

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 26 November 2018

The attached paper outlines the approach that Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Trust (OUH) are proposing to take to address the outcome of the referral to the Secretary of State. This has been updated taking into account the points raised at the first meeting of the Horton Joint Health Overview and Scrutiny Committee (Horton Joint OSC).

Work is underway on all the information collecting work streams as these progresses products will be shared on our website [here](#).

The Horton Joint Overview and Scrutiny Committee is asked to:

- **Confirm that in the opinion of the Committee the proposed approach and plan outlined will address the recommendations of the Secretary of State/Independent Reconfiguration Panel.**
- **Confirm that the Engagement plan presented is comprehensive and allows for full engagement in the work streams and appraisal process.**
- **Note and endorse the revised timeline which has extended to ensure fuller engagement throughout the work streams as requested by the Horton Joint OSC and the period of political restriction prior to the local elections.**
- **Note the revised timeline would indicate that further meetings of the Horton Joint OSC for the proposed gateways should be held in February and June 2019 (previously January and April 2019)**
- **Agree that the priority now is for OCCG and OUH to proceed to implement the plan**

Louise Patten, Chief Executive, Oxfordshire CCG
Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Trust

The table below contains all the points included in the summary of the Horton Joint OSC meeting held on 28 September 2018. The second column indicates how the point is being addressed. Most of the actions highlighted have been incorporated into the revised programme plan and will then be delivered through the implementation of the programme.

Action requested by joint OSC at meeting on 28 September 2018	How this is being addressed
a) A more detailed scope for each of the proposed workstreams and a realistic timetable for completion.	Work streams revised and outlined in more detail in this plan. Revised timetable included in section 4 on page 11.
b) A review of transfer times between the Horton and JR hospitals for mothers needing obstetric interventions and the contingency plans for when there are multiple demands on the dedicated ambulance or severe traffic delays, etc.	Included in work stream 5c (section 3.5.3 on page 8).
c) A clinical view on the acceptability of the quoted transfer times (30-120 minutes) from the Horton Hospital to the JR.	Included in work stream 5c (section 3.5.3 page 8).
d) An overview of the data on mothers who have <i>chosen</i> to go to other hospitals because of the situation at the Horton and where those hospitals were.	Data on location of birth included in work stream 4 (section 3.4 on page 6).
e) Analysis of the current and future demand for services at the Horton, including an assessment population growth as a result of future housing and growth plans.	Included in work stream 4 (section 3.4 on page 6).
f) A comprehensive engagement plan that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire.	Work stream 1 (section 3.1 on page 5) with supporting detail in Appendix 1.
g) Further refinement of the options (particularly option 4) to take account of the population share of births, as opposed to just the size – i.e. some sensitivity analysis.	Options revised to focus on work force models. Work stream 4 (section 3.4 on page 6) on activity and population growth incorporates a sensitivity analysis.
h) An overview of the cost of patients going out-of-county vs. the income received from patients coming to the Horton.	New work stream, 5b (section 3.5.2 on page 8), on finance added.
i) The questions in the proposed survey	This is included in work stream

<p>before this is sent out.</p>	<p>1. Representatives from the Horton Joint OSC and Keep the Horton General are part of the panel appointing the company to undertake the survey and defining the areas to be covered. The appointed company will write the questions.</p>
<p>j) Detail about the options appraisal process and any weighting of the appraisal criteria.</p>	<p>This is included in work stream 6 (section 3.6 on page 9) and stakeholder input to this described in the Engagement plan</p>
<p>k) Further information about the approach to recruitment and retention of midwives and doctors at the Horton.</p>	<p>Presented as a separate paper to the Horton Joint OSC meeting on 26 November 2018</p>

OCCG and OUH plan as at 15 November 2018

1. Context

The Secretary of State (SoS) accepted the recommendations of the Independent Reconfiguration Panel in full and therefore asked for:

- A more detailed appraisal of options and in particular ensuring that the population growth in the wider catchment is considered
- Reviewed with stakeholders
- Address outstanding issues from November 2016 Clinical Senate recommendations
- Learn from experiences of mothers, families and staff
- Review and confirm the staffing and transfer models for Midwife Led Units (MLUs)
- Interdependencies with other services
- For the CCG and Overview and Scrutiny Committee to work together to involve stakeholders from the wider area to participate in the debate.

“Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future.”

