

The **BIG**  
**health**  
and **care**  
consultation



# The Big Consultation

**Best care, best outcomes and best value for everyone in Oxfordshire**





# Oxfordshire's health and care services

## The Big Consultation

### Phase 1

## We need to know your views

### A message from Dr Joe McManners, Clinical Chair, Oxfordshire Clinical Commissioning Group.



“ In June 2016, NHS organisations across Oxfordshire launched 'The Big Health and Care Conversation'. This was an opportunity for NHS leaders, doctors, nurses and other staff to discuss with the public, the voluntary sector and patient representatives the opportunities to improve healthcare for patients, the challenges the NHS is facing, and what we are doing about this. We know that treatments including medication and surgery are always improving and the evidence about how to get the best outcomes for patients can mean changing the way we do things. We want to make sure quality of care is at the heart of what we do and this means being prepared to do things differently for the benefit of all.

We also know that lifestyle choices can affect our health. The most important are smoking, an unhealthy diet and lack of exercise, all contributing to diseases such as cancer, heart disease and diabetes. Treating these long term conditions affects people's lives as well as the NHS budget. The more we can do to prevent ill health the better for us all.

The need to help people develop healthier lifestyles to prevent some of these illnesses is becoming urgent. We are facing increased pressures on GP and hospital services. Some of our buildings and equipment are old, expensive to maintain safely and do not provide good quality care for patients. It is a struggle to recruit and keep the NHS staff we need to ensure our services are safe and high quality. We also know that the current budgets for NHS services will not cover the demand for them without changes over the next few years. All of this affects how we can provide patient care and increases the pressures on our finances.

In October 2014, NHS England published its Five Year Forward View which sets out how organisations and services need to change across England to meet these challenges. ([www.england.nhs.uk/ourwork/futurenhs/](http://www.england.nhs.uk/ourwork/futurenhs/))

In Oxfordshire, we set up our Transformation Programme involving people from NHS organisations and Oxfordshire County Council as well as Healthwatch Oxfordshire, to develop our thinking. The Oxfordshire Transformation Programme has considered how we want to develop and improve health services in Oxfordshire, including some immediate changes we propose to make.



Our work has also been fed into an over-arching five year plan (called a Sustainability and Transformation Plan or STP) across Buckinghamshire, Oxfordshire and Berkshire West (referred to as the BOB STP) which sets out how we plan to bring about the changes we all need to make.

The Transformation Programme is overseen by the leadership of the local NHS, but more importantly the thinking has been developed by those doctors, nurses and other NHS staff who see patients every day and who best know their needs. We have also had valuable input from patients and the public, which has helped to shape our thinking.

During the Big Health and Care Conversation, the listening exercise we carried out in 2016, many people took the time to tell us what they thought and we have used your feedback while we were developing the proposals set out in this document. It is clear that the NHS is greatly valued and that people also understand the pressures we are facing. We had many examples of people's own experiences and many ideas and suggestions for improving care. Thank you to everyone who took the time to share their views, attend events and respond to the survey.

We have now reached a point where we want to ask the public and our partners questions and seek feedback on some more specific proposals for change. In this document you will find proposals for changes to the following services:

- Changing the way we use our hospital beds and increasing care closer to home
- Planned care services at the Horton General Hospital
- Acute stroke services
- Critical care
- Maternity.

These changes are being considered now because the quality of care for patients will be affected if we delay making decisions. Furthermore, some of these services do not meet national clinical best practice recommendations.

A further set of proposed changes will be presented in a **Phase 2** consultation but more work is needed to develop these options before a second consultation can be launched.

We look forward to hearing more from you during this consultation. ”

A handwritten signature in black ink, appearing to be 'C. Allen', written in a cursive style.



## What do we want your views on?

This document sets out options to change some of our services. The lead commissioners for these services, Oxfordshire Clinical Commissioning Group, would like to ask you what you think. This includes anyone with an interest in the NHS – whether you are a patient, a carer or a member of the public in Oxfordshire and surrounding areas.

A number of the proposals set out in this document will be of more interest to people living in the north of the county and neighbouring areas. Some of the proposals have a wider impact and so we are keen to encourage people from across Oxfordshire and surrounding areas to give their views. We also welcome the views of our voluntary sector partners, groups representing particular communities, other public bodies and staff in health and care organisations.

The document builds on 'The Big Health and Care Conversation' launched by NHS organisations in June 2016 during which we discussed the future challenges for Healthcare in Oxfordshire and asked for your ideas, opinions and feedback. A summary of 'The Big Health and Care Conversation' and what people told us can be found on page 10 of this document and the full reports are available on our website at: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

If you are interested in how these proposals and service options have been developed and short-listed for consultation, the evidence used and financial details, you will find more information in the 'Pre-Consultation Business Case' which is also available on the consultation website: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

Further work and engagement with our GP practices to develop options has been undertaken over the past few months. It has become clear that our proposals for A&E, children's services and community-based care (including community hospitals and primary care) will benefit from continued development with a wide range of stakeholders before we launch a public consultation on any proposed service changes. Over the coming months more engagement with local groups across the county will be carried out, as well as further option development work with the public and patients.

**We will, therefore, be consulting on proposed changes to services in two phases.**





## Phase 1 consultation

We would like your views on proposed changes to the following:

Acute hospital services (acute hospitals provide a wide range of specialist care and treatment including surgery, medical care, emergency care and tests):

- changing the way we use our hospital beds and increasing care closer to home in Oxfordshire
- planned care at the Horton General Hospital (planned care includes tests and treatment planned in advance and not urgent or emergency care)
- acute stroke services in Oxfordshire
- critical care (critical care helps people with life-threatening or very serious injuries and illnesses) at the Horton General Hospital
- maternity services at the Horton General Hospital including obstetrics and the Special Care Baby Unit (SCBU).

## Phase 2 consultation

During the next phase of consultation we are expecting to invite your views on proposed changes to the following services in Oxfordshire:

Acute hospital services:

- A&Es in Oxfordshire
- Children's services

Community hospitals including MLUs

During this second phase we will also be looking in more detail at plans to develop primary care, which will underpin all our other changes (primary care services include GPs, nurses, healthcare assistants, community nurses and other clinicians).

**This document focuses on Phase 1 only.** It includes proposals for formal public consultation on:

- changes to acute hospital bed numbers in Oxfordshire as part of a plan to provide more care out of hospital
- more planned care at the Horton General Hospital in Banbury (planned care is a term for Healthcare which has been planned in advance and which is not urgent or an emergency, such as diagnostic tests, outpatient appointments and surgery).
- stroke services in Oxfordshire
- critical care at Horton General Hospital (critical care helps people with life-threatening or very serious injuries and illnesses)
- maternity and obstetric care including obstetrics, the Special Care Baby Unit (SCBU) and emergency gynaecology inpatient services at the Horton General Hospital.

These proposals set out in *Phase 1* would involve investment in some areas and would not be at the cost of other proposals we will be discussing in the consultation for *Phase 2*.

**We would like your feedback. You can give this by completing the questionnaire, coming to a meeting or writing to us. On page 43 of this document are more details about how to do this. More information about these proposals and how to give feedback is available on our consultation website at: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)**



## Our NHS and social care services in Oxfordshire – a snapshot

**Oxford University Hospitals NHS Foundation Trust (OUHFT)** is responsible for acute hospital care. It runs the John Radcliffe Hospital, Churchill Hospital and the Nuffield Orthopaedic Hospital in Oxford and the Horton General Hospital in Banbury.

**Oxford Health NHS Foundation Trust (OHFT)** runs community and mental health services. It has facilities across Oxfordshire and runs our community hospitals.

**South Central Ambulance Service NHS Foundation Trust (SCAS)** runs our ambulance service.

**Southern Health NHS Foundation Trust** provides services for people with learning disabilities.

**Our primary care services** are run by local GPs.

**Oxfordshire Clinical Commissioning Group (OCCG)** buys most health services on behalf of the local population and ensures they are properly run.

**Oxfordshire County Council** is responsible for social care services, working with a range of providers.

## Who is consulting?

The local NHS and its partners have worked together to develop the proposals outlined in this document. No decisions have been made and will not be taken until the public consultation has run its course and final proposals are put to Oxfordshire Clinical Commissioning Group's (OCCG) Board. OCCG is statutorily responsible for running this process and taking a decision once the consultation process is complete.

## Why consult?

At OCCG we believe that communicating and engaging with local people is important in helping us to achieve our vision: 'by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable'.

As a commissioner of NHS health services, we also have a legal duty to involve and consult with patients, the public and local organisations when developing and considering proposals for substantial changes to these services.

However, before we can make any changes, we have to pass four tests set out by NHS England (the body responsible for setting the priorities and direction of the NHS):

1. Strong public and patient engagement.
2. Consistency with current and future need for patient choice.
3. A clear clinical evidence base.
4. Support for proposals from clinical commissioners.

**In our 'Pre-Consultation Business Case' we demonstrate how we have met these tests:**  
[www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

We have also followed best practice by:

- considering the impact of changes on patients in terms of travel and access
- discussing our plans with the Oxfordshire Joint Health Overview and Scrutiny Committee and with the Health and Wellbeing Board
- carrying out an equalities impact assessment to check that our proposals do not unfairly disadvantage any groups or communities
- taking independent advice and assurance on the engagement and consultation process we are following.

The outcome of public consultation is an important factor in health service decision making and OCCG will take all views fully into account when making a decision on each of the proposed service changes. It is, however, one of a number of important factors that must be considered to help ensure the provision of safe, high quality care within available resources. Other factors include safety, clinical quality and evidence, financial and practical considerations. If you would like more information about the legal requirements for consultation, please visit our website at [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

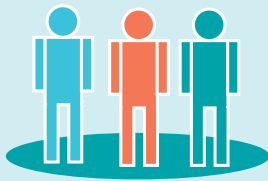


## Challenges facing Oxfordshire health and care services and the need for change

Oxfordshire has a population of approximately 672,000. The population has grown by more than 10% in the last 15 years and it is expected to continue growing, due to people living longer, housing developments and more people moving into the county.

