Responding to Secretary of State Letter following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

Paper for the Joint OSC meeting 4 July 2019

Workstream 6: Option Appraisal

The options to be reviewed have been agreed with Horton HOSC and the list has been published on the OCCG website. It was also presented at the first Stakeholder event.

The criteria to be used in the assessment were shared with the Horton HOSC and have also been published on the OCCG website. The criteria include ones relating to clinical outcomes and safety, patient experience, choice and travel as well as workforce and strategy. These criteria were considered at the first Stakeholder event and were weighted individually and then these individual contributions were used to prepare an aggregate weighting. The results of the weighting were kept confidential so that those involved in the scoring of the options were not influenced by the weighting.

A Scoring Panel was recruited with representatives from stakeholders (co-chair of Maternity Voices Partnership, Chair of the Community Partnership Network and a representative from Keep the Horton General), and NHS clinicians and managers from OCCG and OUH. The task of the Scoring Panel was to allocate scores to each of 12 options which relate to how maternity services at the Horton General Hospital might be run in the future. Each option was assessed against the 13 criteria.

The panel members were invited to undertake this scoring process individually on Tuesday 14 May 2019, returning individual scoresheets by 5pm on Monday 27 May 2019. To help them do this, they were sent an information pack that included a guide to scoring and information and evidence about all the criteria with the exception of finance. The scoring guide instructed members to apply a score against each criteria for each option of between zero and four, with zero being low and four being high.

Some criteria (7-11) for options Ob3, Ob5 and Ob9 had been ‘greyed out’ and panel members were instructed not to score these. They largely related to obstetric staffing and the options were variation on others being considered. In discussion at the Scoring Panel meeting it was proposed and agreed to populate the scores for these criteria by copying the ‘best set’ from another option.

A meeting of the scoring panel was arranged for Monday 3 June 2019 at Banbury Town Hall. At this day-long meeting, those who are able to attend discussed the individual scores submitted by each with the aim of reaching a consensus on all scores. The Horton HOSC and Keep the Horton General were also invited to send representatives to observe the meeting.

In advance of the meeting, Keep the Horton General advised OCCG that they did not intend to score the options but that they would attend the meeting and participate in the discussion. All other members of the panel participated in the scoring; some

chose not to score all criteria. The summary of how many members of the panel scored each criteria is available at Appendix 1.

Nine of the ten panel members attended the meeting (the Director of Midwifery was unable to attend but had sent her scores in advance).

The Scoring Panel meeting was facilitated by colleagues from Freshwater who have been providing external support for the process and the meeting was Chaired by a member of the Consultation Institute.

The first part of the meeting discussed how a consensus score could be agreed. Where there was a clear consensus score from all participants who scored that particular cell, that score was recorded on the 'consensus score sheet' in advance, indicating a consensus score had been reached. The panel agreed to review these scores too.

Each remaining set of scores was looked at in terms of its distribution. The panel agreed that there were three distinct 'domains' that the five scores could be sorted in – low (0-1), high (3-4) and in the middle (2). They then agreed that wherever the individual scores for one option and criteria fit in to one of the three domains, then the score which was chosen by the most panel members (the mode) would be the final score.

Where there was not a consensus on a score, the panel members discussed their various responses and agreed on a score. It was decided that, when the range of scores was fairly narrow (e.g. a situation where all the scores are 0, 1 or 2), the panel would look at which score was chosen by the most panel members and agree to submit that score, unless there was disagreement from a member of the panel, in which case the score would be discussed by the panel until, where possible an agreement was reached.

Where there was a wide range of individual scores given, for example ranging between 0-4, the panel members discussed their individual scores, taking into account where scores fell into the three domains, before, where possible, reaching an agreement.

It was agreed that more information needed to be provided for option 5 (two obstetric units – elective) as two members of the panel had based their scores on a different interpretation of the option. It was agreed that those panel members would review their scores based on the full description of the option.

There were a small number of scores which the panel agreed more information was needed to allow them to reach a consensus agreement and a further meeting was agreed to allow the information to be gathered and scores to be reviewed, discussed and agreed. This further meeting took place in Banbury on Wednesday 12 June.

By the end of the second scoring panel meeting, scores had been agreed for all criteria. With the exception of two scores all scores were a consensus panel view. One member of the panel asked for a caveat to be recorded for two scores

- Option 6, criteria 4
- Option 6, criteria 13

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Appendix 1: Number of panel members who scored each criteria

Criteria	Options											
Number of respondents	Ob1: 2 obstetric units – (2016 model)	Ob2a (i): 2 obstetrics units – fixed consultant	Ob2a(ii): 2 obstetric units - tier 1 support	Ob2b: 2 obstetrics units – rotating consultant	Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	Ob3: 2 obstetrics units – external host for HGH	Ob5: 2 obstetrics units – elective (planned)	Ob6: Single obstetric service at JRH	Ob9: 2 obstetric units both with alongside MLU	Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training
1. Clinical outcomes	8	8	8	8	8	8	8	8	8	8	8	8
2. Clinical effectiveness and safety	8	8	8	8	8	8	8	8	9	9	8	8
3. Patient and carer experience	9	9	9	9	9	9	8	9	9	8	9	9
4. Distance and time to access service	9	9	9	9	9	9	9	9	9	9	9	9
5. Service operating hours	7	7	7	7	7	7	7	7	7	6	7	7
6. Patient choice	9	9	9	9	9	9	9	9	9	8	9	9
7. Delivery within the current financial envelope	scored at the 1st meeting of the scoring panel											
8. Rota sustainability	7	7	7	7	7	7	scored at the 2nd meeting of the scoring panel	scored at the 2nd meeting of the scoring panel	7	scored at the 2nd meeting of the scoring panel	7	7
9. Consultant hours on the labour ward	8	8	8	8	8	8			8		8	8
10. Recruitment and retention	8	8	8	8	8	8			8		8	8
11. Supporting early risk assessment	6	6	6	6	6	6			6		6	6
12. Ease of delivery	8	8	8	8	8	8	7	7	8	7	8	8
13. Alignment with other strategies	7	7	7	7	7	7	7	7	9	7	7	7

Note: Non scorers: Keep the Horton General