Report on the 6 month evaluation

STITCH

Save The Irreplaceable Torrington Community Hospital

www.stitch.org.uk

Report on the 6 month evaluation

Introduction

This submission, will form part of the 6 month evaluation report, and is presented by STITCH. Stitch is the acronym for Save The Irreplaceable Torrington Community Hospital. This group comprises all those people who support this well-loved town's healthcare asset, Torrington Community Hospital. The hospital served the healthcare needs of the town and its surrounding rural catchment area, until the inpatient beds were closed in July 2013. It was opened in 1908 as a 6 bedded hospital built by the Torrington community following a twenty year fundraising effort. The hospital was illegally closed in July 2013 (Appendix 12) at which point STITCH was formed. To clarify what STITCH represents. STITCH is all those people who support the reopening of the hospital, all those who put up posters, the 2,000 plus town and country residents who signed a petition organised by STITCH, tied a yellow ribbon, wrote letters of support, attended a public meeting or voted in the town referendum. It is the voice of the Torrington community, a point reaffirmed at a packed public meeting on 9th August 2014 in response to claims by the Trust/CCG, in their engagement document, that this was a small, unrepresentative pressure group.

During the 6 month evaluation Torrington community has shown increasing concern as to how the reconfiguration of the health services in the Torrington area has been planned and implemented and STITCH has voiced that concern on the peoples, behalf by challenging the Northern Devon and the NEW Devon Clinical Commissioning Group (Trust and CCG) and by informing the Department of Health, MPs, Devon County Council, Torridge District Council, Torrington Town Council, the Care Quality Commission, HealthwatchDevon and the Health Ombudsman of their concerns, lately sending 22 pieces of evidence of the flawed consultation and evaluation process to Mr Simon Stevens the recently appointed NHS England chief.

A response from the people of Torrington

At a packed public meeting held on Saturday 9th August 2014, the Torrington public rejected unanimously the 6 month evaluation as being a biased self evaluation that had no validity.

1 Torrington believes the process of setting up the "care closer to home scheme" has been a process flawed from the start

2 Torrington does not believe that the standard of care is as good as, or better under the care closer to home model

The following evidence supports these two views

1. **The process of setting up the care closer to home model of healthcare has been a process that has been flawed from the start**

Torridge and West Devon MP Geoffrey Cox QC has stated:“Throughout the process I have strongly urged our health authorities to be fully transparent about the alternatives and have suggested that there was a very good case for calling a halt to the current process and starting again “ “In the meantime, the beds should be open and used.” (see appendix 2)

NO CONSULTATION PRIOR TO BED CLOSURE

The hospital beds were closed illegally due to lack of consultation with the Torrington community, on 3rd July’13 with no prior warning, and patients were moved out to other hospitals.

Because it had been closed illegally the hospital had to be re-opened for 8 weeks while a sham consultation process took place. (Appendix 32)

The Trust/CCG attempted to show statistically that there was little or no demand for hospital beds in the town. They provided evidence of falling admission numbers to support this view. What these figures actually represent are patients staying longer in hospital because of failure by hospital management to move on patients who had social rather than medical needs. (appendix 16 letter from Jac Kelly). When the beds were closed the Trust/CCG stated an 85% occupancy rate therefore, we feel, demonstrating a need for inpatient beds. (appendix 16 letter from Jac Kelly).

NO IMPACT ASSESSMENT PRIOR TO BED CLOSURE

According to NICE and government guidelines good practice dictates carrying out an Equality Impact Assessment on all sections of the community **prior** to a major healthcare reconfiguration. Once done, good practice dictates that this information should be fed back to the community concerned. Neither of these actions were taken by the Trust and CCG. Therefore this research/assessment has not informed the process and there has been no clear indicator of how this major healthcare change and the implementation of the new model of care, would affect and impact on the people of Torrington and parishes. (see patient’s stories, particularly Margaret’s story. 1. Mrs Bailey) To work well, the assessment must be done prior to the change and the withdrawing of services, so that a baseline can be drawn at this time. As we said before, the Trust /CCG had at least 2 years to plan, assess and consult (appendix 16) but they took none of these actions prior to bed closure preferring to

put a community's health at risk and chose not to consult with the people they serve whose healthcare they are responsible and accountable for. This leap in the dark, by a withdrawal of services without consultation shows a lack of knowledge about how to implement the process. Moreover it demonstrates an uncaring attitude, a lack of respect for the community in question, and a lack of openness and transparency which collectively, throws doubt on the robustness and the trustworthiness of the process. For many months after bed closure both STITCH and our MPs asked many times if the Trust/CCG had completed the Equality Impact assessment. Openness and transparency were not to the forefront. We asked many times before eventually being told by the CCG at an Oversight meeting (see minutes in Appendix 27) that an Impact assessment had been done. The Trust was more forthcoming and admitted that they had not done one. We looked on the CCG website to find the following Impact assessment (see appendix 27/4.) which demonstrated five short questions each having a subjective value- laden answer. This has since been changed on the document. We then received a letter from Dr Womersley (Northern Locality chair) via our MP (appendix 15) on 12th March 2014 stating that "**the impact can only be measured once the change is in place**. The full impact assessment will be contained within the six month evaluation and will be undertaken by local clinicians including GPs NDHT community Devon County Council community (social work team) and the North Devon District Hospital consultant geriatrician. I hope this gives you the assurance that there will be wide clinical consensus on the impact assessment." At present, the 6 month evaluation has yet to be completed, signed off and approved. The "Test of Change"/the enhanced community care, is yet to be seen to be a safe and better option than the services Torrington had previously. An Equality Impact Assessment was produced by Kerry Burton (not the local clinicians as stated) signed off on 15th July 2014 and as yet the scheme/ Test of Change has not been completed, evaluated, signed off or approved by the joint boards.

Closure of the hospital

The decision to close the hospital and replace it with a "hub", had been made two years prior to its closure (see appendix 13/16), and a carefully monitored and selective admissions policy made sure that occupancy rates remained lower than they otherwise would have been as Torrington patients were treated elsewhere. (see Louise story Patient's stories- appendix 4)

Following closure of the hospital and it now being termed a "hub", with all the hospital beds closed, the care closer to home model was introduced for a 6 month trial/ experiment.

