

# 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 of 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 challenges which the NHS is facing and the work we are doing to tackle these challenges, so that we can provide the best healthcare, the best outcomes and the best value for our communities.

While we are living longer, it is often with chronic conditions that are preventable. Unhealthy lifestyles such as lack of exercise, smoking, obesity and alcohol consumption play a big part in determining how well we feel. Changes in people's health and longer life expectancy mean that the county's health services are facing demand on a scale not seen before. Obesity, diabetes and dementia are increasing and affect many people's lives. The need to help people develop healthier lifestyles to prevent some of these conditions is becoming urgent. We are facing increased pressures on GP services and hospitals services. Some of our buildings and equipment are old and expensive to maintain safely. It is a struggle to recruit and keep the NHS staff we need to ensure our services are safe and high quality. All of this increases the pressures on our finances.

In October 2014 the NHS published its Five Year Forward View which set out how organisations and services needed to change across the country to meet these challenges. In Oxfordshire we set up our Transformation Programme involving people from NHS organisations, Oxfordshire County Council as well as Healthwatch Oxfordshire to develop our thinking. The Oxfordshire Transformation Programme has now published a vision for how we want to develop health services in Oxfordshire, including some immediate changes we propose to make. Our work has also now been fed into an over-arching five year plan (called a Sustainability and Transformation Plan) across Buckinghamshire, Oxfordshire and Berkshire West which sets out how we 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 now reached a point where we want to consult the public and our partners on some specific proposals for change. We want to find out what you think of the proposed changes and how they may impact you. During the Big Conversation many people took the time to tell us what they thought. 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 all those who took the time to share their views, attend events and respond to the survey. We look forward to hearing more from you during this consultation.

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## What is this consultation document about?

This document sets a vision for the future of health and care in Oxfordshire and options to change some of our services. It builds on 'The Big Health and Care Conversation' launched by NHS organisations in June 2016 during which we shared a future vision for our healthcare and asked for your feedback. A summary of 'The Big Health and Care Conversation' and what people told us can be found on [page x](#) of this document.

Over the next year we will be consulting on major service changes in two phases:

Phase 1: Acute hospital services

- critical care
- stroke care
- changes to bed numbers
- maternity services

Phase 2: Acute hospital services

- A&Es in Oxfordshire
- children's services

Community Hospitals

During Phase 2 we will also be looking in more detail at plans to develop primary care which will underpin all our other changes.

In the document you will find proposals for formal public consultation on:

- critical care at Horton General Hospital
- stroke care at Horton General Hospital
- changes to acute hospital bed numbers in order to move to more care out of hospital
- maternity services: including obstetrics, Special Care Baby Unit (SCBU) and the midwife led units in the north of Oxfordshire
- planned care at the Horton General Hospital

On [page x](#) of this document are details of how you can give feedback. We are still working to develop options on some of our other services and later in the year we plan further public consultation.

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

**Oxford University NHS Foundation Trust (OUFT)** 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

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

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

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

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

**Oxfordshire Clinical Commission 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 put to Oxfordshire Clinical Commissioning Group's (OCCG) Board. OCCG is statutorily responsible for running this process and taking a decision following the consultation process.

## **Why consult?**

OCCG believes that communicating and engaging with our local population is key to achieving its 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 an NHS organisation 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 in the provision of NHS services.

Before we can make any changes, we also have to pass four tests set out by NHS England:

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.

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 and Overview Scrutiny Committee and with the health and Well-Being Board
- carrying out an equalities impact assessment to check that our proposals do not unfairly disadvantage any groups or communities
- taken legal advice.

The outcome of public consultation is an important factor in health service decision -making which will be fully taken into account. It is, however, one of a number of important factors. Others include safety, clinical, financial and practical considerations.

If you would like more information about the legal requirements for consultation, please visit our website [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk).

## **Background – the need for change**

Oxfordshire is the most rural county in the South East and 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 increases in life expectancy and more people moving into the county. One third of the population, and proportionately more of those aged 65 and over, live in towns or villages of less than 10,000 people.

Oxfordshire is relatively affluent 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. Parts of Oxford and Banbury have significantly lower income than the local average. The life expectancy gap between people living in the most affluent and the most deprived areas in Oxfordshire is nine years.

In Oxfordshire:

**61%** of people are overweight or obese

**32%** more people will have diabetes by 2030

**30%** more people will be over the age of 85 by 2025

Last year 92,000 patients were seen in the Emergency Department (A&E) at the John Radcliffe Hospital in Oxford and 38,000 were seen in the A&E at the Horton General Hospital in Banbury. **20%** of these patients choose to go to A&E when they could have been seen by their GP

**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.

Our population is growing with new developments in towns such as Bicester and Didcot. The number of over 65s and 85s is growing, increasing the number of people living alone with long-term health problems. Already some patients are staying in hospital longer than necessary. While most people are discharged within a few days, a small number stay in hospital far longer when they would do better at home with the right support. The numbers of people diagnosed with dementia, obesity and diabetes continue to rise. There are also increasing numbers of children and young people needing access to mental health services. Those people living in our most deprived communities often experience more ill health and worse outcomes than other people.

At the same time as pressures are growing, advances in medical care mean that:

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

The annual spend for health and social care services across Oxfordshire is about £1.2 billion today, and is anticipated to rise to £1.3 billion by 2020/21. Despite this increase, if healthcare continues to be delivered as it is today, it is anticipated that by 2020/21 there will be a deficit of £134 million (if you combine this with pressures on social care this rises to

£200m). We want to concentrate on ensuring our funding supports services which are high quality and best practice so that patients get the best possible care.

One of the greatest challenges for Oxfordshire's healthcare system is our ability to attract, recruit and retain skilled and motivated staff in the numbers we need. The challenges we face include:

- a vacancy rate in primary care of up to 30% (due to an aging workforce and recruitment challenges in replacing GPs seeking to retire)
- a high staff turnover rate in 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.

