

Emergency Abdominal Surgery at the Horton General Hospital

1. Summary

- 1.1. Emergency abdominal surgery at the Horton General Hospital was suspended by the Board of the Oxford University Hospitals NHS Trust (OUHT) under emergency measures in January 2013. That suspension is still in place, the suspension decision was taken entirely on clinical grounds in response to the sudden departure of three of the five consultant surgeons undertaking the emergency abdominal surgery rota. However, prior to 2013, changing surgical practice, evidence of efficacy and safety and guidance from the various Royal Colleges had already led the OUHT to be considering the future of emergency abdominal surgery on the site in discussions with local general practitioner partners.
- 1.2. Various new arrangements were put in place to deal with the effect on patients of the absence of the emergency abdominal surgery service, and those arrangements have been monitored and modified over the last 13 months by the Trust in response to feedback from GPs and patients.
- 1.3. Concern has been expressed by some about insufficient consultation with patient and community representatives at the time of the change and this has since led to a level of distrust. There is also fear in some sections of the community that this is the “thin end of the wedge” and is part of some wider plan to downgrade or close the Horton General Hospital.
- 1.4. As agreed at the HOSC meeting on 19 November 2013 the OUHT, in collaboration with the Oxfordshire Clinical Commissioning Group (OCCG) has undertaken a public engagement exercise culminating in a substantial meeting at Rye Hill Golf Course on 5 February 2014 attended by more than 200 people.
- 1.5. This report provides the information that has been shared with the public and was thoroughly discussed at the engagement meeting. It takes into account the various engagement initiatives that have taken place since the suspension of emergency abdominal surgery. These include meetings with the Keep the Horton General Campaign involving the interim Chief Executive of the CCG and Directors of OUHT; a patient survey, and a survey of GP practices in the north of the county.
- 1.6. A conclusion is drawn about the recommendation, from OUHT, that temporary suspension of abdominal surgery should be made permanent. The paper also proposes future action in relation to:
 - The future development of mechanisms to minimise the adverse impacts of the decision to suspend emergency abdominal surgery.
 - The advancement of the vision for the Horton General Hospital being developed by the OUHT in collaboration with the CCG.
 - The development of engagement activities with the public served by the Horton General Hospital.

1.7. A paper prepared by the OUHT is attached to this paper. The OUHT paper:

- Summarises the proposed future vision for the Horton General Hospital, which provides the strategic context for any discussion of emergency abdominal surgery.
- Describes in more detail the background to the original decision.
- Sets out the clinical evidence supporting the proposal that the suspension of emergency abdominal surgery should be made permanent.

1.8. The CCG's considered opinion, having taken account of the output of the various engagement exercises and reviewing the clinical evidence put forward by the Trust, is that the suspension should be made permanent.

2. Engagement

OUHT ensured that all local stakeholders were briefed on the initial suspension, and since that time, considerable engagement work has been done by OUHT and OCCG with GPs, the Community Partnership Network (CPN), *Keep the Horton General* as well as through the media, to ensure that the local community has had opportunities to ask questions and express concerns about the initial arrangements.

2.1 *Engagement with the local community about the suspension of emergency abdominal surgery*

OUHT set up a special meeting of the CPN in order to brief the local community when it announced the suspension of emergency abdominal surgery. On the same day directors of OUHT also met with *Keep the Horton General*.

In terms of immediate communication of the suspension, OUHT briefed commissioners (including those for the surrounding areas to Oxfordshire), the GPs in the north locality and surrounding areas, staff at the Horton and staff in Oxford, the Strategic Health Authority, Ambulance Services, HOSC, CPN (Community Partnership Network), local MPs, *Keep the Horton General*, Oxfordshire County Council, local authorities, CCG, Care Quality Commission (CQC) and the local media.

OUHT has given regular written and verbal updates on the progress around the transfer of the service to the CPN, to *Keep the Horton General* and to the local media. The OCCG and OUHT met with *Keep the Horton General* in June 2013 to further discuss this topic and to answer questions. The CCG held a meeting with *Keep the Horton General* on this topic most recently at the beginning of February.

However, the most substantial area of learning over the last 13 months has been with regard to better engagement with the local community in north Oxfordshire and the neighbouring areas. The CCG could have done more to engage local GPs and, in particular, the Patient Participation Groups in GP practices as a valuable communication channel. Similarly, OUHT could have been more pro-active in discussing the proposals at an earlier stage with the wider public (although it is recognised that a communication exercise did take place at the time of the suspension).

