IRP

Independent Reconfiguration Panel

ADVICE ON CHANGES PROPOSED BY THE OXFORD RADCLIFFE HOSPITALS NHS TRUST TO PAEDIATRIC SERVICES, OBSTETRICS, GYNAECOLOGY AND THE SPECIAL CARE BABY UNIT AT THE HORTON GENERAL HOSPITAL IN BANBURY

Submitted to the Secretary of State for Health

18 February 2008

IRP

Independent Reconfiguration Panel

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RECOMMENDATIONS

1. **The IRP considers that the Horton Hospital has an important role for the future in providing local hospital based care to people in the north of Oxfordshire and surrounding areas. However, it will need to change to ensure its services remain appropriate, safe and sustainable.**

2. **The IRP does not support the Oxford Radcliffe Hospitals (ORH) NHS Trust's proposals to reconfigure services in paediatrics, obstetrics, gynaecology and the special care baby unit (SCBU) at Horton Hospital. The IRP does not consider that they will provide an accessible or improved service to the people of north Oxfordshire and surrounding areas.**

3. **The Oxfordshire Primary Care Trust (PCT) should carry out further work with the ORH NHS Trust to set out the arrangements and investment necessary to retain and develop services at the Horton Hospital. Patients, the public and other stakeholders should be fully involved in this work. South Central SHA should ensure that a rigorous and timely process is followed.**

4. **The PCT must develop a clear vision for children's and maternity services within an explicit strategy for services for north Oxfordshire as a whole.**

5. **The ORH must do more to develop clinically integrated practice across the Horton, John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector.**

6. **Within one month of the publication of this report, the PCT should publish a plan including a timeline for taking forward the work proposed in these recommendations.**

OUR REMIT

What was asked of us

1.1. The Independent Reconfiguration Panel's (IRP) general terms of reference are included in Appendix One.

1.2. On 30 July 2007, Councillor Peter Skolar, Chair of Oxfordshire Joint Health Overview and Scrutiny Committee (the OSC), wrote to the Secretary of State for Health, the Rt. Hon. Alan Johnson MP, exercising powers of referral under regulation 4(7) of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The referral concerned the changes proposed by the Oxford Radcliffe Hospitals (ORH) NHS Trust to paediatric services, obstetrics, gynaecology and the special care baby unit at the Horton Hospital in Banbury.

1.3. The Secretary of State responded to Councillor Skolar advising that he had asked the IRP to undertake a review of the proposals. Terms of reference were sent out in his letter of 18 October 2007 to the IRP Chair, Dr Peter Barrett and were agreed in his reply of 30 October 2007. Copies of this correspondence are included in Appendices Three to Five.

1.4. The Panel was asked to advise the Secretary of State:

a) whether in the light of the grounds of referral as set out in the correspondence from Oxfordshire Joint Health Overview and Scrutiny Committee to the Secretary of State of 26[1] July 2007, it is of the opinion that the proposals to reconfigure paediatric services, obstetrics, gynaecology and the special care baby unit at the Horton General Hospital, Banbury, as set out in the decision of the Oxford Radcliffe Hospitals NHS Trust Board on 26 July 2007 will ensure safe, sustainable and accessible services for the people of north Oxfordshire, and the wider area served by the Oxford Radcliffe Hospitals NHS Trust (namely south Northamptonshire, Warwickshire and north west Buckinghamshire) and if not, why not;

b) on any other observations the Panel may wish to make in relation to the proposals for changes to paediatric services, obstetrics, gynaecology and the special care baby unit and implications for any other clinical services; and

c) in the light of a) and b) above on the Panel's advice on how to proceed in the best interests of local population.

[1] Cllr Skolar's letter was dated 30 July 2007.

OUR PROCESS

How we approached the task

2.1. ORH NHS Trust was asked to provide the Panel with relevant documentation and to arrange site visits, meetings and interviews with interested parties. The Trust completed the Panel's standard information template. This can be accessed through the IRP website (www.irpanel.org.uk).

2.2. The OSC was invited to submit documentation and suggest other parties to be included in meetings and interviews as was South Central SHA and Oxfordshire PCT.

2.3. The Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 12 November 2007 informing them of the IRP's involvement (see Appendix Six). The letter invited people who felt that they had new evidence to offer, or who felt that their views had not been heard adequately during the formal consultation process, to contact the Panel. Press releases were issued on 19 October, 9 November and 5 December 2007 and 15 January 2008 providing information on the progress of the review.

2.4. A sub-group of the full IRP carried out the review. The sub-group was chaired by Gina Tiller and included Brenda Howard and Ray Powles. The Panel secretariat accompanied members on all visits. Other Panel members also attended a number of evidence taking sessions and these are included in the list of meetings at Appendix Seven.

2.5. Two IRP members, Nick Naftalin and John Parkes, declared an interest and were not involved in the review in any way.

2.6. Panel members spent six days at the Banbury and Oxford sites of the ORH NHS Trust. Details of the people seen on these visits are included in Appendix Seven. We met members of the OSC, the public and members of PPI forums, members of Banbury Town Council and Cherwell District Council, the Editor and Health Editor of the Banbury Guardian and representatives of the Keep the Horton General Campaign Group. The Panel also held meetings with the Trust, PCT and South Central SHA and GPs. We wrote to all

local MPs and met Tony Baldry MP (Banbury), David Cameron MP (Witney) and Tim Boswell MP (Daventry).

2.7. A list of all the written evidence received – from the SHA, PCTs, NHS Trusts, the OSC, Councils and all other interested parties is contained in Appendix Eight. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of views from all perspectives.

2.8. Throughout our consideration of these proposals, our aim has been to consider the needs of patients, public and staff taking into account the issues of safety, sustainability and accessibility as set out in our terms of reference.

2.9. The Panel wishes to record its thanks to all those who contributed to this process. We also wish to thank all those who gave up their valuable time to present evidence to the Panel and to everyone who contacted us offering views. The Panel is always impressed by the commitment shown to the NHS and the time that people are prepared to dedicate to support the progress and development of healthcare services.

2.10. The advice contained in this report represents the unanimous views of the Chair and members of the IRP.

THE CONTEXT

An overview

Historical context

3.1. The Horton General Hospital opened in 1872. With the advent of the NHS in 1948 the Horton became the main hospital of a group of hospitals in North Oxfordshire, Gloucestershire and Northamptonshire, administered by the Banbury and District Hospital Management Committee. In 1974 it passed to the North Oxfordshire Sector of the Oxfordshire Area Health Authority (Teaching) and in 1982 became the main hospital of the Horton Unit of the Oxfordshire Health Authority. The Hospital became an NHS Trust in April 1993.

3.2. Problems at the Horton Hospital, including the death of a child (in 1974) and the Luckett review following this, resulted in the development of a small paediatric unit in the 1970s. Financial and clinical problems in the 1990s led to a Public Inquiry in 1996, led by Arthur Davidson QC. This concluded that "24/7" inpatient and accident and emergency care, together with core services including women and children's services should be maintained at Horton Hospital and also recommended merger with the ORH NHS Trust. The Trust formed its current structure as the ORH NHS Trust on 1 June 1999 and currently comprises the John Radcliffe, the Horton and the Churchill Hospital sites.

3.3. Concern about the Trust's ability to sustain safe paediatric and maternity services at the Horton Hospital came to the fore in 2003. The Trust established a Paediatric Taskforce in August 2003, which reported in May 2005, concluding that the paediatric inpatient model at the Horton Hospital was not sustainable in the medium to long-term. Following the Paediatric Taskforce report further work was undertaken as part of the ORH NHS Trust Strategic Review. The Strategic Review *'Emerging Themes'* document, published in 2005, included an indication of the range of services that could be provided locally at the Horton Hospital, and the importance of an integrated approach with the larger Oxford sites. It also set out concerns about the sustainability of some services, because of the low volumes of activity. The document and its proposals were discussed at a number of public meetings, including in Banbury. As part of the Strategic Review a "select panel" took evidence on

the provision of both children's and maternity services in Banbury and undertook a review of services across the Trust and at other hospitals.

