

South Warwickshire Clinical Commissioning Group

**HORTON GENERAL HOSPITAL OBSTETRIC UNIT POSITION
STATEMENT**

December 2018

Introduction

- 1.1 This position statement has been prepared in response to a formal request to NHS South Warwickshire CCG (the 'CCG') on the 5th December 2018 by the Chair of the Horton Health Overview and Scrutiny Committee (HOSC).
- 1.2 The CCG would like to confirm that the CCG has been engaged in the process to date. The CCG has supported Oxfordshire CCG (OCCG) in compiling the required information on demographic growth and birth numbers.
- 1.3 The information provided by the CCG was used by OCCG in its Birth Analysis Report; this report was included in the papers submitted for the inaugural Horton HOSC meeting on the 28th September 2018.

Strategic Context

- 2.1 The CCG has recently undertaken engagement on Maternity and Paediatric Services with its neighbouring CCGs in Coventry and Warwickshire to identify the underpinning characteristics that our population would want to see in Maternity and Paediatric services. We have shared the key messages and our approach with OCCG and we will continue to share progress as we develop these further through public and stakeholder engagement that will take place in early 2019.
- 2.2 At this stage the characteristics are in draft and therefore they may be subject to change following further engagement. However, from previous experience, we anticipate that any changes will be on emphasis and not a significant change to the actual characteristics.
- 2.3 With the above caveats in mind, these are the characteristics that the CCG will be using to transform Maternity and Paediatric services with its partners in Coventry and Warwickshire:

DRAFT Key Characteristics created from the Maternity and Paediatric Engagement	
Prevention	The ability to improve Health and Wellbeing is predicated on services ensuring prevention is central to all delivery.
Environment	Care is delivered in an appropriate, safe, clean and supportive environment;, such as those in the acute, community, independent and voluntary sector.
Person centred	Care is delivered with compassion, empathy and

care	understanding of the individual's needs, wishes and history; individuals feel listened to and respected.
Access	People received timely access to services and they are given the information; advice and guidance needed to make informed choices about their care and are transitioned smoothly between services/professionals when necessary.
Empowered and supported workforce	Staff work in an environment that enables and encourages collaboration, across organisations, disciplines and boundaries; staff receive ongoing training and support to enable them to deliver the quality of care patients expect; the workforce is bolstered through recruitment and training to ensure they are able to deliver continuity of person-centred care.
Communication, advice and guidance	Communication to, with and from families should be consistent, accessible and family-friendly; information should be up-to-date, available in a variety of formats and languages; advice and guidance should be consistent between professionals and organisations
Integration of services (joined up / aligned)	Providers need to work together across all organisations, including the independent and voluntary sector, to reduce duplication, deliver a seamless service and address, as appropriate and professional boundaries at a strategic and an operational level.

2.4 In addition to the characteristics developed through engagement with the population and workforce the Coventry and Warwickshire Commissioners (CCGs and Local Authority) have identified characteristics that they want in Maternity and Paediatric Services:

- Deliverability;
- Timeliness and Predictability;
- Sustainability and affordability;
- Evidence based/aligned to national policies and standards

2.5 Whilst the implementation of the characteristics is focused on the Coventry and Warwickshire system the CCG will be seeking assurance from the appropriate lead commissioners (in this case OCCG) that the services delivered to its population outside of the Coventry and Warwickshire footprint are designed in a way that delivers these characteristics so as to ensure equity for its population.

Impact of Changes at the Horton General Hospital Obstetric Unit

3.1 The Horton HOSC asked the CCG three specific questions. The CCG has utilised the Birth Analysis Report in its response; for ease of reference this report has been appended to this Position Statement. The CCG has responded to each of these in turn.

1. How important an obstetric unit at the Horton General Hospital is for your organisation, residents and your local area?

As demonstrated in Table 2a, the vast majority (86%) of CCG births took place at SWFT in the pre-change period. In the same period, 2% of births took place at the Horton General Hospital. With 56 births during the 12 month pre-change period we therefore had c 1 birth per week at the Horton General Hospital.

Therefore, in the context of our current birth rate of c.2,600, changes to the obstetric unit at the Horton General Hospital will not have a significant impact to our population overall.

However, for the CCG population for whom this is the closest and preferred obstetric unit, the services are extremely important. We therefore want to ensure that the impact upon those people is understood and recognised as part of the OCCG process.

2. What has been the impact and experience for your organisation, residents and your local area of the closure of an obstetric unit at the Horton General Hospital?

There has been no impact to the CCG directly. In terms of the impact on our system, SWFT have been able to absorb the changes that resulted from the temporary closure. SWFT have made a separate submission that provides the appropriate assurance to Horton HOSC that they have, and will continue to, absorb activity that previously would have been managed at the Horton General Hospital.

In terms of our population who are most likely to be impacted by a permanent closure, we are working with OCCG to make sure they are appropriately engaged in the next phase of engagement that is planned so that we understand the impact on their experience.

The CCG has not received any complaints or negative feedback about the temporary closure from any of its population.

3. What do you think would be the impact of a permanent closure?

At this stage, based on the information available, we do not believe that a permanent closure would have any further impact than that already observed during the temporary closure.

End of Report