2. Scope of work

1. Working closely with neighbouring CCGs to ensure we have a full understanding of the population size and future housing/population growth for Oxfordshire and surrounding areas. Northamptonshire and Warwickshire are key populations but also need to consider the whole of Oxfordshire and flow from other counties to the John Radcliffe unit as the IRP was clear that the options must be the most desirable for the whole of the Oxfordshire population and wider population that access services in Oxfordshire. This enables modelling of potential market size (number of births) and ability to test market share.
2. To take a fresh look at the options presented in the August 2018 Decision Making Business Case (DMBC) and any additional options identified to identify whether there is a feasible staffing model to maintain obstetric services at the Horton General Hospital.
3. To address the other challenge of how the absence of obstetrics at the Horton may affect the sustainability of other specialties. A key area is to test viability of the anaesthetic rota

3. Work streams

3.1 Work stream 1 - Engagement – lead Heads of Communication and Engagement OCCG

The purpose of this work stream is

- To ensure that the programme of work to address the requirements as set out by the Secretary of State is undertaken with stakeholders in an open and transparent way
- To seek feedback from mothers and families in Oxfordshire and the bordering areas in the north of the county who have given birth since the temporary closure of the Horton obstetric unit on 1 October 2016.

3.1.1 *Stakeholder engagement*

- Work with Horton Joint OSC throughout so plan agreed at beginning and review delivery with them (fulfils requirement to consult with scrutinising bodies)
- Public/stakeholder involvement throughout;
- Outcome of detailed work on option appraisal will determine whether or not there is a need for a formal public consultation (would also discuss/agree this with Joint OSC as part of plan agreement)

3.1.2 *Patient experience (work with Clinical Director of Obstetrics OUH and Head of Children's Commissioning, OCCG and Oxfordshire County Council)*

- Use information from CQC survey
- Women and families to survey are those who have given birth since 1 October 2016 and to include
 - Women (sampling may be required to get representative groups) registered with an Oxfordshire GP wherever they have given birth
 - Women from identified Northamptonshire and Warwickshire practices wherever they have given birth
- Survey questions to be developed and input sought from Maternity Voices and other stakeholders
- Commission external expertise to manage and administer survey (will ensure questions are not leading and also to give independence)

Position at 15 November 2018:

- A comprehensive engagement plan, that demonstrates a focus on the voices of local people and gives sufficient attention to mothers in Northamptonshire and Warwickshire, has been developed and attached as Appendix 1 for comment and approval by Horton Joint OSC
- External companies contacted for quotes to undertake survey and focus group work
- Date set for review of external companies to undertake survey and focus group work

Completion of this work will be demonstrated through:

- Delivery of the agreed engagement plan, including clear demonstration of how the information collected has been used
- Production of a report on the experience of women and their families and using this in the option appraisal process

3.2 Work stream Service description – leads Clinical Director of Obstetrics, OUH and Head of Children’s Commissioning, OCCG and Oxfordshire County Council

The purpose of this work stream is to provide a description of the whole maternity pathway (pre-conception to post-natal) and identifies where services available to women and their families. This considers services available within Oxfordshire and those in surrounding counties which may be accessed by women and their families in the Horton General Hospital catchment areas.

3.3 Work stream 3 Future vision for the Horton General Hospital and Interdependencies – lead Director of Strategy, OUH

The purpose of this work stream is to describe the future vision for the Horton General Hospital and to identify what, if any service interdependencies there are which may be impacted by any decision on provision of obstetric services.

- Reiterate vision for Horton as described in DMBC and Horton strategic review
- Use South East Coast Clinical Senate review (and experience of running for last 18 months) to evidence lack of dependency on obstetrics for key services (paediatrics, A&E, acute medicine)
- Address the other challenge of how the absence of obstetrics at the Horton may affect the sustainability of other specialties. A key area is to test viability of the anaesthetic rota.

Completion of this work is demonstrated by a clear articulation of the place of the Horton General Hospital in future provision of services and ensuring that the interdependency of services is addressed in the option appraisal

3.4 Work Stream 4 Size and share of the market (activity and population modelling) – lead Director of Governance, OCCG

- l) The purpose of this work stream is to collate and analyse activity and develop activity projections that take into account population growth for areas that access services in Oxfordshire. This incorporates analysis of the current and future demand for services at the Horton, including an assessment population growth as a result of future housing and growth plans.

- Get full understanding of shift in location for births from 12 month pre-change period (01.10.15 to 30.09.16) to 18 month post temporary closure period (01.10.16 to 31.03.18) for Oxfordshire residents and for Warwickshire and Northamptonshire practices that are significant users of Oxfordshire services
- SCBU/neonatal activity
- Work with District Councils to look at future housing and population growth and consider what this might mean for numbers of births
- Undertake some sensitivity analysis to vary population share of births that take place at different sites to give an indication of the size of shift required to increase the numbers of births at the Horton General Hospital to over 2,500.