3.4. Concerns about safety were driven by the Trust's ability to recruit and retain sufficient numbers of medical staff with the relevant skills and experience. It was considered that these problems would increase over time due to the impact of the European Working Time Directive (EWTD), developments in medical staff training (introduction of run through training) and changes in visa requirements.

3.5. In 2006/07, to get back into financial balance, the Trust was required to reduce its costs by c£33m. Between June and October 2006, the Trust set out proposed changes to its services in the consultation document *"Performance Improvement and Cost Reduction Programme, Part 2, The Horton Hospital"*. Although the consultation was presented under the heading of a performance improvement and cost reduction programme for the Trust, changes to the Horton Hospital maternity and paediatric services were included because of concerns about the medium and longer term clinical sustainability of those services. Some of the other Horton Hospital service changes that were proposed were expected to generate financial savings.

3.6. The proposed changes to paediatric and maternity services attracted a considerable level of concern and opposition from the population of Banbury and some Horton Hospital staff. Reasons identified by the Trust for the level of concern included:

- Opposition to cuts overall
- Objection based on risk to patients
- Objection based on concerns about ambulance transfers
- Objection based on concerns about public transfers/access to services
- Objection based on recruitment/training
- Opposed to changes in children's services specifically
- Opposed to changes in maternity services/loss of SCBU specifically
- Opposed to changes in emergency services specifically
- Objection based on population growth
- Objection based on response to major incidents
- Objection based on importance of Horton Hospital to community/town
- Criticisms of the consultation process

3.7. In response to the outcome of the consultation process, the ORH NHS Trust established two independently chaired clinical working groups - one looking at paediatrics and the

other at maternity, gynaecology and neonatal services. These groups were asked to review the proposals and to put forward recommendations to the Trust Board. At the same time, an independently chaired stakeholder group was established, including representatives from a broad range of stakeholders, to review the output of the clinical working groups and to put forward its own recommendations to the Trust Board. These groups met between January and May 2007 and their recommendations were presented to the Trust Board on 26 July 2007. The Trust Board accepted the recommendations of the clinical working groups in full and decided to proceed on this basis.

3.8. On 30 July 2007, the OSC considered the amended proposals and decided to refer proposals for paediatrics and obstetrics, gynaecology and the SCBU to the Secretary of State for Health.

The proposals for reconfiguration

3.9. The Trust's revised proposals for the areas under review by the IRP, as set out in the Trust Board paper of 26 July 2007 plus clarifications subsequently provided by the Trust, shown in square brackets, were:

Children's services

- consultant led ambulatory service at the Horton 12 hours each day, from 10.00 to 22.00, five days per week, and for up to 4 hours on Sunday mornings
- an integrated general paediatric consultant rota with Oxford
- rapid assessment and diagnostics, observation beds available for six days per week, [general and] specialist outpatients and day case surgery
- inpatient service and out-of-hours assessment based in Oxford
- extended availability of community paediatric nursing from 18.00 to 22.00 weekdays, with extended hours at weekends and bank holidays
- a registered children's nurse or nurse with training and experience of children's care, on duty [at all times, in the ambulatory unit while open and principally in the Emergency Department at other times]
- a rapid response paediatrician on-call from the John Radcliffe, or from home out-of-hours, [to provide cover at all times other than the ambulatory unit opening hours]

Children's Emergency Department

In the Emergency Department the following enhancements specifically for children were recommended:

- a telemedicine link with Oxford
- all senior nurses in the Emergency Department trained in advanced paediatric life support, and a clinician with [EPLS]/APLS training available in the Emergency Department at all times
- nurses with paediatric training on site out-of-hours
- staff available for paediatric transfers as required
- an area within the Emergency Department for children, physically separated (out of sight and sound) from adults
- The stakeholder group also recommended a period of parallel running, while the new service is established.

Maternity

- a full midwife-led service, established as the Horton Birthing Centre
- adoption of protocols and standard procedures, as applied at existing midwife-led units
- obstetric-led antenatal clinics and retention of scanning facilities
- a day assessment unit for a restricted list of foetal and maternal indications, with medical support via telephone from Oxford
- telemedicine link with Oxford
- staff training to ensure safe and smooth transition
- obstetric deliveries relocated to Oxford
- ten additional maternity beds in the Women's Centre, at Oxford, and three additional delivery rooms (to create a birthing unit)

[The Trust also plans to create a midwife-led unit at the John Radcliffe Hospital to ensure compliance with *Maternity Matters* and to increase capacity on delivery suite for women with obstetric problems. This change is planned independently of the Horton proposals]

Neonatal service

- SCBU (Special Care Baby Unit) relocated to Oxford with neonatal intensive care
- expansion of SCBU (already planned) and the establishment of a transitional care unit at the Women's Centre, to increase the number of combined SCBU/transitional care cots
- additional neonatal community nursing support to provide equity across the county

- enhanced neonatal community nursing to support early discharge home for babies requiring tube feeding, to be examined by the Trust in conjunction with the PCT

Gynaecology

- a gynaecology consultant and specialist trainee on site from 09.00 to 17.00, Monday to Friday
- conversion of the inpatient gynaecology ward to day surgery unit
- routine elective (including some inpatient) surgery and an increase in day cases for Horton population
- the creation of a female surgical ward at the Horton, where gynaecology day case patients and elective surgical patients could stay overnight if required
- gynaecology cases presenting at the Horton out-of-hours requiring gynaecology assessment or surgery to be transferred to Oxford, except in exceptional circumstances where a patient cannot be transferred safely, in which case a consultant on-call will attend
- continuation of current outpatient clinics, expanded colposcopy clinic, potentially a hysteroscopy clinic, urodynamics
- the Early Pregnancy Clinic to become an Emergency Gynaecology and Early Pregnancy Clinic, open over an extended period and situated in the vacated gynaecology ward

The stakeholder group liked many of these proposals, and particularly wished to see single sex wards and toilet/bathroom facilities.

The Emergency Department

The following enhancements to the Emergency Department at the Horton are recommended. These would be in addition to the specific enhancements that would be required if the paediatrics recommendations shown above are implemented:

- an additional consultant in the Horton Hospital Emergency Department, and the creation of a rota of three individual consultants to cover the Department
- a middle grade doctor available in the Emergency Department at all times
- With these enhancements the Emergency Department will be sustainable in the medium term

Transition arrangements:

- a public information and education programme, to advise pregnant women, parents and the public about the new services and what to do with a sick child out-of-hours
- establishment of a transition/implementation group, including GPs and PCT representatives to oversee transition arrangements, review implementation plans and timetable and monitor impacts

INFORMATION

What we found

4.1. A large amount of written and oral evidence was submitted to the Panel. We are grateful to all those who took the time to offer their views and information. The evidence put to us is summarised below – firstly general background information followed by issues raised by the OSC and others.

4.2. **Services provided and activity**[2]

4.2.1. The ORH NHS Trust operates across three sites - the John Radcliffe Hospital in Headington, the Churchill Hospital in Headington and the Horton General Hospital in Banbury. The Trust provides a DGH service for approximately 650,000 people in Oxfordshire and the neighbouring counties and a specialist service for approximately 2.5 million people in Oxfordshire, Buckinghamshire, Berkshire, Wiltshire, Gloucestershire and Northamptonshire. The Horton Hospital serves a population of approximately 150,000 people in north Oxfordshire and south Northamptonshire and south Warwickshire.

Children's Services

4.2.2. The Children's Directorate provides services for neonatal, paediatric and adolescent patients including community, secondary, tertiary, national and critical care services.