We also face

- being close to London and the high cost of living in Oxfordshire
- competition with other businesses, given Oxfordshire's high level of employment

As a result many of our health services rely on using expensive agency and locum staff to maintain services. 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, for). Some of our buildings and equipment are old, expensive to run and need replacing or money spent on them.

The need for change



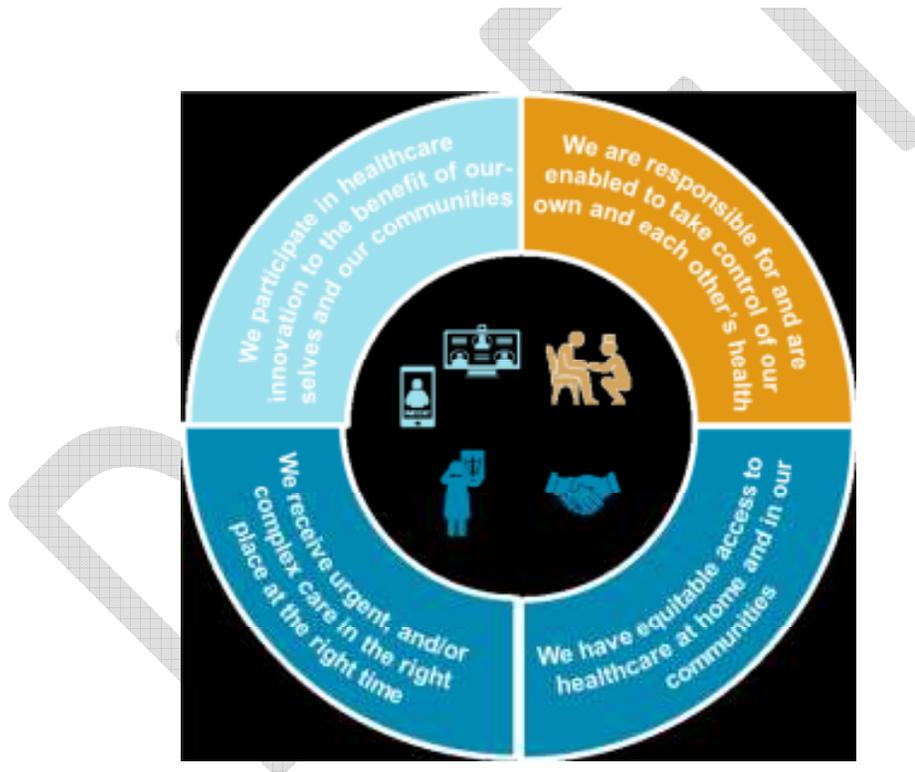
**Oxfordshire is committed to learning from best practice and making the changes needed to provide high quality 21st century services. Doing nothing in the face of all these challenges is not an option. In response our doctors and nurses who see patients every day have been working together to develop new ideas and a vision for our future healthcare.**

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## Our vision

Across the health system 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
- Ensuring, as modern healthcare develops, our local hospitals keep pace, providing high quality services to meet the changing needs of our patients
- Preventing people being unnecessarily admitted to acute hospital or using A&E services because we can't offer a better or more local alternative
- Best bed is your own bed.



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](http://www.oxonhealthcaretransformation.nhs.uk)

## The Big Conversation

Over the past few years OCCG and partner organisations such as OUHFT have worked to ensure that patients and the public are kept informed about developments in healthcare and that people are given opportunities to express their views. Our Big Health and Care Conversation' built on this previous work. During our period of engagement (which began in June 2016) we organised a range of activities to give people an opportunity to find out more about our developing ideas, and received feedback from a wide range of people. The OUHFT has had its own programme of engagement on its developing vision for 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 P.x of this report).

### Highlights

Two large stakeholder events involving doctors, nurses and other staff, patient representatives, local government colleagues, voluntary groups and other partner organisations

Big Conversation roadshows and displays held throughout Oxfordshire

A survey which was available in hard copy and online

Staff engagement groups

Discussions with a wide range of stakeholder groups

*Healthwatch Oxfordshire/Health Overview and Scrutiny Committee/Patient Participation Groups/Patient & Public Locality Groups/Community Partnership Forum (Banbury) /Health & Well Being Board/Carers Oxfordshire/Age UK Oxfordshire/ college students and many 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. Through the process around 500 people have attended events of one type or another. We used a social media campaign through twitter and Facebook and reached well over 77,000 people. The local media including BBC TV reported on what we were doing and helped us to promote our activities and extend our reach. Our community outreach team engaged with a range of communities including faith/church groups, Black and Minority Ethnic (BME) groups, gypsy and traveller communities, children's centres, refugee & asylum groups and health & wellbeing centres. Local government partners and voluntary organisations such as Autism Oxford, Carers Oxfordshire, Parent Voice, MIND, Restore, Age UK circulated the information to their service users, members and carers. You can find a full account on our website: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk).

*"Thank you all those individuals and organisations who helped us to spread the word about The Big Conversation. It ensured we could reach out to and hear from many people, some of whom would not normally take part in something like this."*

**Dr Joe McManners, Clinical Chair, Oxfordshire Clinical Commissioning Group.**

## **What you said**

A number of common themes emerged from the engagement. You can find a more detailed report on our engagement and the feedback on our website:

[www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk).

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

Patient safety was recognised by the majority of people as the most important criteria for patients. 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.

### **More funding**

There was overall acceptance that change is necessary and that the main reason for this is due to lack of sufficient funding to meet rising demands. However many people felt that there should be enough investment to enable changes to be implemented successfully. People suggested ways in which the NHS could save money by improving efficiency across all services.

### **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 provided elsewhere. People were concerned about the future of 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 populations and the impact on the ambulance service. People were worried about the safety of women in labour and babies if changes are made to the maternity service.

### **Transport and accessibility**

Problems with transport were highlighted by all areas outside of Oxford city. In particular people reported that cuts to public transport have made access to health services more difficult members of the public who live in more rural locations or are frail and elderly.

