Equality Analysis
Proposal name: Strategic Review of the Horton General Hospital
Date of Policy: August 2016
Date due for review:
Lead person for policy and equality analysis: Paul Brennan, Director of Clinical Services and Andrew Stevens, Director of Strategy and Planning

Introduction

This Equality Impact Assessment provides an overview of how equality has been considered in the development of the Strategic Review of Horton General Hospital. The strategic review forms the basis for a consultation on the future development of the Horton General Hospital. Three options are presented. Careful consideration has been given to the impact of these changes on patients and the public, which aims to improve the quality and sustainability of services provided.

Continued engagement will take place with the public, and representatives covering the protected characteristics including hard to reach groups, in order to shape and influence the proposals for new models of care. The impacts of the proposed changes will be reviewed throughout the consultation process.

Background

The strategic review aims to ensure that a safe and good quality service is provided that delivers excellent care for the catchment population of Horton General Hospital (HGH). It provides an opportunity to assess the challenges facing some services provided at the HGH, and to design better pathways of care for these services in-line with best practice, which are sustainable and provide true value benefit to the local population.

The vision is to develop a 21st century hospital at Banbury within a larger system of healthcare which has the capacity and capability to meet the health needs of the population it serves. The strategic review addresses issues with the sustainability of services already offered at the HGH and offers an opportunity to transform its model of delivery of healthcare services and become a beacon of 21st century healthcare. In achieving this, it is recognised that significant financial investment will be required to make this possible.

Proposals are put forward to address high Emergency Department (ED) attendance and admission rates for older patients with ambulatory care sensitive conditions (ACSC), the significant amounts of cumulative travel to Oxford University Hospitals' Headington sites for elective care, outpatient appointments and diagnostic imaging, and alternative models for maternity and children's services which are more viable to improve quality of care and address issues with staff recruitment and retention.

Some of the key intended effects and benefits of these transformations include:

- Care delivered closer to home with access to acute services delivered in a local setting.
- Care being delivered as a "one-stop shop", meaning less delay between steps in the clinical pathway so that patients make less visits to outpatients and achieve a diagnosis and treatment plan more quickly.
- Better access to diagnostics and advice at primary care level
- Less travel to hospital sites for outpatient appointments.
- Maternity services which are underpinned by more personalised care, effective management of risk and improved pre-conception and post-natal care.
- Work with families and communities to support successful self-care for minor illnesses, injury and

long term and/or life limiting conditions so that children can live productive lives.
- Provide care as close to home as possible when clinically feasible and when hospital in-patient care is the best option, enable the family to stay close to their child and their child to stay in hospital for as short a time as possible.
- Develop the skills of our staff through working in multi-disciplinary teams.

Options proposed in the Strategic review of the Horton General Hospital

Oxford University Hospitals NHS Foundation Trust (OUHFT) is willing to invest significantly in one of its important hospital sites. In-line with the Oxfordshire Transformation Programme, OUHFT has identified four clinical pathways where there is a real need for change. These are: urgent care; planned care; maternity and children's services.

The proposals for new pathways of care were developed by Clinical Review Groups, consisting of clinicians and managerial colleagues. They worked together to identify viable clinical service models, which would improve the quality and safety of care provided for the people of north Oxfordshire and surrounding area. These short-listed options below inform the basis of proposals for public consultation. The public consultation will enable continued public engagement, in particular engagement with protected characteristic groups to further shape and refine these proposals.

Option 1: No change

The services currently provided by the Horton General Hospital are acute general medicine and day case, elective general and minor trauma surgery, obstetrics,gynaecology, paediatrics and critical care. The Brodey Centre offers treatment for cancer. Out-patient clinics are provided in the following specialities: dermatology, neurology, ophthalmology, oral surgery, paediatric cardiology, radiotherapy, rheumatology, oncology, pain rehabilitation, urology, ENT and plastic surgery. The acute general medicine service includes a medical assessment unit, a day hospital as part of specialised elderly care rehabilitation services, and a cardiology service. Other clinical services include dietetics, occupational therapy, pathology, physiotherapy and radiology.

It has one of the smallest obstetric-led maternity units in the country, which is at the opposite end of the spectrum to the obstetric-led maternity unit at the John Radcliffe Hospital in Headington. With paediatrics, there is almost the same disparity with 2699 NELS in 2014/15. There is a Special Care Baby Unit (SCBU), which admitted 219 babies in 2014/15. It is already a moderately sized elective centre with 7934 day cases and 539 in-patient spells. Just over 82,000 outpatient appointments were provided and over 57,000 diagnostic images were taken during this period.

Details of services provision for the three options are provided in Appendix 1 and summarised in the table below.

Options		1	2	3
Urgent and Emergency Care	Emergency Department (ED)	✓	×	✓
	GP urgent care with Minor Injuries Unit (open out of hours)	✓	✓	✓
	ED and Integrated Urgent Care Centre (24/7)	×	×	✓
	Non-elective inpatient	✓	×	✓
	Ambulatory care model	×	✓	✓
	Non-elective inpatient surgery – trauma and gynaecology	✓	×	✓
Stroke Care	Acute stroke and rehabilitation	✓	×	×
	Rehabilitation and early supported discharge	×	✓	✓
Critical Care	Level 3 (current)	✓	×	×
	Level 2	✓	×	✓
Planned Care: Surgery	Elective inpatient surgery	✓	×	?
	Day case surgery	✓	✓	✓
Planned Care: Medicine	Elective inpatient surgery	✓	×	✓
	Elective day treatment	✓	✓	✓
Diagnostics	Current (limited)	✓	✓	✓
	New diagnostic facility with increased capacity	×	✓	✓
Outpatients	Current provision	✓	✓	✓
	New outpatient facility for transfer of Existing Headington clinics	×	✓	✓
Maternity	Both Obstetric and midwifery care	✓	×	×
	Free standing midwifery-led unit	×	✓	✓
	Special Care Baby Unit (SCBU)	✓	×	×
	Increase in maternity clinics (antenatal, postnatal and breast feeding etc.)	×	✓	✓
Children's services	Paediatric inpatients	✓	×	×
	Paediatric SSPAU/ Clinical Decision Unit (8am – 10pm or 24 hours)	×	✓	✓
	Paediatric elective day case care	✓	✓	✓

Involvement of stakeholders

This strategic review of the Horton General Hospital (HGH) sought to attain clinical consensus about the best models of care and their viability. Over fifty clinicians from all Oxford University NHS Hospitals Foundation Trust (OUHFT) sites worked with managerial colleagues to develop clinically viable and sustainable options for new models of care.

