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

Interim summary thematic report on small obstetric units

1. Introduction

This brief paper summarises material that has been gathered by Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Foundation Trust (OUH) through direct contact with providers and having conversations with clinicians.

Joint Health Overview and Scrutiny Committee members are requested to note the key themes emerging from the research.

2. Background

OCCG and OUH have been looking at how NHS Trusts across the country manage the challenge of safe obstetric care in units with small numbers of births. The aim is to use any learning, particularly around medical staffing, training accreditation and safety to inform the appraisal of options for the unit at the Horton General Hospital.

3. Scope

HOSC Members will recall that the criteria adopted for selecting units to approach was:

- Less than 2200 deliveries
- Good or outstanding CQC rating
- Comparable or better CQC women's survey outcome
- Not currently under review/reconfiguration

The current key lines of enquiry included:

- Medical staffing models
- Training accreditation status
- Collaboration with other NHS Trusts
- Safety and outcomes

The small units contacted by OCCG/OUH are listed in appendix 1.

All of the units in Appendix 1, as well as all other Trusts who run obstetric units in England and Wales, were contacted by Keep the Horton General (KTHG) as part of their comprehensive benchmarking research project. The KTHG research was conducted through Freedom of Information requests and the OCCG/OUH research was carried out by making direct contact and having conversations with Clinicians.

This mix of approaches has provided helpful information and where appropriate, this paper seeks to combine the key findings from the KTHG research and the OCCG/OUH research to identify common key attributes of successful small obstetric units. However, information would need to be verified and tested if we are to explore them further.

OCCG/OUH would like to acknowledge the helpful information and insight obtained by KTHG into the Furness General Hospital Obstetric Unit run by University Hospitals of Morecambe Bay NHSFT. This unit was not included in the original OCCG/OUH list as it was understood that the Furness unit was still under review at the time. The case study contains helpful information on how 2 units run by Morecambe Bay NHSFT have been developed and maintained, which could be worth exploring further. OCCG/OUH will consider visiting and speaking to Morecombe Bay NHSFT more directly in the future.

4. Emerging key themes

The themes that have emerged from the research include:

Number and size of units run by a Trust

Many of the small obstetric units are the only units run by a Trust. Where Trusts run more than one unit (one of them being a small unit) it would appear that the second unit (often larger) are not tertiary centres for Obstetrics. This makes OUH unique in running a specialist unit and a small unit in one Trust. The difference in number of births between the JR and the Horton would also appear to be larger than the difference in births between units run by other multi-unit Trusts[1] e.g. in other Trusts the difference in births between the two units is less.

Birth Options

Most of the small units do not have an alongside MLU or freestanding MLU linked to them. In single unit Trusts, women's choice is usually limited to obstetric or home birth. As reflected in our stakeholder discussion, maternal choice can relate to both place and method of birth.

Training Accreditation

Both the CCG/OUH and KTHG research found that many of the small units across the country have maintained training accreditation. KTHG research also highlighted that six Trusts may have awarded training accreditation at a Trust level, rather than specific units. This needs further exploration.

[1] Based on numbers of births recorded on the KTHG 'Small units birth data 2014 2018' spreadsheet.

Medical rotas

Both the CCG/OUH and KTHG research found some small units using hybrid rotas. It would appear from the KTHG research that some units are operating with different numbers of doctors. It is essential that if a hybrid rota was introduced by OUH that it was compliant with the new workforce regulations.

KTHG also found a number of examples where consultants and registrars rotate between units in multi-unit Trusts. One such example involved doctors rotating between units that were 35 miles apart. OUH, unlike other multi-unit Trusts, would need to carefully consider who could rotate between the JR and HGH given the specialist tertiary service provided at the JR (e.g. Sub-specialist Consultant Obstetricians are required to run the tertiary service at the JR), which is not the case for these other Trusts.

Local context

Anecdotally, many units expressed concern over their own sustainability. Some had seen a small increase in births due to other units in the surrounding area closing, but they still felt 'vulnerable'.

Staffing and recruitment was acknowledged as a challenge across most of the hospitals. This was particularly pertinent for some units due to remoteness and lack of infrastructure support in smaller hospitals.

Recruitment and retention

A number of Trusts reported similar issues regarding recruitment, particularly Middle Grade recruitment.

The KTHG also obtained information from Trusts on recruitment programmes and incentives. Many of these incentives are already offered by OUH, sometimes in response to HOSC requests. However, the additional information will be considered by OUH and any new initiatives highlighted through the research, which are not currently being offered, will be explored.

5. Changing landscape of Obstetric Units

Over the past five years there have been a number of small units that have either closed or remain under review due to concerns regarding their sustainability.

Both the obstetric units at Eastbourne and the Friarage at Northallerton closed in 2014/15. The Alexandra Hospital in Redditch was closed on a temporary closure in 2015 and was subsequently permanently closed. The South Tyneside unit is due to close this summer.

Following the closure of the unit at Eastbourne, both the Conquest Hospital in St Leonards and the Princess Royal at Haywards Heath have both benefitted from an increase in births. These two units are both relatively small units themselves and so

this has helped with their own sustainability. Similarly, it is expected that the closure of the unit at South Tyneside will increase the number of births at Gateshead which is a small unit itself. This shows the importance of considering plans for other maternity units in the local areas, when thinking about future developments. In the case of the Horton, this means thinking about plans across three Local Maternity Systems (Coventry and Warwickshire; Northamptonshire and Buckinghamshire, Oxfordshire and Berkshire West)

There are a number of small units that remain open but their future is uncertain this includes:

- Whitehaven – Following IRP advice, a trial of maintaining obstetrics at Whitehaven and introducing alongside MLUs at both Whitehaven and Carlisle commenced in April 2018. Likely that a permanent decision will be made this summer.
- Barnstaple – A two year collaboration agreement between Northern Devon Healthcare Trust (NDHT) and Royal Devon and Exeter FT was put in place in June 2018 to provide executive support to NDHT following poor CQC reports. An options appraisal will be undertaken during this period to look at the longer-term solutions to the challenges faced by NDHT.
- Bassetlaw – An Independent report on Hospital services in South Yorkshire, Bassetlaw and Chesterfield suggests a move to some FMLUs in place of Consultant led units.
- Yeovil and Dorset – The two CCGs are hoping to commission maternity and paediatric services integrated across Dorset County Hospital and Yeovil District Hospital. Both hospitals currently have very small obstetric units.

The Royal College of Obstetrics & Gyanecology are running an event on smaller obstetric units later in July which OUH will be attending.

6. Conclusion

The research conducted by both OCCG/OUH and the KTHG has been useful in highlighting the similarities between small units across the country. It has also highlighted two differences between OUH and many other Trusts. The first being that many small units have maintained their training accreditation (either as a unit or at a Trust level) and the second is that OUH appears to be unique as a Trust in running both a large specialist unit providing tertiary obstetrics whilst also running one of the smallest obstetric units in the country (albeit it temporarily closed).

Overall the research has provided interesting insight into how Trusts across the country are running small obstetric units and tackling the common challenges they face.

Appendix 1

- Hereford Central Hospital
- Bassetlaw Hospital
- Gateshead Hospital
- Scunthorpe General Hospital
- Dorset County Hospital
- Harrogate General Hospital
- Macclesfield General Hospital
- Darlington General Hospital
- Royal Lancashire General Hospital
- George Elliot General Hospital
- Salisbury General Hospital
- St Hellier General Hospital
- Worthing Hospital