Oxfordshire is a relatively well-off county but there are pockets of deprivation in some areas of Oxford City, Banbury and Abingdon. Deprivation is linked to poorer health and higher care needs. People living in the most well-off areas will live nine years longer on average than people in the poorest areas of Oxfordshire.

### In Oxfordshire:



**60%** of adults and **25%** of Year 6 children are overweight.



Between 2014/15 and 2015/16, there was a **3.7%** increase in the number of people (aged 17 and over) diagnosed with diabetes. It is projected that **32%** more people will have diabetes by 2030.



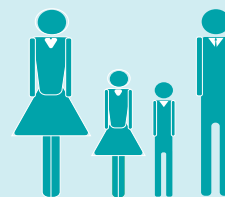
Forecasts show that the 85-plus population may increase by around **48%** in the period 2014 to 2026. This growth is forecast to be higher in the more rural parts of the county than in Oxford City.



In 2015/16, an extra 6,848 people attended A&E compared to the previous year; an increase of **5%** or an extra 18.7 patients per day. In the four years between April 2012 to March 2016, the number of people who attended A&E increased by 16,771 patients; a rise of **13.1%** or 46 additional patients per day.



**50-60%** of stroke patients have been unable to access the Early Supported Discharge Service to help their recovery.



Just **31%** of patients said they received good care managing their long term condition.

### At the same time as the pressure on services is growing, advances in medical care mean that:

- more patients can be treated closer to home or in their own home, with the right support
- for some of the sickest patients, diagnosis and treatment is best carried out in a highly specialist regional centre where intensive care can be provided around the clock.



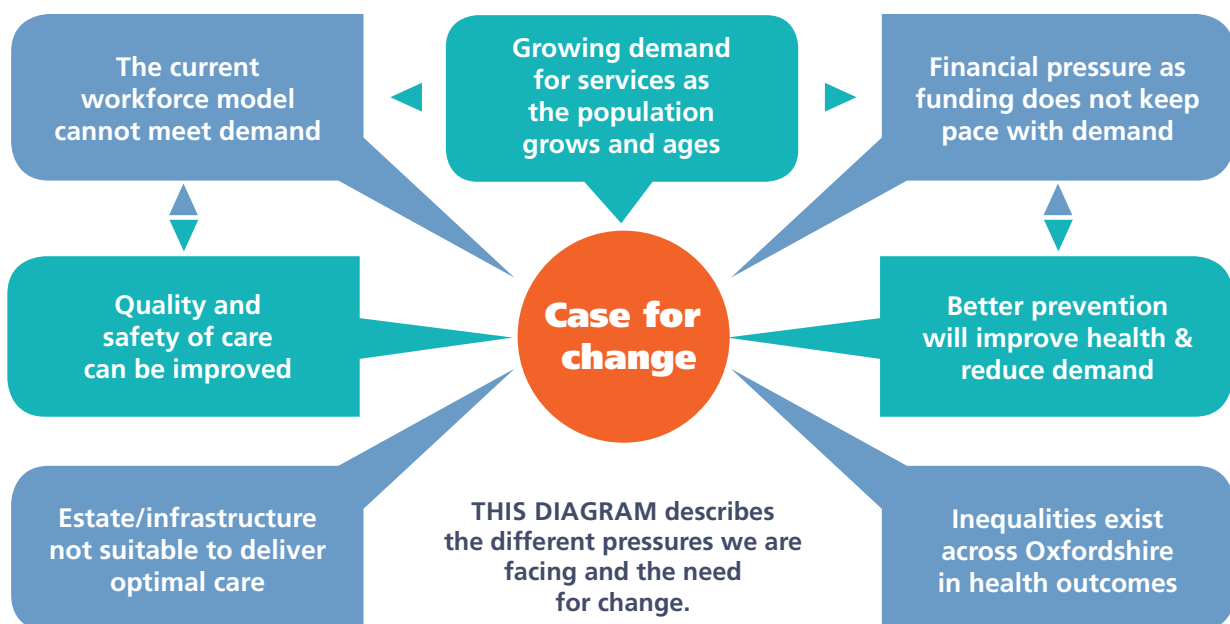
The annual spend for health and social care services across Oxfordshire is about £1.2 billion, and is anticipated to rise to £1.3 billion by 2020/21. Despite this rise, if Healthcare continues to be delivered as it is today and we change nothing, it is anticipated that by 2020/21 there will be a gap in funding of £134 million. We want to concentrate on making sure our funding supports services which are high quality so patients get the best possible care.

One of the greatest challenges for Oxfordshire’s health and care system is our ability to attract, recruit and keep skilled and motivated staff in the numbers we need. This is not a challenge unique to Oxfordshire and is shared by most other areas of the country.

**The challenges we face include:**

- staff shortages in general practice of up to 30% (due to an ageing workforce and difficulties in recruiting younger GPs to replace those who are retiring)
- the challenge of being close to London and the high cost of living in Oxfordshire, both of which can mean other areas are more desirable to work in
- competition with other businesses, given Oxfordshire’s high level of employment
- a high turnover rate of support workers who look after people in their own homes and in care homes, with a very large number of vacancies at any one time
- a national shortage of a wide range of staff including people working in emergency care, intensive and critical care, stroke care, radiography, obstetrics and paediatrics.

As a result, many of our health services rely on using expensive agency and temporary staff to keep services going. This increases pressure on finances that are already stretched. The overall quality of health services provided in Oxfordshire is good. However, there are some aspects of care that must be improved. We need to do more to make sure that all patients receive care which meets national standards (for example waiting times for treatment). Some of our buildings and equipment are old and not fit for providing modern care. Some of them are also expensive to run and need to be replaced or improved.



## Our vision

Across the NHS in Oxfordshire we have an agreed vision for how we want to improve our services:

- The best quality care provided to patients as close to their homes as possible.
- Health professionals, working with patients and carers, with access to diagnostic tests and expert advice quickly so that the right decision about treatment and care is made.
- As modern Healthcare develops, ensuring our local hospitals keep pace, providing high quality services to meet the changing needs of our patients.
- Preventing people being unnecessarily admitted to acute hospitals or using A&E services because we can't offer a better or more local alternative.
- The best bed is your own bed – people recover better at home with the right support.

“...given current pressures on the NHS, we must strive wherever possible to ‘shift the curve’ from high-cost, reactive and bed-based care to care that is preventive, proactive and based closer to people’s homes, focusing as much on wellness as on responding to illness.”

The Kings Fund: *Making our Health & Care Systems fit for an ageing population*

In addition to the care and treatment provided when we become ill, there is more we can all do to keep healthy. This includes making healthy lifestyle choices, managing long term conditions and looking after ourselves when we become unwell with minor conditions. Preventing people from becoming unwell and supporting them to adopt healthier lifestyles is a key part of our Transformation Programme. This will be further addressed in the *Phase 2* consultation.

**If you want to read more about our vision for health services in Oxfordshire, our Transformation Programme Pre-Consultation Business Case is on our website:**

[www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision](http://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision)





## Our listening exercise – The Big Health and Care Conversation

Over the past few years OCCG and partner organisations such as Oxford University Hospitals NHS Foundation Trust (OUHFT) and Oxford Health NHS Foundation Trust (OHFT) have worked together to make sure patients and the public have been involved in shaping proposals to develop and improve local Healthcare and been given the opportunity to have their say. Our 'Big Health and Care Conversation' built on this previous work. During this time (which began in June 2016) we organised a range of activities to give people the chance to find out more about our developing ideas, and share their views. We had feedback from a wide range of people. The OUHFT has had its own conversations with local people about services at the Horton General Hospital in Banbury. If you want to know more, please look at our engagement reports on our website [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk) or contact us for a hard copy (contact details are on page 43 of this report).

### Highlights of our listening exercise

- Three large stakeholder events involving doctors, nurses and other staff, patient representatives, local government colleagues, voluntary groups and other partner organisations.
- 12 Big Conversation public road shows and displays throughout Oxfordshire.
- A survey which was available in hard copy and online.
- Staff engagement groups.
- Discussions with a wide range of stakeholder groups, including Healthwatch Oxfordshire, Joint Health Overview and Scrutiny Committee, Patient Participation Groups, Patient and Public Locality Groups, Community Partnership network (Banbury), Health and Wellbeing Board, Carers Oxfordshire, Age UK Oxfordshire, college students and many more!
- Meetings with MPs, councillors and other stakeholders.
- Public/patient focus groups (including engagement with young people).

We promoted The Big Conversation to a wide range of organisations including voluntary groups, local councils and schools. Around 500 people attended events of one type or another.

257 people responded to our survey. We used a social media campaign through Twitter and Facebook and reached well over 77,000 people. The local media including BBC South Today reported on what we were doing and helped us to promote our activities and extend our reach.

Our community outreach team spoke to faith / church groups, Black and Minority Ethnic (BME) groups, Gypsy and Traveller communities, children's centres, refugee and asylum groups and health and wellbeing centres.

Local government partners and voluntary organisations such as Autism Oxford, Carers Oxfordshire, Parent Voice, MIND, Restore and Age UK circulated the information to their service users, members and carers.

You can find a full account in the engagement reports on our website:

[www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents](http://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents)



## What you said and how your views have helped to inform the options we are consulting on

You can find more information about how your feedback was used to help inform the options we are consulting on in the Pre-Consultation Business Case. In addition, we published two detailed reports on our public engagement and the feedback we received. These documents are available on our website: [www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents](http://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents)

### A number of common themes emerged from the engagement:

#### Patient safety, patient experience and patient outcomes

Patient safety was recognised by most people as most important. Some people emphasised that a positive patient experience and good health outcomes for the patient were also important and need to be highlighted in any proposals. These concerns are reflected in the proposed changes, for example in our proposals on page 27 to change the way we provide services for acute stroke patients.