The vital role of the public in shaping future services was also appreciated from the onset of this review. However, in-line with the Transformation Plan, public consultation was seen as an essential step in the exercise once clinical consensus had been achieved about the best models of care and

their clinical viability.

During this early phase, however, OUHFT held several meetings with public representatives, including the North Oxfordshire Community Partnership Network to keep all parties well informed of the process, until public consultation. Public meetings with the North Oxfordshire Locality Forum, meetings with local MPs and Council have taken place between March and August 2016 and a public meeting at St Marys Church 25th August. For full communications and engagement activities to date, please see Appendix 2.

A survey has been conducted with OUHFT members on services at the Horton General Hospital with 233 responses received. The survey was open until 22 September and findings are in the process of being collated. These will inform developments as the Review progresses.

Engagement sessions have also taken place, throughout the development of proposals, with North Oxfordshire Locality Group GPs, South Warwickshire NHS Foundation Trust and Northampton General Hospital.

The Royal College of Paediatric and Child Health (RCPCH) has visited the Horton General to provide an independent opinion on the two Clinical Decision Unit (CDU options for Paediatrics in September 2016. There will be an opportunity for the stakeholders to contribute to this review.

As part of the wider pre-consultation for the Oxfordshire Transformation Plan, a number of engagement events have provided further opportunities for public feedback. These events have involved the public, and voluntary or third sector and included a 'Big Health and Care Conversation' roadshow 12 July 2016 in Banbury Town Hall and on the 28 July 2016 at Littlebury Hotel, Bicester. These drop-in events gave people the opportunity to talk to clinicians about the emerging models of care.

Further work will be undertaken as part of the public consultation to understand the impact that any potential changes might have and any adverse effects on particular groups of the local population. The consultation itself will include further public meetings, focus groups and other outreach work with individuals and groups affected by these proposals. The OUHFT Patient Experience Team is in contact with approximately 50 voluntary and community organisations within Oxfordshire which campaign and/or represent individuals and communities (many with protected characteristics). The consultation documents will be sent directly to these groups with the offer of translating materials into other languages and easy read. Groups that may be particularly affected will be offered a visit to discuss the proposals.

Evidence

The proposals have drawn on national guidelines, best practice and research to develop clinically viable and sustainable models of care that fit the needs of the population for the future. This is laid out in Chapters 3 in the Strategic Review and includes reference to documents from Royal College reviews and guidance, national reviews, guidance from regulatory bodies and local information that has informed developments.

Service performance data, deprivation indices and demographic growth projections were also considered in the development of proposed new service and these are outlined below, with further detail presented in Chapter 2 of the Strategic review.

Assessment of the impact on patients who meet the 9 protected characteristics

- Disability

In England, 17.6% of people have a limiting long-term illness or disability. The proportion of people

limited in their daily activities amongst people living in the catchment area for HGH, is below the England average, with the exception of the small cohort of people in Warwickshire counties.

The proportion of people limited in their daily activities is broadly similar across the county (14.5% in West Oxfordshire and 14.1% in Cherwell compared to 12.4% in Oxford and 13.8% in South Oxfordshire).

The key aspect of the proposed changes for disabled people with physical, sensory or cognitive disabilities is the potential impact on their travel times. This applies to service users, their carers and staff with disabilities.

Emergency care
The aim of an ambulatory approach is to improve the provision of support to patients with complex needs (including disabilities) in their own homes and communities, avoiding hospitalisation where possible and improving patient experience. The Future Hospitals Commission (FHC) report[1] advocates that care of patients with complex needs, delivered across settings, and by several teams, requires excellent coordination.

The proposal for experienced teams of 'specialist generalists', to support and address the active physical, social and psychological care needs of older people and those with complex needs is aimed at improving the care of those with physical disabilities and bring care closer to home with the 'acute hospital at home', 'early transfer to home' and 'rehabilitation at home' services. The proposed Clinical Coordination Centre at the Horton General would act as a base for hospital's clinical teams to coordinate this care for patients, supported by GPs, nurses, ambulance practitioners and others outside hospital.

Planned care
Providing significant numbers of diagnostic and outpatient appointments in Banbury (as opposed to Headington) will enable those who live in North Oxfordshire greater ease of access and will also impact on the congestion and parking issues that are currently problematic on the Headington sites. Development plans will give careful consideration to parking, including ease of access for disabled people at the Horton General Hospital.

Maternity
Research shows disabled women and their partners are often anxious about pregnancy, concerns are highly specific to women's individual circumstances and impairments. Some disabled women will be more likely to have high risk pregnancies and so will require the care of specialist obstetric services

Central to the provision of changes to maternity services is that the right women (including low risk pregnant women) are cared for by the right specialist teams. All women will have a bespoke plan for their pregnancy that includes individual choice. For women with more complex pregnancies, however, to ensure the best outcomes these choices may be different to those for women with low risk pregnancies [add data on proportion of women who are disabled that give birth in MLU/Spires]

Care plans to support disabled pregnant women who will be required to travel to Headington will take into consideration their individual needs and ways of addressing these. The provision of pre-natal and ante-natal care in dedicated and accessible facilities in Banbury aims to provide responsive and accessible care for patients.

It has been recent practice for any woman with a BMI of ≥40 to be advised to deliver at the John Radcliffe (JR). Care should be reviewed by an appropriate manual handling facilitator. Moving and handling aids are supplied as required. See http://ouh.oxnet.nhs.uk/BackCare/Pages/Equipment.aspx Ph: 01865 (2)22108. Level 5 and Level 6 family rooms at the JR have larger doors and bathrooms with

[1] Future Hospitals Commission (2013) Future Hospital: Caring for Medical Patients: A report from the Future Hospital Commission to the Royal College of Physicians

adaptations for people with physical disabilities.

Children's Services
Literature suggests that parents' experience of taking a disabled child to hospital is often fraught with problems.[2] A move towards greater ambulatory provision, proposed in both options 2 and 3, via the creation of multidisciplinary community based hubs aims to have a positive impact on the care of disabled children and experience of them and their families.