### **Leading a healthy lifestyle**

A strong message from the public throughout all engagement activity was for much more preventative activity and education for all ages on how to lead a healthy lifestyle.

### **Access to GPs**

There were lots of comments about the time it takes to get a GP appointment in many surgeries.

### **Staff and recruitment**

Many people recognised the lack of NHS staff in certain areas of health services and difficulties in recruiting and keeping staff in an expensive area like Oxfordshire.

### **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.

### **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.

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## Our vision for primary care

Before we go into the details of our proposals for changing some services across Oxfordshire we wanted to set out our vision for primary care services. Some of the developments here will be described in more detail in Phase 2 of our consultation.

Primary care services are the backbone of the NHS. They are provided by staff employed in general practices (surgeries). This includes GPs, nurses, health care assistants, community nurses and other clinicians. As well as diagnosing and treating illness, primary care provides a key role in helping people to stay healthy and preventing disease. Primary care services are the bedrock for health services in Oxfordshire.

*Our vision is to provide a 21st century modernised model of primary care that works across neighbourhoods and localities to provide enhanced primary care, extended primary care teams, and more specialised care closer to home delivered in partnership with community, acute and social care colleagues.*

### Key facts

In Oxfordshire there are 600 GPs and 300 other clinical staff working in 72 practices providing services for 720 000 patients.

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

Most people who receive healthcare every year in Oxfordshire are treated in primary care. Last year, there were **xxx** GP appointments in primary care. Between 2009 and 2014 the number of GP appointments increased by 25%. The number of GP appointments for people over 80 increased by 50%.

Over recent years the average number of times patients see their GP has risen from three to six. This has meant significant additional pressure felt in GP practices.

## Challenges

Primary care services in Oxfordshire are well rated 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, recruitment is becoming a big problem
- 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 not each practice can do everything. This means practices need to work together to provide care.

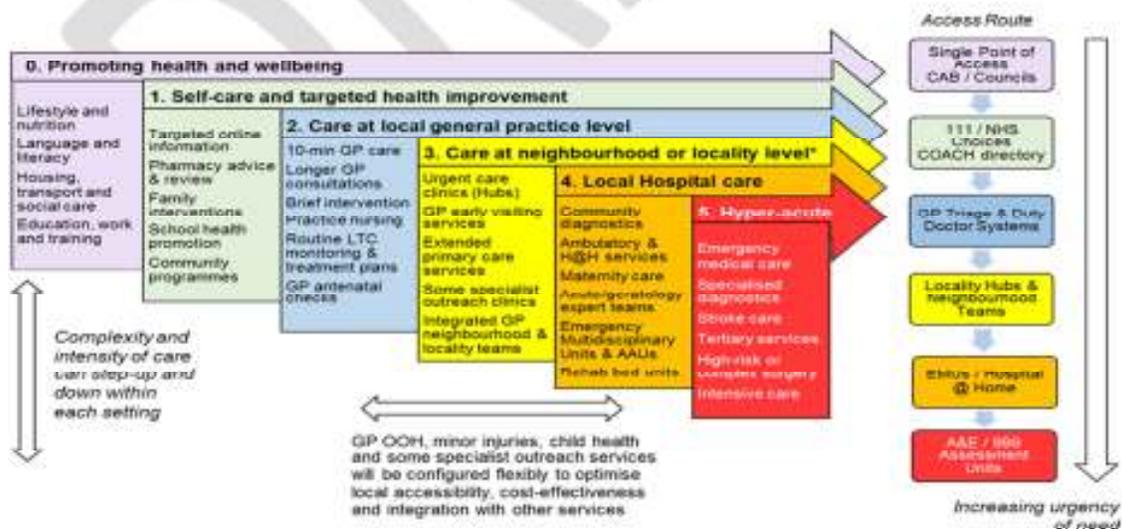
### What we would like to see

Our vision is to have GP practices and primary care services which remain local to respond to the needs of local communities and which

- focus on prevention as well as treatment – helping people to lead healthy lifestyles, 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 proactively
- 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 more closely with other parts of the health and care system, the voluntary sector and community groups so that care is better co-ordinated

We want to ensure that:

All patients will have access to a same day urgent appointment if clinically appropriate;  
 All patients requesting a routine appointment will be able to book one within seven days if clinically appropriate

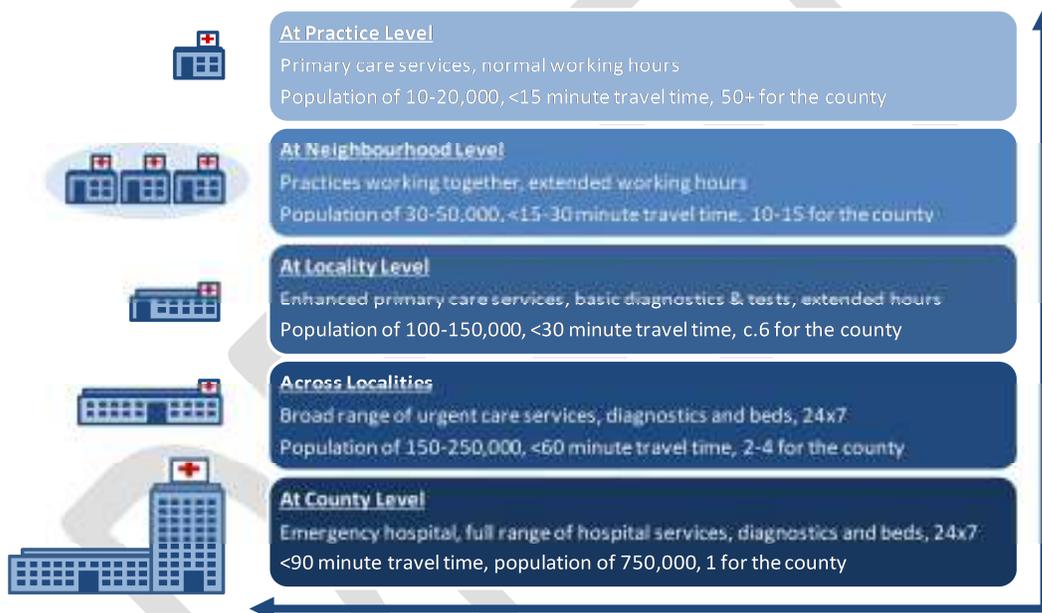


\*Neighbourhoods are local clusters of practices caring for c.30,000-50,000 people. Localities are regional populations of c.100,000-210,000 people

