Appendix 3.26: Possible Options in each area

Discussion

1. Determining options for bed based and secondary care

2. Taking sustainable and 7 day week Primary care forward

3. Determining the ambulatory care options

1 Possible options in each area

Acute services

Number of emergency hospitals appraisal (assumes continued use of RBFT and Great Western hospitals, etc.)
A. Two
B. One (if shown to be viable, then would be an option for consultation)
Critical care at the Horton option appraisal
A. Remain at level 3
B. Change to level 2
Acute stroke option appraisal
A. Acute stroke patients continue to go to the Horton
B. Acute stroke patients all go the HASU at the JR
DTOC option appraisal
A. Baseline
B. Implement the existing DTOC proposals

Consultant led obstetrics option appraisal
The options should be based on the overall requirement to have a certain level of consultant cover for all obstetric births in Oxfordshire (ie it should take account of whether if more consultant resource is focussed at the Horton this will reduce the ability of JR to provide appropriate consultant cover
A. Baseline (currently undeliverable and under review)
B. Consultant delivered (24 hour on site) service at the Horton (only an option if shown to be viable)
C. Transfer obstetrics from the Horton
Free standing midwife led units
A. Current configuration (Chipping Norton, Wantage (requires refurbishment) and Wallingford.
B. Units of stand-alone midwife led units to be determined by minimum volume of births. (NB may need to address Chipping Norton specifically in this consultation. Others will be non-specific at consultation stage – need to discuss)
Inpatient paediatrics option appraisal
A. Retain inpatient paediatrics at the Horton alongside ambulatory service
B. Ambulatory paediatrics only at the Horton

Community based services

Given lack of current consensus on clinical pathways, propose to consult on model of care in the community including use of community hospitals clarifying the clinical pathways and thereby any need for community hospital provision.

Urgent care centres and acute rehabilitation beds option appraisal
A. Status quo – 7 inpatient rehabilitation units providing 152 beds and existing configuration of EMUs and MIUS etc
New care model options which all have the following characteristics. • Stroke rehabilitation beds consolidated onto acute hospital sites and reduced in number to reflect early supported discharge • **[One of the following not yet agreed** ~ **70 inpatient beds but with the physical capacity to expand up to 82 beds to allow for winter pressure flexibility and the possibility that the additional community services might not operate 100% as expected** ~ **80 beds with the physical capacity to expand above this for flexibility]**
B. Two inpatient rehabilitation units, both collocated with urgent care services*, one in the North on the Horton hospital site, and one other with the following location variants for the one in the South ~ New Build at Didcot Power station ~ Abingdon site ~ Witney site
C. Three inpatient units collocated with urgent care services*, one in the North on the Horton hospital site, one at Witney, one at Abingdon
D. No community hospital rehabilitation beds

*NB A later discussion to scope these