After much prevarication the beds were re-opened in 1st October 2014, during which the 8 week sham evaluation on the need for beds occurred, and patients were sent anywhere but Torrington Hospital. The patients in other community hospitals were not returned to Torrington at this time. (See patient's stories) The beds were later closed on 26th Nov 2013. A 6 month trial of a system of so called 'Enhanced Care'

began on 1st October. This enhanced care purported to provide a range of "new" services, more nurses and therapists and a much publicised "quality " service (Appendix 3). A freedom of information (FOI /13/106) request showed there were still only 2 qualified nurses as there had been before the enhanced care was introduced, and almost all the services described as "new" for the hospital were in fact services that in the main were already provided (see appendix 3). Despite the "hype" in the local papers and on their website this led our community to conclude that the Trust/CCG were being less than honest in their dealings with the Torrington community. The contradiction between what was published and the patient experience was to lead to a lack of belief that what was said was indeed true. The Trust spent a lot of time on their website, in the media and in the so called "drop in sessions" telling the public about the number of patients treated and the agenda they wanted the public to follow. This is not a measure of a "quality" service.

At the first public meetings held by the Trust/CCG in Autumn 2013, an impartial evaluation of the 6 month trial was promised, with an impartial evaluator to oversee the evaluation process from start to finish. Moreover, in "Meeting Local Needs" Page 13 (Appendix 21) they state "The evaluation will be overseen **independently** with outcomes published regularly over the period to March 2014 when final analysis will be carried out". In the minutes of the oversight meeting held on 18th Nov 2013, it states "Dr Bowman set out the purpose of the group to ensure clarity for the future. He stated that the group's purpose is to ensure the data gathered is managed in a manner that is **independent and objective**" No impartial evaluator was ever appointed throughout the six months evaluation. The evaluation has been carried out solely by the Trust/CCG. We know it to be a biased self evaluation, which is no evaluation, moreover there is no scientific basis underpinning the evaluation. Initially the University of Plymouth was approached to provide an impartial evaluator but a FOI request (appendix 29) showed the close financial links between the Trust/CCG and the University, again this cast doubt on the integrity of the Trust/CCG approach in choosing a so called impartial evaluator that had a vested interest and thus cast doubt on the validity on the evaluation. Five months into the six month evaluation the Trust/CCG led the oversight group (OSG) to believe that a new impartial evaluator called PenCLAHRC had been appointed. A meeting had been held with PenCLAHRC (Oversight Group minutes 13th Jan 2014 appendix 4 page 4). It was at an Oversight Group meeting 27th June 2014 when STITCH enquired about the 'brief' that PenCLAHRC had been given as independent evaluator and the reply given by Kerry Burton (lead commissioner) was so vague that STITCH contacted PenCLAHRC direct. Cath Hopkins of PenCLAHRC responded that they knew of no arrangement of this nature (see appendix 5). This led our community concluding, that the Trust/CCG had deliberately misled the OSG and the Torrington community.

The Oversight Group set up to monitor and oversee the evaluation of the "Test of Change", or "Care closer to home" as it was later called, was seen to be flawed from

the start, less than open and honest in its operation, and because of the way it had been constituted and run was unfit for purpose. (see appendix 6 which lists the main failings of this group).

Without prior consultation with the Torrington public before bed closure, the community were not allowed any input into the healthcare decision foisted upon them. Therefore allowing the Trust / CCGs adage, much acclaimed on their website, of “No decision about me without me”, to be proven false.

An oversight group which is not fit for purpose

The Oversight Group (OSG) was set up for the purpose of overseeing the evaluation process (Oversight group minutes 18th Nov 2013) Dr Bowman the chairman at the meeting said that, “the group’s purpose is to ensure the data gathered is managed **in a manner that is independent and objective”**

It has proved itself to be not fit for purpose and could not effectively oversee the evaluation process. There are 8 aspects which demonstrate that it is not fit for purpose (See Appendix 6 and the 8 points below)

1. **No clearly defined and published set of rules.** The OSG first met on Tuesday 18th November 2013. Since that day it has never had a clearly defined and published set of rules under which it has operated. The obvious set of rules to adopt would be the CCG Stakeholder Group Terms of Reference (See CCG website) as the OSG is quite clearly a stakeholder Group. The OSG has created its own rules on an ad hoc basis during its subsequent meetings.

   For example

   - “excluding members of the public as observers”
   - Deciding a quorum was 8 people
   - Deciding deputies can be sent to a meeting if a representative cannot attend (OSG Meeting 29th May 2014)
   -

2. **Terms of reference and attendance at meetings**

The Terms of Reference of the Oversight Group, were felt by STITCH, to be heavily value laden with an assumption that the hospital was to close permanently. As a result they were re-written by STITCH to remove this bias. However, these were rejected by the Trust/CCG’s top heavy membership of the Oversight Group. A version which still held those assumptions, and from which the four government tests were removed, was passed. (See appendix 8 for the STITCH version submitted to the Oversight group and the Trust version that was accepted). The Terms of

reference were only accepted in their final form on 29th May 2014 when the NDHT/CCG were 6 months into an evaluation that had never been agreed. This followed a similar pattern to the 4 month evaluation ending on 31st January 2014, which was also; widely acclaimed in the papers as a success (See appendix 9) Because the oversight group did not agree it's terms of reference (TOR) until a meeting on 29th May 2014 it caused a range of problems. Because there was no agreed terms of reference until the 29th May the Trust/CCG were free to invite additional new members of the NHS into the group. **Indeed the OSG was dominated by Trust/CCG representatives, their nominees, and other Trust/CCG "managers"** who attended meetings outside of the Terms of Reference membership list. The draft terms of reference for the 18th November meeting allowed for 14 people, 20 attended the meeting, 1 apology, Total 21. The draft terms of reference for the meeting held on 24th February 2014, allowed for 17 people in attendance – 15 attended, 6 apologies Total 21. At both these meetings there were also legitimate members who did not attend or submit their apologies that could be included in any total. On the 29th May the terms of reference were finally signed off with a membership of 18 (see last page of appendix 8 Oversight TOR).The OSG meeting of 13th Jan 2014, is a typical meeting (Appendix 4). It demonstrates how Trust/CCG personnel and their nominees dominated the meeting both in their numbers and in the way that only Trust/CCG personnel and their nominees are recorded as speaking in the meeting. This is **not** a process of engagement at work. This manipulation of the group's members has caused continuing problems during meetings. The same meeting 13th January showed 4 attendees NK, EB, KA, NH for the position of "Trust manager" and 2 CCG members RD and KR with no reason to be at the meeting. .In other ways the Trust /CCG have sought to control and dominate meetings. For example In spite of 'deputising' being allowed following the 29th May meeting, at meetings on the 27th June and 15th July a member of the public deputising for one of the two public representatives who was absent, was asked to leave both meetings. The partisan packing of meetings with unofficial Trust/CCG personnel casts doubt on the validity of both the evaluation and engagement processes.