#### More funding

There was overall acceptance that change is necessary. People said that one of the main reasons for this is due to lack of sufficient money to meet rising demands. However, many people felt there should be enough investment to enable changes to be carried out successfully. People suggested ways in which the NHS could save money by improving efficiency across all services. These concerns are reflected in the proposed changes, for example our proposals on page 17 to help people spend less time in hospital.

#### More local services

Patients across the county emphasised the need for more local services and believed that many appointments at Oxford-based hospitals could and should be elsewhere. Our proposals are based on providing more care locally. People were concerned about the future of community hospitals – **Phase 2** of our consultation will look at the proposed vision for our community hospitals.

#### Horton General Hospital

People emphasised the need to locate services at the Horton General Hospital to keep care close to home, although there were some concerns about the quality of some of the services and facilities. Concern was expressed about any proposals to close or downgrade A&E, because of the needs of the growing local population and the effect on the ambulance service. People were worried about the safety of women in labour and babies if changes are made to the maternity service.

Our proposals are based on ensuring that the Horton General Hospital has a long term future as a modern, safe hospital. These concerns are reflected in the proposed changes set out on page 23 to develop more local services in the Horton General Hospital. A&E proposals are not part of the **Phase 1** consultation. They will, however, be consulted on in the **Phase 2** consultation.



### Transport and accessibility

Problems with transport were highlighted by patients from all areas outside Oxford City. In particular people reported that cuts to public transport have made getting to health services more difficult for residents who live in more rural locations or who are frail and elderly. The changes proposed for maternity, critical care and stroke would mean some patients needing to travel further (still within recommended travel times) but our proposals to develop more care at the Horton General Hospital and to provide more care in the community would mean that fewer people overall would be expected to travel into Oxford for care.

### Leading a healthy lifestyle

A strong message from the public was for much more prevention and education for all ages on how to lead a healthy lifestyle. This will be considered in the *Phase 2* consultation.

### Access to GPs

There were many comments about the time it takes to get a GP appointment in some surgeries. This document acknowledges this concern and sets out a vision for how primary care might develop. This will be considered in more detail in the *Phase 2* consultation.

### Staff and recruitment

Many people recognised the difficulties in recruiting and keeping NHS staff in certain areas of health services in an expensive area like Oxfordshire. Feedback on these concerns is reflected in the proposed changes. Our proposals for maternity and critical care take account of this challenge and look at ways to use our staff more effectively.

### Joining up health and social care services

Many people questioned why health and social care services were not properly joined up and highlighted the need for this to happen to support change. Ensuring that health and social care work better together is key to some aspects of our proposals – for example how we aim to improve planned care. This will be more fully considered in the *Phase 2* consultation.

### Use of technology

Better and greater use of technology and innovation was highlighted, with criticisms that the health service is out-of-date compared with other sectors. Although we do not go into detail in this document, making sure our IT systems talk to each other and making better use of technology is essential if we are going to make necessary changes. This will feature more prominently in the *Phase 2* consultation.

### Other common themes

People gave their feedback and comments about other services not covered in this consultation, including mental health, A&E and children's services. These will be considered in the next phase as options are developed for the *Phase 2* consultation.



## Our vision for primary care

Primary care services are provided by staff including GPs, nurses, healthcare assistants, community nurses and other clinicians. (Primary care also includes pharmacists, dentists and optometrists, who all play an important role. Our vision focuses on staff working in general practice). As well as diagnosing and treating illness, primary care staff play a key role in helping people to stay healthy and preventing disease.

These services are the backbone of the NHS and a national strategy (General Practice Forward View 2016 [www.england.nhs.uk/gp/gpfv/](http://www.england.nhs.uk/gp/gpfv/)) sets out how primary care needs to change for the future.

The proposed new service model for primary care in Oxfordshire will be outlined in detail in a Primary Care Framework, which will be supported by the GP Forward View plans for investment. It plans to transform primary care from a predominantly reactive health system, which responds to people when they become ill, to one which significantly builds on and increases proactive support for people to improve their health and remain well. This proposed change will be essential for the sustainability of primary care and the wider health service. Primary care will play a key role in supporting the changes we would like to make. Some of the developments here will be described in more detail in the next consultation in **Phase 2**.

Some information is shared below as it is helpful to understand the context.

### Key facts

In Oxfordshire there are 600 GPs and 300 other clinical staff working in 72 GP practices that provide services for 720,000 registered patients (some patients registered with an Oxfordshire GP live outside the county, and so this number differs from the population size of Oxfordshire).

Between 70% and 80% of all Healthcare activities take place in primary care.

Oxfordshire GP practices are grouped into six localities (City, North, Northeast, Southeast, Southwest, and West).

Across Oxfordshire a significant proportion of the GP workforce is nearing retirement and there is a challenge to recruit GPs. Rising demand for care and support is causing an increasing strain, resulting in problems in recruitment and retention and pressure on the current workforce:

- In a survey carried out in Oxfordshire in 2015, 30% of practices reported an unfilled GP post
- 16% of practices reported taking over six months to recruit to a GP vacancy
- 30% of GPs are planning to retire within five years
- The out of hours service is reporting difficulties in finding GPs to fill its rotas
- It is difficult to recruit advanced nurse practitioners and expensive to train nurses for these roles.



## Challenges

Primary care services in Oxfordshire come out well in national surveys, but they face the same challenges as other parts of the health and care system:

- GPs are caring for more elderly patients and for more people with a long term condition such as diabetes or dementia.
- As GPs retire, recruiting their replacements is becoming more challenging.
- In some areas, patients and the public are expressing concern about how long it takes to get an appointment with a GP.

Far more diagnosis and treatment can be provided in primary care, but it is not possible for each practice to do everything. This means practices need to work together to provide care.

## What we would like to see

Our vision is to have GP practices and primary care services which:

- focus on prevention as well as treatment – helping people to lead healthy lifestyles and helping people with long term conditions to manage their own care
- identify those patients most in need of support (for example, frail elderly people or people with long term mental health conditions) and make sure they are cared for. GP practices need to work more closely with each other to extend the range of services they can offer and share specialist primary care staff such as dieticians, occupational therapists and specialist nurses.
- work closer with other parts of the health and care system, the voluntary sector and community groups so that care is more joined up
- ensure a shift of resources (money and workforce) in to the community.

## We want to ensure:

- high quality and accessible primary care services for local populations
- continued investment in improving general practice buildings – we have already improved a number of practice buildings
- practices working together across neighbourhoods to provide comprehensive services
- practices working together at locality level to offer a wider range of tests (such as scans) and treatments
- primary care clinical staff providing support with colleagues across localities and across Oxfordshire for urgent care and hospital-based services
- that all patients have access to a same day urgent appointment if it's needed
- that all patients who ask for a routine appointment are able to book one within seven days if it's needed.

These proposed developments will help us to bring more care closer to home and support our other proposals to improve care.

### Strengthening staffing

As well as sharing specialist staff across more than one practice, we need to:

- put more effort into recruiting more GPs
- train some GPs in specialist areas
- employ new kinds of clinical staff. For example, Associate Physicians who train at post graduate level, can see and treat patients, take medical histories, perform examinations, diagnose illnesses, analyse test results and develop plans to help patients to manage their illness.

### Improving technology

We have already done much to improve technology in primary care but there is much more we can do:

- Technology can help patients with long term conditions to manage their illness, for example by monitoring how well they are doing.
- With better technology, GPs will be able to link up from the surgery to a hospital consultant meaning that some patients will not need to go to hospital.
- Better electronic sharing of health records between health and care staff will mean that anyone involved with the care of a patient will have the information they need.

We are working on the detail of our proposals for primary care and will be inviting you to share your views in the *Phase 2* consultation.







## Summary of our proposals

The challenges we face in Oxfordshire and our vision for healthcare for local people have led us to propose substantial changes to the way we provide services. These are summarised in the table below:

Proposal	Impact
Changing the way we use our hospital beds and increasing care closer to home	More care out of inpatient hospital beds and improved co-ordination leading to reduced requirement for inpatient beds.
Planned care at the Horton General Hospital	More diagnostic, outpatient and elective surgery services being provided at the Horton General Hospital.
Acute stroke services in Oxfordshire	All patients diagnosed with an acute stroke would be taken immediately by ambulance to the Hyper Acute Stroke Unit (HASU) in Oxford. The Early Supported Discharge Service for patients recovering from a stroke would be extended.
Critical care at the Horton General Hospital	The sickest (Level 3) critical care patients from North Oxfordshire would be treated at the Oxford Intensive Care Units (ICUs). The Horton General Hospital should continue to have a Critical Care Unit. <i>Patients living in South Northamptonshire and South Warwickshire might be treated at the critical care units in hospitals in Warwick, Northampton or Milton Keynes if closer.</i>
Maternity and obstetric services at the Horton General Hospital	Obstetric services will be provided at the John Radcliffe Hospital in Oxford, with the Special Care Baby Unit and emergency gynaecology inpatient services. A Midwife Led Unit will be maintained at the Horton General Hospital. <i>(with women north of Oxfordshire also having the choice to travel to Northampton, Warwick or Milton Keynes).</i>

The following sections of this document describe these proposals in more detail, along with the rationale, and the benefits for patients.

## Changing the way we use our hospital beds and increasing care closer to home

In this section we look at the work we have piloted on using our hospital beds in a different way and the benefits in doing this for patients.

“10 days in a hospital bed is equivalent to 10 years lost muscle strength for people over 80 years old.” *British Geriatric Society*

“Older people can lose mobility very quickly if they do not keep active. Monitor’s (the former regulator for NHS Foundation Trusts) recent review highlighted a study which showed that, for healthy older adults, 10 days of bed rest led to a 14% reduction in leg and hip muscle strength and a 12% reduction in aerobic capacity: the equivalent of 10 years of life. Other studies have found a faster reduction in muscle strength of as much as 5% per day.

