centre?

This is not just about the finance, but the wider factors that have been explained about co-location and integrated working. It would be a missed opportunity to bring teams together and not let us build on the brilliant working relationships in the area. We don't know that it would be less expensive to build a separate building. There are efficiencies in shared spaces and services. You can read more about the options and how they were considered here.

## Who will be responsible for the building and how is this different to a private finance initiative (PFI)?

The Trust would hold the head lease for the building and would work with GP and voluntary sector partners to deliver the services required. The Trust and primary care will contribute money towards the cost and the strategic estates partner will provide the balance. In 30 years it will transfer to NHS ownership.

This is different to a PFI in that the Trust will be responsible for the maintenance of the building. Under a PFI it is the financier who controls and discharges this responsibility.

# Travel and Parking

## Have you considered travel and parking implications?

Yes we have considered the car parking and travel distances when developing the proposals. Detailed information can be found in the consultation documents – Travel Impact Assessment. The GPs practices are already based in the town centre and the Health and Wellbeing centre will have good public transport links. Dawlish Community Hospital has a large adjacent car park.

## What will the parking facilities be and will they include drop-off and disabled parking?

There will be six parking spaces on the site with provision for blue badge holders. Discussions are taking place about drop-off bays for both patients and staff and talks are continuing with the council about creating some designated on-road parking.

Two secure bicycle and e-bike stores will be provided, one for patients and one for staff.

We would expect more people to arrive by public transport, given its proximity to the Health and Wellbeing Centre.

# Primary Care

## Will the branch GP surgeries in Bishopsteignton, Shaldon and Chudleigh stay open?

Yes, these are not affected by this proposal. The proposal is about the main sites in Teignmouth town centre.

## What will happen to the GP practices if we don't make any changes?/ Will I still have a doctor if we don't make any changes?

The Health and Wellbeing Centre will be developed and the reasons for the need for the change have been outlined in the consultation documentation. The development of the Health and Wellbeing Centre is not part of the proposal.

## Are local GPs on board?

This work has been planned with local GPs for several years. Local GPs are engaged in the model of care and are keen for a new facility in Teignmouth. Dr

Carlie Karakusevic, a partner at Channel View Medical Group, represents the local GPs on the Teignmouth steering group.

At the beginning of our online consultation meetings, you will see Dr Elizabeth Brown from Channel View Medical Group, (previously Teignmouth Medical Practice) expressing why she is supportive of the Health and Wellbeing centre.

In October, however, the Teign Estuary Medical Group told patients it would not be moving to the Health and Wellbeing Centre.

## Why are the GPs running a separate consultation?

GP practices are required to consult with their patients on significant changes to their services. The GPs will talk to their patients on how the move will affect them nearer to the time of their move into the Health and Wellbeing Centre.

## Will the proposal affect GP branch surgeries in Bishopsteignton and Chudleigh?

The surgeries at Bishopsteignton and Chudleigh are branch surgeries of Channel View Medical Group. The plan is for the main Channel View surgery in the centre of Teignmouth to relocate to the new Health and Wellbeing Centre, but the branch surgeries at Bishopsteignton and Chudleigh would not be affected by this and would continue.

## As a patient at Glendevon, my practice have given good reasons as to why they are not moving. Will I and other patients be able to access all the non-GP services in the new building or are these just for Channel View Surgery?

Yes, all patients would be able to access the non-GP services in the new Health and Wellbeing Centre. Patients of both Teignmouth practices will be able to benefit from the services provided in the town, wherever these are located.

All practices work as part of a team across the area with the health and wellbeing team for the benefit of their patients, and they all work collaboratively in the local Primary Care Network.

All patients, regardless of practice would be able to attend the clinics or other services at the Health and Wellbeing Centre or at Dawlish Community Hospital if they need to.

### What happens to Glendevon's patients share of the GPs' £1 million secured from NHS England / Improvement primary care estates funding that is being put into this building? Will some of the rooms be available to use by the Glendevon?

The £1million was Estates Technology Transformation Fund money was secured a while ago and the bid was successful due to its being about integration with other services.

This grant was to the Health and Wellbeing Centre project, not to individual practices, so Teign Estuary Medical Group is not affected.

Its patients will continue to benefit from integrated working and all services provided in the area. As the practice is not relocating, it will not have rooms in the Health and Wellbeing Centre.

## Staffing

### Are there enough people to deliver the model of care?

The CCG leads the workforce element of Devon's Sustainability and Transformation Partnership (STP), a coalition of the NHS organisations and local councils responsible for health and care in the county. The Proud to Care initiative, which promotes jobs and careers in health and care in the county and is led by Devon County Council, has been very successful and has spread to other areas outside Devon. We are also working with other organisations to support people who may be looking for work as a result of the economic impact of COVID-19 to provide schemes for apprenticeships and returners to work.

Torbay and South Devon Foundation Trust is proud of the quality of training and education it provides. This attracts people into its services after their training has finished. The Trust works with South Devon College and local universities to train and retain a wide range of professionals. The Trust has also engaged with young people through volunteering and has seen a 20% increase of young people applying for courses.

Our evidence shows the model of care enables us to treat four times as many people more effectively than those in hospital beds – https://devonccg.nhs.uk/download/teignmouth-and-dawlish-consultation-clinical-evidence-supporting-information?wpdmdl=5826&refresh=5f6ca3ce9000c1600955342

One of the effects of COVID-19 has been a rise in the use of video and phone consultations for appointments with patients. This means many people can now often have their appointments with their GP, physiotherapist or hospital consultant via video or telephone. This can help save time and increase the number of available appointments.