Position at 15 November 2018

- Births analysis from 1 October 2015-31 March 2018 for Oxfordshire, Northamptonshire and South Warwickshire completed (as presented to the last meeting of the Committee).
- Housing growth projections for Cherwell District Council, Stratford-on-Avon, West Oxfordshire District Council and South Northamptonshire received and understanding of locations and which of these that fall in the catchment area of the Horton General Hospital. Some Annual Monitoring Reports are in the process of being updated so analysis of housing and population growth will be undertaken once these are received from District Councils (end November/early December).

Completion of this work will be demonstrated by presentation of past activity and projections based on District Council provided housing growth figures with any assumptions identified.

3.5 Work stream 5 Options work up

The purpose of this work stream is to ensure that all potential options are appraised openly and consistently.

3.5.1 Work stream 5a Workforce analysis – leads Clinical Director of Obstetrics OUH and Head of Children's Commissioning, OCCG and Oxfordshire County Council

- An assessment of what would be required to have training accreditation for doctors in training in the obstetric service at the Horton General Hospital reinstated. This will require seeking views from Royal College of Obstetricians and Gynaecologists and Health Education England/Postgraduate Dean (responsible for allocating doctors in training).
- A detailed analysis of staffing requirements (medical and nursing) for each of the shortlisted options. This will include development of rotas and job plans.
- Review of the deliverability of each of the staffing models.

3.5.2 Work stream 5b Financial Analysis – leads Directors of Finance, OUH and OCCG

The purpose of this work stream is to demonstrate how funding flows (including overview of the cost of mothers going out-of-county and the income received for mothers coming to the Horton and the John Radcliffe hospitals) and, how it is used and be able to present the additional/difference in costs for each option. The following areas are being worked on.

- The income received/spent in total for both the OUH and for OCCG. For OUH this will include an explanation about how it is then used to fund maternity and all required services to support it in the Trust.
- A presentation of baseline costs of maternity services against which the increased costs of any of the potential staffing options will be assessed. This needs to be one that shows the cost of the previous model of providing obstetrics at the Horton.
- Costing of the different workforce models in the options to understand the changes in cost.

3.5.3 Work stream 5c Travel and access – lead Director of Governance, OCCG

The purpose of this work stream is to understand the range of travel times for services and the impact (in terms of increased travel time) on these of the temporary closure of the obstetric services from the Horton General Hospital. This will differentiate between travel times (defined as the time taken for women and their families to travel to services) and transfer times (defined as the time taken for an ambulance transfer from an MLU to an obstetric service)

- Travel times; previous analyses to be reviewed and reissued to identify if any further work is required.
- Transfer times
 - Using the information collected over the period of the temporary closure of the obstetric service at the Horton General Hospital a review of transfer times between the Horton MLU and the other three Oxfordshire MLUs and the John Radcliffe will be undertaken. If possible these will be set in the context of national data.
 - An independent clinical view on the acceptability of transfer times will be sought.
 - The processes enacted when there are multiple demands on the dedicated ambulance or severe traffic delays will be summarised.

Completion of this work will be the development of clear information that is used within the option appraisal process.

3.6 Work stream 6 Option Appraisal

3.6.1 *Long list development*

Following the discussion at the first Horton Joint OSC meeting the draft long list has been revised. Taking on board the comments made the options are primarily focused on different work force models to enable provision of an obstetric service at the Horton General Hospital. The impact of population growth is considered as part of work stream 4.

Position at 15 November 2018

- Revised final draft attached as Appendix 2

3.6.2 *Developing and agreeing Criteria*

The criteria below are based on those used in 2016/17 as part of the Horton Strategic review and then to inform the Phase One proposals. They have been modified slightly to ensure they reflect the context of the whole system and whole maternity pathway.

- Quality of care for all
 - Clinical outcomes
 - Clinical effectiveness and safety
 - Patient and carer experience (survey will feed in here)
- Access to care for all
 - Distance and time to access service
 - Service operating hours
 - Patient choice
- Affordability and value for money
 - Deliver within tariff/current financial envelope
- Workforce (medical and nursing)
 - Rota sustainability
 - Consultant hours on the labour ward – in line with “Each Birth Counts” for a busy specialist unit
 - Recruitment and retention
 - Supporting early risk assessment
- Deliverability
 - Ease of delivery
 - Alignment with other strategies

These are consistent with the criteria used in other areas.