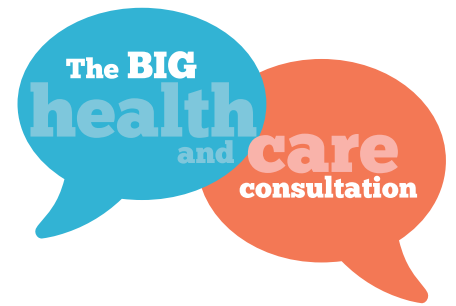
Older people’s ability to perform everyday activities can reduce while in hospital. One study found that 12% of patients aged 70 and over saw a decline in their ability to undertake key daily activities (bathing, dressing, eating, moving around and toileting) between admission and discharge from hospital, and the extent of decline increased with age.

Older people are more likely to acquire hospital infections. Between 2008 and 2012, the Methicillin-resistant Staphylococcus aureus (MRSA) infection rate for men aged 85 years and over was 574 times greater than the rate for those aged under 45 years (301.4 compared with 0.5 per million population).

A similar pattern was observed for women.”

*National Audit Office, 2015 – Discharging older patients from hospital*





## What you said

One of our key aims over the next few years is to reduce the time patients spend in hospital for care in an emergency and increase care for people in the community or at home.

Subject to consultation, we plan to provide more diagnostics and outpatient care in community settings, away from hospitals and closer to where people live – this is what people told us they want to see during our Big Health and Care engagement listening exercise. We also plan to reduce the need for patients to be admitted to hospital in an emergency by making sure the right tests and immediate treatments are collectively available through outpatient services.

We know that many elderly people find themselves taken into an acute hospital in an emergency and then have to wait to be discharged for care at home or closer to home. An acute hospital bed is often not the best place for frail elderly people. The longer they stay in hospital, the harder it is for them to recover and the risk of infection and loss of mobility increases.

## What we did

We have piloted initiatives to tackle these issues. In the summer of 2015 there were 150 people in hospital beds in Oxfordshire, including community hospital beds, who could have been better cared for elsewhere. The reasons for the delays were complicated and not just a case of lack of support for people in the community or at home. They also included:

- too many people admitted to hospital in the first place when they could have been assessed and treated then supported at home or in the community
- organisations not always working together to find the right support for patients out of hospital.

OUHFT, OHFT, Oxfordshire Clinical Commissioning Group and the County Council came together to find solutions. We have piloted some new approaches that have resulted in fewer hospital beds being needed. Staff came up with innovative ideas to tackle the problem in the short and long term. Not all of these changes happened at once and some were put in place as we learned what worked best for patients.

- A 'liaison hub' was set up which brought together experienced nurses and other staff from care organisations. Its role is to make sure that when patients are ready to leave hospital, the right care is available for them at the right time.
- Patients were moved from hospital to nursing home beds with additional therapy support and cared for by teams which included GPs, doctors and nurses and therapy and social care staff. This continued until patients were ready to either remain in a nursing home or return to their home with or without care.
- A recruitment drive was launched for care workers to support people in their own homes.

These changes mean that patients can be cared for in a range of places which are better for them than being in busy acute hospital wards.

## Reducing hospital admissions

Admission to hospital increases the risk of infection and can worsen the health of older people, making it more difficult for them to return to independent living. Clinical staff have also been looking at ways to reduce the number of people who are admitted to hospital in the first place and to better join up primary, community and acute hospital care.

'Ambulatory assessment units' have already been set up in the John Radcliffe Hospital and the Horton General Hospital. These assess and treat patients with complex needs around-the-clock. As a result, patients do not need to spend time in A&E or be admitted to an acute hospital bed for overnight stays. The Emergency Multidisciplinary Units (EMUs) at Abingdon and Witney Community Hospitals assess and treat patients on a same-day basis so they do not have to be admitted to a hospital bed, which is better for patients.



Proposals are also being developed to make permanent an 'acute hospital at home' (AHAH) service, which is currently running on a pilot basis in Oxford. This supports people at home so they do not need to go into hospital. It can also support people who have left hospital, but still need some acute hospital-type care. Patients most likely to benefit are those with conditions such as pneumonia, cellulitis, serious bladder infections and acute heart failure. Senior nurses run the pilot service, supported by consultants who specialise in care for older people plus therapists, pharmacists and others. Patients can be referred to it by GPs, the ambulance service, district nurses and others.

In addition, the proposals outlined below for acute stroke services would also free up hospital beds because the Early Supported Discharge Service would mean patients spend less time in an acute hospital following a stroke.

As a result, the number of hospital beds we need has reduced and we have closed 146 acute hospital beds on a temporary basis. Initially 76 beds were temporarily closed in the winter of 2015/16, then in September 2016 a further 70 beds were temporarily closed. These beds were in Oxford (101 beds) and Banbury (45 beds) from areas including post-acute and surgical emergency units, general medicine, elective surgery, orthopaedics, and other wards at the John Radcliffe Hospital. This has freed staff to work in these new ways. In February 2017 we will be transferring the infectious diseases service from the Churchill to the John Radcliffe Hospital and during the course of 2017/18 will be carrying out building works in the acute medical wards and in neurosciences at the John Radcliffe which, along with the other changes described here, should allow us to close a further 48 beds. It also means that we will be able to improve facilities for those patients who need to spend time in a hospital bed.



### Impact and benefits of the approach we have been piloting

Following the establishment of the Liaison Hub, there was an evaluation period from December 2015 to August 2016, during which time 483 patients were transferred from a hospital bed to a nursing home, with support.

In June 2016, the lowest number of patients (68) delayed in OUHFT beds in the previous five years was recorded. The number of patients delayed in community hospital beds did not show a rise.

A survey was undertaken of patients (and their relatives) discharged through the Liaison Hub.

Of those who responded:

- 77.5% strongly agreed or agreed that they were involved in the decision to be moved to a nursing home, and that they had sufficient information about their transfer and the support they would receive once in the nursing home
- 77.5% agreed that the nursing home was a better environment for them while they awaited further care.
- 92.5% of respondents agreed they had been treated with dignity and respect in the move to the nursing home.

The proposed changes to acute beds are expected to result in savings of £4.9m, the vast majority of which would be reinvested in the new services described here.

For more detail about how patient experience and feedback has been used and how patients would benefit from these proposed changes, please see the Pre-Consultation Business Case which can be found on our website at [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)



## Our preferred option and why

We would like to keep these beds closed permanently, as they are no longer needed. By closing these beds we would be able to use our resources differently to help ensure that patients are cared for in an environment right for them, often closer to their home in community settings.

## Intended benefits



The intended benefits for patients are that:

- fewer people would be admitted to hospital in the first place
- if people are admitted, they would spend less time in hospital and receive care in a timely manner and closer to home.



# The Horton General Hospital

## Background

In this section we set out a vision for the future of the Horton General Hospital in Banbury which is part of Oxford University Hospitals NHS Foundation Trust (OUHFT) and some specific proposals to develop more services there. A long list of options was reviewed by local clinicians taking into account patient experience and feedback, the quality of care, affordability and the workforce available to deliver these services. These proposals are the result of that review. For more information, please see the Pre-Consultation business case on the website [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

The Horton General Hospital in Banbury has been delivering hospital care since 1872. Over the years it has adapted to meet the changing Healthcare needs of a growing population and it still provides a vital base for a range of general hospital services to the people of North Oxfordshire and the neighbouring counties. The catchment area for the hospital is around 164,000 people. This is likely to grow to 200,000 by 2026. The hospitals in Oxford, Warwick, Milton Keynes, Coventry and Northampton also provide services for this population.

**Our vision is that the Horton General Hospital will stay open and develop to become a hospital fit for the 21st century. OUHFT is planning to invest significantly in the hospital so it can continue to develop and change as healthcare evolves and meet the needs of local people.**

OUHFT has worked with clinical staff to consider the challenges and options for change and set out its role in the future. The views of patients, the public and interested groups have been considered as part of this. OUHFT captured these views by surveying 900 public members of the Trust who live in North Oxfordshire and the surrounding area.

Some proposals for the Horton General Hospital are set out in this **Phase 1** consultation document (critical care, acute stroke, obstetrics, gynaecology, diagnostics and planned care). Further proposals, which include options for A&E, children's services and the use of our community hospitals, will be part of our **Phase 2** consultation and presented after they have been further developed.







## Planned care at the Horton General Hospital

Over the past year, clinicians have been looking at ways to provide more planned hospital care closer to home and whether the Horton General Hospital can play a role in this.

*Planned care is a term for healthcare such as tests, outpatient appointments, surgery and medical treatment which has been planned in advance and which is not urgent or an emergency. Planned care is carried out in hospitals, in community hospitals and primary care.*

Many diagnostic tests and surgical and medical treatments for patients from North Oxfordshire are currently offered in Oxford, which means people have to travel there. Patients find that transport and car parking can be difficult in Oxford. Sometimes waiting times are longer than they should be as appointments for planned care can be cancelled to make way for an emergency.

Our clinical staff reviewed planned care services for patients from North Oxfordshire and where they are currently based. They recommend that the following services could be provided closer to home for these patients (and this is what patients say they want):

- Diagnostics such as Magnetic Resonance Imaging (MRI), Computerised Tomography (CT) scans and ultrasound.
- Outpatients including 'one stop shop' clinics.
- Planned day surgery and medical care.
- Assessments which are carried out before patients have planned surgery.

### **Clinical staff looked at whether these services should be provided in three locations:**

Oxford (John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Centre), Banbury (Horton General Hospital), and a third site in the west or south of the county). They also looked at providing services in two locations (Oxford and Banbury).