## Our plans

Our plans include:

- continuing to provide primary care services for local populations
- continuing to invest in improving general practice buildings – we have already improved a number of practice buildings and will continue this programme
- practices working together across neighbourhoods to provide longer opening hours and more services.
- practices working together at locality level to offer a wider range of diagnostic 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.



### Strengthening staffing

As well as sharing specialist staff across more than one practice, we need to put efforts into recruiting more GPs. We are also looking to train up some GPs in specialist areas such as We also want to employ new types of clinical staff. For example, Associate Physicians who train at post graduate level and who can assist doctors in a number of tasks such as taking medical histories, performing examinations, diagnosing illnesses, analysing test results and developing plans to help patients to manage their illness.

### Improving technology

We have already done a lot 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.

**While we are not consulting on primary care during Phase 1, if you have comments or suggestions please let us know.**

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## Changing the way we use our hospital beds

In this section we look at work we have done to change the way we use our hospital beds and ask for your views on what we have done.

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. We plan to provide more diagnostics and outpatient care in community settings, away from hospitals and closer to where people live. 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 can be coordinated on an out-patient basis.

We know that many elderly people find themselves taken in to an acute hospital in an emergency and then delayed in a bed in hospital waiting to be discharged for care at home or closer to him. 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 death increases.

10 days in a hospital bed is equivalent to 10 years lost muscle strength for people over 80 years old.

In the summer of 2015 there were 150 people in hospital beds in Oxfordshire who could have been cared for elsewhere. The reasons for the delays were complicated and not as simple as a 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.

NHS organisations providing care, Oxfordshire Clinical Commissioning Group and the County Council came together to find solutions. Staff came up with innovative ideas to address the problem on a short and long term basis and to 'rebalance the system'. 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 nursing and other staff from the care providing 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 130 nursing home beds and cared for by teams which included GPs, doctors and nurses, therapy and social care staff.

- A similar system was put in place for people in nursing home beds who were ready to move on, for example, to home with support
- A recruitment drive was launched for care workers to support people in their own homes

Over time the number of nursing home beds has reduced but beds in other settings have increased. The liaison hub now manages 134 beds for people not needing hospital care

#### **What patients and their families thought**

The first 150 patients (and their families) who were moved to the 'hub beds' (and some then on to home) were asked what they thought. 40 people replied. Most were positive about the move. They felt that they had been given enough information and had been involved in the decision. They said they felt well cared for and safe. A small number of patients had issues with the move and the way in which they were cared for. Staff looked at these concerns and took action as a result.

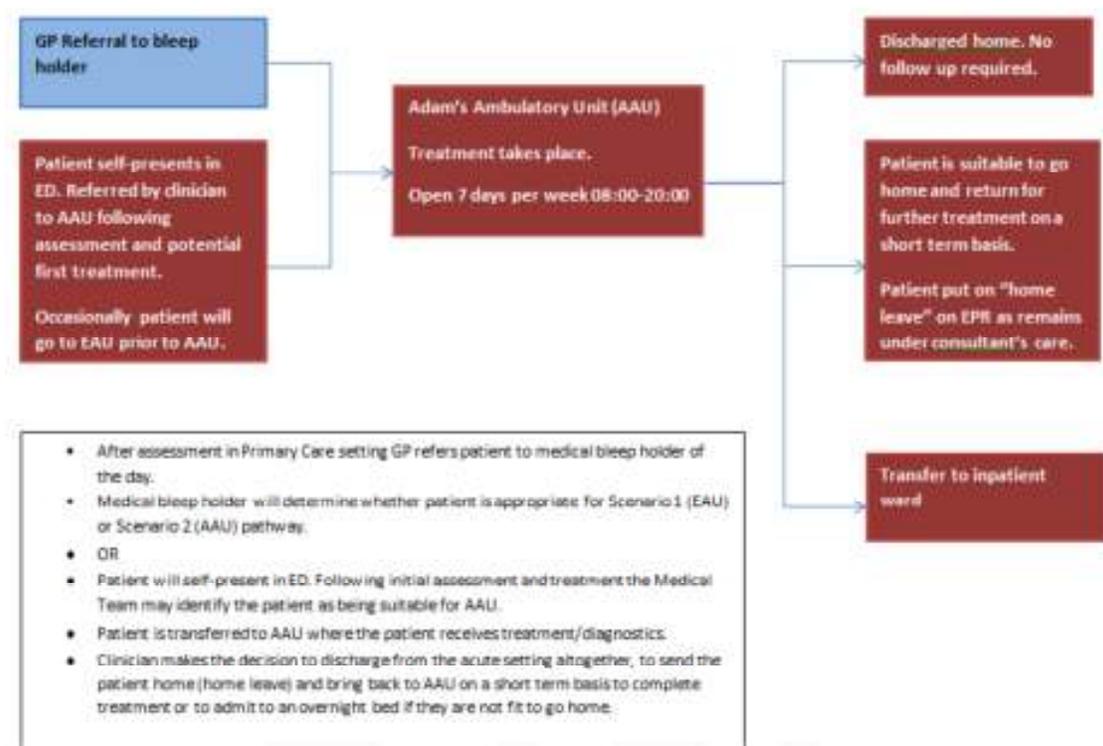
#### **Reducing hospital admission**

Clinical staff have also been looking at ways to reduce the number of people who are admitted to hospital in the first place. Evidence shows that older patients in particular do better when they are assessed and treated rapidly as a day patient or at home and this is usually what they prefer (this is known as 'ambulatory care'). A unit has already been set up in the John Radcliffe Hospital which assesses and treats patients with complex needs on a round the clock basis and means they do not need to spend time in the Emergency Department or to be admitted to an acute hospital bed for overnight stays. The unit has recently been increased by 20 extra beds. The Emergency Multidisciplinary Units 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.