3. **The choice of 2 representatives to represent the Torrington community, the town and its outlying parishes.**

   The Trust/CCG decided (yet again no consultation on this decision) initially that it was HealthwatchDevon who should nominate the 2 public representatives (minutes of OSG). STITCH maintains these 2 public representatives should have been nominated by Torrington Town Council, a democratically elected body. When a vacancy did arise for a public member, a member of the local community stepped in, applying the new deputising rule (29th May) to stand in for the absent member. He was denied the right to represent the community at 2 meetings where he attended. The Trust/CCG now asserted their right (again no consultation) to choose a public representative and prospective candidates had to have a private interview

over the phone with NHS employee Nellie Guttmann. The appointment was finally made by a selection board comprising the chairman of the OSG and the CCG lay representative neither of whom lived in the Torrington community. Without any set of rules there could be no challenge to this claim by the CCG/Trust to choose the public representative. The Torrington public however insist that only the Torrington Community have the right to choose the 2 representatives, who together represent the views of over 12000 stakeholders in the Torrington Health catchment area. That is the democratic way!

4. The Torrington Community had been promised at the 2 NHS public meetings held in Autumn 2013, that there would be **an impartial chair for the Oversight Group.** The person who subsequently took this role was CCG vice chairman Dr Chris Bowman (now Director of Community for NDHT). Having a CCG chairman was not “impartial”. A Torrington Community public meeting held on 22nd Feb 2014, passed a resolution not to accept his chairmanship. He resigned at the OSG meeting on 24th February 2014

5. **No impartial minutes secretary has ever been appointed**. The initial minutes secretary was a CCG staff member. Following complaints of the inaccuracy and gaps in the minutes of the 24th February OSG meeting. The meeting on 9th may agreed that an impartial minutes secretary was to be appointed. The minutes of the meeting 29th May were taken by a CCG employee. On the following meeting 27th June the county council representative took the minutes. In the 15th July meeting a CCG member of staff took the minutes. As of 18 August no independent minute secretary has been appointed. Minutes of meetings were only ever in draft form and never formally finalised.

6. **The CCG/Trust OWN the Oversight Meeting**. It is they who decide and set the agenda. No agenda items had ever been solicited for the OSG prior to the question being put to the CCG (Appendix 6). Attempts to address these issues have not been listened to and included in the agenda. It is the Trust/CCG who determines the ad hoc rules by which the OSG is run. The letters of complaint (appendix 7) were raised as an agenda item but it has been postponed at each of the meetings on 29th May, 27th June, and 15th July. The issues of public attendance at meetings as observers was raised as an agenda item by STITCH representative at the meeting 24th February and put on the agenda as AOB and then not addressed at the following meeting.

7. **HealthwatchDevon** sends a representative to the OSG. This representative claims to be a facilitator, impartial and independent and yet the Healthwatch representative has voting rights and has voted.

8. **Management of the Oversight Group. -** Minutes of previous meetings and agenda. OSG members, who represent their own group/constituency, cannot do this effectively as 'agenda' and 'minutes of the previous meeting' are not sent out in a timely fashion. For example the meeting held on 27th June had the agenda and minutes emailed to members the night before, consequently only 15 members were able to attend and the meeting could not take decisions. A waste of NHS/CCG employee time and public money. It could have been avoided if an independent secretary had been appointed

The purpose of the 6 month evaluation has lacked clarity. The Trust/CCG have claimed, "We were not engaging on whether the model of care worked or whether the inpatient beds should be reinstated. We were engaging on what services the residents of Greater Torrington would benefit from being able to access from Torrington hospital rather than NDDH". (Engagement report)
IN OTHER WORDS – FROM THE VERY BEGINNING- THEY KNEW THAT ALL THEIR ASSURANCES ABOUT LISTENING TO THE PEOPLE MEANT NOTHING, AND, AS MOST OF THE RESIDENTS SAID ALL ALONG, *EVERYTHING HAD ALREADY BEEN DECIDED!*
The oversight group have sought to dismiss the views of the community and discredit the views of those who do not conform with their own.
.....

2. The new Care closer to home model of care is not in the best interests of Torrington patients

How can it be determined objectively that the new model of care is in the best interests of Torrington patients? The patient's best interests, being one of the government criteria when healthcare change is implemented. We believe the key test is by assessing patient satisfaction with their care, together with evidence taken from across as wide a spectrum of patients as possible, using both quantitative and qualitative measures of patient satisfaction. It should be conducted by impartial and objective assessors and the size of the sample, the methods of collecting the data, and other relevant aspects of the evidence collection. These should all have been presented to the oversight group, whose role is to oversee, not produce the evaluation. This process never took place. (see oversight group minutes 24th Feb.Item 6 Evaluation) The result has been that at a public meeting held in Torrington on Saturday 9th August 2014, the Torrington community voted unanimously in rejecting the 6 month evaluation as having any validity.

Alison Diamond Chief Executive of the Trust stated, that care in Torrington is excellent,

"We are confident that the quality and access to local health and social care services for residents of Great Torrington is excellent", (as stated in the North Devon Journal 3rd July 2014.)