### **They reviewed these options taking account of:**

- access and patient choice
- quality and safety
- staffing
- finances
- patient experience and feedback.

**Facilities in the south of Oxfordshire will be considered during Phase 2 of the consultation.**



## What you said

Patient feedback about the Horton General Hospital included an emphasis on the need to keep services local and the problems associated with transport for those needing to travel to Oxford.

For more detail about how patient experience and feedback has helped to inform these proposals and how patient would benefit, please see the pre-Consultation Business Case which can be found on our website at [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

## What we did – our preferred option and why

The preferred option is to significantly develop the services at the Horton General Hospital. This option fits in with the vision of significant developments at the Horton General Hospital, so most North Oxfordshire patients would have their care locally in buildings using equipment fit for the 21st century. This would include more outpatient and diagnostic appointments for patients and the expansion of some services such as dialysis for kidney patients, and chemotherapy for cancer patients.

## Intended benefits

Subject to a detailed appraisal, the proposed changes would mean patients from North Oxfordshire and surrounding areas could benefit from:

- more services being provided at the Horton General Hospital. This would mean that fewer patients would need to travel to Oxford
- a new diagnostic unit at the Horton General Hospital, with MRI and CT scanners and ultrasound equipment to allow more people to be assessed and treated locally
- more outpatient appointments and a new modern outpatient unit at the Horton General Hospital that would include facilities for 'one stop shop' appointments. This means that every year thousands of patients would not have to attend hospital on multiple occasions. Up to 60,000 more outpatient appointments could be available at the Horton General Hospital through these changes
- the Horton General Hospital providing more chemotherapy, renal dialysis and day case surgery
- a new assessment unit for patients to be assessed locally before their operation, avoiding the need to travel to Oxford.

Up to 60,000 more appointments at the Horton General Hospital means at least 60,000 fewer journeys to Oxford





## Acute stroke services in Oxfordshire

In this section we look at proposals to improve services for people who have an acute stroke in line with national clinical best practice and advice. (An acute stroke is a stroke that occurs or develops abruptly. The key feature of an acute stroke is that it starts suddenly and without warning and needs immediate treatment. Some people develop stroke-like symptoms over a period of time which need investigation).

National guidance (National Institute of Health and Care Excellence or NICE) based on clinical evidence says that patients who have suffered an acute stroke should be admitted to a specialist unit within four hours of their stroke. Following an acute stroke, immediate access to advanced tests and treatments leads to better results for patients. These include CT scanning and MRI scanning, thrombolysis (clot-dissolving drugs) and thrombectomy (physical removal of clots from the brain).

Research (The Reconfiguration of Clinical Services, Kings Fund, Nov 2014) also shows that patients do better when they are treated in large centres by a highly trained specialist team caring for larger numbers of patients. This means that staff are able to carry out enough complex procedures to maintain and improve their skills and consistently provide safe, quality care. In Oxfordshire, the John Radcliffe Hospital in Oxford has a Hyper Acute Stroke Unit (HASU). There are also HASUs in Northampton and Coventry. The Horton General Hospital does not have a HASU.

The Abingdon Community Hospital, Witney Community Hospital and the Horton General Hospital currently provide inpatient rehabilitation which includes speech and language therapy, occupational therapy and physiotherapy. Patients in Oxford and Bicester also benefit from an 'Early Supported Discharge Service', which helps patients to return to their own homes sooner so they can regain independence as quickly as possible.

At the moment most patients in Oxfordshire, including the north of the county, who have suffered an acute stroke (88%) are immediately taken to the John Radcliffe in Oxford – around 700 a year. Around 100 patients each year (12%), however, are still admitted to the Horton General Hospital, which does not have comparable diagnostics and specialist care.

Doctors and nurses in the working groups for the review of acute stroke services and the Thames Valley Clinical Senate looked at the current way in which these services are provided and options for change to improve health outcomes for patients in North Oxfordshire. They agreed that all acute stroke patients should be assessed in a HASU. They also agreed that the Early Supported Discharge Service should be available to all patients in Oxfordshire, including the north, and looked at how rehabilitation should be provided.

## What you said

One of the themes that emerged from patient and public feedback was recognition of the importance of patient safety and the outcomes experienced by patients. Feedback about the Horton General Hospital included an emphasis on the need to keep services local, but also some concerns about the quality of services. The proposals for acute stroke services were developed with this feedback in mind.

For more detail about how patient experience and feedback helped to inform this option and how patients would benefit from proposed changes, please see the pre-Consultation Business Case which can be found on our website at [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

## What we did – our preferred option and why

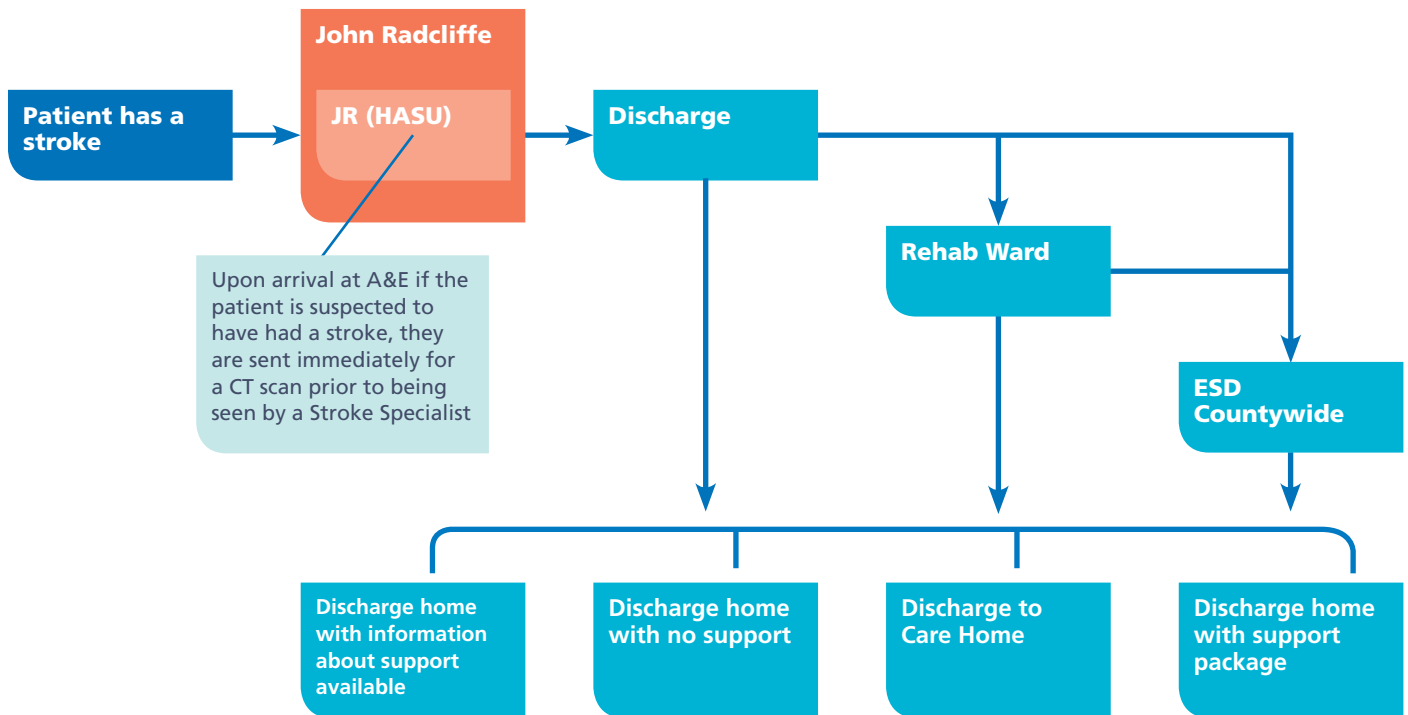
The following option was developed with patient feedback in mind:

- All patients diagnosed with an acute stroke would be taken immediately by ambulance to the nearest HASU at the John Radcliffe Hospital in Oxford. Our travel analysis which can be found on our website: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk) showed that nearly all patients are within 40 minutes of ambulance travel time. Those in North Oxfordshire who are closer to Northampton or Coventry Hospitals would be taken directly there.
- On average, patients could expect to be treated in a HASU for approximately 72 hours. The Early Supported Discharge Service would be extended across the county, including North Oxfordshire, so that all patients could benefit from care at home when they are ready to leave hospital – around 200 patients year would benefit from this.
- Patients who are ready to leave the HASU but not well enough to go home could be cared for and receive rehabilitation in a hospital bed away from the specialist HASU. The role of the Horton General Hospital and community hospitals in providing this care is being looked at as part of the review of community hospitals and will come under **Phase 2** of the consultation.
- Short term rehabilitation following a stroke, would continue to be provided at the Horton General Hospital.



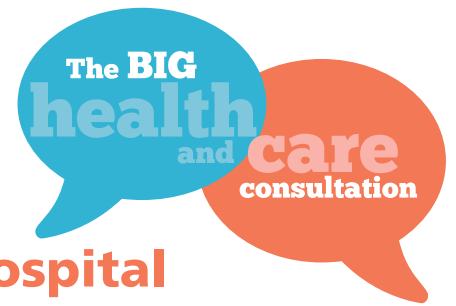
## Intended benefits

- 100 North Oxfordshire patients each year diagnosed with an acute stroke would receive care at a HASU in line with national best practice and other patients across the county.
- Around 200 patients per year would benefit from the Early Supported Discharge Service being extended across the county, to help them to return home more quickly. Short term rehabilitation would continue at the Horton General Hospital.



This diagram illustrates the way in which people would be treated after an acute stroke.





## Critical care at the Horton General Hospital

In this section, we look at services for people needing critical care in North Oxfordshire (critical care helps people with life-threatening or very serious illness or injury).