4.2.3. The Directorate manages a current capacity of 93 beds (there is potential to expand capacity to 113 beds) and 30 neonatal cots located on the John Radcliffe Hospital site and 14 beds and eight neonatal cots at the Horton Hospital. The range of services includes:

- Community Paediatric services*[3] – including multi-disciplinary team assessment, school clinics and neuro-disability services.
- Secondary Services – including general paediatrics*, elective and emergency surgery

[2] This information is largely drawn from the Trust's standard IRP information template
[3] * = services provided at the Horton Hospital

- Tertiary Services – including urology, general special care surgery, neurology and neurosurgery, cardiology and cardiac surgery, haematology, oncology, gastroenterology, respiratory medicine and clinical genetics
- National Commissioning Group designated centre for mitochondrial genetics, craniofacial, cleft service (jointly with Salisbury) and congenital myasthenia service
- Critical Care – designated paediatric and neonatal intensive and high dependency care

4.2.4. In Oxford, the general paediatric service is delivered by a single consultant general paediatrician supported by five sub-speciality consultants (1 x respiratory/general, 1 x endocrine, 3 x infectious diseases), four community paediatricians and outpatient support from consultants appointed jointly between Oxford and Banbury, equating to 3.3 whole time equivalent (wte) consultants. There are two specialist registrars, a middle grade Trust doctor and two foundation doctors

4.2.5. In Banbury the service is currently provided by four consultants including one community paediatrician who provides a small amount of input to general paediatrics. They provide the equivalent of 2.85 wte consultants. Support is provided by seven middle grade (non-training) posts, three foundation year 2 doctors and four GP trainees.

4.2.6. As the Horton Hospital A&E does not have a separate area for children, the children's ward is heavily used as a Medical Assessment Unit/Clinical Decision Unit and GPs often refer patients directly to the ward

4.2.7. Paediatric activity (under 17) across the Trusts in 2007 is set out in the following table:

	Inpatients				**Outpatients**
Site	**Day Case**	**Elective Inpatient**	**Non-elective Inpatient**	**Total**	**Total**
Horton	255	9	1,909	2,173	11,319
John Radcliffe	4,828	2,172	5,006	12,006	51,597

4.2.8. Neonatal Activity is set out in the following table:

Activity – bed days 2006/07	Intensive Care Unit (ICU)	High Dependency Unit (HDU)	Special Care Baby Unit (SCBU)	Total
Horton	26	56	2,232	2,314
John Radcliffe	1,943	2,187	6,732	10,862

Women's and sexual health services – gynaecology

4.2.9. The Women's and Sexual Health Directorate is responsible for maternity and gynaecology services. The gynaecology service provides general gynaecology for the Oxfordshire population and is the regional centre for gynaecological oncology. Some regional referrals are made for the treatment of endometriosis utilising the expertise of the Nuffield Department of Gynaecology (NDOG) consultants.

4.2.10. The service has outpatient clinics for menopause, ovulation, induction, termination of pregnancy*[4], colposcopy*, one stop menstrual clinic, vulval and an emergency Gynaecology Clinic*. There is a specialist multi-disciplinary team for urodynamics with nurse led diagnostic service. There is a counselling service for early pregnancy loss. Inpatient work covers uro-gynaecology*, some fertility* (first diagnostics only, all others are referred to private IVF clinic at the John Radcliffe Hospital), general gynaecology* and gynaecological oncology in the dedicated gynaecology theatres. There is a day surgery unit*, an inpatient ward*, a newly built diagnostic suite and outpatient area.

4.2.11. Overall 60 wte staff support the department, with 8.82 wte NHS gynaecology consultants, supported by the NDOG team.

4.2.12. Gynaecology activity across the Trust in 2006/07 is set out in the following table:

Site	Daycase	Elective	Non elective	Non elective Non emergency	Outpatients
Horton	724	316	352	2	4,475
John Radcliffe	1,690	1,274	1,286	1	17,297

[4] * = services provided at the Horton Hospital

4.3. Women's and sexual health services - maternity

4.3.1. 8,227 mothers delivered at the ORH NHS Trust in 2006/07, making it one of the largest maternity services in the UK. There are two consultant-led units, one based at the John Radcliffe Hospital in Oxford and the other at the Horton Hospital in Banbury. These units provide consultant obstetric and midwife-led care. In addition, there are three stand-alone midwife-led units in Chipping Norton, Wallingford and Wantage providing care for approximately 540 women during childbirth each year and providing a locality based community midwifery service.

4.3.2. The ORH NHS Trust provides a community midwifery service, which incorporates antenatal, telemedicine, postnatal and parent education services. It has a home birth rate of 2.5%. There is specialist support for teenagers, a Sure Start service, support in Children's Centres, support for women exposed to domestic abuse and specialised drug and alcohol support.

4.3.3. General obstetrics is provided at both the John Radcliffe and the Horton sites. There are consultant-led clinics, a day assessment unit and antenatal screening, with prenatal diagnosis provided at the John Radcliffe site only.

4.3.4. There are currently 85 beds and 13 delivery suites at the John Radcliffe Hospital and 21 beds and five delivery suites at the Horton Hospital.

4.3.5. The Horton Hospital has four consultants who work jointly for obstetrics and gynaecology. It has 41.64 wte midwives (including management roles) and 14.2 wte care assistants. The John Radcliffe Hospital has five NHS appointed obstetric consultants. It has 167.78 wte midwives (including management roles) and 44.29 wte care assistants. Chipping Norton has 13.86 wte midwives and 4.66 wte care assistants, Wallingford has 12.72 wte midwives and 4.41 wte care assistants and Wantage has 9.78 wte midwives and 5.27 wte care assistants.

4.3.6. Maternity activity (number of women, not babies) across the Trust in 2006/07 is shown in the following table:

Site	Delivery	Non delivery	Outpatients
John Radcliffe Hospital	5,923	5,844	19,583
Horton	1,553	1,819	2,277
Community hospitals	547	45	
Home	204		
Total	8,227	7,708	21,860

4.4. Population, geography, demography, access and transport

4.4.1. There were approximately 620,000 people in Oxfordshire in 2006. This is expected to increase to around 650,000 by 2016. In Banbury, there were approximately 132,000 in 2006 and the population is expected to rise to around 138,000 by 2016. Despite housing growth and projected increase in demand for maternity, children's and family services, the principle demographic change expected in Oxfordshire over the next 20 years is a large increase in the elderly population. The estimate population broken down across age groups is shown in the following table[5]:

Age range (years)	2006	2011	2016
0-9	70,973	71,575	70,739
10-15	45,330	43,239	43,177
16-24	77,159	80,165	78,954
25-44	183,661	180,260	173,791
45-64	151,695	168,350	177,079
65+	91,587	100,293	111,090
Oxfordshire total	**620,406**	**643,881**	**654,829**

4.4.2. The following table shows the population of main districts served by the John Radcliffe and Horton Hospitals in 2005[6]:

District	Population
Oxford City	147,900
Cherwell	136,700
Vale of White Horse	117,200
West Oxfordshire	99,200
South Oxfordshire	128,200
Stratford on Avon	119,000
South Northants	86,000
Cotswold	83,100
Aylesbury Vale	168,100

[5] Oxfordshire County Council, August 2007. Oxfordshire forecasts of population and households by county, district and ward, 2001 to 2016

[6] Oxfordshire County Council 2005 revised year end, published 2007

4.4.3. About 10 per cent of the Oxfordshire population is made up of ethnic minority groups, higher than the national average of 6.4 per cent. The majority of this group is 'other white' ethnicity. The table below shows projected change in population by ethnic group[7].

