Horton Joint Health Overview & Scrutiny Committee
Wednesday, 19 December 2018

ADDENDA – additional information

4. Committee to hear the views of interested parties (Pages 1 - 8)

Since the previous Addenda which was sent earlier, additional information has been received. This is attached:

- Fringford Parish Council - response
- South Warwickshire Foundation Trust - response
- 'Options for Obstetric Provision – final long list as at 29 November 2018'.

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Sent on Behalf of Fringford Parish Council

Horton Maternity unit

Fringford Parish Council is grateful for the opportunity to respond to the Overview Committee's Scrutiny of proposals to downgrade the maternity unit at the Horton Hospital.

The proposal is of considerable concern to Councillors and residents. Bicester and Banbury have seen substantial housing growth over the last 5 years, and growth will continue in these locations , at least until 2031 – the end of the Local plan period. The demographic of home owners moving into the newly built residential areas will be people looking to expand their families. Therefore the demand for a consultant led obstetrics unit in the Banbury area is likely to increase rather than decrease.

Should the unit be down graded this will mean that maternity patients will need to present at the John Radcliffe hospital for consultant care –and women in labour may need to be transferred by ambulance from Banbury to Oxford. Non medical facilities for patients on the JR site are already under pressure and, frankly, poor. Car parking is severely limited and waits by patients in Headley Way and around the JR site can be in the region of hours. Emergency access for patients being brought to the site in private vehicles is not available, and women in labour cannot be expected to walk to the maternity wards from the car stationary outside the hospital grounds. Parking for partners and visitors is not available and the current lack of parking availability will add to an already stressful situation when a woman goes into labour.

Furthermore the Horton Maternity Unit is badly maintained and a disgrace both o the community and to the Hospital trust. The Parish Council urges the trust to look again at the whole role of the Horton Hospital, and make it into a fully functioning District General Hospital serving the needs of the whole north Oxfordshire community.

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Our ref: SG/se

7th December 2018

South Warwickshire
NHS Foundation Trust

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Cllr Arash Fatemian
Oxfordshire Joint Health Overview and
Scrutiny Committee
County Hall
New Road
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Dear Cllr Arash Fatemian,

Thank you for your letter on the 5th December 2018 regarding the Horton Health Overview and Scrutiny Committee meeting to be held on the 19th December.

I understand that you are seeking the views of stakeholders from surrounding areas regarding the decision by Oxfordshire CCG to close the obstetrics unit at Horton General Hospital in Banbury.

I can confirm that Oxfordshire CCG has been discussing these proposals with South Warwickshire NHS Foundation Trust for quite some time and so we were aware that these changes may happen and therefore modelled the impact of these changes into our current and future plans.

Part of our planning has led to the development of a new £1.4million Midwifery led unit onsite at Warwick Hospital called The Bluebell Birth Centre. With its own separate entrance, the new facility offers four birthing rooms, with birthing pools available in all of them. To help create a welcoming and calming environment there is also a separate room for parents to relax in, as well as a private garden. The new facility ensures low risk women avoid unnecessary medical interventions.

I understand that the Trust has been asked to respond to three specific questions and responses can be found below;

<u>What has been the impact and experience for your organisation, patients and your local area of the closure of an obstetric unit at the Horton General Hospital?</u>

SWFT can accommodate a total of 3500 births and current birth figures are shown below;

Financial Year	Births
2015/16	2,658
2016/17	2,863
2017/18	2,861

Further analysis shows that in 2016/17 49 women gave birth at Warwick from an Oxfordshire CCG referral and in 2017/18 this was 98. These figures are included in the above table and therefore SWFT have already seen the impact of the closure and has been able to accommodate the births in addition to our South Warwickshire population.

The team continue to receive high patient satisfaction scores and excellent feedback from women birthing at the unit and we still have capacity to grow this service up to 3500 births.

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

We have seen the impact of the last two years since the unit was closed and as we were aware of these changes by Oxfordshire CCG, our planning assumptions have considered this for the future. Based on these assumptions we feel that SWFT can support the additional births created by this closure across our obstetric unit and Midwifery Led Unit.

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

It is important that local women understand that SWFT has planned for the impact this closure may have and has capacity for it not to impact on their local place for delivery.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

Sophie Gilkes
Director of Development

Options for obstetric provision – Final long list at 29.11.2018

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.

VERSION CONTROL

Date	Details	Version	Contributor
26/09/2018	Version presented to Horton Joint OSC	1.0	CM
26/11/2018	Revision to address Horton Joint OSC input	1.1	Project Group
29/11/2018	Final version amended to address Horton Joint OSC comments. All identified options have been included with additional columns added to indicate whether on short list and if not why.	2.0	CM

Option number	Option Title	Description	Shortlist Y or N	Comments
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.	Y	
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.	Y	
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.	Y	
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.	Y	
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).	Y	
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.	Y	
Ob4	**50 / 50 split of non-tertiary births**	This option increases the number of births at the HGH by making sure that all non-complex births for Oxfordshire women are split equally between the JRH and HGH.	N	This option was predicated on increasing activity, however regardless of activity a viable work force model is required. Work stream 4 on activity and population growth incorporates a sensitivity analysis which will identify what sort of shifts need to take place to increase the proportion of births that occur at the HGH. Increasing activity is a factor that needs to be considered for all options.
Ob5	**2 obstetrics units – elective (planned)**	This option increases the number of births at the HGH and means there would be a unit at JRH and a unit at HGH. All planned caesarean sections for Oxfordshire women would take place at the HGH.	Y	This option is reliant on one of the staffing models from the other options
Ob6	**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.	Y	

Ob7	**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.	N	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.
Ob8	**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.	N	The catchment population served by the Horton General Hospital would not be defined as remote and therefore this would not be a preferred model.
Ob9	**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.	Y	
Ob10	**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.	Y	
Ob11	**2 obstetric units; HGH unit has regained accreditation for doctors in training**		?	This option is subject to reviewing what it would take to regain accreditation at the HGH.