Disabled children and young people from Oxfordshire Youth Enablers (OYE!) have been consulted about wider Oxfordshire Transformation Plans. [add relevant feedback when available]

Other considerations/mitigations:

In-line with Trust policy, patients at the HGH, or JR at Headington with a hearing loss should be offered a British Sign Language Interpreter via language line. Ph: 0845 603 7915.

Suitable transport options should be provided, including parking for women and their partners with disabilities who need to travel further to Headington to access services.

Learning Disability and Cognitive impairment

It is estimated that by 2030 the number of people identified as having a learning disability will have doubled[3]. Having a learning disability can increase anxiety and distress, particularly in emergency situations. The Trust's Learning Disability policy outlines that training is provided for staff on communication techniques for working with people with learning disabilities.

In 2015/16 the estimated number of people aged 65 and over in the Oxfordshire Clinical Commissioning Group area who have dementia is 7,641 with nearly 3,000 of these as yet undiagnosed. In 2014/15 there were around 5,000 GP-registered patients in the Oxfordshire Clinical Commissioning Group area who had a diagnosis of dementia. This number has increased by around 1,000 (or 25.3%) since 2013/14.[4]

Emergency care
Evidence shows that waiting in the Emergency Department (ED) can be anxiety provoking and contribute to behavioural disturbance.[5]

The current arrangements with multiple services at HGH contribute to repetitive assessments, delays and at times, overcrowded facilities. The proposed integrated ED-Urgent Care Centre (UCC) service will provide greater capability and enhanced operational flexibility to minimise patient delay which would benefit this population group.

If a patient requires an in-patient bed at the Headington site, or in the case of a life-threatening emergency, patients will need to travel to the JR (under option 2). As with any transition, this would need to be carefully managed to ensure that it does not result in additional disadvantage, stress and anxiety for those people with a learning disability.

Under option 3, there is no additional impact on people with learning difficulties. Creating a more integrated front door and a responsive acute ambulatory care model should benefit patients (including those with learning difficulties, those living with frailty and/or dementia etc.). This will be by providing

[2] NHS Parent Carer Participation Case Study (2012) *Cambridgeshire: Pinpoint and Addenbrooke Hospital – making hospital a more disabled-friendly place.* Contact a Family: London
[3] Black P. (2014) *What Councils Need to Know about People with Learning Disabilities – A Local Government Knowledge Navigator Evidence Review* Local Government Knowledge Navigator
[4] Oxfordshire County Council (2016) *Joint Strategic Needs Assessment Annual Report* 2016 p.91
[5] Bradley and Lofchy (2005) Learning Disability in the accident and emergency department *Advances in Psychiatric Treatment* **11**: 45-57

better coordination (less repeated assessments), more responsive care, greater continuity and access to a coordinated MDT to meet individual patient needs and maximise their independence. This patient group would benefit from these improvements.

Maternity services
There is no additional impact on women with learning difficulties. If a woman has any learning difficulties an advocate should be in attendance. Pictorial explanations should be given when providing and explanation about care. See Trust resources:
http://orh.oxnet.nhs.uk/Interpreting/Pages/Default.aspx and
http://www.ouh.nhs.uk/easyread/default.aspx

There are single rooms on level 5 specifically designed for women with mental health issues, so that a member of staff, support worker or family member can stay with the woman. At the JR individual care plans are agreed and some of these women are able to choose to give birth at the MLU (Spires) and then transfer to the level 5 rooms. This enhanced service is available at the JR because of the availability of obstetricians and the psychological medicine service.

Other considerations/ mitigations

- The Trust employs a Lead Nurse for Learning Disabilities who oversees the care of patients with a learning disability. The nurse is a point of contact for people with learning disabilities, families, carers and healthcare professionals and is available to support both children and adults.
- A 'hospital passport' has been developed and recently updated in response to feedback from carers, people with learning disabilities and healthcare professionals.
- The Psychological Medicine service provides seven day support either directly or via interface of the Clinical Coordination Centre (CCC).
- Ensuring adequate suitable transport options are available and accommodation options at the JR site would also support patients and minimise stress for them and their families.
- In-line with the Trust's Learning Disability policy, the views of people with learning disabilities on the proposed options will be sought during consultation within user groups and other relevant forums.

- Sex

In 2014 an estimated 49.6% of Oxfordshire's population was male and 50.4% was female. These are similar to England overall (49.3% male; 50.7% female).[6]

Emergency care
There is no additional impact on either sex.

Planned care
There is no additional impact on either sex.

Maternity
All options aim to provide high quality care for all women, offering enhanced clinical assessment with earlier interventions in pregnancy, informed choice and promotion of midwife led care for low risk women.

Children's Services
The integrated model of care for all children and young people should support all parents to promote health, and build resilience in their children and young people regardless of gender.

[6] Oxfordshire County Council (2016) *Joint Strategic Needs Assessment Annual Report* 2016 p.21

- Age

The proportion of older people (65 and above) is 17.08% of the total catchment population, that is 27,933 in 2012[7]. Most age groups will see increases in their population size over the next 10 years. The largest increase in numbers by 2026 will be in adults aged over 65, whose share of the population will increase to 23%.

Emergency Care

Older people are frequent users of ED departments and data shows that ED attendances are highest amongst those between 65 and 80 years of age. [Add OUHFT data] One of the most common reasons for attendance at emergency departments is due to trauma most commonly from falls.

The HGH delivers demonstrably good care within its trauma service for presenting with moderate trauma injuries. Patients presenting with major or serious trauma injuries are taken directly to the regional trauma centre in Headington. Older people will not experience disproportionate negative impact of having to travel if a moderate injury is sustained.

This strategic review has outlined quality and staffing issues at Horton CCU and stroke services. Stroke and cardiac conditions are common conditions in older people and thus this group are likely to benefit from improved services with all patients transferred to the Hyperacute Stroke Unit (HASU) at Headington and improved Diagnostics and Outpatients at the Elective Care Centre for cardiology patients. Given that there are high densities of older people north of Banbury, they are likely to be affected by the proposals, in terms of longer travel times to visit partners whilst in HASU or other specialist care in Headington.

Option 2 does not include having acute general medical inpatient beds at HGH and thus, if an older patient required admission, they will need to travel to Headington. This is a consideration for patients who may not be very mobile and are financially constrained.

Under option 3, it is planned that the revision of clinical space at the HGH will continue to achieve an optimal balance and configuration of ambulatory, short-stay and inpatient accommodation. This highly responsive acute ambulatory care model should benefit older patients living with frailty and/or dementia by providing more responsive care, greater continuity and access to a coordinated multidisciplinary team (MDT) to meet individual patient needs and maximise their independence.