Torrington people know differently. Evidence collected from a large number of patients in the Torrington area over the period of the 6 month test of change demonstrate that care is **not** “excellent”, and care is **not** “as good or better” than under the previous model of healthcare . This former model of care provided 24 hours a day 7 days a week care in a hospital, in the centre of the community, together with care in the community by two nurses heading a community nursing care team. This model had huge popular support (appendix 14 and page I appendix 12) and substantial financial support from The League of Friends. Any viable evaluation should first have assessed how effective old system or model was, when measured against a range of quantitative and qualitative criteria, before trialling a new model. This assessment of the old model was not done, therefore making it effectively impossible to evaluate if the new model “is as good as or better “.

The joint CCG/Trust “Meeting Local Needs” document (again no author) (Appendix 21) is written as a piece of propaganda to extol the virtues of home- based care without the Trust/CCG having done any prior research into the possibly detrimental effects it might have on the community. Not only was Torrington given no opportunity to decide about its healthcare provision, it was told by the CCG/Trust that “we know that unless you or a family member experience that care, it is not easy to fully understand the benefits”. “Seeing is believing, and **we are therefore evaluating** this home-based care over the next 6 months” (Meeting Local needs Page 4.) In the OSG minutes 24th Feb 2014 it states, Nellie Guttmann (Engagement and Involvement Lead – NDHT), “has interviewed 3 people who have received the enhanced community support”. Nellie Guttmann is the Communications Officer NDHT, heading Trust propaganda. She has a strong vested interest in the success of the ‘Care Closer to Home’ model of Care. This is clearly not an independent evaluator carrying out an independent evaluation, and moreover an evaluation that the trust CCG describe as “robust”. The Trust/CCG are determined to have their preferred ‘Care closer to home’ scheme and have mounted an expensive propaganda campaign with full page advertisements in the North Devon Journal (Appendix 20 ,and see also the ‘Meeting local needs’ brochure appendix 21) This campaign presents only one side of the picture .Also throughout the period of the 6 month evaluation it appears the Trust/CCG have attempted to limit STITCH access to evidence by delay in answering MP’s letters,(appendix), delay in answering freedom of information requests (appendix 29) and delay in the sending out of oversight group minutes and agendas (see the section ‘An Oversight Group which is not fit for purpose’ point 8.) Questions which have been asked about the financial aspects of the ‘Care closer to home’ model at public meetings in Autumn 2013 and in

the Doctors letter (appendix 20) were not answered until 14th May 2014 in a letter from Kate Lyons Director of Operations NDHT to Nick Harvey MP (ref 13677A). In summary Torrington community was chosen to be a social experiment without its consent, or without a proper impact assessment being done. With regards to this enforced healthcare change, the paternalistic air of knowing what is best for the public without consulting them. Putting a model of care in place without any patient decision or input, has in fact disempowered the community. Through these actions, the town's respect and trust have been lost.

The patient stories (see Patient Stories appendix) demonstrate examples of where the care closer to home model has failed over the last 6-8 months. These failures were not evident prior to the care closer to home model being introduced.

A response to the Joint Board Paper

Have the four tests set out by the Department of Health 2010 been rigorously applied as claimed by the NHS authors of the Joint Board Paper? We submit that their rigor is suspect and that the writing of this paper has an inherent bias.

These tests are

1. Support from GP commissioners
2. Clarity on clinical evidence base
3. Strengthened patient and public engagement
4. Consistency with current and prospective choice

Support from GP commissioners

We would ask that the independent evaluator takes time to read the full joint position statement from our local GPs from the two health centres (Appendix 20) It may be advantageous for the impartial evaluator to discuss this directly with the GPs in a meeting to see if the selective claims made by the Joint Board Paper are indeed true. Dr Bremner attended the public meeting on 9th August where he made an impassioned speech about chronic underfunding both nationally and locally and the tremendous increase in work load that the reconfiguration had added both to his and the community nurses burden. The statement in paragraph 5 that "the changed model and closure of beds has already been debated in the **private** part of the Northern Locality on several occasions" is of concern to us. The lack of any minutes on Trust or CCG websites of these meetings where this model of care was decided, smacks of lack of openness and transparency. It must be noted that the Care of the Elderly Consultant, a NDHT member of staff, retains care of the elderly beds in South Molton, Holsworthy and Bideford and that is where Torrington patients have been moved to, to be under his care both during the 8 week evaluation of the need for beds, and up to the present. Some patients have been transferred to Hatchmoor

Nursing Home where the NHS has some contract with the owner. The patients in the Hatchmoor beds, other community hospital beds and nursing beds, have not been included as part of this evaluation. This has allowed the Trust/CCG to justify they do not need the beds in Torrington Hospital? In the TCC Involvement and engagement report 2014 Exec summary under “Lack of public support from GPs” states “While they did not publically oppose the project, the lack of support from the GPs added to the struggle we encountered with the community,”

Clarity on Clinical Evidence Base

We need to be sure that the home based model of care offers not only quality care but care for all and for the future, The Public Health review notes, “There is good evidence that hospital at home care is at least as safe and effective as care in a hospital setting **as long as patients are carefully selected**” It is the NHS’s default position “as long as patients are carefully selected” that is of great concern to the community. What happens if the selection is poor or inappropriate? Who is making this selection? Is it a clinician or a manager? What basis is it chosen on? What research has been done on those that have not been selected and is the NHS selection robust and perfect? People’s lives depend on this! Please re-examine both the current GPs (appendix 20) and retired GPs letters (appendix 18) as these are concerns from experienced clinicians.

Strengthened patient and public engagement

As regards the assertions in the “Strengthened patient and public engagement” page 8. The statement in the 3rd paragraph “The patients and carer who have experienced the service value it” .This is a value laden judgement based on subjective self evaluated findings. How big was this sample? This is not robust research. In the 4th paragraph “Although we heard considerable objection to the loss of beds”. This quote suggests that the NHS was actually listening to the people of Torrington. By their inaction this was proved not to be the case however. The NHS wanted to fill up the hospital with budget stop- gap services in the hospital. They promoted the falsehood that suggestions for new services were made by the public e.g. the suggestion of a scanner. This in particular was suggested by the modern matron at an Oversight meeting. (OSG minutes) The suggestion of the leg ulcer clinic was made by Dr Bowman in a drop in session and not made by the public! The other suggestions attributed to the public, can be seen on page 12 of “Meeting Local Needs”. That these were “voiced and recognised as significant” is a spurious claim. How could a minimal number of people “engaged” in the drop in sessions, workshops and talk and tour be seen to represent the views of the public at large? This assertion is just not credible. It is again asserted on page 9 that “there was a desire to increase the number of options for clinics to be made available locally”.