Plans are also being developed to set up an 'acute hospital at home' (AHAH) service. 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 will be those with conditions such as pneumonia, deep vein thrombosis, serious bladder infections and worsening acute heart failure. Senior nurses will run the 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.

As a result of these initiatives, the number of hospital beds we need has reduced considerably and we have closed 194 hospital beds (on a temporary basis) as they are no longer needed. This has freed up staff to work in these new ways.

## The new way in which services are organised for patients



### Options

We have agreed with the Oxfordshire Joint Health and Overview Committee to ask patients and the public for their views on the way in which we have changed how we provide services and the closure of these hospital beds. We believe the impact of this option is that

- fewer people will be admitted to hospital in the first place
- if people are admitted, they will spend less time in hospital and be sent closer to home for their care at the right time.

**We would like to keep these beds closed on a permanent basis, as they are no longer needed. Do you agree with our decision to close these beds and use our resources to support the new initiatives which we have set up?**

## **The Horton General Hospital in Banbury**

### **Background**

In this section we set out a vision for the future of the Horton General Hospital in Banbury and some specific proposals to develop more services there.

The Horton General Hospital is rightly cherished by the people of Banbury, and the surrounding localities, delivering hospital care to them since 1872. Over the years it has adapted to meet changing healthcare needs of a growing population and it still provides a vital base for hospital services to the population 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. All of the proposals in this document affect the Horton General Hospital in one way or another.

The survival of the Horton General Hospital is not in question and OUHFT is planning to invest significantly in one of its important hospital sites. It will continue to develop and change as healthcare develops and changes to meet the needs of the local population. We know that people are living longer, but not always in good health. We need to meet this challenge while facing financial pressures and difficulties in recruiting staff.

We need to do things differently to meet these challenges. We know that advances in the assessment and treatment of patients mean that far more care can be provided outside of very large specialist hospitals, in the community and in people's homes, and that care closer to home is what patients want. We also know that when people need very specialist care (for example after very serious injury, a heart attack or stroke) they are better cared for in a large regional centre where highly experienced teams are on hand around the clock. We need to make sure patients have care closer to home as often as possible and access to specialist care when they need it.

The OUHFT which runs the Horton General Hospital is developing a strategy for it, setting out its role in the future and it is useful to know a bit about the bigger picture before deciding on these proposals. The strategy recognises that some of the buildings and equipment at the Horton General Hospital need to be replaced or have money spent on them. It also recognises that the Horton General Hospital currently doesn't provide a lot of the services you would normally expect to find in a modern District General Hospital/

The OUHFT has spent some time talking to staff, patients, the public and interested groups to help shape this strategy. This has included surveying 900 public members of the OUHFT who live in north Oxfordshire. Some proposals in this strategy are set out in this consultation document (critical care, obstetrics, gynaecological surgery, stroke, diagnostics and planned care). Other proposals will go to consultation when more work has been done on them.

## Care closer to home for people in north Oxfordshire

Over the past year, clinicians have been looking at ways in which 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 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*).

At the moment many people have no real choice but to travel to Oxford for services. More patients than ever before are benefiting from early scans and from being able to have an operation without an overnight hospital stay. This is putting pressure on the hospitals in Oxford. Sometimes waiting times for services are longer than they should be as appointments are cancelled to make way for an emergency. Patients find that transport and car parking can be difficult.

Our clinical staff reviewed planned care services and where they are currently based. They recommend that the following services could be provided closer to home for Oxfordshire patients:

- Diagnostics such as MRI and CT scans and ultrasound
- Outpatients including 'one stop shop' clinics
- Planned day surgery
- Assessments which are carried out before patients have planned surgery

Clinical staff looked at whether these services should be provided on three sites (John Radcliffe Hospital, Horton General Hospital, and a third site in the west or south of the County) or two sites ((John Radcliffe Hospital, Horton General Hospital). They reviewed these options taking account of

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

The preferred option is to use the opportunity to significantly develop the services at the Horton General Hospital. This fits in with our vision of significant developments at the Horton General Hospital, so that the majority of patients can have their care locally with buildings and facilities fit for the 21<sup>st</sup> century. There are also some other services provided at the Horton General Hospital which could be extended to more patients locally. These include dialysis for kidney patients, chemotherapy for cancer patients and cardiology for patients with heart problems.

Further proposals to develop the way in which we use our community hospitals will be set out in Phase 2 of our consultation.

The changes will mean that

- planned care services which are currently only available at the John Radcliffe Hospital will also be available at the Horton General Hospital
- a new modern outpatient unit will be built at the Horton including facilities for 'one stop shop' appointments. This will be able to see thousands of patients every year.
- A new diagnostic unit will be built at the Horton General Hospital, with MRI and CT scanners and ultrasound equipment meaning that more people can be assessed and treated locally.
- a new unit will be opened for patients to be assessed before they are operated on so that they do not need to have an appointment in Oxford.
- more patients will be able to have their surgery locally at the Horton General Hospital.
- more patients will be able to use radiology, chemotherapy and renal dialysis at the Horton General Hospital.
- patients from Didcot, Abingdon and Witney will be able to use acute hospital services as they do currently.

**Do you accept the benefits of developing these services at the Horton General Hospital in Banbury so more patients in north Oxfordshire can receive 'planned care' locally?**

## Stroke services

In this section we look at proposals to change services for people suffering from an acute stroke in north Oxfordshire.