Planned care

A 'one-stop clinic' model at HGH will reduce travel burden for all ages by enabling coordination where multiple different visits are required. For many patients who live in North Oxfordshire, there will be less distance to travel. The greater availability of diagnostics at HGH is also likely to have a positive impact on all ages.

Enhanced elective day care is supported by the Royal College of Paediatric and Child Health and is likely to have a positive impact reducing travel by children and families, enabling accessible rapid assessment. Currently, 10,000 outpatient children's appointments per year occur at the Children's Hospital in Headington for children north of the county. Enhanced outpatient facilities will benefit these children as their specialist appointments can be delivered closer to home at the HGH.

Children's Services

The paediatric service options that are to be further considered mean that children are affected by both proposed options. There are higher than national average proportions of 0-15 years in the north Oxfordshire population, with approximately 32,332 under the age of 16 (in 2012). Across the county, the proportion of 4-17 year olds is highest in Cherwell.

[7] Source: Oxon projections for Oxon wards; ONS District projections for non-Oxon wards, assumed same % increase as District level for these wards

Both the proposed models of care (Options 2 and 3) would allow planned services for children to be closer to home. In the strategic review, a modest projection of 425 children from north Oxfordshire are thought to be currently receiving day case care at Headington. These children could receive this care at HGH. Furthermore, 1722 children will no longer have to travel to Headington for outpatients appointments.

The proposed investment in infrastructure at a community level will enable Children's Services to help deliver high quality service in all sectors. The development of local community based services (community children's nursing teams and enhanced paediatric provision in primary care) aims to implement an ambulatory care model that will reduce length of stay and enable children to return home safely and quickly.

Whilst ambulatory care avoids hospitalisation, the consolidation of in-patient paediatric services at the Children's Hospital in Oxford means that when a child requires urgent care or inpatient admission, then safe transfer to Headington will be required. If the Clinical Decisions Unit at the HGH is open 24 hours a day, it is projected that hospitalisation will be avoided for 2,024 children per year and 675 children will need to be transferred. A CDU facility open between 0800 and 2200 is expected to avoid 1,889 hospitalisations per year and require the transfer of 810 children.

There will be an impact on those families who do need to travel. Consideration needs to be given to the cost of this for low income families and the need for family accommodation. The Children's Hospital has adjacent beds for parents on wards in Oxford. The Trust has also recently invested in this with the development of additional accommodation for parents and carers whose children's are in hospital. [add details on Ronald McDonald House]

Maternity
Certain risk factors for high risk pregnancies may be age-related (i.e. young or older maternal age, multiparity, pre-existing health conditions such as high blood pressure or diabetes which are associated with age). Central to the provision of changes to maternity services is that the right women (including low risk pregnant women) are cared for by the right specialist teams. This would mean that certain age-related factors may determine whether a woman can access any low-risk, closer to home, maternity unit or whether they need to travel to Headington.

For women under 19 years of age, the teenage pregnancy lead should be informed for support. Contact teenage pregnancy midwife: 07789941459. Early referral is advocated by Public Health England national guidance 'Getting maternity services right for pregnant teenagers and young fathers' (2015)[8].

- Race

Black and Minority Ethnic (BME) communities' access to healthcare is often restricted by language, communication and cultural barriers. In Oxfordshire, the majority of the population is from White British or Irish Background. People from groups born outside the UK tend to settle in urban, inner city areas where poverty, deprivation, health and social risks are already present. West Oxfordshire has the highest proportion of people who speak English as their main language. Cherwell had the lowest at 94.4%.with the exception of Oxford (83.8%)[9].

[8] Public Health England (2015) *Getting maternity services right for pregnant teenagers and young fathers* Accessed online 4 Oct 2016 https://www.rcm.org.uk/sites/default/files/Getting%20maternity%20services%20right%20for%20pregnant%20teenagers%20and%20young%20fathers%20pdf.pdf

[9] Oxfordshire County Council (2016) *Joint Strategic Needs Assessment Annual Report* 2016 p.26

Compared to the rest of England, Cherwell is less ethnically diverse with 7.83% from a Black and Minority Ethnic (BME) population compared to 14% in England in 2011. A third of people who identify as White non-British in the county (living in Cherwell) are born in Poland[10].

However, in Banbury figures are higher than the national average. People from BME groups living in predominantly white British areas can face particular challenges in terms of accessing culturally appropriate services. BME populations are more likely than the general population to suffer strokes[11] and obstetric complications[9].

Emergency care
Option 2 and 3 propose that cases of acute stroke are transferred to the specialist HASU in Headington where they will benefit from receiving high quality care as recommended by national guidance[12]. As there are a number of people from BME communities resident in Banbury, there is the potential for these patients (and their carers) to experience a disproportionate impact with the relocation of stroke services further away in Headington and the resulting increase in travel times.

Planned care
There is no additional impact on patients from BME communities.

Maternity
Generally, as women from BME communities statistically have more complications in pregnancy[13], and infant mortality rates are higher (in babies of mothers born in Pakistan and the Caribbean mortality rates are twice the national average)[14]. They are therefore more likely to need to give birth in the specialist obstetric unit, which is located in the JR. This is, however, not an additional impact of proposed changes in maternity provision, as many would receive care in Oxford [again, need figures and more context on this].

Children's Services
There is no additional impact on patients from BME communities.

Other considerations and mitigations
All patients regardless of race can expect to receive the same excellent standard of care without discrimination and that particular needs are met. The OUHFT Equality Delivery System 2 assessment has identified how well the Trust is supporting staff and patients who have one or more characteristic protected by the Equality Act 2010.

- Sexual orientation

It is difficult to obtain reliable estimates of the number of people who identify themselves as heterosexual/straight, gay/lesbian, bisexual or of another sexual orientation. Data at local level is not currently available.

There is no additional impact relating to sexual orientation. Consideration is given to women within a same sex partnership. Partners are entitled to the same access as heterosexual couples.