This was their idea to re-instate out-patients clinics that had been moved to Bideford/Barnstaple in the past. This assertion is written is such a way to suggest it came from the public. It is actually stated in 'Meeting local needs' page 12 written in Sept 2013, and despite their claim that it came from the public, their bank of sources was very small at this point as they had not done the workshops or the tour and talks. In fact all these suggestions came from the NHS! The NHS staff who ran these drop in sessions with 8 to 10 regular attendees told us forcibly what we could, or could not have. No beds – not up for discussion. Last on their list of suggestions in "Meeting Local Needs" was end of life care" which the public in the drop ins stated the community had always had. It is noticeable that the NHS used initially the Liverpool Care pathway as a reference, soon to be dropped. They state (4th paragraph) "although we heard considerable objection to the loss of the beds" This statement if they claim to be engaging with Torrington public and strengthening that engagement as it should be noted that they took no action to this statement, instead carrying on with filling the hospital with "new services". (See ND Gazette 27/12/13 New services for Torrington). Then check how many of these services had been there in the hospital before, when inpatient, day and outpatients were needs were catered for when the patient needed them, not when it was convenient for the trust to deliver them We also had in the past a Minor Injuries Unit and 14 beds both of which were taken away without consultation. In short what was in place prior to the change was a more robust vibrant service. However the public have never be informed of this in the report in the Joint Board Paper or in the Trust/CCG evaluation. The trust/CCG omitted to evaluate the popular and well regarded healthcare model prior to changing to the 'Care closer to home', model so we are unable to compare the service before and after the reconfiguration. How it can be claimed to be "good or better quality in outcomes" if we have no benchmark to compare the two services. This implementation has indeed demonstrated a "negative impact on the local health or social care system of Torrington and its Parishes" although the Trust/CCG claim otherwise. This healthcare change should "do no harm". The fact that so many people have contacted STITCH to tell how this has new model has affected them, demonstrates a lack of faith and respect in the Trust/CCG which will be hard for them to overcome.

Consistency with Current and Prospective Patient Choice

The first two paragraphs in this section state we as patients have no choice as it is a clinical decision. The 3rd paragraph contradicts this and states "that the new model of care increases choice in its general sense for more people" The codicil should read - but only the choices we, the NHS, want you to make. We are told "patients can still be admitted to a bed but the rider is that we the public do not now have the choice of a bed in Torrington. That "choice" has been taken from us without consultation or proper research into the need for beds. (the flawed 8 week process with 6 beds instead of 10). If a patient has a clinical need for a community bed, it follows that a patients "choice" if not able to go directly home, would be, to be placed nearer to

home, to be looked after by people that are familiar, and that they have confidence in. In the patient's best interest, it is best to be cared for by NHS staff and their own GP and to be close to relative's neighbours and friends. To have to get transport to other community hospitals in North Devon depends on the availability of the bus service or the affordability of the taxi service if a person (usually an elderly person) has not got their own transport. See (appendix 14) If the CCG/Trust had done a comparative study of patient choice and decisions with a peer group, such as another community hospital, we would have more information to base this on. However a peer group study on any aspect was not completed, nor added to this evaluation. By summarily closing beds and withdrawing services and not adding services that have been researched, resourced and staffed well, the NHS has acted in a discriminatory way using the people of Torrington in a badly resourced social experiment where the public are in fact the guinea pigs

Within this section on "current and prospective choice", we know what is currently on offer however what has been less than clear in the evaluation is what plans have been made for the future and how does this encompass the increased building and the predicted population growth in our area. (Appendix 22) The Torridge district website has these plans for the future of the area. Unfortunately if there are no ongoing plans for health and social care, the infrastructure alluding to health, for these plans will be greatly weakened.

Moreover within this section there has been no referral to the CCGs much lauded and quite inappropriate quote "No decision about me without me". One cannot have decision without choice being involved in the process. In order to treat and care for patients they should be involved in their ongoing care and the choices that involves. This includes such elements as the need for a patient's consent to that treatment because to do otherwise raises legal issues. (unless under the Mental Capacity Act they are unable to do so and even then they may be able to make an unsafe decision) Did all these patients who are now in community hospitals elsewhere, have that explained to them? Did they have a choice in their care and did they consent to it because to do otherwise infringes human rights.

A response to the 6 month evaluation report produced by the NDHT/CCG

At a meeting of the OSG held on Tuesday 15th July 2014 a vote was to be taken whether to accept the recommendation of the 6 month evaluation report, to close the hospital beds permanently, and set up the "Care closer to home" model permanently.

The meeting was originally to be held at Torrington hospital, it was switched on the 11th July to the Plough, Torrington and switched again on 14th July, in late evening, the day prior to when the meeting was taking place on the15th July to the CCGs headquarters in Crown Yealm house behind locked doors and in a closed meeting,

South Molton a town 20 miles away.(See appendix 10, an email written to Kerry Burton by Gary Beer complaining about the running of the Oversight Group (OSG) meeting both at this time and in the past.) The spurious reason given for the change of venue was "intimidation". The OSG voted **not** to accept the recommendation to close the hospital beds as more evidence needed to be collected. (see appendix 25). This demonstrates the lack of honesty and integrity in informing the public via a press release, claiming that there was not a vote taken at this meeting and in a further press release issued before the meeting stating that the evaluation was complete (appendix 30). In spite of this vote the Trust and CCG staff who attended a meeting held by Geoffrey Cox MP QC on Monday 21st July, voiced the opinion that they still planned to vote on the permanent closure of the beds at their respective board meetings on Tuesday 22nd July and Wednesday 23rd July where it was tabled as an agenda item. This demonstrates a lack of honesty and integrity and a contempt for the democratic process, a contempt for the oversight group and their deliberations, and a contempt for the engagement process, and yet another example of riding roughshod over Torrington people's wishes. It was only through the intervention of MP Geoffrey Cox at this round table meeting on Monday 21st July that these votes by the 2 boards were postponed.

At a public meeting held on Saturday 9th August, the Torrington public rejected the 6 month evaluation report as being a biased self evaluation having no validity.