Patients in hospital need different levels of care from doctors and nurses depending on how ill they are. The sickest patients require critical or intensive care, which is provided in highly specialised Intensive Care Units (ICUs). There are different levels of care, which are graded from 0 to 3, depending on the level of the support needed by the patient:

**Level 0:** patients whose needs can be met through normal ward care in an acute hospital

**Level 1:** patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team

**Level 2:** patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care

**Level 3:** patients requiring advanced respiratory support alone, or basic respiratory support together with support of at least two failed organ systems. This level includes all complex patients requiring support for multi-organ failure.

The sickest patients from across Oxfordshire needing critical care are taken directly to the ICUs in the John Radcliffe and Churchill Hospitals in Oxford. The Horton General Hospital has a six bedded Critical Care Unit (CCU), which has traditionally served a number of purposes including providing Level 3 critical care in two of its six beds.

Over the past five years at the Horton General Hospital, the numbers of patients needing Level 3 care has fallen. This is because patients needing emergency surgery, emergency cardiac care or who have suffered a major trauma are taken directly to the John Radcliffe for specialist treatment. The number of patients needing intubation and ventilation (artificial help with breathing) has fallen by nearly a third in the past five years. In 2015/16, 488 patients were admitted to the Horton General Hospital CCU. Only 41 of these patients (or less than 10%) needed Level 3 critical care.

This presence of only a small number of the sickest patients means that doctors and nurses do not get many opportunities to keep up their skills, an issue which has been raised by the Care Quality Commission (the independent regulator of health and social care services). This also means that it is difficult to recruit enough nurses and the CCU does not meet national guidelines for staffing numbers (Guidelines for the Provision of Intensive Care Services (GPICS) published by the Intensive Care Society in 2015). All these combine to reduce the CCU's ability to provide high quality care to the sickest patients and to achieve the best outcomes for patients.



## What you said

One of the themes that emerged from the feedback received was recognition of the importance of patient safety and the outcomes experienced by patients. Feedback about the Horton General Hospital included an emphasis on the need to keep services local, but also some concerns about the quality of services.

For more detail about how patient experience and feedback helped to form this option and how patients would benefit from proposed changes. Please see the Pre-Consultation Business Case which can be found on our website at [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

## What we did – our preferred option and why

The view of doctors and nurses is that the Horton General Hospital should continue to have a CCU, caring for patients at risk of deterioration, and Level 2 critical care patients, as this is the safest option.

If all critical care patients were cared for in Oxford, over 500 more North Oxfordshire patients would need to go to Oxford. The majority of these could be cared for at the Horton General Hospital in an appropriately resourced Level 2 critical care facility. The current facilities in the ICUs in Oxford do not have the capacity to look after these extra patients

Instead, we propose that only the Level 3 critical care patients from North Oxfordshire are treated at the Oxford ICUs and that the Horton General Hospital continues to treat Level 2 patients. This would mean up to an additional 40 Level 3 patients a year would be treated in Oxford rather than in Banbury. Patients living in South Northamptonshire and South Warwickshire might be treated at the critical care units in hospitals in Warwick, Northampton or Milton Keynes if closer.

## Intended benefits

- Where appropriate, North Oxfordshire patients needing up to Level 2 critical care would be treated at the Horton General Hospital, Banbury, limiting the numbers of patients who have to travel for care.
- A small number of the sickest patients needing critical care Level 3 would receive treatment at a highly specialised Intensive Care Unit in Oxford. *Patients living in South Northamptonshire and South Warwickshire might be treated at the critical care units in hospitals in Warwick, Northampton or Milton Keynes if closer.*



**Up to 40 Patients each  
year would need to be  
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Keynes if closer.*



## Maternity and obstetric services in North Oxfordshire

In this section we consider our maternity and obstetric services in North Oxfordshire and what services should be provided for women and their families. We concentrate on the maternity service at the Horton General Hospital because of the challenges we are currently facing. We will be asking for feedback on proposals for Midwife Led Units (MLUs) and maternity services across Oxfordshire in **Phase 2** of our consultation later in the year.

The vision is to 'provide high quality, sustainable, safe maternity services that achieves healthy outcomes for women and babies'.

The aim is to ensure the care during pregnancy enables a woman to make informed decisions based on her needs, having discussed matters fully with the health care professionals involved in her care. This aim will meet the recommendation in 'Better Births' ( National Maternity Review, 2016) to provide personalised care to every woman in Oxfordshire by offering choice and continuity of care throughout the pregnancy, birth and postnatal period.



### Our aim is to:

- support more women to access a low-risk environment of their choice with midwifery support.
- provide on going assessment for women throughout pregnancy so that potential problems can be addressed
- improve access to specialist maternity services for women who have more complex pregnancies. This includes women who are expecting twins, who have diabetes or who are very obese as well as support for women who have mental health issues and who may need specialist care throughout the pregnancy and afterwards
- ensure woman have a full choice of birth options
- ensure every woman can access the right part of the maternity service and to be cared for by the right professional.

Every year around 8,500 women give birth in Oxfordshire. Most women have a low risk pregnancy and are cared for by the midwifery teams during the antenatal, labour and postnatal period; this is entirely appropriate and safe. Some women will require care from the consultant led team throughout their pregnancy and labour. To enable women to have the right care a number of options are available so women and their partners can choose the most appropriate setting to give birth.

**Women in Oxfordshire and surrounding areas have the choice to give birth in:**

- an obstetric unit at the John Radcliffe Hospital in Oxford which is resourced to care for women who have a complex pregnancy or choose to give birth in this facility. The obstetric unit at the Horton General Hospital has temporarily changed to an MLU due to difficulties with doctor cover. The John Radcliffe Hospital has a neonatal intensive care unit for new born babies requiring intensive or specialist care
- the Spires Midwife Led Unit (MLU) in Oxford which is an alongside unit at the John Radcliffe Hospital. A third of women in North Oxfordshire choose to give birth in Oxford either in the obstetric unit or the Spires MLU
- a free standing Midwife Led Unit located in Chipping Norton (The Cotswold Maternity Unit), Wantage, Wallingford and Banbury
- at home with the support of community midwives
- an obstetric unit outside Oxfordshire. These include units in Northampton, Warwick, Milton Keynes the Royal Berkshire Hospital in Reading, the Great Western Hospital in Swindon and Stoke Mandeville Hospital in Aylesbury.

Women are seen regularly and continually assessed during their pregnancy to monitor the health and wellbeing of both mother and baby. Advice is given about appropriate options of care including place of birth.

There is very good evidence that women who give birth in an MLU experience less clinical intervention than women who give birth in an obstetric unit. However, we understand some women and their partners may be concerned about being transferred during labour to an obstetric unit. Transfers in labour from an MLU to an obstetric unit are not unusual and will be taken into account during the discussion between the midwife and the woman, considering the clinical risk factors at the time. Reviewing clinical research evidence, this approach is shown to not affect how well mothers or their babies do. The Birthplace Study, conducted by the National Perinatal Epidemiology Unit (NPEU) at the University of Oxford in 2011, showed that there is very little difference in outcomes for women with a low-risk pregnancy. Sadly around four births in every 1,000 result in a stillbirth irrespective of where the woman gives birth.





## The challenges

“There is a need to be mindful that choice has to be delivered in a realistic manner, balancing wants and needs with what is clinically safe and affordable and what resources can be made available without destabilising other services.”

*Royal College of Obstetrics and Gynaecologists (RCOG) – High Quality Women’s healthcare: A proposal for change*

We currently face significant challenges in the way we provide maternity services in the north of Oxfordshire and therefore we must consider the future provision of services at the Horton General Hospital. In **Phase 2** we will be seeking views about making the interim MLU permanent in Banbury. In 2015/16 there were 1,466 births at the Horton General Hospital.

The Royal College of Obstetricians and Gynaecologists advises NHS hospitals about the safe level of care for obstetric units. They recommend that units which see fewer than 2,500 births should be subject to additional risk and staffing assessments to ensure patient safety. Obstetric doctors develop and maintain their skills throughout their careers. In units with low numbers of births it is difficult for them to care for enough women to keep their skills up to date which is a matter of patient safety and it is a risk. Population predictions show that even with the maximum possible growth in population and births over the next 20 years, this will not be sufficient to meet the 2,500 threshold.

In 2013 the Horton General Hospital lost its ability to provide obstetric training for doctors not yet qualified as consultants because of low numbers of births. This means that the Horton General Hospital can only continue to run an obstetric service with enough qualified consultants or non-training middle grade doctors. Nationally there is a shortage of obstetric consultants and middle grade doctors. It is particularly hard to recruit staff to work at the Horton General Hospital because of the low number of births in the unit. OUHFT has continued to try hard to recruit more obstetric staff but until now has not been successful.

In August 2016 OUHFT made the decision to temporarily suspend the obstetric led service at the Horton General Hospital because of difficulties in recruiting doctors and therefore not being able to provide a safe maternity service. The unit temporarily became an MLU from October 2016.

### The decision involved the following temporary changes:

- A temporary stand-alone Midwife Led Unit opened at the Horton General Hospital and obstetric care for pregnant mothers stopped being provided on site. Women from North Oxfordshire and the Brackley area who need to deliver in an obstetric unit can choose to give birth at the John Radcliffe in Oxford or in Northampton, Warwick or Milton Keynes hospitals (with women requiring specialist care continuing to receive it in Oxford as before).
- Women can choose to give birth at one of the MLUs: at the Horton General Hospital, the Spires, Cotswold Maternity Unit in Chipping Norton (CMU), Wantage or Wallingford.
- The Special Care Baby Unit was transferred to the John Radcliffe Hospital because this kind of care is only provided alongside obstetric units.

This change had an impact on the small number of women from North Oxfordshire, who need inpatient care for a gynaecological problem. These women require around the clock specialist medical care which was previously provided by the obstetric and gynaecology doctors also covering the maternity service. During the temporary service change, these patients are being admitted to the gynaecological unit at the John Radcliffe Hospital in Oxford. However, the day-case service, emergency gynaecology service and the early pregnancy service remains at the Horton General Hospital.