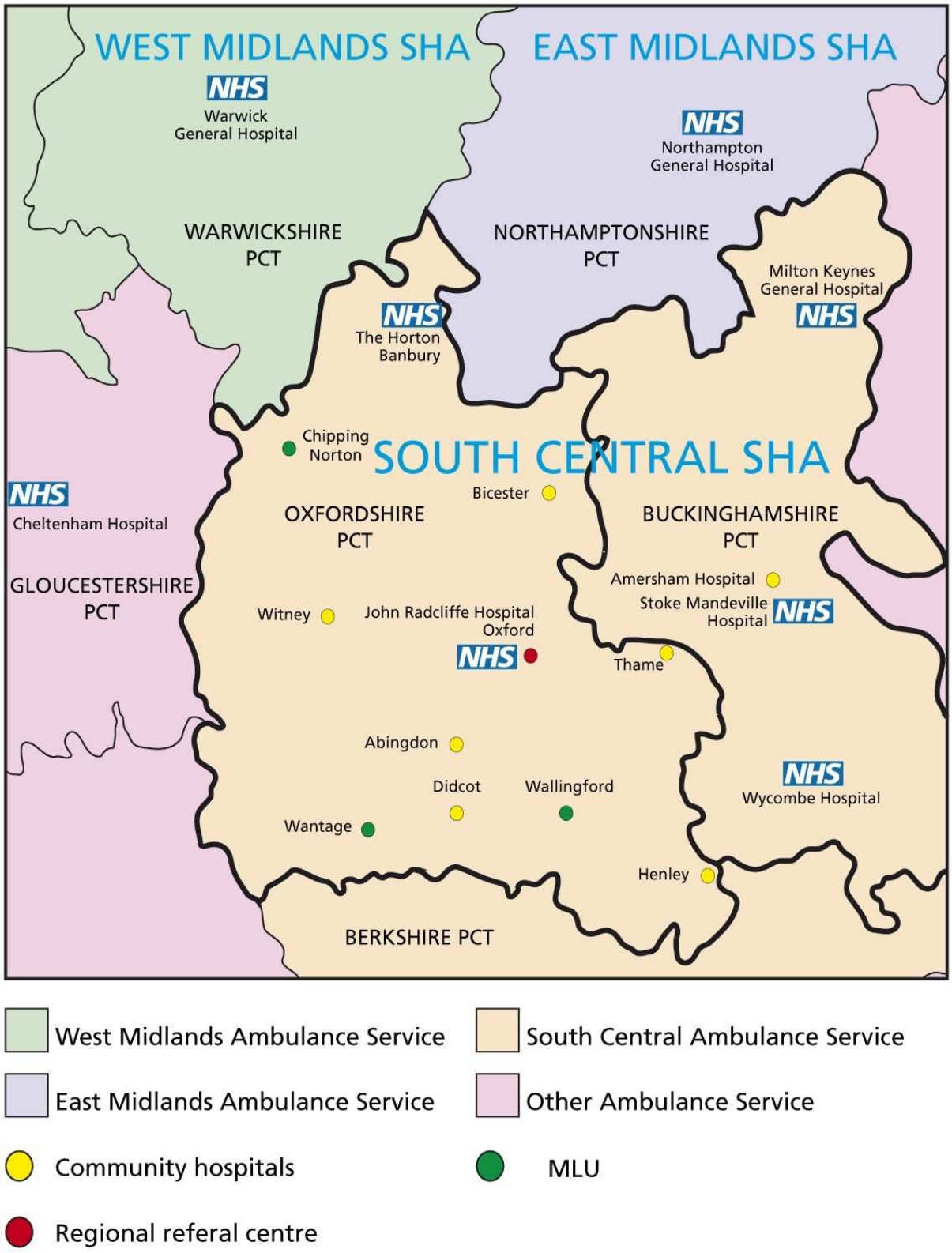
	2001	2006	2011	% change 2001-2011
British White	545,731	550,565	563,277	3.2
Other White	31,750	33,585	35,448	11.6
Mixed	7,205	8,591	10,273	42.
Caribbean Black	2,480	2,447	2,398	-3.3
Other Black	2,604	2,882	3,133	20.3
Indian	4,104	4,314	4,520	10.1
Pakistani	4,034	4,163	4,329	7.3
Other Asian	2,422	2,552	2,683	10.8
Chinese	3,906	4,644	5,275	35.0
Other	3,044	3,426	3,765	23.7

4.4.4. The following indices of deprivation are recorded[8]:

- Banbury has three Super Output Areas[9] (SOAs) in the most deprived 20% of all SOAs nationally these are Neithrop, Ruscote and Grimsbury
- The city of Oxford has nine SOAs in the most deprived 20%, six of which are more deprived than those in Banbury and one of which is in the bottom 10% of deprived SOAs nationally (they include Barton, Rose Hill, Blackbird Leys and Carfax)
- West Oxfordshire, parts of which fall in the Horton Hospital Catchment, Vale of White Horse and South Oxfordshire has no SOAs in the bottom 20%
- When looking at neighbouring districts, Stratford on Avon, South Northamptonshire, Cotswold and Aylesbury Vale have no SOAs in the bottom 20%

[7] Oxfordshire County Council
[8] Derived from SOA data on the index of multiple deprivations published by the Office for National Statistics (ONS)
[9] SOAs are sub ward level areas of deprivation

4.4.5. The following map shows NHS Trusts, community hospitals, midwife-led units, PCT and ambulance service boundaries:



4.4.6. The John Radcliffe and Horton Hospitals are 23 miles apart by road. Travel distances from other parts of the catchment area are shown in the following table:

(Miles)	***John Radcliffe***	***Horton***
Abingdon	9	29
Bicester	14	15
Brackley	23	11
Burford	20	24
Chipping Norton	20	13
Deddington	18	6
Didcot	16	37
Faringdon	20	35
Henley	25	46
Horton	23	0
John Radcliffe	0	23
Thame	12	29
Wallingford	16	37
Wantage	18	36
Witney	13	23
Woodstock	9	19

4.4.7. A commercial bus service (No. 59) provides an hourly service between Banbury and Oxford. This stops at the Horton Hospital but not at the John Radcliffe Hospital, although other local buses in Oxford link to the John Radcliffe Hospital. The No. 59 service starts at 06.15 in Banbury, with a journey time of approximately 60 minutes. The last service leaves Banbury at 17.45 and Oxford at 19.15.

4.4.8. Trains run between Banbury Station and Oxford Station every 20 minutes (occasionally more frequently). Evening services from Banbury are every 20 minutes until 20.15 when the service becomes hourly. The last train returning from Oxford is at 22.55. Journey times vary from 18 minutes to 30 minutes. A bus link from Oxford railway station to the John Radcliffe Hospital operates Monday to Saturday with a journey time of 25 minutes. The service frequency is every 30 minutes until 19.15 and then hourly until it stops at 23.15

4.4.9. The Trust provides the following support to patients accessing the hospital sites:

- Subsidised bus services from Water Eaton to the John Radcliffe Hospital
- Financial support for other bus services to hospital sites
- Free parking for disabled users at the Churchill site

- Some free parking at the John Radcliffe and Horton Hospitals for disabled users
- Free or reduced rate parking for patients / carers / family in particular circumstances
- Patients who are on Income Support or some other benefits can claim back costs of parking or travel expenses (the Government Hospital Travel Costs Scheme)
- Free non-emergency ambulance transport (ambulance / voluntary cars and taxis) for patients with a medical need
- Some taxi/travel costs are paid for at the discretion of the Trust

4.5. **Estate**

Horton

4.5.1. The Horton Hospital consists of a 9.9 hectare estate located approximately one mile south of Banbury town centre on the A260, four miles from Junction 11 of the M40, and approximately 25 miles north of Oxford.

4.5.2. The site includes a mix of two and three storey buildings with a total floor area of 38,000m^2, of which 28,000m^2 is directly used by the ORH NHS Trust and includes accommodation for 236 inpatient beds, of which 50 are in single rooms.

4.5.3. None of the Trust building stock is less than five years of age, 30 per cent is less than 25 years old, and a further 45 per cent is below 50 years of age. 25 per cent is older than 50 years old.

4.5.4. The site hosts a recently built independent sector treatment centre.

4.5.5. PEAT[10] and environmental assessment ratings are “acceptable”; the site includes some well maintained grounds and provides 566 parking spaces.

John Radcliffe

4.5.6. The John Radcliffe Hospital site is a 27 hectare estate located in the suburb of Headington, some three miles from Oxford City Centre and six miles from Junction 8 of the M40.

[10] Patient Environmental Action Teams carry out a self-assessment of every healthcare facility in England with more than 10 beds each year and give rating from unacceptable to excellent.

4.5.7. The site comprises multi-storey "deep plan" developments including a recently opened Private Finance Initiative (PFI) facility.