An impartial evaluator had been promised by the Trust/CCG to oversee the evaluation process from the start (Appendix 11- Minutes of OSG) No impartial evaluator to oversee the evaluation process has ever been appointed. This demonstrates a lack of honesty and integrity on the part of the Trust/CCG throughout the process. In response to a demand by STITCH, and MP Geoffrey Cox, the Trust /CCG were compelled to appoint an impartial evaluator to conduct an external review, "the external review should check that the conclusions and methodology of the existing report are sound, and that the evaluation has been properly designed to capture the true picture in terms of the evidence available. It is also important to check that the appropriate allowances and weightings have been given to the data collected. On this basis any new evidence would also form part of the evaluation to ensure that a complete and accurate picture is being given." Geoffrey Cox

From: **CROFT, Alison** (alison.croft@parliament.uk)
Sent: 24 July 2014 14:03:02

BALANCE

The evaluation report by the Trust/CCG is a one sided report lacking balance, indeed one member of the public who saw the report likened it to a communist party report,

and, “too good to be true”. The evidence put forward by the Trust/CCG has been specifically collected to support the hypothesis that,” the care closer to home scheme provides a better standard of care than the system it replaces”. It ignores key evidence and the views of the community. The evaluation contains no mention of:-

The town referendum, where 99% of voters in a properly constituted parish referendum, voted for the immediate re-opening of the hospital beds. (Appendix 26) Also the attendant letters from individuals who were unable to vote either because of parish boundaries or through no postal/proxy vote being allowed. (See appendix. 33) These all showed unparalleled support for the return of the inpatient beds. The town and its surrounding villages in the health catchment area is the major stakeholder, and it represents over 12,000 individual stakeholders (33 % over 60 years of age) whose future healthcare is being determined. This referendum has been omitted in the evaluation, in spite of a statement by Dr Womersley CCG that he would include the results of the parish poll in the evaluation.

There is no mention in the evaluation report of the responses of the public in the Healthwatch 200 survey which provided both quantitative and qualitative evidence. See appendix 12). Only the Healthwatch Devon conclusions, are mentioned alongside the more lengthy Trust/CCG response in spite of it taking 7 months to publish the results. (Nov-May).The Trust needed to give a considered response to the unparalleled support shown for the hospital. Torrington people however were never given their opportunity to respond to the report. Again this shows a one way ‘engagement’ process at work. STITCH enlisted the expertise of a healthcare consultant who wrote a response (appendix 1) highlighting the context and failings of Healthwatch Devon in not being an independent voice but rather a partner of the Trust/CCG. The views expressed by Torrington residents in this survey have been, in at least one instance incorrectly interpreted yet, despite a protest at an early stage, are included in the evaluation giving an incorrect conclusion to a very important question.

There is no mention in the evaluation report of the evidence in the survey done by the Devon Senior Voice survey (appendix 17) This evidence also has been omitted

There is no mention of the views of the Town Council (see appendix 19) This has also been omitted from the evaluation

There is no mention of the views of 5 retired doctors with a collective service of 170 years health experience working in Torrington (see appendix 18) These are omitted from the evaluation.

There has been no mention of Torrington patients who needed a community bed throughout the 6 month evaluation. Where Torrington patients were transferred to, and the reason they needed a community bed elsewhere has not been addressed or evaluated. It appears Torrington patients who are in other community beds or elsewhere are forgotten. To include it, would have been to address the ongoing

healthcare needs of these people whose interests have been largely ignored. There has been much mention of patients preferring to being looked after at home and this preferred choice being the basis of “care closer to home”. There has been no evidence to substantiate this claim. There has been no inclusion in the evaluation of the preferred choice or decision if the patient were allowed one about where, and by whom, they would like to be treated should they need community hospital care. They are allowed to say they prefer home but because it suits the CCGs/Trust purpose they have no equal choice about where they are treated in a community hospital. If given a preferred option would they

1) Prefer to be cared for in Torrington Community Hospital?

2) Prefer to be cared for by their own GP?

If the patients were tracked as claimed why is this information about their preferred community hospital setting and GP not included in the evaluation?

Equally no mention has been made of where other patients who need a community bed who are returning to the area following treatment elsewhere in the country e.g. Derriford or Oxford have been placed.

There has been no mention of community nurse staffing in the evaluation and how they are managing in an under- resourced and under-funded system. 2 registered nurses on duty daily (FOI) caring for 180 to 200 patients as claimed in the website in a large geographical area will be very stressful. It was mentioned at the CCG Board meeting (23rd July 2014) in a discussion on Torrington Community Cares, that sickness rates amongst the community hospital staff had increased, and yet there has been nothing included in the evaluation. Looking at these statistics may inform the evaluation re staffing, cover, length of journeys, length of time at patients, time between each visit etc. It would also have been useful to have quality feedback from staff to judge how this experiment was going. It was also mentioned by Dr Stephen Miller (CCG Board commissioner) that staff are feeling stressed because of the length of the model of care trial. It must be mentioned at this point that the Torrington community has also been under great stress during this time.

There has been no mention of outside influences and pressures on the in-patient beds that have occurred during the 6 month evaluation whilst the beds have been absent. As a balanced evaluation this should have been included. One part of the role of a community bed, as far as the bed management team is concerned, is the use of the bed as a step-down bed for the District hospital. This is especially the case when the District hospital is in crisis, due to lack of patient discharge and movement, lack of social service capacity, lack of equipment, or presence of infection. Why in this evaluation have there been no mention of bed pressures and the impact the closure of community beds has had on the service? An example of this is Code Red status, where there are no beds in the District hospital. We have

been reliably informed by District hospital nursing staff that this has been frequently the case.