Although the Section 11 guidance may not be relevant to this case, it is a useful benchmark of good practice and it is worth remembering that the guidance re-

emphasises that where change is envisaged the public should be engaged before further proposals are drawn up.

With regard to the worries about emergency abdominal surgery that were already being discussed in OUHT with local GPs and a consideration of possible solutions before January 2013, it might have been possible to start public engagement. Faced with the immediate crisis of the departing consultants and the need to suspend services on the grounds of patient safety, it became more, not less, important to try to convey a clear message and calm fears in the locality.

2.2 *GP Engagement and audit of service*

Since the emergency abdominal surgical service transferred to Oxford, OUHT has continued to audit the service and report back to the CCG and local GPs who have also played a key role in providing feedback on the performance of the service.

An average of 25 patients a week from the north of the county are now seen at the John Radcliffe Hospital for emergency surgical assessment or treatment. These patients would previously have been seen at the Horton General Hospital. Out of these 25 patients, around five go on to have surgery.

Over the past 13 months following the introduction of the new arrangements, regular meetings have been held between GPs from the north locality and hospital clinicians to identify areas for improvement. Establishing protocols for referring patients to the John Radcliffe Hospital's Surgical Emergency Unit has been undertaken through collaboration and discussion between GPs and clinicians from OUHT. It has been acknowledged that the service arrangements must minimise the number of patients required to travel to Oxford for assessment and so it is proposed that the urgent surgical clinic at the Horton be extended to run four hours daily, Monday to Friday, a significant improvement over the current, temporary clinic arrangements.

Other issues that have been addressed as a result of the audit and GP feedback include more frequent patient transport for those referred to the John Radcliffe Hospital, and minor procedures such as the lancing of abscesses are now being dealt with at the urgent surgical clinic at the Horton General Hospital.

2.3 *Patient survey*

2.3.1 *How the patient survey was conducted*

200 patients from the Horton catchment area who represent most of the patients attending the Surgical Emergency Unit (SEU) in the John Radcliffe during July and August 2013 were sent a simple survey to complete. In order to provide a comparator, a survey was also sent to the same number of patients from the remainder of Oxfordshire who attended the SEU in July and August.

The survey was intentionally kept very simple with 15 questions with tick-box options and one question which invited respondents to write anything they wished to say in a free text space. Respondents were then asked if they would be prepared for the CCG to speak to them further. A copy of the questionnaire is attached at appendix 1.

The questions were chosen because they are the best indicators of overall patient experience. The CCG also included questions about getting to and from the SEU because of the potential accessibility issues for the Horton cohort.

136 responses were received out of a total of 400 surveys sent out. This is a response rate of 34%. There was a response bias in favour of the Horton group – 74 responses (37%) from Horton group and 62 responses (31%) from the control group.

2.3.2 Findings – areas of difference between the two groups

Of the 15 questions, 12 had broadly similar answers between the two groups. Three questions had a marked difference in the answers of the Horton group when compared to the control group. All three related to getting to the hospital.

- For the question ‘How easy was the journey to the John Radcliffe?’ (question 5)
Control group: 52% replied ‘easy’ and 37% replied ‘okay’.
Horton group: 34% replied ‘easy’ and 53% ‘okay’

This indicates that the Horton cohort reported it harder to get to the JR, but the combined number of replying ‘easy’ and ‘okay’ is almost the same (89% for control group, 88% for Horton group).

- The question ‘How did you get to the John Radcliffe?’ (question 4) showed that a greater number of patients from the Horton group got to the JR by ambulance (46%) compared with the number from the control group going by ambulance (29%).
- For the question ‘When you were referred to the Surgical Emergency Unit, how quick was the referral process?’ (question 2) 73% of the Horton group replied ‘quick’ compared with 61% of the control group.

2.3.3 General findings of the survey

In 12 of the 15 areas the experiences of patients in the Horton group and the control group were broadly similar. The three areas which differed are set out above. Patients from the Horton group were much less likely to say that the journey to the hospital was ‘easy’.

The findings point to some areas of patient experience which could be improved. 54% of the Horton group rated their overall experience of the John Radcliffe Hospital as excellent, while 14% rated it as ‘poor’. For the control group 50% reported excellent while 9% reported it as ‘poor’.

One area in particular which indicates a need for improvement is leaving the hospital after assessment or treatment on a surgical unit or ward. 16% of the Horton group and 23% of the control group felt that they did not have the information they needed when leaving hospital. These findings point to a need to improve the discharge process and this will be taken forward through the contract route.