3.6.3 Appraisal process

- Shortlisting

The shortlisting methodologies of other systems have been reviewed and these have generally undertaken a high level review against the criteria. However the range of options in this piece of work are of a different nature as they are focused on was there a viable staffing model to maintain obstetrics at the Horton and a high level application of the criteria would not differentiate

The long list includes all options that had been identified to us including the one presented at the first meeting of the joint Committee. At this stage we propose that the “remote and rural” and “single obstetric unit at the Horton” are the only two options that should be discarded at shortlisting and that all others would need to be worked up and appraised. This would still leave 9 options on the shortlist. We would welcome the support of the Committee for this proposal.

The rationale for this is:

- Remote and rural; the catchment population served by the Horton General Hospital would not be defined as remote and therefore this would not be a preferred model.
- Single obstetric unit at the Horton; this is discarded as the provision of a specialist services for the wider geography served needs to be co-located with other services (such as neonatal intensive care, paediatric surgery), have strong and close links with the University of Oxford research departments and be centrally located with respect to the geography served. This requires that these services need to be maintained in Oxford.

- Weighting the criteria

This will be undertaken following input from the first stakeholder workshop described in Work stream 1.

- Option appraisal

The output from other work streams will be used to provide the information required to assess each of the shortlisted options against the agreed and weight criteria.

An appraisal panel who will be set up to undertake the scoring and full option appraisal. It is proposed this will include members from the Horton Joint OSC, Keep the Horton General, Maternity Voices Partnership and Healthwatch Oxfordshire as well as OCCG and OUH.

The output from the panel meeting will be presented for discussion at the stakeholder event(s) described in work stream 1 that would take place in May.

Completion of this work will be demonstrated by agreement that all options have been identified and appraised in an open, fair and transparent manner.

4. Timescales/Project Plan

Following discussion with the Committee at its first meeting this timetable has been reviewed. The timeline has been extended to ensure fuller engagement in all aspects of the work as recommended by the Horton Joint OSC at its first meeting and to take account of the period of political restriction prior to the local elections on 2 May 2019.

	NHS actions	Engagement	External dependencies
September 2018	Present draft plan to OSC		First Horton Joint OSC meeting
October 2018	Revise plan to incorporate OSC comments	Engagement plan developed to address recommendations from Horton Joint OSC	NHSE review of progress to date
November 2018	Work on population growth/activity; baseline finances; travel and service underway		Presentation of plan to Horton Joint OSC
December 2018		Appointment of support to run survey and focus groups	
January 2019	Information on population growth/activity; baseline finances; travel and service description published	Development of survey	
February 2019	Work on workforce modelling, finances, interdependencies and travel analysis underway to inform option appraisal.	Survey mothers and families Stakeholder event(s)	Gateway review with joint OSC
March 2019		Focus groups	
April 2019			Period of political restrictions prior to local elections
May 2019	Option appraisal		
June 2019		Stakeholder event(s)	Gateway review with joint OSC
July 2019		Report on engagement activities published	NHSE (including Clinical Senate) assurance
August 2019			
September 2019	OCCG Board review and decision		

Catherine Mountford
 Director of Governance, Oxfordshire CCG
 15 November 2018
 V2.0

VERSION CONTROL

Date	Details	Version	Contributor
26/09/2018	Version presented to Horton Joint OSC	1.0	CM
08/11/18	Revision to address Horton Joint OSC recommendations, shared with project group	1.1	Project group
14/11/2018	Comments addressed and shared with project group and LP	1.2	Project group and LP
15/11/18	All comments from Project Group and LP addressed and submitted to Horton Joint OSC	2.0	CM

List of Appendices

Appendix 1 Draft engagement plan

Appendix 2 Draft Long List of Options

VERSION CONTROL

Date	Details	Version	Contributor
28/9/18	Draft plan shared with Joint OSC for comment. Members discussed and shared feedback to be incorporated and revised plan to come back to next meeting.	V1	Joint OSC members
9/11/18	Revised plan sent to LP, shared with Freshwater	V1.1	CM
12/11/18	Freshwater comments shared with LP, CM, AG		Freshwater
14/11/18	LP comments added; sent to AG for comment	V1.2	L Patten
14/11/18	All comments addressed. Final draft also shared with SB (OUH Comms)	V1.3	
14/11/18	Incorporates corrections from SB	V1.4	SB
15/11/18	Incorporates final feedback from LP and CM	V2	

This document has been developed with feedback from a number of groups and individuals. Comments and suggestions made at the first meeting of the Joint OSC have been used to develop the plan. Expertise has also been sought from Buckinghamshire New University and Freshwater Communications who have a wide experience working on these sorts of projects and their feedback has been helpful and has also been incorporated.