## What you said

We know that people in North Oxfordshire and surrounding areas value the services at the Horton General Hospital but during our engagement they also told us that patient safety was important to them. Clinicians are concerned that even if they could recruit enough obstetric staff, the situation would not be sustainable and is likely to lead to another emergency closure. We want to make sure that we commission only safe services for patients.

Feedback from patients, public and clinicians has been gathered in a number of ways in the months leading up to the consultation and has been summarised in a number of documents. Recognising the particular concerns and strong views expressed about potential changes to maternity services in North Oxfordshire, below is a summary of the feedback received and how it has been used in helping to inform the preferred option set out in this document.

For more information on this, please see the Pre-Consultation Business Case and the reports on public engagement from June to August 2016 and September to November 2016, which can be found at our website at [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)



You said	We did
<p>Concerns about the maternity service at the Horton General Hospital if it was to move to Oxford, and also of the ability of the Oxford based services to then cope with the additional patients.</p>	<p>National evidence demonstrates that Midwife Led Units (MLUs) are regarded as safe settings for low risk women to give birth and that they have been shown to be as safe as obstetric units for women and their babies (Birthplace Study, 2014). The proposed changes would ensure that all women in Oxfordshire receive an 'Early Maternal Medical Risk Assessment' that would help them make an informed choice about the best and safest birth choices for them.</p> <p>Work with maternity focus groups showed that we don't provide enough information about MLUs and the benefits of choosing to birth at one. The way in which services would be designed would ensure women have access to all the information they need to make informed choices. This could be supported by digital technology (like apps for example) so women could access the information in a way that best suits them.</p>
<p>Support groups for families on managing childhood illnesses appropriately could help with prevention.</p>	<p>The proposed changes would have prevention as a priority throughout and post pregnancy. We would build in support for postnatal women so they feel able to confidently look after themselves and their baby. The important role of Health Visitors and GPs would be factored into the new service.</p>
<p>The need to keep the Horton General Hospital and its services such as maternity, particularly with an expanding local population.</p>	<p>The proposed changes take into consideration the predicted increases in births due to planned housing developments. Analysis shows that even with these increases, the Horton General Hospital would see fewer than 2,500 births and be subject to the additional risk and staffing assessments required for small obstetric units to ensure patient safety. Irrespective of the numbers of births, OUHFT would not have enough doctors to staff the unit. This makes it unsafe for current and future demand and an unviable option for the future.</p>
<p>The need to listen and engage more with parents and families.</p>	<p>Three focus groups were held in October 2016 where we were able to listen and engage with women who had recently given birth in Oxfordshire. We heard some wonderful stories about women's experiences of the care they had received and we also had some good discussions about what could be done differently. We heard how important breastfeeding support is to women and how important postnatal care is. On the back of this feedback we have committed to expanding our offer of postnatal support and we understand that specialist breastfeeding support is crucial to this.</p> <p>We recognise that we do not routinely listen and engage with parents and families who use maternity services and we will be considering how we can improve this.</p>

## What we did – considering possible solutions

Given this background, clinical staff have reviewed a number of possible solutions to tackle the challenges.

Possible solution	Appraisal
A round-the-clock rota of non-consultant obstetric doctors (still in training).	Training approval for medical trainees in obstetrics has been withdrawn from the Horton General Hospital site. Health Education England, which is responsible for training, has made it clear that there are no circumstances under which this will be restored because the unit does not care for enough women in labour and because there are not enough trainees to fill posts. Currently, 24% of trainee posts are vacant. This is not a viable option.
A round-the-clock rota of middle grade obstetric doctors not in training.	OUHFT has tried to recruit non-trainee middle grade doctors, but has not been successful. The OUHFT introduced a rota of eight Clinical Research Fellows in 2012. By early 2016 this had become unsustainable and an alternative was developed of nine doctors working across the John Radcliffe Hospital site and the Horton General Hospital to make the posts more attractive. At the time of the temporary closure only two of the nine posts required for a round-the-clock rota had been successfully filled. At the beginning of January 2017 only three doctors were in post. This is not a viable option
A round-the-clock rota of trained consultants at both the Horton General Hospital and the John Radcliffe Hospital.	An additional 22 consultants are required to safely manage obstetric units at both the John Radcliffe Hospital and the Horton General Hospital. There is a national shortage of obstetric consultants so this is not a viable option.
The Horton General Hospital to provide an elective caesarean section service for all appropriate pregnant women across Oxfordshire. Women from North Oxfordshire with a low risk pregnancy to give birth at the CMU at Chipping Norton.	This was an option proposed by a member of the public. It is the opinion of clinical staff that this is not safe for many reasons including the absence of vital support services and medical staff. It would, furthermore, compromise the ability to care for the highest risk pregnancies in North Oxfordshire and the rest of the county. This is not a viable option.

In addition to the issues relating to obstetric care, there is a need to review our balance of investment to improve Oxfordshire's maternity services. Technology is under-used and there is a need to make more use of community based diagnostics and electronic patient care records.



## What we did: our preferred option for obstetrics and why

As a result of this appraisal, clinical staff at the OUHFT, the clinicians on the working group and the Thames Valley Clinical Senate agreed that none of the above solutions could ensure a safe, high quality obstetric unit at the Horton General Hospital and propose the model detailed below.

The proposal is that although most antenatal obstetric care can still be provided at the Horton General Hospital, all women with a higher risk pregnancy would give birth at the John Radcliffe in Oxford (with women north of Oxfordshire also having the choice to travel to Northampton, Warwick or Milton Keynes).

## What is the impact and intended benefits of this proposed model of care?

Women would continue to have the option to give birth in an obstetric unit at the John Radcliffe Hospital in Oxford, in the Spires MLU at the John Radcliffe Hospital, in one of the stand-alone MLUs at the Horton General Hospital, Chipping Norton, Wantage and Wallingford or at home, although this will be subject to further discussion in **Phase 2**. This would ensure that women continue to have choice in where they give birth. We anticipate that this option would result in between 200 to 500 women a year choosing to use the MLUs at the Horton General Hospital. The proposed facilities at the Horton General Hospital have the capacity to care for up to 500 women in labour each year.

The MLUs in North Oxfordshire would be able to cope with any increase in demand. There would be an increased number of antenatal, postnatal and breastfeeding clinics at the Horton General Hospital. These services are already available at Chipping Norton and other MLUs.

All women in North Oxfordshire and surrounding areas who need obstetric care in childbirth would have to travel further either to Oxford or to an other obstetric unit in Northampton, Warwick or Milton Keynes. This would also apply to any mothers and babies needing to transfer during labour or after birth. **A single obstetric led labour ward at the John Radcliffe would ensure that there are always enough staff available and importantly that there are enough births to maintain medical skills and run a safe service now and for the future.**

Some women would transfer from the MLUs in North Oxfordshire to the obstetric unit in Oxford at the start of labour or during labour because the woman changes her mind or because there is a clinical need. The Birthplace Study, conducted by the National Perinatal Epidemiology Unit (NPEU) at the University of Oxford found that the transfer rate, for mothers who were in their second or subsequent pregnancy, to an obstetric unit was 12% for home births, 9.4% for a stand-alone MLU and 12.5% for an MLU alongside an obstetric unit.





Additional consequences of this change are that the Special Care Baby Unit would move permanently to the John Radcliffe Hospital and a small number of women needing emergency gynaecology inpatient services would need to travel to Oxford.

## The options for Midwife Led Units in North Oxfordshire

The obstetric unit at the John Radcliffe Hospital would be supported by two options for providing MLUs, which are described as illustrative examples below. Both ensure that women would continue to have a choice of the type of unit where they can give birth. We are not consulting on this proposal relating to MLUs now and OCCG will include firm proposals for all the Oxfordshire MLUs in *Phase 2* of the Consultation.

### Example model 1 (two Midwife Led Units in North Oxfordshire):

The first example model would propose that there would be two Midwife Led Units in North Oxfordshire, one in Chipping Norton and one in Banbury. This would mean women in Chipping Norton would still be able to choose their local hospital to give birth under the care of midwives and similarly women in the Banbury area could choose the same at the Horton General Hospital. Women from both areas wanting to give birth under the care of an obstetrician, or in a Midwife Led Unit co-located with an obstetric unit would need to travel to Oxford or to a nearer unit in Northampton, Warwick or Milton Keynes. This example would:

- replace the obstetric unit with a MLU at the Horton General Hospital on a permanent basis, (this would include investment in buildings and facilities)
- centralise all emergency gynaecology inpatient services at the John Radcliffe in Oxford on a permanent basis
- move the Special Care Baby Unit from the Horton General Hospital to the John Radcliffe on a permanent basis
- develop more antenatal clinics and classes for women at the Horton General Hospital so that they can be assessed locally
- develop more postnatal provision at the Horton General Hospital
- keep the Cotswold MLU in Chipping Norton as another option for women.



## Example model 2 (one Midwife Led Unit in North Oxfordshire):

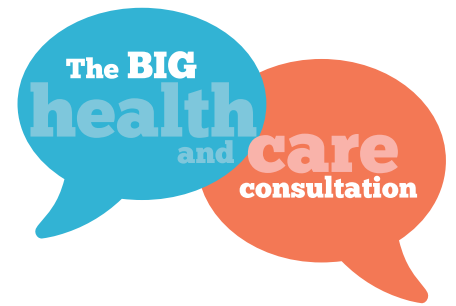
The second example would propose one MLU for pregnant women in North Oxfordshire and that this would be at the Horton General Hospital in Banbury. This would mean closing the Cotswold MLU at Chipping Norton and women would need to travel to another MLU to give birth. However, the majority of care, including antenatal, postnatal and breastfeeding clinics would continue to be provided by local midwife teams in Chipping Norton Hospital.