The survey also picked up some issues relating to the care individual patients received on the SEU. Three such pieces of feedback are being taken forward by the Patient Experience Team.

2.3.4 Conclusions

The survey suggests that overall the experience of the patients in the Horton cohort are similar to those in the rest of Oxfordshire. There are differences in the way the two groups access the hospital and how easy they find the journey. In areas of general patient experience, the two groups reported broadly similar experiences. In common with many patient experience surveys, such as the national patient survey and the friends and family test, the majority of the patients being treated at the Oxford University Hospitals Trust reported a good patient experience. The survey does, however, point to some areas where patient experience on the SEU could be improved. These areas are being taken forward with the Trust.

2.4 Public meeting on 5 February 2014

About 200 people attended a public meeting organised by the OCCG and OUHT on 5 February at Rye Hill Golf Club. The event was attended by Banbury Sound radio station, BBC Radio Oxford, BBC South Today TV, Banbury Guardian and the Oxford Mail. The CCG website carries a link to OUHT's website which contains a video of the whole event, along with the papers. The meeting was advertised widely via the local media; to over 1500 local Foundation Trust members in the catchment area of the Horton; in GP surgeries; to the Clinical Commissioning Group's patient engagement contacts; to Healthwatch and through the CCG's and OUHT's websites.

OUHT and OCCG booked the biggest venue in the area that was available on the night. This was Rye Hill Golf Club near Banbury. In recognition of the fact that there was no public transport to this venue, the OCCG and OUHT arranged a coach from the centre of Banbury to the Golf Club and back.

The first part of the meeting covered the OCCG and OUHT's strategy and vision for the future development of services in the north of Oxfordshire and at the Horton General Hospital. This was followed by a question and answer session. A further presentation specifically focused on the reasons for the suspension of emergency abdominal surgery at the Horton General Hospital and the clinical evidence for this to be made permanent. This was followed by a further question and answer session.

There were 15 questions in the first question and answer session covering a wide range of topics. A key theme was the population growth in Banbury and questions were raised on how this was taken account of in the commissioning and planning of services. Some other questions related to specific services.

The question and answer session following the presentation on emergency abdominal surgery drew 18 questions and comments, of which ten were largely about emergency abdominal surgery. The key themes of the questions about emergency abdominal surgery were around staffing, consultation and transport.

Other questions related to finances, patient engagement and communication with patients and new ways of working.

Members of the public were invited to submit questions to be answered if they were not able to attend the meeting. During the meeting, feedback forms were placed on all seats for those attending to hand to a member of staff, put in a box around the edge of the room or to take away and return by post or email. There were also flipcharts around the room for people to write their comments on. In addition, after the meeting OUHT created an online survey for people to give their comments.

There were a number of comments and questions received before and after the meeting which did not relate to Emergency Abdominal Surgery. There were concerns raised about particular services but there was also general support for the OUHT's vision in increasing outpatients' appointments at the Horton. Of the two comments on emergency abdominal surgery submitted after the meeting, one was unequivocally in favour of the transfer being made permanent and the other took the opposite position. For a more detailed list of the subject matter of comments see Appendix 2.

3. Recommendations

- 3.1. The clinical case for the continued cessation of emergency abdominal surgery at the Horton General Hospital on the grounds of better patient outcomes and patient safety is compelling. In the light of this and having taken into account feedback through the various engagement channels, the CCG supports the proposal that the suspension should be made permanent. It is important to note that the suspension does not affect elective (planned) abdominal general surgery which continues to be undertaken at the Horton General Hospital.
- 3.2. It is recognised that the OUHT is seeking to take further steps to ensure that the number of patients needing to be transferred from the Horton General Hospital to the John Radcliffe Hospital in Oxford for surgical assessment is minimised. The CCG would encourage the Trust to continue these efforts and will monitor the outcome.
- 3.3. The CCG supports the vision that the Trust is outlining for the Horton General Hospital. The CCG will continue to work with the Trust to translate that vision into reality. The outcome of this vision will be that many more patients from North Oxfordshire and the adjacent communities in neighbouring counties will be treated in Banbury than is currently the case. The number of patients needing to travel to Oxford will be significantly reduced.
- 3.4. It is recognised that the transition from the Primary Care Trust to the Clinical Commissioning Group led to a confusion around how wider engagement was to be taken forward. All parties should now recognise this shortcoming and make a fresh start. It is therefore proposed that the CCG and OUHT together in collaboration with the other stakeholders represented on the Community Partnership Network should draw up plans for securing the wider engagement of the local population in health and social care planning.

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