[10] Oxfordshire County Council (2016) *Joint Strategic Needs Assessment Annual Report* 2016 p.24
[11] Trimble B. Morgenstern L.B. (2009) Stroke in Minorities *Neurol Clin* **26**(4): 1177-1190
[12] Royal College of Physicians (2016) *National clinical guideline for stroke 2016* 5th Ed. Accessed online 08 Nov 2016 https://www.strokeaudit.org/Guideline/Guideline-Home.aspx
[13] Knight M. (2000) Inequalities in maternal health: national cohort study of ethnic variation in severe maternal morbidities *BMJ* **338** doi: http://dx.doi.org/10.1136/bmj.b542
[14] Department of Health (2010) *Tackling health inequalities in infant and maternal health outcomes – Report of the infant mortality national support team* DH: London

- Pregnancy and maternity

In 2012, the fertile population was 30,398 or 37% of the total female population. Whilst this is lower than regional and national comparators, the general fertility rate is higher (66.9 live births per 1000 fertile population).

This strategic review considers options, all of which affect pregnancy and maternity. The table below shows the number of births per OUH unit in 2015/16.

Year	Births JRH	Births Spires	Births South MLU's Wallingford / Wantage	Births HGH	Births North MLU's	Total
2015/16	5,729	844	216/93 = 309	1,466	142	8490
Year to date	1,774	262	73/23= 96	444	51	2627

Since 3 October 2016, there has been a temporary relocation of maternity services to Headington at JRH. During this temporary relocation, women planning to deliver from the north of the county are supported, if they wish, to book for care at the JRH. However, women from other areas beyond Oxfordshire who are not referred for specialist care are asked to book for care in their local Trust. A contingency plan has been put in place to care for 1,000 extra births at the JR.

With option 2 and 3, there would be a freestanding MLU at HGH and it is anticipated that (compared to before October 2016) an additional 700-1000 women per year will give birth at JR either in the Obstetric Unit or Spires MLU. There is no evidence, regionally or nationally, that midwifery led units are any less safe than a consultant led service. This is supported by the Birthplace study, conducted by the National Perinatal Epidemiology Unit (NPEU), which found no difference in outcomes between midwifery units and obstetric units[15].

With option 2 or 3, equity of access is provided to high quality, safe and sustainable obstetric care for all women with more complex pregnancies and high-risk pregnancies. Outcomes for low-risk births should improve because of reduced rates of medical intervention in labour (associated with poorer outcomes) and better outcomes achieved in high risk births where access to obstetric skills and facilities are required.

Expectant mothers would continue to receive their ante-natal and pos-tnatal care at the HGH, with opportunities to access midwifeled care, support to go home quickly after giving birth and services such as breastfeeding clinics closer to home.

Option 2 or 3 will impact on travel times for pregnant women in north Oxfordshire who have to travel to JR. Women who are eligible for help with travel costs to the JR can apply for financial support to the Healthcare Travel Costs Scheme. Details available at http://www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx

At present, there is a 45% transfer rate to obstetric units for first-time mothers planning to deliver at home (reduced to 12% for those who have delivered previously). This group of women may be negatively impacted by option 2 or 3 as the journey time to Headington, modelled for the north Oxfordshire population, shows 75% are within 20 minutes when blue light or private car at night and 55% when private car in peak time.

As special care for neonates has been temporarily relocated at the JR site and would be there in both option 2 and 3, this increased travel and distance from parents, carers and siblings will impact parents and families in terms of cost and time.

Other considerations/mitigations

[15] National Perinatal Epidemiology Unit (2011) *The Birthplace Cohort Study* University of Oxford

Transfer to the JR in an emergency was raised during public meetings. This was included in the contingency plan. If the HGH is a designated MLU as outlined in option 2 and 3, in order to minimise transfer times to the JR Maternity Unit the Trust has discussed with South Central Ambulance Service, the potential to station a 24/7 ambulance at the HGH solely for transferring women. These arrangements have been put in place during the temporary relocation. Robust criteria, policies and procedures for transfer have been implemented to ensure the highest quality of care and safety is achieved.

Because of sensitivities about travel times, the feasibility of helicopter transfer for maternity patients between the HGH and the JR sites has been discussed with South Central Ambulance Service (SCAS). The following initial broad concerns have been raised:

- Potential difficulty with obtaining Civil Aviation Authority approval to build a helipad on the HGH site
- Transfer times by helicopter, which probably would not shorten, and may even lengthen, journey times between the two hospitals
- The suitability of helicopter transport for a woman in labour

Such concerns suggest that there are no real alternatives to 'blue-light' transfer, but it is the intention of the review to explore this option further.

- Religion or belief.

In the 2011 census, 60% of Oxfordshire residents said they were Christian, 27.9% reported no religion, 2.4% Muslim, 0.6% Hindu, 0.5% Buddhist, 0.3% Jewish and 7.5% did not state their religion[16].

No specific issues have been identified in respect of religion or belief.

Maternity services
There is no change in the criteria for women who decline blood products on the basis of religion or for any other reason. These women continue to be advised to deliver at the JR since senior anaesthetic and intensive input relating to complications of haemorrhage including possible use of cell salvage are only available at the JR. Interventional radiology is available at JR – meaning women having an elective lower segment caesarean section with predicted high blood loss can have access to this imaging prior to surgery.

Other considerations/mitigations
A multi-faith prayer room is available for patients on level 2 JR main building. There is a quiet prayer room on the neonatal unit which technically can be used by any faith but is used predominantly for the followers of Islam.

Dietary provision as per religious requirements is available on all OUHFT sites.

- Gender re-assignment

It is difficult to obtain data about gender reassignment, with no data available locally.

Emergency care
Patients who have stigmatising conditions can end up in urgent and emergency departments partly because of limited access to other health care services. The Trust provides guidance to staff on how best to support transgender and transsexual patients when they stay in hospital.

[16] Oxfordshire County Council (2016) *Joint Strategic Needs Assessment Annual Report* 2016 p.27

Other considerations/ mitigation

There is no additional impact envisaged in respect of sexual orientation.

The Trust is committed to understanding and recognising the needs of patients who are undergoing, or have gone through, gender reassignment. The Trust continues to give consideration within policy of appropriate accommodation for trans-people.

Given poor quality data available, qualitative information gathered through the public consultation will help inform the equality assessment further and shape options.

- Marriage or civil partnerships

The same consideration is given to patients who are married or in a civil partnership, and partners are entitled to the same access.

There is no additional impact relating to marriage or civil partnership.

- Other considerations

Carers

At the time of the 2011 Census, 9.9% of the population in West Oxfordshire were carers and 9.4% in Cherwell. This is similar to South Oxfordshire. Carers are less likely to be in employment than the general population and therefore have less income[17].