There have been serious omissions regarding the provision of healthcare services for Torrington both now, and for the future. **All** Torrington healthcare provision should have been subject to scrutiny and be included in order to provide a balanced and robust evaluation. Currently only sections of the model are being examined. The Trust/CCG has stated they are providing an “enhanced “service and that their “aim is to ensure that health services are designed around the needs of the patient, not around the desires of provider organisations”. (Meeting Local Needs page 6) The evaluation should have included **all** healthcare services that are needed and in place in Torrington in order to demonstrate what is, and will be, Torrington’s future healthcare model. To omit some services not only demonstrates lack of thought and lack of developmental planning around what should be a complete service catering for all the population, but begs the question how safe is this intended service. These omissions will affect the degree to which this model of care is proven to be effective. The Out of hours service (Engagement document) is not even considered as part of the “enhanced” service. The enhanced element of the service, is simply an extension of care from 8am till 8am instead of 9am till 5 pm. This omission, has left a very large hole in the provision of healthcare and the statement that care is “enhance” is unsupportable and is a less than honest description of the new service/ model of care. . (see patient’s stories, particularly Margaret’s story. 1. Mrs Bailey) When removing the inpatient beds which covered 24/7 patient care in Torrington, and for the service to remain robust and balanced, it should have been designed around the “best needs of the patient” replacing the 24/7 with overnight cover based and for the sole use of the Torrington community. By not doing this, both the process and the evaluation demonstrates a lack of both impact and health needs assessment, lack of due thought, and unsafe implementation. Any independent evaluation, were it done, would demonstrate that the service as it stands, is incomplete. Dr Womersley agreed at the Holsworthy public meeting (25th February 2014) that the overnight care was not satisfactory, and they were looking at way of making improvements. This statement shows that for the Trust, to say that in July 2013, they were introducing a system that *was perfect* (See Appendix 32 p2) was mendacious to say the least. There is nothing in the evaluation admitting this situation.

The CCG and Trust have also omitted to mention other proposed changes, which will alter care given to Torrington Community. This has not been considered and will affect an evaluation of the effectiveness and robustness of the service. There has been no mention that the Podiatry service at present provided by the NHS is now up for tender. Was the NHS engaged on the change before the final decision was taken to privatise the podiatry service? Again openness, honesty and integrity must be questioned. The claim to have “engaged” has failed and the “model of care” has gaping holes. If we are examining the health needs of the Torrington population a full complete evaluation of the CCGs/Trusts intentions of provision for both now and in

the future should be openly discussed with the people it affects. Until a patient attended the podiatry clinic at the end of July where she was told by the podiatrist that “some people would no longer be eligible for free care” should Virgin who has tendered for the service be accepted Similarly any financial deals regarding nursing homes, private business etc, both current and prospective, should be part of a true honest engagement. The Trust/CCG have chosen to be selective as to information they choose to share with the community, about their intentions and plans. Cherry picking what is to be included and keeping the community in the dark should not be an option if the evaluation is to be robust and meaningful as the evaluations outcome will affect healthcare provision throughout the Torrington area.

There is no proper consideration of the reservations that have been expressed by Torrington’s GPs in their position statement 17th March 2014 (see Appendix 20)

Surveys can be manipulated to provide the desired answer, by choosing particular people to be surveyed, by the choice of questions, by the circumstances and conditions under which the survey is conducted. By the size of the sample etc. Using an impartial evaluator to conduct patient satisfaction surveys would have resulted in a robust and unimpeachable set of results and conclusions. This has not been the case. The evaluation lacks objectivity and the Trust/CCG can **not** claim the evaluation is “robust”. To make such a claim for the evaluation could be seen to demonstrate, a lack of honesty and integrity.

A reply to the Engagement report

Torrington Community Cares Engagement and Involvement Final Report Summary

This report lacks objectivity, lacks accurate representation, and is unprofessional. On Page 7 of the report the section on STITCH is libellous and breaches CCG protocols. The author/authors of this report (it does not carry any names) will not be protected by their reckless actions. The NEW Devon Clinical Commissioning Group Northern Locality Board Terms of Reference states,

“7.3 **Indemnity:** NEW Devon CCG shall provide an indemnity to any member of the Locality Board if any such person acts honestly and in good faith such person will not have to meet out of personal resources any personal civil liability which is incurred in the execution or purported execution of the functions of the Locality save where they have acted recklessly. “

STITCH will not comment further on the section entitled “STITCH” on page 7 at this stage, as our legal advice has been not to comment on it in this document.

We do not recognise any process of genuine engagement with the Torrington Community as ever having taken place. (Please see CCG/Trust engagement document).

In the Joint Board Paper in the section Engagement and Involvement Page 3 it states that the “engagement and involvement with the community started in July 2013”. It is remiss of the NHS not to mention what triggered their need to be seen to “engage”, in that the beds were summarily shut and they had failed to consult and properly assess prior to the closure. All of these major events have been the crux whereby the whole process has failed. Their statement of recognising their failure has been openly mentioned in the engagement document “we acknowledge that things did not always go as well as we would have hoped” page 9 and “we now acknowledge that we underestimated the role of the inpatient beds to the people of Torrington and the perceived importance they were in their lives” page 8. An important question to ask here is, How can the NHS be seen to “engage” when they have failed to address the key concerns? This huge gap in the process needs to be addressed and the only way to address it is to go back to the start and consult properly. Trying to “engage” in these circumstances is ignoring the elephant in the room!

Evidence of the absence of a genuine “engagement” with the Torrington community

1 The closing of the Hospital and its replacement by a “hub” without any prior discussion, or indeed knowledge of the closure by the town council or members of the public.(appendix 12 pages 1-6). At what meetings of the Trust or CCG was the closure discussed? No reference to the closure of the hospital exists in any publically accessible Trust/CCG minutes, before the closure took place.

2 The setting up of a model of care which had been decided upon by the Trust/CCG, and which the Trust/CCG then proceeded to lecture the public about at 2 public meetings , at drop in sessions, and tea and talk sessions, does not constitute genuine engagement. It is simply going through the tick box process.

3 The view of the Torrington community was overwhelmingly “what’s the point of talking they’ve already made up their minds” (see appendix 16)

4 The only new services where the community had any voice was that of the chemo, everything else we already had as a service in one form or other either in the hospital or in the town. Most of these “new” suggestions were made by CCG/Trust staff e.g. Dr Bowman suggested the leg clinic. We asked if they had enough patients to make it worth running. We are still to receive an answer. Most of these ‘new’

services were in fact services that had been operating when the hospital was functioning as a hospital (see appendix 3). Again this casts doubt on both the intentions and the honesty and integrity of the Trust/CCG.