National guidance says that patients who have suffered an acute stroke should be seen in a Hyper Acute Stroke Unit (HASUs) within an hour. In the first hour of a stroke, immediate access to advanced tests and treatments leads to better results for patients. These include Computerised Tomography (CT scanning) and Magnetic Resonance Imaging (MRI) scanning, thrombolysis (clot-dissolving drugs) and thrombectomy (physical removal of clots from arteries supplying the brain). These services are available in the HASUs in the John Radcliffe Hospital in Oxford and in Northamptonshire and Warwickshire Hospitals. The Horton General Hospital does not have a HASU. The presence of highly specialist staff, diagnostics, a high staff/patient ratio round the clock improves the outcomes for patients.

Both the John Radcliffe Hospital and the Horton General Hospital currently provide an inpatient rehabilitation which includes speech and language therapy, occupational therapy and physical therapy. Patients in Oxford and Bicester benefit from an 'Early Supported Discharge Service'. This provides an early, intensive rehabilitation service for stroke patients. It helps patients to leave hospital more quickly and return to their own homes so that patients can maximise independence as quickly as possible after their stroke.

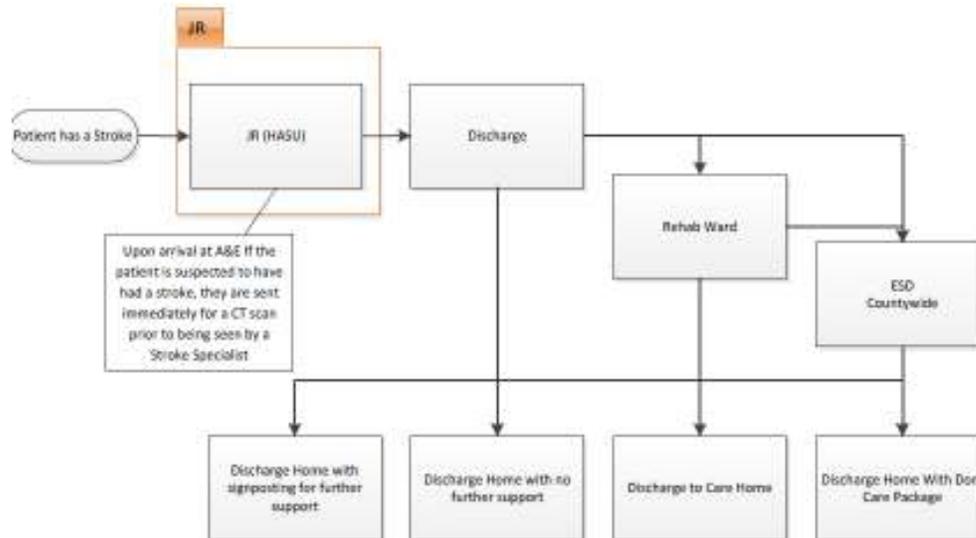
At the moment the most patients in Oxfordshire who have suffered a stroke (88%) are immediately taken to the John Radcliffe Hospital in Oxford – around 700 a year. Around 100 patients each year (12%) are still admitted to the Horton General Hospital, which does not have the same level of specialist care and diagnostics available around the clock. In many areas around the country all stroke patients are already taken directly to a HASU. For example, the HASU at Wycombe Hospital takes patients from Slough and Windsor as well as from across Buckinghamshire.

Doctors and nurses working in stroke care looked at the current way in which services are provided and options for change to improve results for patients. They agreed that all acute stroke patients must be treated in a HASU and looked at how rehabilitation should be provided. *(More information of this option appraisal can be found on p.93 of the Oxfordshire Transformation Programme Pre-Consultation Business Case).*

### **Based on this option appraisal, the proposal is that:**

- All patients diagnosed with an acute stroke should be taken immediately to the John Radcliffe Hospital in Oxford. Our travel analysis showed that nearly all patients are within 40 minutes 'blue light' time. Those in north Oxfordshire who are closer to Northamptonshire or Warwickshire Hospitals would be taken there.
- The Early Supported Discharge Service will be extended across the County so that all patients can benefit from care at home when they are ready to leave hospital

- Patients who are ready to leave the HASU but not well enough to go home be cared for and get rehabilitation in a bed. 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.



- Do you accept that it is safest for patients suffering an acute stroke if they are taken directly to a HASU? Do you support the development of the Early Supported Discharge Service across the County so that all patients can benefit from care at home when they are ready to leave hospital?**

## **Critical care**

In this section we look at services for people needing critical care in north Oxfordshire.

Patients in hospital need different levels of care from doctors and nurses depending on how ill they are. The sickest patients from across Oxfordshire needing intensive care are taken directly to the John Radcliffe Hospital in Oxford so that they can be supported by a team of specialists on a 24/7 basis. The Horton General Hospital has a six bedded critical care unit (CCU) for patients who need less intensive support. Levels of critical care are graded 0 to 3 depending on the level of the support needed (with 3 being the most serious). The number of nurses needed to care for patients increases depending on how seriously ill they are.

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

This reduction in the number of more seriously ill patients means that doctors and nurses do not get as many opportunities to keep up their skills. It is also difficult to recruit enough nurses and the CCU does not meet national guidelines for the number which the department needs. These issues mean that the quality of care for patients is not as good as it should be. Patients stay in hospital longer than is normal for their condition and their recovery is not as good.

Because of these challenges, our clinicians have reviewed the CCUs in Oxfordshire. They considered two options:

### **Option 1:**

All Critical Care patients are taken directly to the John Radcliffe Hospital in Oxford.

### **What is the impact of Option 1?**

Over 500 more North Oxfordshire patients would be go to Oxford, most of whom do not need a high level of round the clock specialist care and who could be cared for more locally. The CCU at the John Radcliffe would need to support 500 additional patients.