Emergency Care
The strategic review sets out options for a hospital that envisages urgent care to be delivered as close to home as possible. This aims to avoid hospitalisation which would have a positive benefit on carers in terms of travel and parking. Further work is needed to understand the potential implications for carers in moving towards an ambulatory model of care and in ensuring that patients have adequate provision of home care when they require it (as well as reablement etc.).

Maternity
There are single stay rooms at JR so that partners have the option to stay with the woman in privacy.
If any woman has learning difficulties or mental health issues, a carer may be present. Their opinion will be sought for the best way to communicate to the woman.

Children's Services
As there will be increased travel times to certain inpatient services centralised at Headington, this could negatively impact on those who are carers. As described above, provision is in place to accommodate parents and carers when children are hospitalised. The new models for community hubs in paediatric services will be able to identify vulnerable young people who are carers enabling earlier and targeted intervention. It is estimated 1.1% of children aged 0-15 in Oxfordshire provide some unpaid care. The proportion that fall within the catchment area is not known.

Other considerations/ mitigations
An Outreach Support Worker from Carers Oxfordshire is employed within the Trust who can provide support and advice to informal carers.

In-line with the Trust's Carers Policy, during consultation the Trust will work closely with carer's forums and networks to ensure their views and opinions are considered.

[17] Pickard L. (2012) *Public expenditure costs of carers leaving employment* LSE Health & Social Care, London School of Economics and Political Science

Safeguarding people who are vulnerable

OUHFT fully recognises the importance of working together to ensure that vulnerable children continue to have joined up services which protects and safeguards them.

For people whom English is not their first language, older people or those with disabilities, they can be particularly vulnerable in times of reconfiguration due to the inherent trust they already have in existing services. The impacts on these groups have been discussed under the relevant protected characteristic groups.

Children's services
The Trust has relevant and robust safeguarding policies and procedures that are followed for all patients where there is a safeguarding concern. All resources are on the Trust website: http://orh.oxnet.nhs.uk/vulnerbalepeople/Pages/Default.aspx

All vulnerable children and adults are referred to the public health midwives or safeguarding midwife. North Public Health Midwife – 07775502048 – key contacts are keep up to date on the OUH Safeguarding internet page https://orh.oxnet.nhs.uk/vulnerable people/Pages/Keycontact-Adults.aspx

If it is suspected that a young pregnant adult is a victim of child sexual exploitation, advice should be sought from the OUH Designated Safeguarding Doctor.. Further guidance is provided by the Kingfisher Team, a specialist team for Oxfordshire.

Other potential impacts, for example culture, human rights, socio economic, for example homeless people

Socioeconomic deprivation

There are pockets of deprivation within the north Oxfordshire catchment population. In parts of Banbury, Bicester and Chipping Norton, 15-24% of low income families are on means tested benefits compared to a national average of 14.7%[18].

Emergency Care
The use of urgent and emergency healthcare services is inextricably linked to socioeconomic factors and particularly to deprivation. Increased travel time for some urgent care services (with option 2) will impact on costs to the family, impacting relatively more in families who are deprived.

Planned Care
Increased outpatient services may mitigate the impact of some of the proposed changes to emergency care as elective day care surgery and diagnostics will become more accessible for patients in north Oxfordshire and its surrounding geography.

Maternity
Certain risk factors for high risk pregnancies may be associated with deprivation status e.g. teenage pregnancy, multiparity, pre-existing health conditions, smoking, higher alcohol use. This would mean that certain deprivation-associated factors may determine whether a woman can access any low-risk maternity unit.

Other considerations/mitigations
Healthy start vouchers are available for pregnant women or those with children under the age of 4 years.

[18] Source Local Health Data – Percentage of population living in low income families in 2010

Those patients eligible for help with travel costs to the JR can apply for financial support through the Healthcare Travel Costs Scheme. Details will be made available through displayed notices and discussed at appointments. Details of the scheme are found at http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/transport-and-mobility-issues.aspx#travel-costs

To support parents on low incomes parents with babies on the JR unit can apply for support for travel by submitting an application via the charity SSNAP (Support for Sick Newborns and their Parents). This is awarded by the charity on basis of need and is only given to those in difficult circumstances. The charity currently helps 8-12 families a week in this way.

Homelessness
In 2014/15 there were estimated 14 people in Cherwell and 3 in West Oxfordshire rough sleeping[19]. A greater number (43 people) are thought to sleep rough in Oxford.

No additional impact from these proposals is envisaged for people homeless people. However, information is limited so consultation should involve social housing providers and homelessness organisations as part of an integrated approach to better understand the experiences of the homeless population.

Summary of Analysis

Does the evidence show any potential to discriminate?

The key contacts and considerations provided in this document are designed to aid staff members to consider equality of care in all care settings. The key areas that require most consideration and will have the greatest impact are:

Travel
The centralisation of some services and new models of care means that some people will be required to travel further to access certain services, while others will receive care closer to home. The access analysis concludes that relocating services from the HGH to the JR will have an impact on travel time, average times increasing from 13 to 25 minutes for blue light, 17 to 33 for private car and 40 to 61 for public transport.

However, there is a reduction in the accumulative impact on travel times. The increased diagnostic and out-patients services in Horton, planned care will be closer to home, reducing travel times by the same amount. Under these proposals, planned (elective) activity will flow to the HGH from Headington, whilst (for Option 2) emergency and urgent care will move in the opposite direction.

Different options affect the proportion of people who would need to travel further for urgent care. Some protected characteristic groups would be more likely to need to travel, in particular some older people and BME groups due to increased risk of stroke or, for BME groups, obstetric complications, other women with high-risk pregnancies and children requiring inpatient admission. Visiting families and carers would have to travel further to the Headington site for these services.

Despite the potential for negative impact for these groups, provided mitigating action is taken, it is counterbalanced by the ability of OUHFT to improve the quality and sustainability of services provided.