4.5.8. The site total floor area is 202,000m^2, of which 176,000m^2 is used by the ORH NHS Trust.

4.5.9. The site currently provides 862 beds, with 242 single rooms. Total bed numbers are planned to reduce with the advancement of future accommodation improvements and privacy provision.

4.5.10. Forty per cent of the building stock is less than five years of age. Five per cent is less than 25 years of age, with the remainder being less than 50 years of age.

4.5.11. PEAT and environmental scores are currently designated as "acceptable" and the site comprises extensive well-maintained and mature grounds and gardens, some of which are in designated conservation areas.

4.5.12. The site provides 2,456 parking spaces, and benefits from good local public transport and a dedicated Park & Ride service.

Churchill Hospital

4.5.13. The Churchill Hospital is on a 28 hectare estate, also located within Headington, and is approximately one mile from the John Radcliffe Hospital.

4.5.14. The site comprises a new "deep plan" three storey Cancer Centre facility, due to be opened in summer 2008, plus a number of recent stand-alone specialist service building developments. The remaining building stock includes Second World War single storey buildings.

4.6. Healthcare Commission annual assessment and Clinical Negligence Scheme for Trusts[11] (CNST) status

4.6.1. The Trust's Healthcare Commission annual assessment since 2005 has been:

2005/6 - 2 star rating.
2006/7 - Resources – Weak ; Quality – Good
2007/8 - Resources – Weak [12]; Quality – Fair

4.6.2. The Trust CNST accreditation for 2006/07 is:

- General: Level 1
- Maternity: Level 2

4.7. Financial position of the ORH NHS Trust

4.7.1. The Trust started 2006/07 with a significant financial deficit and was required by the former Thames Valley SHA to reduce its costs by a sum of £33m. The Trust achieved this and its final outturn position for 2006/07 was a deficit of £8.65m, £350k better than its Financial Plan. In the current financial year (2007/08) it is forecasting a year-end surplus of £4m.

4.8. Issues raised by the overview and scrutiny committee

4.8.1. The OSC considered the Trust proposals at a meeting on 12 July 2007, hearing from a range of witnesses and reviewing evidence. The meeting was based around the recommendations that were later presented to the Trust Board on 26 July 2007.

4.8.2. The OSC set out their concerns in a letter referring the proposals to the Secretary of State for Health dated 30 July 2007. This letter included the following points:

The Trust's main proposals relating to services for children, babies and maternity services would lead to a reduction in the standards of healthcare available to people in the north of the County and that they are potentially unsafe. They run counter to national policy on

[11] CNST is a scheme of risk pooling. It provides indemnity cover for NHS bodies in England who are members of the scheme against clinical negligence claims made by or in relation to NHS patients treated by or on behalf of those NHS bodies.

[12] The Trust scored 3 out of 4 on four of the five Auditors Local Evaluation (ALE) domains. The Trust scored 1 on the financial standing domain and therefore weak overall because it was technically in deficit in 2006/07. This was a planned deficit set for the Trust by the SHA and resulted from the Trust having to a) give a discount to the PCT b) repay a non-recurrent loan.

localising healthcare and are contrary to the principles identified when the Horton Hospital was amalgamated into the Oxford Radcliffe Hospitals Trust.

Major concerns about transport difficulties between Oxford and Banbury especially at peak travel times and in inclement weather. These concerns included concerns about both emergency transport for patients, and public transport for patients and relatives.

If the proposals to close the out-of-hours service are implemented, children could be put at risk, as services would be moved 23.5 miles from their present site ... there are occasions when the immediate availability of paediatric support is vital and such availability would be vastly diminished even if the Clinical Group's recommendations were implemented.

If the proposal to close the consultant-led service is implemented, mothers and babies could be put at risk… there are major concerns over whether such a large unit as that being proposed would be (a) safe and (b) sustainable. On balance the view is that the case has not been made.

There are sufficient concerns around ambulance provision and the transfer of very sick babies and mothers from Banbury to Oxford to call into question the safety of what is being proposed by the Trust.

Further concerns:

• Insufficient contingency arrangements in place for emergencies;

•A failure to consider the knock-on effect on other services, for example accident and emergency, if these services were withdrawn;

• The OSC was not satisfied that the tools used for the risk assessment were sufficient as there appeared to be a lack of protocols and input from other specialisms on the possible impact on their services;

• Insufficient thought appeared to have been given to the knock-on effects on Social & Community Services of the proposals in particular in relation to the way that pockets of quite severe deprivation within the area could be affected;

• The public in the whole of the local area is overwhelmingly against these proposals and, while the OSC should always reach conclusions on the basis of evidence, it is impossible to ignore such substantial levels of concern.

4.8.3. The OSC requested that the Secretary of State for Health instruct the Trust not to take further action on its revised proposals and asked him to consider what measures could be taken to revise the proposals to satisfy their concerns.

4.8.4. The OSC reemphasised these points at a meeting with members of the IRP on 17 January 2008.

4.9. Issues raised by others

4.9.1. The following sections of this report provide a summary of key points that were made to the Panel over the course of the review. The section starts with a summary of key points that were made by most people coming from each view point. The paragraphs following these summarise issues relating to relevant service areas and key groups. These paragraphs include the views of people working at the Horton Hospital, the John Radcliffe Hospital and across the Trust. They include those supporting and those opposed to the reconfiguration proposals.

4.9.2. Those opposed to the proposals:

- Fear for the safety of children taken ill suddenly or expectant mothers with sudden complications, given the distance to the John Radcliffe Hospital, 23 miles and more for people north of Banbury
- Are worried about the capacity of the ambulance service to respond quickly enough in an emergency and of the impact for families and relatives having to go to the John Radcliffe Hospital when public transport is poor and many people do not have the money for fares
- Do not feel the Trust has been sufficiently committed to the future of the Horton Hospital and what it has to offer and are not satisfied with its approach to the consultation
- Some do not see the need for change. Others do, but do not consider the Trust has done all it could to come up with solutions that support children's and maternity services remaining at Horton Hospital
- Given the size and expertise of the John Radcliffe Hospital, some consider that it should be possible to devise rotations that support these services staying at the Horton Hospital

- Do not consider it right that training constraints should dictate what services can be provided where

4.9.3. Those supporting the proposals consider:

- The main concern is the future clinical safety and viability of services at the Horton Hospital
- There are risks with the current services and they are likely to be unsustainable as currently provided within the next two years
- The main drivers are the EWTD, Modernising Medical Careers (MMC) and developing and maintaining clinical skills given the limited out of hours experience that can be gained at the Horton Hospital
- There could have been better consultation in the early stages, but maintain that in the work following the formal consultation the Trust has looked at all the possible ways of supporting these services at the Horton Hospital and has taken outside expert clinical advice and surveyed other similar hospitals in England and Scotland
- The revised proposals are the best that can be provided for the Horton Hospital
- The Horton Hospital is an integral part of the Trust and an important asset for the future. It should provide as many local services as possible and also provide services such as day surgery for other parts of Oxfordshire

4.10. Children's services

4.10.1. The proposals for paediatric services result largely from the fact that hospital-based care for children, especially inpatients, has fallen dramatically over the years with most care now delivered in the community. Lengths of stay are also much shorter. The case mix at the Horton Hospital is relatively straightforward with those neonates requiring ICU or HDU care usually transferred to the John Radcliffe Hospital or other units. In the seven months from June 2007 to January 2008 three children were transferred out and ventilated at a paediatric ICU and four children were transferred to a HDU.

4.10.2. The volume and complexity of work at the Horton has meant that there has never been recognition of middle grade posts for training and the service relies on non-training middle grades. This has led the Trust to struggle recruiting at this level. Recently, the hospital has depended heavily on locum consultant and middle grade cover, resulting in

the sole substantive paediatrician occasionally sleeping at the hospital to sustain safe services.

4.10.3. Those supporting the proposals see a consultant led ambulatory care service at the Horton Hospital, combined with the strengthening of community paediatrics and the emergency department as protecting as much of the service locally as possible while meeting the future medical workforce challenges. Moving the inpatient service to Oxford would enable all children in Oxfordshire to access the high standard of care available at the John Radcliffe Hospital. They see the proposals in line with the Royal College of Paediatrics and Child Health (RCPCH) view that small inpatient units should be amalgamated when close to another unit. The RCPCH also recognises that in some more isolated and rural areas innovative solutions will need to be found to sustain safe local services.