This option has been considered by clinicians and has been rejected in advance of consultation because patients needing Level 2 critical care can safely be cared for at the Horton General Hospital and the impact of moving them to Oxford would be unnecessary. It would also have an impact on the A&E at the Horton General Hospital.

**Option 2:**

All Level 3 critical care patients would be treated at the John Radcliffe Level 3 Critical Care Unit and the Unit at the Horton would look after patients with Level 2 critical care needs.

**What is the impact of Option 2?**

About 40 patients from the North of Oxfordshire would be taken directly to the CCU at the John Radcliffe Hospital in Oxford, where they would be cared for around the clock by a team of specialist doctors and nurses. The Critical Care Unit would continue to support the A&E at the Horton General Hospital. This is the option which our clinical staff support.

**Do you accept the views of our doctors and nurses that the Horton General Hospital should continue to have a Critical Care Unit, caring for Level 2 patients as this is the safest option?**

## Maternity and obstetric services in north Oxfordshire

In this section we look at our maternity services for women in north Oxfordshire and what services should be provided at the Horton General Hospital

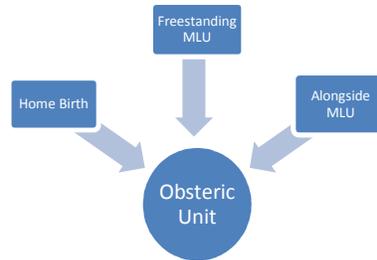
In the Oxfordshire Transformation Programme Pre-Consultation Business Case we set out a vision for how we want to develop our maternity services.

*Our vision is for the right woman to get into the right part of the maternity service and to be cared for by the right professional. The aim is for every woman to experience personalised care from early medical risk assessment through to birth and beyond. It encompasses real choice and continuity of care throughout the pregnancy, birth and postnatal period.*

### The developments we are planning include

- Better assessment for women when they are pregnant so problems are spotted early on and they have information to help them choose where they want to give birth. This will include GPs carrying out an early medical risk assessment. National evidence shows that when this happens, problems can be spotted early on and treated.
- Support for women in pregnancy if they are facing issues which can increase risks. This includes women who are expecting twins, who have diabetes or who are very obese. This will include support through the pregnancy by a specialist obstetric team.
- Support for women who may have mental health issues and who may need specialist care throughout the pregnancy and afterwards.

Every year around 8,500 women give birth in Oxfordshire. Some of these women will need more care during labour and the birth including women who need an epidural, specialist monitoring or a caesarean section. These women would need obstetric consultants and anaesthetists on hand during labour and birth. Many women with lower risks can give birth under the care of a midwife in a Midwifery Led Unit (MLU). Women have the option of choosing to give birth in different types of unit. Women are assessed during pregnancy and given advice on where best to go, depending on their health and the health of the baby.



National studies show that there is very little difference in risk between these four options – around four births in every 1,000 sadly result in a still birth wherever childbirth takes place. This figure has been decreasing year by year – it was six still births for every thousand births nationally in 2004.

It is not unusual for a woman to be transferred during labour from an MLU to a consultant led unit or for women to change their birth choice at the start of labour and this does not affect how well they or their babies do.

Until recently women had the choice to give birth at:

- the obstetric unit at the John Radcliffe Hospital in Oxford. This supports women who are at the highest risk during childbirth. The John Radcliffe Hospital also has very specialist care for babies including a neo-native intensive care unit (5,729 births during 15/16). A third of women in north Oxfordshire choose to give birth in Oxford.
- the Spires, a midwife led unit (MLU) based at the John Radcliffe Hospital (844 births during 15/16)
- the obstetric unit at the Horton General Hospital, where women can have a midwife supported birth and if needed the support of an obstetric consultant (1,466 births during 15/16)
- three free standing MLUs in Chipping Norton, Wantage and Wallingford (455 births during 15/16). The MLU (the Cotswold Unit) in Chipping Norton has five beds, two with birthing pools. 125 women gave birth there in 2015/16
- the obstetric unit at South Warwickshire NHS Foundation Trust Hospital. It currently has about 3,000 births per year and has room for more women to give birth over the next five years.
- Northampton General Hospital NHS Trust which has recently developed an MLU alongside the obstetric unit and which currently managing about 3,500 births a year

## The challenges

We currently face some challenges in the way in which we provide maternity services in the north of Oxfordshire and here we look at the role of the Horton General Hospital and the 'Cotswold' MLU at Chipping Norton Hospital.

In 2015/16 there were 125 births at Chipping Norton Community Hospital and 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 consultant led units. They advise that there should be a minimum of 2,500 births at a consultant-led unit if doctors are to maintain

their skills. Consultant obstetricians keep and develop their skills the more births they deliver – it's a safety risk if they are not able to do this. Population predictions show that even with the maximum possible growth in population and births over the next 10 years, the consultant led unit at the Horton will not see a huge growth in numbers.

In 2013 the Horton General Hospital lost its right to provide obstetric training for doctors not yet qualified as consultants because of this low number of births. This means that the Horton General Hospital can only continue to run an obstetric service with fully qualified consultants. Nationally there is a shortage of obstetric consultants. It is particularly hard to recruit staff to work at the Horton General Hospital because of the low number of births in the Unit.

In September 2016 OUHFT announced it could not recruit enough qualified obstetric consultants for the Horton General Hospital to make sure the Unit was staffed 24/7 and was safe for women needing consultant support during childbirth. Because a consultant could not always be available, the level of risk was greater than any other such unit anywhere else in the UK.

Because of this risk in October 2016:

- The Horton General Hospital opened a temporary MLU and stopped providing consultant obstetric care. Women needing consultant led care are going to the John Radcliffe Hospital in Oxford (or neighbouring hospitals in Warwickshire and Northamptonshire). Women also have the option of giving birth in the Chipping Norton MLU.
- The Special Care Baby Unit transferred to the John Radcliffe Hospital.
- This change has also had an impact on the small number of women who need emergency surgery for a gynaecological problem because these would be treated by an obstetric consult at the Horton General Hospital. This means some patients are being transferred to the John Radcliffe Hospital in Oxford.