[19] Estimates are taken from the annual report on housing and health indicators for 2014/15 http://mycouncil.oxfordshire.gov.uk/documents/s29207/Item%207c%20-%20Basket%20of%20Housing%20Indicators%20Annual%20Report%202014-15.pdf; Count data for Oxford City is taken from the Department for Communities and Local Government's rough sleeping statistics for autumn 2014: https://www.gov.uk/government/statistics/rough-sleeping-in-englandautumn-2014

Suggestions for mitigation

Transport implications of the strategic review will continue to be taken into account. The travel impact assessment should include deprivation as part of its criteria for assessment. Potential mitigation measures could be:

- improvements in car parking arrangements at the hospitals;
- use of telemedicine to save patients having to travel to see a specialist;
- provision of better travel information;
- a subsidised travel scheme to ensure socio-economically deprived groups are not disadvantaged;
- working with public transport operators to improve public transport to hospital sites for patients, visitors and staff; and
- the provision of additional capacity for patient transport services, voluntary transport services and taxi services for those who could be disadvantaged should be explored
- minimisation of any negative impact from increased transfers and step-downs of care, or safety concerns, collaborative planning between OUHFT and South Central Ambulance Service (SCAS) will take place to discuss the options considered and explore with them the impact of each model and costs.
- Consideration and discussion of solutions that may improve access based on provision of local authority bus services.

Consultation and communication strategy

A communication strategy is critical to clearly explain the rationale and expected outcomes behind the changes. An on-going systematic, structured consultation and engagement platform is currently being established. Targeting affected groups with protected characteristics will ensure that any particular challenges they could face can be considered.

As part of this, the Trust will undertake proactive consultation events and use of the voluntary and third sector to seek the voice of these groups throughout the decision-making process and implementation.

Consultation with people with protected characteristics, both directly and, through representative organisations will ensure that information is offered in other formats accessible to disabled people and those who do not speak English (e.g. Braille and other languages). Dedicated out-reach work will take place to consult with different minority ethnic groups. This will include a review to consider if appropriate interpreting facilities are available at some consultation events for those whose first language is not English.

How does the policy advance equality of opportunity?

Currently there is unwarranted variation in access to high quality care across Oxfordshire. This strategic review lays out proposed options for a 21st century hospital at HGH that has potential to advance equality of opportunity. This should bring care closer to home and improve access to diagnostics and outpatient care.

The new model of care proposes a transformational change to the way children and young people are cared for. Improved paediatric knowledge and expertise in primary care with a wide range of health professionals closer to home is expected to improve outcomes for children and reduce unwarranted variation across the county.

The move towards a highly responsive acute ambulatory care model should disproportionately positively impact on the care needs of older patients living with frailty and/or dementia. Investment in facilities provides the opportunity to improve access for all groups, including those with disabilities.

As part of the implementation plan there will be on-going service monitoring which will include equality

impact monitoring across the nine protected characteristics in order to maximise potential positive impacts.

In clinical care we aim to minimise disadvantages and meet the needs of patients. All patients regardless of diversity can expect to receive the same excellent standard of care without discrimination ensuring that particular needs relating to their protected characteristics are met.

Appendix 1

Option 2: **Ambulatory care hospital**

Emergency care
- Urgent Care Centre (UCC) and Minor Injuries Unit (MIU) will be open 24 hours daily and a separately located walk-in centre.
- Pure ambulatory care model with Emergency Assessment Unit (EAU) and no inpatient beds.
- All acute strokes to be transferred to a Hyperacute Stroke Unit (HASU) at Headington
- No critical care facility at HGH and transfer all patients to Headington

Planned care
- Elective Day Case surgery and no non-elective gynaecology and minor trauma (fractured neck of femur)
- New diagnostics and outpatients facility (extended hours and 6 days each week)

Maternity services
- Relocation of obstetric services and neonatal services from the HGH to the Headington site.
- A standalone midwifery led unit (MLU) to run at the HGH
- An ambulatory model for gynaecology care established at the HGH

Children's services
- Clinical Decisions Unit with no inpatient beds (open 24 hours or 0800-2200 daily).

Option 3: Modern Hospital

Emergency care
- Emergency Hospital Centre (comprising Emergency Department, existing Primary Care Out Of Hours, Primary Care Walk-in Centre and MIU) open 24 hours daily with an integrated front door
- Inpatient medical beds with an integral EAU working on the principle of ambulatory care by default
- All acute strokes to be transferred to a Hyperacute Stroke Unit (HASU) at Headington
- Level 2 Critical Care (High Dependency Unit) facility and e-Intensive Care Unit

Planned care
- Elective Day Case surgery and no non-elective gynaecology and minor trauma (fractured neck of femur)
- New diagnostics and outpatients facility (extended hours and 6 days/week)

Maternity services
- Relocation of obstetric services and neonatal services from the HGH to the Headington site.
- A standalone midwifery led unit (MLU) to run at the HGH
- An ambulatory model for gynaecology care established at the HGH

Children's services
- Clinical Decisions Unit with no inpatient beds (open 24 hours or 0800-2200 daily).

The details and aims of proposed changes within the four clinical pathways are provided below.

Urgent and emergency care
Option 2, an entirely ambulatory (day case) model with no inpatient facilities at HGH.

Option 3 emphasises the importance of integration of care across the whole patient pathway. A very small number of patients with certain severe life-threatening conditions such as major trauma, ruptured aortic aneurysm or acute heart attack, will be transferred to the Headington site for highly specialised care. The proposed model has inpatient beds but recognises that patients are best cared as

outpatients, day case inpatients or through teams outreaching directly into patient's' own homes. Improved patient flow through HGH hospital will be facilitated by, rapid diagnostic tests, improved imaging facilities, advanced ambulatory emergency care capability, 'generalist' skills and, improved coordination of health and social care.

All patients diagnosed with acute stroke are to be transferred to the Headington Hyperacute Stroke Unit (HASU) for assessment and management, with agreed pathways for return to HGH to complete recovery or rehabilitation (either in hospital or at home).

For option 3, critical care (level 2) will be located at the HGH and an e-Intensive Care Unit using telemedicine will allow the review, timely treatment and transfer of critically ill patients requiring Level 3 care to Headington.

Planned Care (Elective and Diagnostics)
Care that is closer to home and avoids multiple journeys with the initiation of 'one-stop clinics' in which a Diagnostic Facility and Outpatient Facility are co-located in Banbury rather than Headington sites. An Advanced Preoperative Assessment Unit will enable smooth running of elective interventional services for the local population and Coordinated Theatre Complex will improve surgical throughput.

Maternity Services
Increased choice of midwifery care, antenatal and postnatal care delivered closer to home and accessibility to high quality obstetric care. The standalone maternity led unit (MLU) at HGH will provide 24/7 care with comprehensive pre-birth risk assessment, antenatal care and a choice of location of birth with postnatal care delivered in hospital and the community.