4.10.4. The main concerns of those against the proposals are the loss of a 24/7 inpatient service and that this loss would mean that it would no longer be possible to maintain SCBU and consultant led obstetrics at the Horton Hospital. There is also concern at the impact of the reduced paediatric service on the sustainability of the emergency department at the Horton Hospital. There is considerable concern that it would take too long to take a child in an emergency to the John Radcliffe Hospital and that transport and access would also be a significant problem for families and potentially costly. People are also reassured by the open access policy at the Horton Hospital, which makes it easy for parents to take their child back after discharge for a check if they are worried. They do not see this as being possible at the John Radcliffe Hospital.

4.11. Maternity

4.11.1. The proposals for maternity services have been put forward because the Trust does not consider the current service will be sustainable in the future. The unit has a low number of births and this means that the hospital is unlikely to achieve training accreditation for middle grade posts in the future.

4.11.2. Supporters of the proposals argue that midwife-led units provide a safe and appropriate service model. Protocols would be developed to ensure that women that may require obstetric care are admitted to the John Radcliffe Hospital and to transfer any women that need obstetric care during labour and/or child birth. There are other examples of stand

alone midwife-led units in Oxfordshire that have good safety records. They consider that additional capacity can be provided at the John Radcliffe Hospital without compromising the quality of care and plan to develop a co-located MLU at the hospital. The Royal College of Obstetricians and Gynaecologists (RCOG) support the amalgamation of small obstetric units where they are close to another unit.

4.11.3. Many staff working at the Horton Hospital and people in and around Banbury want a consultant led obstetric unit maintained at the Horton Hospital. They are particularly concerned about the safety of transferring women to the John Radcliffe Hospital, given the distance and of caring for both women and babies in an emergency. They consider that this would force all but the lowest risk mothers to have their babies at the John Radcliffe Hospital rather than the proposed birthing centre at Horton Hospital. Voluntary sector organisations working with ethnic minority groups and teenage mothers are particularly concerned about the distance and the ability of women they are working with to make the journey to Oxford. The John Radcliffe Hospital provides one of the largest obstetric units in England and concerns were expressed about whether the service could become too large.

4.12. Special Care Baby Unit

4.12.1. The proposals involve the transfer of the SCBU from the Horton Hospital to the John Radcliffe Hospital. If paediatric inpatient services were transferred, it would not be viable to retain the SCBU. Staff in the proposed MLU would be equipped to provide immediate life saving techniques and protocols would be in place to transfer any babies that required more specialist care.

4.12.2. Those arguing against this proposal consider that the SCBU provides an important element of the package of care that is available at the Horton Hospital. They also argue that the SCBU provides an overflow service for other hospitals, including the John Radcliffe, when they are at capacity. There was a concern that staff would not be prepared to travel to work in Oxford if the SCBU if moved.

4.13. Gynaecology

4.13.1. Few concerns were expressed about the proposed changes to gynaecology services although there was some concern at consultant gynaecologists' ability to cover three sites in the future, when more services are provided at the Churchill site.

4.14. Emergency Department

4.14.1. The proposals for paediatrics are intrinsically linked to the emergency department at the Horton Hospital. The emergency department would provide enhanced paediatric skills and a children's area should the proposals be implemented. At present, the paediatric department is often used for keeping children admitted to the emergency department under short term observation and to separate children from an adult environment.

4.14.2. The number of children presenting to the emergency department with paediatric problems (not injuries) outside the planned opening hours of the ambulatory unit is currently very small, particularly overnight. If required it is planned that paediatric assistance via telemedicine or paediatricians in Oxford would be available backed up by a rapid response paediatrician for severely ill children.

4.14.3. The emergency department has recently been expanded from a single-handed consultant to a team of three rotating across the Horton and the John Radcliffe Hospitals. These are supported by a team of middle grade doctors and while it has become more difficult in recent months to fill these posts, the Trust is confident that the department will be sustainable in the medium term.

4.14.4. Many local people and campaign groups expressed concern about the domino effect of losing paediatric and maternity services resulting in the loss of the emergency department at the Horton Hospital.

4.15. Anaesthetics

4.15.1. Anaesthetists currently cover both the emergency department and obstetrics at the Horton Hospital at the same time. Royal College guidelines stipulate that there should be a separate rota for obstetrics and emergency medicine. There will be no role for anaesthetics in relation to maternity if the Horton Hospital unit is turned into a midwife-led unit.

4.16. Primary care

4.16.1. The North Oxfordshire and South Northants GP Forum communicated the views of a group of local GPs that are opposed to the proposals, concluding that they:

- will result in services which are unsafe and unsustainable into the future
- are not in the best interest of patients who will be faced with serious obstacles in both accessing services and visiting sick children or relatives. The most vulnerable will be hardest hit
- will increase demands on the ambulance services and its crews and on already overstretched departments at the John Radcliffe Hospital
- will have consequences both in medico-legal and human terms that are far reaching and expensive
- adhere to an outmoded model of centralisation that ignores more modern trends to bring services closer to patients
- ignore the clear recommendations of the Davidson Inquiry and the prerequisites of the agreement to merge into a single trust
- are overly influenced by a small group of medical specialists in Oxford who have plans for centralisation that ignore the expressed and documented needs of the community

4.16.2. In the light of the reaction to the consultation by GPs, the PCT undertook a further survey of all 82 north Oxfordshire GPs to assess responses to the final proposals. This asked a number of questions and elicited a wider range of views from the 53 GPs who responded than the original single question survey. It was recognised that there was no guarantee that maintaining the current level of service provision for paediatrics and maternity would be safe in the medium and long-term. At the same time, there was no majority view in favour of the Trust's proposals for change.

4.16.3. Some GPs were concerned about how well informed the wider GP community was of the proposals and reasons for these. Three of the four GPs that were involved in the Trust clinical working groups support the Trust proposals, having previously opposed them.

4.17. *South Central Ambulance Service*

4.17.1. The ambulance transfer time to the John Radcliffe was a major issue for local people and for staff working at the Horton Hospital who argued that there was evidence that this took too long to provide a safe service.

4.17.2. A representative of the Ambulance Service advised that blue light journeys take 25 to 40 minutes. A member of the stakeholder panel undertook a test run with the Ambulance Service, which was completed in 25 minutes. An experiment carried out by the Keep the Horton General Hospital campaign group found the travel time to be 65 minutes. The longest urgent trip recorded is 53 minutes.

4.17.3. If the proposals were to proceed the ambulance service would respond to an emergency call from the midwife-led unit at the Horton Hospital as a category A call, that is within eight minutes in the same way that they currently respond to calls from the Trust's existing midwife-led units. Clear protocols would be agreed to respond to requests for transfers for children, mothers and neonates. A ring-fenced service in the form of a dedicated ambulance had been discussed but ruled out as it was not seen to be efficient.

4.18. *Public and Patient Involvement*

4.18.1. There was not a consensus view amongst patient and public involvement representatives. Some recognised and understood the need for change whilst others objected to them.

4.18.2. Public and patient involvement groups told panel members that public meetings about the proposals had not all been accessible, that the gains and losses related to the proposals had not been well set out and that media reporting had led to some misconceptions amongst local people.

4.19. *Keep the Horton General Hospital*

4.19.1. The main campaigning group opposed to the proposals is the Keep the Horton General Campaign Group. The group presented a wide range of evidence against the proposals. They argued that the process of reviewing clinical options and stakeholder engagement was unsatisfactory, that there was a failure to appraise how other small hospitals operate similar services, that the proposals are counter to choice, that there will be no firm evidence on the safety of stand-alone midwife-led units until the 2009 perinatal report,

that transport between the sites had not been realistically appraised and they suggested that the government could choose to delay implementation of the EWTD.