Engagement Plan to support the programme of work responding to Secretary of State requirements following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

1. Introduction

Oxfordshire Clinical Commissioning Group (OCCG) will address the requirements as set out by the Secretary of State following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital:

- To formally consult with the new joint Oxfordshire Overview and Scrutiny Committee (OSC) established for this purpose with membership from Oxfordshire, Warwickshire and Northamptonshire.
- To seek feedback from mothers in Oxfordshire and the bordering areas to the north of the county who have given birth since the temporary closure of the Horton obstetric unit on 1 October 2016.

The approach that will be taken to do this will be to work in an open and transparent way, to ensure engagement and feedback is sought across the borders in south Northamptonshire and south Warwickshire and in the context of services for all of Oxfordshire.

Concerns expressed during the previous consultation and at the first meeting of the new joint OSC have been considered in developing this plan. Every effort will be made to pick up questions and concerns and to address these during the coming weeks and months and to ensure the OCCG website is actively maintained.

No reduction to A&E or paediatric services are proposed or anticipated. For this reason the concerns raised during the public consultation about the interdependency of services will not be addressed through this work.

2. Stakeholders

The range of stakeholders interested in this work is wide and varied. It includes stakeholders in Oxfordshire, south Northamptonshire and south Warwickshire. A key stakeholder is the newly formed joint Overview and Scrutiny Committee (Joint OSC), in addition other stakeholders include the public, local MPs, local authorities and their members, local GPs, staff and patients at the Horton, the Community Partnership Network, the local media, patient and voluntary groups and the local campaign group Keep the Horton General (KTHG).

The engagement in this work will start with the new Joint OSC. The description of the work involved and the approach to be taken will be agreed with the Joint OSC to ensure the plan will deliver the requirements as set out by the Secretary of State.

The plan will ensure wide public and stakeholder engagement throughout. We will maintain a log of all communication with stakeholders and will publish letters,

briefings and papers shared with stakeholders on the OCCG website.

The stakeholders for this work are identified below:

Patients and their families who have used maternity services
Women and families who expect to use maternity services in the future
General public of Oxfordshire, south Northamptonshire and south Warwickshire.
Groups that support women and families during pregnancy and childbirth including: <ul style="list-style-type: none"> • NCT • La Leche League
Members of the new Joint OSC
Members of the local authorities: <ul style="list-style-type: none"> • Cherwell District Council • Stratford on Avon District Council • South Northamptonshire District Council • West Oxfordshire District Council • Warwickshire County Council • Northamptonshire County Council • Oxfordshire County Council • Banbury Town Council
Local MPs: <ul style="list-style-type: none"> • Victoria Prentis MP for Banbury • Andrea Leadsom MP for south Northamptonshire • Nadhim Zahawi MP for Stratford-on-Avon • Robert Courts MP for Witney • Chris Heaton Harris MP for Daventry
Members of the Community Partnership Network
Keep the Horton General campaign group (KTHG)
Healthwatch Oxfordshire Healthwatch Northamptonshire Healthwatch Warwickshire
GPs in north Oxfordshire, south Northamptonshire and south Warwickshire
NHS organisations: <ul style="list-style-type: none"> • Nene CCG (Northamptonshire) • South Warwickshire CCG • Oxford University Hospitals NHS Foundation Trust (OUH)

<ul style="list-style-type: none">• South Warwickshire NHS Foundation Trust• Northampton General Hospital NHS Foundation Trust• South Central Ambulance Service NHS Foundation Trust• East Midlands Ambulance Service NHS Foundation Trust
Professional bodies: <ul style="list-style-type: none">• Local Medical Committees• Royal College of Obstetricians• Thames Valley Clinical Network
Local media: Oxfordshire: <ul style="list-style-type: none">• Banbury Guardian• Banbury Cake (online)• Banbury Sound• BBC Radio Oxford• Oxford Mail and Times Warwickshire: <ul style="list-style-type: none">• Stratford Herald• BBC Coventry and Warwickshire• Leamington Courier• Coventry Evening Telegraph Northamptonshire: <ul style="list-style-type: none">• Brackley & Towcester Advertiser• Northampton Chronicle• BBC Radio Northampton
Staff working in maternity services in Oxfordshire, Northamptonshire and Warwickshire

3. Communication

A section will be dedicated to this work on the CCG website in a similar style to the current section on Cogges. It will be directly accessible from the Home page and will include the following.