Children's Services
The new model (both option 2 and 3) will involve a clinical decision unit (CDU) located within the UCC (either open 0800-2200 or 24 hours) for children will result in quick assessments by skilled decision makers. The two models for the hours of opening times at the CDU can be delivered in both option 2 and 3. The CDU offers an ambulatory care model and will be supported by development of community services with direct links to GP surgeries alongside multidisciplinary expertise, which means more appointments closer to home with easier access to paediatric assessment. If open 0800 – 2200, the minority of children assessed as requiring inpatient will be transferred to Children's Hospital at Headington. All medical emergencies and GP referrals after 10pm will be directed to the Children's Hospital at Headington. The second option, 24 hour CDU will have an admission duration limit of 12 hours, after which children requiring longer bed-based care will be transferred to Children's Hospital.

Since the temporary relocation of obstetric services, neonatal services have also been temporarily moved from HGH to JR. Under these proposals, babies from North Oxfordshire formerly cared for in the Special Care Baby Unit (SCBU) at the HGH will be cared for in the enlarged Special Care unit at JR. The postnatal wards at the JR provide special care for babies well enough to stay with their mothers, some of whom may be classified as receiving transitional care.

Appendix 2: Oxfordshire Transformation - *OUH Communications and Engagement log (20.09.16)*

	OUH Strategic Review		Horton strategic review		STP and Transformation Board
Channels	**Internal comms**	**External comms**	**Internal comms**	**External/ stakeholder comms**	**Informal engagement**
General comms channels	Intranet blogs. **Staff e-news**-April, July, Sept 2016. CEO Team briefings in Feb, April, May, June, July, Aug 2016.	**OUH News**- March, May, July, Sept 2016 **OUH Trust Board** (C/Ex report)-9 March, 11 May, 13 July, Sept 2016 **GP Bulletin** -April, June 2016 **Stakeholder e-news** - April, July 2016. **Membership news** – April, June, July, August 2016	Intranet blog **Staff e-news** -April, July, Sept 2016 10 Aug – maternity issue discussed at **senior manager briefing**. Update issued to all Horton staff.	**OUH News**- March, May, July, Sept 2016 **Stakeholder e-news**- April, July 2016 **Membership news** – April, June, July, August 2016 **Website** – regular news updates **Survey Monkey** – sent directly to membership in Banbury area; and available on Trust website.	**Staff e-news**-Jan, April, July, Sept, 2016 **OUH News** -March, May, July, Sept 2016 **OUH Trust board** (C/Ex report)-13 Jan, 11 May, 13 July, Sept 2016 **GP bulletin** -Feb, June, Aug 2016 **Stakeholder e-news** -Feb, April, July, 2016 **Membership news** – April, June, July, August 2016 **Website** – regular news updates
Engagement events/ activities	OUH clinical workshops – 11 February and 24 February. All staff briefing at JR/ Churchill/ NOC – 8 June Various OUH clinical reference group meetings. 10 Aug – senior manager briefing	Service user/ stakeholder engagement event re OUH quality priorities- 19 April, 2016	All Staff meeting at Horton – 3 March 2016 Staff meeting with Midwives – 3 June. All staff meeting at Horton – 28 June. Horton staff drop-in session – 11 July Staff meeting re maternity – 18 July. Horton staff drop- in session 18 August	23 February – North Oxfordshire Locality Group (GPs) 8 March – CPN 22 March – North Oxfordshire Locality Forum Public Meeting 12 May - CPN workshop 27 May – Director update at South Warwicks NHS FT. 9 June – CPN workshop 14 June – CPN meeting, and NOLG Steering Group. 16 June – meeting with Victoria Prentis MP 21 June – NOLG meeting 7 July – Director update at Northampton General Hospital NHS Trust.	6 June - Stakeholder / PPI engagement event at Kassam Stadium. 30 June – HOSC **12 July to 4 Aug** – community engagement events x6. 28 July – OUH Governors' seminar on transformation and Horton. 28 July – stakeholder/PPI event at Kassam stadium.

	7 September – OUH update on Strategic Review. 28 September – all staff update on strategic review		Horton maternity staff meeting – 12 September Horton all staff meeting – 12 September Horton all staff meeting – 29 Setpember	11 July – CPN workshop 18 July – Cherwell District Council meeting re Horton emerging options 20 July – CPN/workshop on maternity. 26 July – Dr Holthof telephone conversation with Victoria Prentis MP 16 August – Nox locality GPs workshop at Horton. 22 August Meeting with local MPs. 24 August – CPN workshop re maternity 25 August – Public Meeting, St Mary's Church.	
Media		23 June – HSJ interview with Bruno Holthof. Article appeared 13 July re DToC and ambulatory care. 23 July –interview Paul Brennan on success of DToC initiative (BBC Radio Oxford and Oxford Mail)		10 March - Horton revamp (Banbury G) 17 March – share your views (BG) 24 March - New vision for Horton (BG) 9 June – Horton services threat (BG – focus on maternity) 16 June – New threat to A&E (BG) 30 June – GPs in dark over plans (BG) 14 July - Oak Ward changes (BG, Oxfordshire Guardian, BBC, Ox Mail, Banbury sound) 19 July – Oak Ward closures (BBC) 21 July – beds close at Horton, more out of hospital	6 June – launch of the ***Big Health and Care conversation*** - interviews with Stuart Bell Joe McManners, Bruno Holthof (BBC TV South, Radio Oxford, Oxford Mail) 22 June – 'Health shake-up and £200m gap' (Oxford Mail) 13 July – transformation roadshow in Banbury (BBC Radio Oxford, BG) 19 July – general info on transformation programme following Wantage roadshow (BBC South TV, That's Oxford TV) 23 July – Oxfordshire engagement roadshows (Ox Mail)

				care (BG) 22 July – maternity downgrade (BG) 25 July – maternity and staff shortages (Ox Mail, BBC Radio Oxford) 4 Aug – coverage of 30 July protest outside Horton (Banbury Guardian, Oxfordshire Guardian) 10 Aug – KTHG survey of patients (BG) 13 Aug – OUH CEO interview re maternity contingency plan (Ox Mail, BBC, BG) 15 Sept – OUH CEO open letter to Banbury Guardian.	