4.20. *The local NHS*

4.20.1. PCT commissioners and the SHA told us that when the Trust began its review five PCTs covered Oxfordshire, only one of which utilised services at the Horton Hospital. These did not have a strong voice and it was difficult to oversee the process, in contrast to the one county-wide PCT now. The PCTs response to the proposals was based on an assessment of safety, sustainability, quality, value for money, access and stakeholders views.

4.20.2. The SHA see their role as ensuring safety of the model if taken forward. They acknowledge that initially communications were not well handled both internally and externally. The NHS Next Stage Review for NHS South Central will reflect the plans for the Horton Hospital.

4.20.3. The Trust management told us that they are working towards singularity of culture and identity. Change is needed and this is driven primarily by safety. The review of options was led by clinical groups and they are satisfied that no alternatives to the proposals could be identified. None of the proposals have a level of risk that is unacceptable. They are committed to keeping services at the Horton Hospital. Commitment is shown to the Horton Hospital through increased investment in services such as diagnostics and capital investment plans.

4.21. **Other evidence - Published reports**

4.21.1. A number of reports have been produced, which the Panel took into account when reviewing the proposals, these include:

4.21.2. *Children's Services*

- *NSF for Children, Young People and Maternity Services: Standard for Hospital Services* (April 2003)
- *The acutely or critically sick or injured child in the district general hospital* (October 2006) RCN, DH, RCS, RCPCH, RCoA, APA, BAPS.

- *Modelling the Future: A consultation paper on the future of children's health services* (September 2007) RCPCH.
- *Services for Children in Emergency Departments* (April 2007) Intercollegiate Committee for Services for Children in Emergency Departments.
- *Improving services for children in hospital*, Healthcare Commission (February 2007) A report of a review by the HCC in 2006.
- *Caring for Vulnerable Babies: The reorganisation of neonatal services in England* (December 2007) National Audit Office

4.21.3. *Maternity services*

- *NSF for Children, Young People and Maternity Services: Maternity Services* (October 2004)
- *Maternity Matters: Choice, access and continuity of care in a safe service* (April 2007)
- *NICE guideline 55 on Intrapartum Care* (September 2007)
- *Safer Childbirth: Minimum standards for the organisation and delivery of care in labour* (October 2007) RCO, RCM, RCA, RCPCH
- *The Safety of Maternity Services in England*, King's Fund Report (2007): This report introduces an independent enquiry by the King's Fund, expected to report February 2008.
- *Healthcare Commission review of Maternity Services in 2007* for the Oxford Radcliffe Hospitals NHS Trust (January 2008)
- *CEMACH: Saving Mothers' Lives - Reviewing maternal deaths to make motherhood safer 2003-2005* 4th December 2007

4.21.4 *General*

- *'Aspiring to Excellence, Independent Inquiry into Modernisng Medical Career'* Sir John Tooke (October 2007) and final report (January 2008)
- *The relationship between distance to hospital and patient mortality in emergencies: an observational study* Jon Nicholl, James West, Steve Goodacre, Janette Turner (May 2007);
- *Our NHS our future. NHS next stage review*. Interim report. October 2007 published by the Department of Health

- *The NHS in England: operating framework for 2007-08*
- *Acute Healthcare Services – Report of a Working Party.* Academy of Medical Royal Colleges (September 2007)

OUR ADVICE

Adding value

5.1. Introduction

5.1.1. The Secretary of State asked the IRP to review the proposals of the ORH NHS Trust to reconfigure paediatric services, obstetrics, gynaecology and the special care baby unit at the Horton Hospital in Banbury. The IRP has considered these changes in the context of the wider plans of the ORH NHS Trust and Oxfordshire PCT for the health community in the north of Oxfordshire.

5.1.2. These proposals were part of a wider set of changes set out by the ORH NHS Trust in 2006 in their consultation document *Performance Improvement and Cost Reduction Programme Part 2, The Horton Hospital*. The OSC has welcomed the proposals for services for older people and to do more elective and day surgery at Horton Hospital and improve the support to the emergency department. It has also accepted the need to change arrangements for emergency general surgery and trauma and laboratory and pathology services. It rejected the proposed changes for paediatric services, obstetrics, gynaecology and the special care baby unit.

5.1.3. Although the Horton Hospital became part of the ORH NHS Trust in 1999, the merger has been difficult and despite some progress the hospitals are still not fully integrated. They are very different in nature, Horton is a small general hospital whereas the John Radcliffe is a large teaching hospital providing specialised services and one of only five designated national research institutes in the country.

5.1.4. Horton Hospital provides good local hospital services to a catchment population of some 150,000 people in the north of Oxfordshire, south Northamptonshire, part of Warwickshire and northwest Buckinghamshire. It is an area where neighbouring hospitals are all some distance away. The IRP was impressed by the commitment of staff at the hospital and this was reflected in the positive feedback from people who had used its services. The hospital has strong local support. Whilst people are prepared to travel for more specialist services they very clearly want to retain local services at the Horton Hospital.

5.1.5. Like other small hospitals, Horton needs to adapt if it is to continue providing safe and sustainable services for the future. Whilst it does not have difficulties recruiting nursing and midwifery staff it does have problems recruiting medical staff and these will increase in the future.

5.1.6. The IRP considers that Horton Hospital has a positive future as an integral part of the ORH NHS Trust. Appropriate clinical networks must be developed between the three hospitals that make up the Trust, with primary care and other neighbouring hospitals. This will involve change and now is the time for all concerned to agree the best way forward.

5.1.7. **Recommendation One**

The IRP considers that the Horton Hospital has an important role for the future in providing local hospital based care to people in the north of Oxfordshire and surrounding areas. However, it will need to change to ensure its services remain appropriate, safe and sustainable.

5.2. **The Trust's proposals**

5.2.1. The Trust proposes the transfer of inpatient paediatrics, consultant-led obstetrics, the special care baby unit and the gynaecology ward from Horton Hospital to the John Radcliffe Hospital. It proposes to develop a consultant-led paediatric ambulatory care service at Horton Hospital and a full midwife-led service, established as the Horton Birthing Centre. The gynaecology inpatient ward would be converted into a day surgery unit. The emergency department would be strengthened.

5.2.2. Although these proposals were published in a consultation document under the heading of a performance improvement and cost reduction programme they are principally the result of the ORH NHS Trust's response to their assessment of the future safety and sustainability of these services at the Horton Hospital. With the low numbers of births and paediatric activity at Horton Hospital and impact of the EWTD and MMC the ORH NHS Trust does not consider it will be able to recruit the necessary medical staff either in training or non-training posts.

5.2.3. The Obstetrics and Paediatric sections of the Academy of Medical Royal Colleges document *Acute Health Care Services – Report of a Working Party* (September 2007) and recent reports from the RCPCH and RCOG set out the latest thinking on future models for these services. They identify medical manpower shortages and recommend the amalgamation of units where they are close to each other, whilst recognising that in rural and isolated parts of the country this may not be possible and ways will need to be found to sustain safe local services.

5.2.4. The ORH NHS Trust has sought external expert clinical advice through the reports it commissioned from Professor Sir Alan Craft, Nick Naftalin and Sir George Alberti and through the two clinical groups it set up after the end of the formal consultation period.

5.2.5. The Secretary of State asked the IRP to consider whether the ORH NHS Trust's proposals will ensure safe, sustainable and accessible services for the people of north Oxfordshire and surrounding areas served by the Horton Hospital.

5.2.6. No solutions can be risk free, but whilst the IRP accepts that the Trust's proposals might provide one model of a sustainable service, we are not convinced they are necessarily the only way to ensure future safety, accessibility and sustainability. We have some concerns about the paediatric ambulatory care proposals. The consultant-led service is not proposed to run 7 days a week as Sir Alan Craft suggested nor is it proposed to have a nurse-led 24/7 inpatient paediatric unit at Horton Hospital, which he had also suggested as a possibility. We are concerned about the future viability of the emergency department at Horton Hospital even with the additional support proposed by the ORH NHS Trust. We are concerned that the Trust only sees the sustainability of the emergency department as secure in the 'medium term'. We consider it essential that the emergency department at Horton Hospital remains and the fullest possible paediatric support is important in achieving this.