- A question and answer section - the content will develop during the project picking up new questions raised through meetings with stakeholders and the joint OSC as the work progresses.
- Documents associated with this work will be posted on this dedicated area of the CCG website. This will include documents containing data, analysis of information, briefings and papers presented to other bodies. There will be an assumption that all papers prepared for this work will be published on this page. A link will be provided to the documents previously published for completeness but any that are to be used specifically in this work may be published again.

- A timeline setting out the key milestones for this work so that all know what to expect and when to expect it.

This part of the website will be regularly updated to ensure all have access to the most up to date information rather than waiting until the next meeting of the OCCG Board or the Joint OSC.

Social media will be used to highlight specific pieces of this work. Advice will be sought from The Centre for Health Communications Research at Buckinghamshire New University which has experience in this field.

Letters and written briefings for stakeholders will be provided from time to time during the course of this work between meetings of the joint OSC. These will be published on the CCG website.

4. Meetings

Representatives from OCCG and OUH (and when possible supported by representatives from the NHS in south Warwickshire and south Northamptonshire) will attend all meetings of the Joint OSC. Papers will be provided as needed and those attending will be prepared and expect to answer questions and to listen to members of the committee.

Member representatives from OCCG and OUH will also continue to participate in regular meetings of the Community Partnership Network (CPN). The CPN is an important group that brings together most of the key stakeholders for this work, including representatives from the south Northamptonshire and south Warwickshire local authorities and local MPs. All material produced will be available to the CPN.

5. Stakeholder events

Events will be organised for stakeholders to attend. These will form part of the project plan and will be engagement events where participants will take part in discussions and consideration at key stages. These events will be facilitated by an external professional facilitator who will also write up reports on each.

1. Focused on reviewing the shortlisting process, considering the criteria to be used for assessing options and the process for assessment.
2. Reviewing the assessment of the shortlist, the data and evidence used and what the results have shown.

Attendance at each event will be managed to ensure a wide range of stakeholders (see stakeholder list above). Additional expertise will be provided from clinical and professional bodies.

All information gathered to share before and at the events will also be published so that it is available for all to see. At the events, the data and evidence being gathered to help support the assessment of options will be discussed and there will be opportunities to explain, question and develop understanding of all

important information used. This will include data and information gathered from elsewhere, associated with each area of assessment criteria.

6. Patient experience

We intend to seek feedback about the experience of women who have used maternity services since the temporary closure of the obstetric unit at the Horton General Hospital in Banbury on 1 October 2016. The IRP was clear that the options must be the most desirable for the whole of the Oxfordshire population and wider population that access services in Oxfordshire and so this needs to be done within a wider context of maternity across Oxfordshire.

During the public consultation in 2017, the main concerns raised about changes to maternity services in Banbury related to:

- Travel time between Banbury and Oxford.
- Parking at the JR and the Horton
- Risk associated with distance from the obstetric unit

To gather this feedback we intend to organise a survey and several focus groups. To ensure this is conducted objectively and supported with statistical evidence several professional research organisations have been approached for quotes for conducting this work based on the following.

7. Survey

A survey will be designed to capture the experience of women and their partners who have given birth since 1 October 2016 across Oxfordshire and those women living in south Northamptonshire and south Warwickshire.

An independent organisation with expertise in survey design and statistical analysis will be appointed to design and deliver this work and report on it.

Stakeholders will be invited to participate in developing the criteria to be used and the assessment of bids. The questions themselves will be developed by the organisation appointed using their experience and expertise to ensure the questions are objective and can be statistically analysed.

Annex 1 (see page 7) provides more detail on the approach to the survey.

8. Focus groups

In addition to the survey, a number of focus groups will be organised to gather more in depth feedback on the same areas as those covered in the survey. This may include meeting with women who are not yet mothers but plan to start a family in the future. They will be organised and facilitated by an external organisation to ensure the same professional approach. The purpose of the focus groups will be to allow more in depth discussion around the questions in the survey.

9. Reporting on the engagement

A report will be produced by the appointed organisation that will detail the experience of those women and their partners who have used maternity services across Oxfordshire and beyond during the period of the temporary closure of the Horton obstetric unit. It will provide analysis to allow comparison and deeper understanding of the relative impact depending on where the women live and which service they use. The results will be used to support the option appraisal.

10. Outline timeline for engagement:

The overall programme timeline is published in the main report and should be read alongside the timeline for engagement below.