The OUHFT has continued to try hard to recruit more qualified obstetric staff but until now it has not been successful. We know that people in the north of Oxfordshire value the services at the Horton General Hospital but during our engagement they also told us that patient safety was most important to them. Clinicians are concerned that even if they could recruit enough obstetricians, this picture could also quickly change leading to another emergency closure.

Given this background, clinical staff in the OUHFT and OCCG reviewed a range of options

Option	Appraisal
A round the clock rota of obstetric doctors in training	Training approval for medical trainees in obstetrics has been withdrawn from the Horton site. OUHFT has tried to recruit non-trainee middle grade doctors, but has been unsuccessful. At the time of the temporary closure only two of the required nine posts needed for a round the clock rota had been successfully filled. 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	In order to manage safely obstetric units at both the John Radcliffe Hospital and the Horton General Hospital would need an additional 22 consultants. There is a national shortage of obstetric consultants. This is not a viable option.
Caesarean section deliveries for the whole of Oxfordshire taking place at the Horton general Hospital and low risk births for north Oxfordshire taking place at the current Chipping Norton MLU.	This was an option proposed by a member of the public. Nowhere else in the country provides such an option, clinical staff feel it is too risky, that fewer women could give birth at the Horton General Hospital and that it is confusing. This is not a viable option.

As a result of this option appraisal, clinical staff agreed that the proposed model of care should be that all obstetric care for high risk births is provided by one obstetric unit at the John Radcliffe in Oxford (with patients in the north of Oxfordshire also having the options to travel to Northamptonshire or Warwickshire).

The options therefore are:

**Option 1:**

- Replace the obstetric led unit with an MLU at the Horton General Hospital on a permanent basis, (this would include some investment in buildings and facilities)
- Develop more post-natal and antenatal clinics and classes for women at the Horton General Hospital so that they can be monitored and assessed locally.
- Keep the MLU in Chipping Norton as another option for women.
- Move the Special Care Baby Unit from the Horton General Hospital to the John Radcliffe Hospital in Oxford on a permanent basis.
- Centralise all emergency gynaecology surgical services at the John Radcliffe Hospital in Oxford on a permanent basis.

**What is the impact of Option 2?**

Women will continue to have the option to give birth in a consultant unit, in the MLU in Oxford or in the stand alone MLUs in Banbury or Chipping Norton (or at home). We anticipate that about 400 women a year will choose to use the MLU at the Horton General Hospital. The proposed facilities will care for up to 500 women in labour each year and will mean the MLU can cope with any increase in demand.

Women in north Oxfordshire who need consultant care in childbirth will go to the consultant led unit at the John Radcliffe Hospital in Oxford (or the other consultant led units in Northamptonshire and South Warwickshire) and will therefore have to travel further. Recruiting doctors to a single consultant led unit at the John Radcliffe Hospital will ensure that there are always enough staff available and that they see enough births to maintain their skills and run a safe service. Babies needing specialist support will be treated at the John Radcliffe Hospital which is also the base for neonatal intensive care, meaning that there are more highly trained specialists available on site.

### **Option 2:**

Option 2 is the same as Option 2 but proposes that there is only one MLU in north Oxfordshire, at the Horton General Hospital in Banbury

### **What is the impact of Option 2?**

Women would continue to have the option to give birth in a consultant unit, in an MLU in Oxford or Banbury (or at home). Women from the Chipping Norton area would need to travel to give birth in an MLU in Oxford or Banbury. Ante-natal and post-natal care would continue to be provided in Chipping Norton but operating a single MLU at the Horton General Hospital would free up resources associated with the cost of running the building and make more efficient use of staff.

**Do you accept that our doctors and nurses have explored all the options and believe that these two options are the only way of delivering safe maternity services now and for the future?**

**Do you prefer**

**Option 1 (MLUs at the Horton General Hospital in Banbury, at the John Radcliffe Hospital in Oxford and in the Community Hospital in Chipping Norton) or**

**Option 2 (MLUs at the Horton General Hospital in Banbury, at the John Radcliffe Hospital in Oxford)?**

### **Wrap up**

In this consultation document we have set out the way in which we are developing health and care services in Oxfordshire in the light of the challenges we are facing and included some proposals for possible changes in some services. We have also given an overview of

other areas where our doctors, nurses and managers are still developing ideas for change (when they become firm proposals there will be further public consultation). Now is your opportunity to find out more then tell us what you think.

### **The consultation**

We will be launching our consultation on 3 January 2017 and it will run until 27 March 2017. The responses received during the consultation will be analysed independently and a report will be presented to the Board of Oxfordshire Clinical Commissioning Group in XXXX for consideration. The independent report will be published and shared widely with stakeholders. Phase 2 consultation will take place after May 2017.

### **How can you have your say?**

During the consultation there will be lots of opportunities to find out more. This will include hearing from and talking to the doctors and nurses who have developed these proposals. Further information on all of these proposals can also be found on our website; [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk).

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 then please let us know
- 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 Foundation trust membership
- running roadshows and events across the county
- 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.

We welcome all responses to this consultation. You can respond by completing the questionnaire at the end of this document. Simply cut out the questionnaire, complete it and send it to Freepost to:

Communications and Engagement Team,  
Oxfordshire Clinical Commissioning Group

**Freepost RRRKBZBTASXU**

Jubilee House  
5510 John Smith Drive  
Oxford 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)

**Write to us:** Communications and Engagement Team,  
Oxfordshire Clinical Commissioning Group

**Freepost RRRKBZBTASXU**

Jubilee House  
5510 John Smith Drive  
Oxford  
OX4 2LH

**Speak to us** on XXXX

**Visit our website:** [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

The survey questions will appear at the end of the document and will be the same as those available online.

INCLUDE INFO ON ACCESSABILITY VERSIONS