5 The group which should have provided the vehicle for genuine engagement to take place, the oversight group (OSG), was flawed throughout from the start (see appendix 6 and section 'An oversight group which is not fit for purpose')

6 In October 2013 the CCGs Northern Locality published a "conversation" document on care closer to home. Unfortunately what they had yet to recognise, as stated in government documentation that communication should be a 2 way dialogue and this "conversation" only served the purpose of strengthening the opinion that we were being talked at, and not listened to.

7. The drop in sessions that were run were not well attended as they were run weekly at the hospital on Friday between 10am and 12md thus only ever attracting people who were available at that time and usually the same people. The NHS tried to introduce an appointment system but this one to one interaction was too intimidating for many people. The public who attended wanted to talk about the return and the use (e.g. terminal care) of the beds but those items were not permitted as they were not on the NHS agenda. The drop in sessions in the parishes were also not well attended. The workshops were even less well attended (all as shown on the Trust's evaluation report). It was frustrating as Torrington people felt the NHS staff were only leaping through the engagement hoops for forms sake and showed no intention of listening. It was obvious that their mission was and still is, to introduce the "care closer to home model" at any cost and as quickly as possible.

8. The 'tea and talk' or 'talk and tour' as it became, was yet again a one way communication event where the NHS staff tried to convince people that what was happening in the hospital was wonderful. Unfortunately the public could see only too well that the vibrant hospital that we once had, was being reduced to a shell of inactivity and an administration centre that now only opens 9 till 3 (please take a tour of the hospital and see where the beds were and how the physio department that was perfectly adequate is taking over the ward in the hospital)

RECOMMENDATION

Torridge and West Devon MP Geoffrey Cox has stated:"Throughout the process I have strongly urged our health authorities to be fully transparent about the alternatives and have suggested that there was a very good case for calling a halt to the current process and starting again " "In the meantime, the beds should be open and used." (12 April 2014)

the way “the process of considering the future of Great Torrington’s Community Hospital has been implemented has been fundamentally flawed and has failed to win the confidence of the community. **In fact, if a textbook example of how not to go about the reform of health services in rural communities were needed, this is it.”** (Saturday 9 August 2014. Public Meeting in Torrington)

The healthcare provision of over 12,000 (33% over the age of 60) people in the Torrington area depends on the decision of the Trust Board and the CCG board. The model of care if approved will be rolled out across Devon. As the process of consultation and evaluation has been a flawed process, we would ask you to recommend that the process be re-started from the beginning with CCG/Trust staff who are competent, ethical and honourable.

All Torrington people have ever asked, is for their views to be listened to and acted upon, in shaping healthcare for our community which meets its healthcare needs, which is sustainable, and which can be delivered within budget. We recommend that talks are set up to create a quality tailor-made model of healthcare for our town. The care ‘Care closer home’ model of healthcare:-

- does not meet the 4 government tests
- does not meet the evaluation criteria – as it is not accurate, robust, balanced or objective,
- does not provide healthcare which is, ”as good as or better” than the model with in–patient hospital beds,
- falls far short of the community’s healthcare needs,
- is an imposed model of healthcare which this town rejected in a referendum, and rejected at a public meeting 9th August 2014
- is a model of care which this community has had no part in building.

We recommend :-

1) **that the Oversight group, Trust board, CCG board reject the ‘Care closer to home’ model of healthcare.**

2) **that a halt be called to the flawed process, and the hospital beds re-opened**

3) **that talks are set up, with the community and for the community, to create a tailor-made model of healthcare for our town and its surrounding parishes.**

A copy of this 'Report on the 6 month evaluation' by STITCH, with copies of appendices 1-39, can be viewed in Torrington Library.

List of Appendices

1. Health consultants commentary on the Torrington 200 survey - Tom Brooks
2. Statement made by Geoffrey Cox MP - public Meeting 9th August 2014
3. Enhance Care – New services are not new - Town Crier article
4. OSG Minutes 13th January 2014
5. PenCLAHRC denies they have been appointed evaluator - 18th July 2014
6. Question put to CCG board meeting 23 July 2014 re failures of OSC
7. Two letters written to Kerry Burton Commissioning Manager Northern CCG
8. Oversight Group Terms of Reference-8a STITCH submission and 8b OSG submission
9. Newspaper article on the "success" of the 4 month evaluation - 6 February 2014
10. Complaint by Gary Beer member of the oversight group - 15th July 2014
11. blank
12. A story of intrigue and obfuscation – Tony Easton

13. HSJ article 28 October 2012
14. OSG meeting South Molton 15th July 2014 FOI request FOI/14/075
15. Letter from Dr Womersley to MP Geoffrey Cox - 12th March 2014
16. Various evidence to show the decision to close the beds was made long before the conclusion of the 6 month evaluation
17. Results of the Devon Senior Voice Survey - October 2013
18. Letter from 5 retired doctors with 170 years experience serving the community
19. Letter from Michael Tighe on behalf of Torrington Town Council - 15th April 2014
20. Position Statement by Torrington Doctors - 17th March 2014
21. Meeting Local Needs (no author) 1st October- 26 November 2013
22. Health needs of the population – www.torringtoncares.co.uk
23. Impact assessment copy of Appendix 8 Trust/CCG source Clinical Board 23rd July '14
24. Responses to the 6 month evaluation report - John Wardman
25. Transport costs – Taxi Fares - 18th September 2013
26. Results of a town referendum - 9th April 2014
27. 4 versions about the timing of an impact assessment for Torrington
28. Miscellaneous evidence
29. a) FOI request re University of Plymouth-FOI/13/183 b) FOI re. delays - FOI/13/263
30. Press releases from the OSG meeting in South Molton - 15th July 2014
31. blank
32. Life and times of Great Torrington... - Tony Easton 9th August 2014
33. Public Response Referendum 2014 – letters from the Torrington Health Community
34. North Devon District Hospital - "Among the worst for open and honest reporting"
35. Patient choice letter - 5th February 2014
36. Tom Brooks Healthcare Consultant – CV and Torrington commentary
37. The "safety net" was the Trust's phrase not Torrington's – supporting evidence

38. Human rights in Healthcare

39. Attendance at the Oversight Group - Tuesday 18th Nov 2013