December 2018	Confirm appointment of organisation(s) to support survey
February/March 2019	Survey and focus groups to capture the experience of women and their partners who have given birth since 1 October 2016
February 2019	Stakeholder event(s) - sharing information about the shortlisted options, evidence and data to be used and criteria
Mid March 2019	Report on stakeholder event(s) published
Mid March	Aim to share interim report (with statistical analysis but without full narrative) on survey with stakeholders before the political restrictions start.
25 March – 2 May	Political restriction prior to local election
Mid-May 2019	Publish report from survey and focus groups.
June 2019	Stakeholder event(s) – presenting the shortlisted options and the assessment against criteria
Early July	Report on stakeholder event(s) published
Late July	Publish full engagement report to support OCCG Board decision-making.

Annex 1

Survey description

A survey will be designed to capture the experience of women and their partners who have given birth since 1 October 2016. This will aim to capture the following:

- Experience of women and their partners who chose to give birth in any one of the Oxfordshire midwife led units (MLUs):
 - Horton Hospital in Banbury
 - Chipping Norton MLU
 - Wantage MLU
 - Wallingford MLU
- Experience of women and their partners who intended to give birth in an MLU but were transferred during labour to the obstetric unit in Oxford.
- Experience of women and their partners who gave birth in the Spires Unit (alongside MLU) at the JR in Oxford.
- Experience of women and their partners who gave birth in the obstetric unit at the JR in Oxford.
- Experience of women and their partners living in the Horton Hospital catchment area (north Oxfordshire, south Northamptonshire and south Warwickshire) who gave birth at the Bluebell Birth Centre at Warwick Hospital (an alongside MLU)
- Experience of women and their partners living in the Horton Hospital catchment area (north Oxfordshire, south Northamptonshire and south Warwickshire) who gave birth at an obstetric unit outside the county.

For all these categories, we will need the respondents grouped geographically by postcode and registered GP Practice.

- Women who live within the catchment area of the Horton Hospital in Banbury. This would be sub-divided into:
 - Women who live in Banbury
 - Women who live in south Northamptonshire
 - Women who live in south Warwickshire
 - Women who live in north Oxfordshire
- Women who live in Oxford City Locality
- Women who live in West Oxfordshire Locality
- Women who live in South East Oxfordshire Locality
- Women who live in South West Oxfordshire Locality
- Women who live in North East Oxfordshire Locality

Areas to explore:

- Experience of travelling to and from the hospital/MLU for antenatal care

- Experience of travelling to hospital/MLU at start of labour
- Experience of transfer via ambulance during labour or immediately after birth
- Experience of giving birth – staff, facility, care etc
- Experience of postnatal care
- Experience if needed to stay in hospital for some days after birth
- Experience if baby in special care baby unit (SCBU)

As already outlined an independent organisation with expertise in survey design and statistical analysis will be appointed to design and deliver this work and report on it.

Stakeholders will be invited to participate in developing the criteria to be used and the assessment of bids. This will include members of the joint OSC, a representative of the KTHG and Maternity Voices. They will also have an opportunity to help define the areas for questioning.

The questions themselves will be developed by the organization appointed using their experience and expertise to ensure the questions are objective and can be statistically analysed. This means that if an area of concern was highlighted as needing to be explored in the survey, such as the potential stress of travelling between Banbury and Oxford, then the organization designing the survey would be asked to include one or more questions that would deliver data that would demonstrate the extent of this.

Contacting women

Data protection law does not allow personal details of any patients to be shared without their permission. Maternity departments and GPs can support information being shared in a targeted way with those women directly affected by the changes who have given birth during the time of the temporary closure at the Horton.

The OUH will identify the women who have given birth at the JR or in one of the Oxfordshire MLUs and will distribute the survey and any other correspondence on behalf of the organisation running the survey.

For women who gave birth at hospitals out of county, we are currently working with the relevant CCGs and their maternity providers to determine how best to do this.

Every effort will be made to reassure women that their feedback and views will be gathered carefully and recorded confidentially so that it will not be linked to their name or other identifiable information. The local MP and KTHG have offered to promote the survey and encourage people to complete it to ensure there is a good uptake. If following receipt of the report of the findings from the survey it is felt that some aspects are missing then we will work with stakeholders to agree what else should be done to address this.

Appendix 2 Options for obstetric provision – long list

Types of options

The long list of options focuses on staffing models to try and identify a sustainable staffing model. The options listed are based on different staffing models at the HGH, which would impact on the staff rotas at the John Radcliffe Hospital (JRH) to a greater or lesser extent depending on the model. The list of options assumes that obstetric provision at the JRH is always provided by consultants and doctors in training.