5.2.7. Without 24/7 paediatric medical staff on site, it would be difficult to retain the SCBU at Horton Hospital. It could be staffed with neonatal nurse practitioners (NNP) with consultant back up, but workforce with NNP skills and training are in short supply. It is not possible to provide a consultant-led obstetric unit without a SCBU. Moving the consultant-led obstetric service to the John Radcliffe Hospital would enable amalgamation

of the consultant establishment between the two hospitals and help the John Radcliffe Hospital improve the consultant presence on its labour wards. A stand-alone midwife-led unit at Horton could work satisfactorily, providing proper protocols and excellent transport arrangements were in place. Oxfordshire already has considerable experience running three stand-alone midwife-led units and the IRP has seen them working well elsewhere in the country.

5.2.8. The IRP does not consider that the ORH NHS Trust's proposals will ensure services are sufficiently accessible to people in the north of Oxfordshire and surrounding areas. Whilst the Trust is proposing to strengthen community services and maintain day and outpatient access at Horton Hospital, families would have to make difficult and costly journeys to Oxford. There is a risk that people would be put off or defer seeking advice because of these difficulties. South Central Ambulance Trust will have an additional ambulance funded and located in the Banbury area and has given assurances about its response times in an emergency. It is confident in its ability to transfer patients safely to the John Radcliffe or other appropriate hospital. This confidence is not shared by the public and the prospect of an obstetric emergency at the last stage of an otherwise normal delivery was the biggest single concern expressed to the IRP.

5.2.9. The IRP is concerned that the changes to paediatric, maternity, special care and gynaecology services at Horton Hospital are being driven by future medical staffing constraints, not by providing a better service for local people.

5.2.10. In other reviews of maternity and paediatric services it has undertaken, the IRP has been able to see the overall benefits to people from the proposed changes. In this case, this is difficult to argue. This is no reflection on the services people would receive in Oxford which we would expect to be excellent, but access is a factor. Horton Hospital is well located for the population it serves and this makes arrangements easier for families with a child in hospital. Horton Hospital also has an open access policy so that parents who have any concerns about their child after discharge from the hospital can take them straight to the ward for a check. Inevitably this will be much more difficult if parents have to go to Oxford. Similarly, mothers and families have easy access to good consultant-led services and the SCBU. Under the proposed changes, some mothers would have similar access

through the MLU, but the majority would have no choice but to go to Oxford to a very different type of maternity unit that is already one of the largest in the country.

5.2.11. **Recommendation Two**

The IRP does not support the Trust's proposals to reconfigure services in paediatrics, obstetrics, gynaecology and the SCBU at Horton Hospital. The IRP does not consider that they will provide an accessible or improved service to the people of north Oxfordshire and surrounding areas.

5.3. **Further work to assess how these services can be maintained at the Horton Hospital**

5.3.1. The IRP is critical of the leadership and nature of the consultation process that has taken place over the proposed changes at Horton Hospital. Knowing how important these issues are to people living in and around Banbury, a different approach should have been taken. We recognise the considerable work undertaken by the ORH NHS Trust post-consultation, including seeking external advice and exploring the issues and alternative options that had been raised during the consultation. At the same time, we consider that the alternative options which would have maintained services at Horton Hospital were too easily dismissed. In any case, these options should have been explored fully in a proper engagement process prior to the formal consultation. There was not time at the end of the process to do this properly and, by this stage, mistrust had developed.

5.3.2. At the outset the consultation should have been led by the Oxfordshire PCTs, working with the ORH NHS Trust and people locally. Although the new Oxfordshire PCT was only established at the end of the consultation period, the IRP considers that it should have taken a leading role in the post-consultation work and ensured that there was sufficient time to work through all the options with people. The proposals needed to be considered in the context of the wider service strategies for children and maternity and for north Oxfordshire as a whole, including the future role of the Horton Hospital.

5.3.3. Elsewhere reconfiguration of maternity units and inpatient paediatric services is taking place and there are locations where strategies have been developed to retain small local units. It appears to the IRP that when it is considered important enough to retain a local service, ways to do this are found. These may be more expensive and in some areas of the

country PCTs have agreed to pay above the PBR tariff recognising the value of these services to people locally.

5.3.4. The IRP does not consider that either the ORH NHS Trust or the PCT has given sufficient weight to the importance local people attach to retaining the maternity unit, SCBU and inpatient paediatric service at Horton Hospital. They have not set out what it would take to achieve this. The PCT should take the lead, working with the ORH NHS Trust, local GPs and a range of stakeholders, particularly patients and the public. This should include appropriate involvement from stakeholders in Northamptonshire, Warwickshire and Buckinghamshire. The work needs to explore fully the potential of stronger clinical networks between the John Radcliffe and Horton Hospitals, with primary care and with partners outside Oxfordshire. The SHA should ensure that this work is approached in a positive way and that a rigorous and timely process is followed.

5.3.5. The work should include a further assessment of how much additional activity can realistically be attracted to Horton Hospital.

5.3.6. The combination of the research expertise and reputation of the John Radcliffe Hospital, with a good local hospital in Horton, together with the attractiveness of Oxfordshire as a place to live, should give the Trust a positive edge in recruitment and make alternative staffing models easier than in many other places.

5.3.7. **Recommendation Three**

The PCT should carry out further work with the Oxford Radcliffe Hospitals NHS Trust to set out the arrangements and investment necessary to retain and develop services at the Horton Hospital. Patients, the public and other stakeholders should be fully involved in this work. South Central SHA should ensure that a rigorous and timely process is followed.

5.4. **The PCT's overall strategy**

5.4.1. We were not able to consider the Trust's proposals against any clear PCT strategy for children's, maternity and emergency services for north Oxfordshire or Oxfordshire as a whole. We did see high level strategic statements from the PCT but they did not articulate

a clear vision for future services in north Oxfordshire. More detailed work should have been undertaken by the PCT in line with the Department of Health's Operating Framework for 2007/8, which sets out that PCTs should:

…undertake preparatory work with providers to implement the Our health, our care, our say commitment that by 2009 all women will have access, choice and continuity of maternity care ante-natally, in labour and delivery, and post-natally. In particular, PCTs should use 2007/08 to assess current services, identify gaps and the barriers to service development, and set out their local strategy for meeting the maternity commitment in 2009.

5.4.2. **Recommendation Four**

The PCT must develop a clear vision for children's and maternity services within an explicit strategy for services for north Oxfordshire as a whole.

5.5. **Clinical integration**

5.5.1. Although there has been progress and commitment from the ORH NHS Trust Board we were disappointed in the limited extent of clinical and systems integration between the John Radcliffe, Churchill and Horton Hospitals and considered that more should have been achieved given the time the hospitals have been within the same Trust. This is relevant to this review because of the greater potential to support local services at the Horton Hospital than there would be if the Horton was linked with another smaller district general hospital. We heard from various clinicians of possible service developments at the Horton Hospital but these were not yet fully worked through. The ORH NHS Trust's commitment that the Horton Hospital is an important part of its portfolio needs clear reinforcement in its future strategic documents. The IRP was left with a sense that the Horton Hospital remains a problem to be solved rather than a development opportunity.

5.5.2. The IRP was impressed with the evident commitment and expertise of the ORH NHS Trust's clinical staff and would wish to see more clinically integrated practice across the whole Trust which will in turn provide more effective and seamless services for patients.

5.5.3. **Recommendation Five**

The ORH must do more to develop clinically integrated practice across the Horton, John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector.

5.6. **Publishing a plan and timeline for the next steps**

5.6.1. The PCT, ORH NHS Trust and SHA should work together, linking with the Oxfordshire Joint Health OSC, to agree a plan for taking forward the recommendations in this report. The plan should be produced as a matter of priority. It should also inform the PCT three year strategy which is due to be published in September and the local plans to implement the NHS Next Stage Review.

5.6.2. **Recommendation Six**

Within one month of the publication of this report, the PCT should publish a plan including a timeline for taking forward the work proposed in these recommendations.