If the Cotswold MLU were to close, the current accommodation costs could be reinvested in maternity care elsewhere in Oxfordshire to improve the quality of the service. Facilities would still be needed for antenatal and postnatal services at the Chipping Norton Hospital, including breastfeeding clinics, but some accommodation costs would still be saved.

Some women in North and West Oxfordshire who currently use the Cotswold MLU would have to travel further to a MLU elsewhere. The average increase in travel time would be 15 to 17 minutes.

### This example would mean we would:

- replace the obstetric unit at the Horton General Hospital with a Midwife Led Unit on a permanent basis (this would include investment in buildings and facilities)
- centralise all emergency gynaecology inpatient services at the John Radcliffe Hospital in Oxford on a permanent basis
- move the Special Care Baby Unit from the Horton General Hospital to the John Radcliffe Hospital in Oxford on a permanent basis
- develop more antenatal clinics and classes for women at the Horton General Hospital so that they can be assessed locally
- develop more postnatal provision at the Horton General Hospital
- continue to provide postnatal, ante-natal and breastfeeding clinics in Chipping Norton Hospital
- close the Midwife Led Unit in Chipping Norton Hospital.



## Conclusion

In this consultation document we have set out the way in which we plan on developing health and care services in Oxfordshire and our proposals to change some of these services. Our aim is that patients receive the best quality care in the right place at the right time.

We have also given an overview of other areas where our doctors, nurses and managers are still developing ideas for possible change (*Phase 2* of our consultation). When they become firm proposals there will be further public consultation.

**Now is your opportunity to find out more, have your say and tell us what you think.**

## The consultation

Our formal public consultation will run from 16 January 2017 until 9 April 2017 across Oxfordshire and surrounding areas. Once the public consultation has finished OCCG will consider all feedback. OCCG will commission independent support to thoroughly and comprehensively analyse all responses to the consultation and publish a report detailing this. OCCG has also asked an external organisation to assess the impact of the proposed changes. Once all this feedback has been considered alongside patient-safety factors and clinical best practice, OCCG will need to consider what changes it wants to make and how specific clinical services are arranged or how the health and social care system might support specific groups in the community. The decision-making business case will then be considered by the OCCG Governing Body for a final decision. As well as taking into consideration the outcome of the public consultation, the OCCG Governing Body will need to consider other factors, including safety, clinical quality and evidence, financial and practical considerations.

## How can you have your say?

During the consultation there will be lots of opportunities to find out more and share your views. This will include opportunities to talk to the doctors and nurses who have developed these proposals. Further information on all of these proposals and details of events and opportunities to get involved can be found on our website: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk). You will also find there more information about the work of the Transformation Board, the pre-consultation Business Case and other supporting documents.



## We will be:

- publicising the consultation as widely as we can including through advertising, the media and social media – if you can help with this by sharing information with your local community or organisation then please let us know and we can provide you with consultation documents and surveys
- contacting people who have already said they are interested in getting involved in healthcare issues, including members of OCCG's Talking Health and OUHFT and OHFT membership
- running public roadshows and events across the county and in neighbouring areas, such as South Northamptonshire and South Warwickshire
- asking you what you think through surveys and focus groups and inviting feedback
- holding discussions with patient and voluntary groups – if you are a member of a group which might be interested then please let us know
- using our website to encourage feedback: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

We welcome all responses to this consultation. We need to receive them by midnight on 9 April 2017. You can respond by completing the questionnaire available on our website and send it back to us Freepost

**If you would like this document in a different language or an audio, braille, large text or an Easy Read format, please call 01865 334638 or email [cscsu.talkinghealth@nhs.net](mailto:cscsu.talkinghealth@nhs.net)**

### **Communications and Engagement Team,**

Oxfordshire Clinical Commissioning Group

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Jubilee House

5510 John Smith Drive

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OX4 2LH

Talking Health is our online public involvement service. Register and complete the online survey at: <https://consult.oxfordshireccg.nhs.uk>

**Email us:** [cscsu.talkinghealth@nhs.net](mailto:cscsu.talkinghealth@nhs.net)

**Phone us on 01865 334638**

### **Write to us:**

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## Appendix

### Glossary of terms used in this document:

**Acute hospitals:** large hospitals which provide a wide range of specialist care and treatment for patients. This includes consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of other professionals); emergency treatment following accidents; routine, complex and life-saving surgery; specialist tests, therapies and procedures. Acute hospitals vary in the range of services available. Some include an A&E. Others provide planned care which can include specialist care.

**Acute Hospital at Home:** a care team, made up of consultants, specialist nurses and other allied health professionals, which provides an alternative to hospital for frail older people.

**Ambulatory Assessment Unit:** is a service in a hospital which provides urgent assessment and treatment of adults who are unwell but may not necessarily need to be admitted to hospital.

**Community hospitals:** smaller local hospitals which offer local care and often include rehabilitation services after a stroke or surgery, some outpatient appointments, x-ray facilities, physiotherapy and hearing tests.

**Critical care:** care given within specialist units in the hospital (Critical Care Unit) by specially trained staff and designed to closely monitor and treat patients with very serious or life threatening conditions. This care can be given in an emergency, such as after a road accident, or in a planned way, for example after major heart surgery.

**Critical Care Unit (CCU):** see Critical care

**Early Supported Discharge Service:** the Early Supported Discharge Service team provides an early, intensive rehabilitation service for stroke patients which helps them leave hospital more quickly and return to their own homes with support from community teams so they can regain their independence as soon as possible.

**Emergency Multidisciplinary Unit (EMU):** usually found at a community hospital and will rapidly assess any patient who has been seen by, for example, a GP, community nurse or ambulance paramedic who feels that further assessment is needed. EMUs do not assess patients with suspected heart attacks, strokes, head injuries or those who may need surgery.

**Five Year Forward View:** the NHS Five Year Forward View, published in October 2014 by NHS England, sets out a strategy for the future of healthcare nationally and locally.

**Health and Wellbeing Board:** key leaders from the health and social care services work together to improve the health and wellbeing of local people and reduce health inequalities.

**Healthwatch Oxfordshire:** the local section of a national consumer watchdog for patients which aims to improve health and social care.

**Hyper Acute Stroke Unit (HASU):** this provides initial investigation, specialist treatment and care immediately following a stroke. Patients are treated in the HASU until medically stable and fit for transfer to their local stroke rehabilitation unit for on-going inpatient care or until fit for discharge home.



**Middle grade doctors:** qualified doctors who are not consultants. Some may choose to train to be consultants; others will choose to remain as middle grade doctors.

**Midwife Led Unit:** birthing centres or midwifery units run by midwives without the medical facilities of a hospital. They can be next to a main hospital maternity unit ('alongside') or completely separate from hospital (stand alone).

**Obstetric care:** obstetrics is a medical specialty focusing on pregnancy, childbirth and post childbirth care. Women who need the care of an obstetrician or need an epidural (which can only be delivered by an anaesthetist under the care of an obstetrician) would need to give birth in an obstetric unit.

**Oxfordshire Clinical Commissioning Group:** was established on 1 April 2013, as part of the reorganisation of NHS commissioning following the passage of the Health and Social Care Act 2012. We are responsible for buying health services on behalf of everyone living in Oxfordshire.

**Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC):** looks at the work of local health services including the Clinical Commissioning Group and hospital trusts. The Committee acts as a 'critical friend' by suggesting ways that health related services might be improved. The HOSC also looks at the way the health service interacts with social care services, the voluntary sector, independent providers and other council services to jointly provide better health services to Oxfordshire residents and improve their wellbeing.

On behalf of Oxfordshire County Council, the HOSC has responsibility to "review and scrutinise any matter relating to the planning, provision and operation of the health services in its area" and to make referrals to the Secretary of State about proposals where it considers proposals for service change, or consultations, have been inadequate.

**Patient Participation Group:** patient representatives from a local GP practice who advise and inform the practice on what matters most to patients and help identify solutions to problems as a 'critical friend'.

**Planned care:** healthcare such as tests, outpatient appointments and surgery which has been planned in advance and which is not urgent or an emergency. Planned care is carried out in hospitals, in community settings such as community hospitals and in primary care.

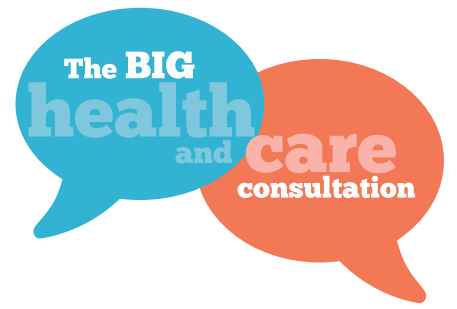
**Pre-consultation business case:** sets out the reasons why healthcare services have to be transformed – the 'case for change' – how the transformation could look, how it could affect patients and how much it could cost.

**Primary care:** most people's first point of contact with health services, e.g. GPs dentists, pharmacists or optometrists.

**Stroke:** strokes vary in their severity. Some people can suffer from a mini or mild stroke which means they may be at risk of a more severe stroke in the future. People suffering from an acute or severe stroke need specialist hospital care and treatment very quickly in order to maximise their chances of survival and recovery.

**Talking Health:** Oxfordshire Clinical Commissioning Group's online service where patients and the public can get involved with and influence local health services and decisions  
[www.oxfordshireccg.nhs.uk/get-involved/talking-health/](http://www.oxfordshireccg.nhs.uk/get-involved/talking-health/)

**Transformation Programme:** was launched in early 2016 to drive forward the changes in the health and social care system in Oxfordshire in response to rising demand for services. The Transformation Board which oversees the programme is made up of health and social care leaders.





### Join Talking Health:



Talking Health is our online public involvement service. You can register by post or online. You can tell us exactly what you are interested in and how you want to be involved.

<https://consult.oxfordshireccg.nhs.uk>

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