All the options listed would ensure safe cover during the out of hours period (evening, overnight and weekends) by including as a minimum, a Consultant on-call and a suitably qualified doctor on site. This is a requirement of all obstetric units.

Types of doctors

For the purposes of these options 'doctors in training' are those learning to become an obstetrician but who are not yet approved onto the Speciality Register (which is required to practise as a Consultant in the NHS). Doctors in training work alongside qualified doctors under their supervision.

Middle grade doctors are those who have attained the required competencies to undertake out-of-hours work within labour ward and emergency gynaecology settings but who still require support from consultants. There is a shortage of middle grade doctors and difficulties in recruiting to vacant posts at the HGH led to the temporary closure of the obstetric unit. These doctors are not in training.

Consultants are doctors who have trained to the highest level. The support and advice of a consultant must be available at all times.

The HGH is not approved for training obstetric doctors (this is a decision made by the Deanery in 2012). For this reason, all long list options assume that there are no doctors in training at the HGH. It also assumes that in line with current practice, Consultants at the HGH are both obstetrics and gynaecology but Consultants at the JRH are only obstetricians.

Further information on the training required to become a Consultant Obstetrician can be found [here](#).

Alongside Midwifery Unit

Almost all Obstetric units nationally now have an alongside midwifery unit (AMU). The purpose of these units is to offer women the choice of giving birth in a dedicated midwifery unit, with dedicated maternity staffing but with the option to easily access obstetric care if required (e.g for epidural). For options Ob1-Ob8 in the table below it is assumed that there will continue to be a single AMU in Oxfordshire.

Ob1	2 obstetric units – (2016 model)	This means a separate obstetric service at JRH and HGH with separate staffing arrangements including separate doctor rotas at both sites. The service at the HGH will be delivered by middle grade doctors and consultants and the service at the JRH will be delivered by doctors in training and consultants.
Ob2a	2 obstetrics units – fixed consultant	This means a separate obstetric service at JRH and HGH with separate staffing arrangements including separate doctor rotas at both sites. The service at HGH will be consultant delivered (no middle grade doctors) and the service at the JRH will be provided by doctors in training and consultants.
Ob2b	2 obstetrics units – rotating consultant	This means a separate obstetric service at JRH and HGH but with one consultant rota covering both units (i.e. consultants would work at both sites) and doctors in training will only be at the JRH. The service at the HGH will be consultant delivered with no middle grade doctors.
Ob2c	2 obstetrics units – fixed combined consultant and middle grade	This means a separate obstetric service at JRH and HGH with separate staffing arrangements and separate rotas but using consultants and middle grades at both sites (i.e. doctors only work at one site). At the JRH this will be doctors in training, middle grades and consultants. At the HGH this will be consultants and middle grades on a single rota that requires 24/7 resident medical cover with a consultant on-call.
Ob2d	2 obstetrics units – rotating combined consultant and middle grade	This means a separate obstetric service at JRH and HGH but with one doctor rota with both consultant and middle grade doctors covering both units and doctors in training at the JRH only (i.e. this means doctors would work at both sites).
Ob3	2 obstetrics units – external host for HGH	This means there would be a unit at JRH and HGH but the unit at HGH would be managed by a different NHS Trust from outside Oxfordshire.
Ob4	Single obstetric service at JRH	This means one unit based at the JRH. This means there would be an MLU at the HGH. The staffing at the obstetric unit would be provided by consultants and doctors in training. Other clinical services to support complex (tertiary) obstetrics and level 3 neonatal services will also be provided at JRH.
Ob5	Single obstetric service at HGH	This means one unit based at the HGH. It means there would be an MLU at the JRH. The staffing at the obstetric unit would be provided by consultants and middle grades. Other clinical services to support complex (tertiary) obstetrics and level 3 neonatal services would also be required at the HGH. This would mean no training doctors for obstetrics in Oxfordshire. The Deanery would be approached to review accreditation for HGH.

Ob6	Rural and remote services option	This means there would be obstetric units at the JRH and HGH and the staffing model at the HGH would be specialist GPs (local GPs given extra training to be able to perform caesarean sections) with access to on-call support from the JRH.
Ob7	2 obstetric units both with alongside MLU	This means a separate obstetric service at JRH and HGH (both with an alongside MLU) with separate staffing arrangements including separate doctor rotas at both sites. The service at the HGH will be delivered by middle grade doctors and consultants and the service at the JRH will be delivered by doctors in training and consultants.
Ob8	2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	This means there would be obstetric units at the JRH and HGH. The staffing at the obstetrics unit at the HGH would be provided by consultants with support from JR based doctors in training.

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