

Health Overview and Scrutiny Committee – 15 September 2016

Chairman's Report

Liaison meetings

The Chairman attended the following meetings with representatives from health and social care organisations between June and September 2016:

- 30 June - Oxfordshire Clinical Commissioning Group, Future of North Bicester Surgery
- 1 July - Chairman's discussion on the Strategic Review of the Horton Hospital
- 5 July - All member Transformation Briefing, County Hall
- 8 July - Chairman's meeting with North Bicester Surgery Patient Participation Group
- 18 July - Oxford University Hospitals Trust, Obstetrics at the Horton Hospital
- 21 July - Oxfordshire Clinical Commissioning Group Transformation Roadshow, The Beacon, Wantage
- 29 July - Shrivenham GPs, District Nursing
- 11 August - Oxfordshire Clinical Commissioning Group, Primary Care in Banbury and Witney
- 9 September – Meeting all Bicester Councillors about future of North Bicester Surgery

Use of the substantial change toolkit

The substantial change assessment is used by the Committee and health bodies as a tool for identifying whether a proposal constitutes a substantial change and therefore requires formal consultation with the Committee. A completed assessment provides a useful overview of the key elements of a proposal including factors driving the change; the level of stakeholder engagement; impact on patients, the public and staff; the key risks; and mitigating actions.

As such, the toolkit was recently used as a means for gathering key information in relation to a service change in primary care - the closure of North Bicester Surgery. Although it was evident that the change was not substantial and the toolkit process need not apply, the assessment framework was completed as part of the following process:

1. The Chairman was informed by the Clinical Commissioning Group (CCG) about the proposed closure of North Bicester Surgery and future options for providing primary care services to the practice population, including a proposed way forward.
2. The CCG completed a substantial change assessment to outline the key aspects of the proposal, which was used by the Chairman to inform future discussions about the change.
3. The Chairman met with the Surgery's Patient Participation Group to consult them on the options for transferring patients to alternative practices and the best way to inform and communicate with those affected.

4. The Chairman attended a meeting with the CCG, local county councillors and the leader of the district council for assurance to be provided to all that robust plans were in place for implementing the proposed way forward and patients were safely and successfully transferred to other practices.

It is proposed that this approach is adopted in relation to future proposals of a similar nature, with the addition that all members of the Committee are forwarded a copy of the completed assessment for information once this is completed.

Letters sent and received on behalf of the Committee

1. Wantage Community Hospital, Oxford Health Foundation Trust

Following representations from the public at the June HOSC meeting, the Chairman of HOSC wrote to Oxford Health asking them to seek the a professional opinion on the level of risk posed by legionella at the Wantage Community Hospital. The Chairman's letter and Oxford Health's reply are printed below.

OJHOSC

Oxfordshire Joint Health
Overview & Scrutiny Committee

4th July 2016

Dear Dominic Hardisty and Anne Brierley,

Re: Wantage Community Hospital

At the Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC) meeting on 30 June members of the Committee heard representations from Wantage Hospital League of Friends and the Save Wantage Hospital Campaign Group about the status of Wantage Community Hospital and the way Oxford Health has managed the closure of its inpatient unit after the detection of legionella in its water supply.

It was recently reported that the Trust took steps to treat the hospital's water system in January 2016 and the legionella has been temporarily eradicated, although is likely to return within 6-9 months.

The Committee was asked by the speakers to confirm that there is no imminent risk to patients and therefore, no reason to close the hospital on safety grounds.

Whilst HOSC is unable to comment on the current level of risk posed to patients, the Committee asks that the Trust seeks the opinion of Public Health England on this matter and provides assurance that this has been considered by the Executive Team and the Board in relation to the decision to close the inpatient ward at Wantage

Community Hospital. The Committee also asks to be kept informed of the advice received from Public Health England and any action taken by Oxford Health.

Yours Sincerely

Cllr Yvonne Constance

HOSC Chairman

Copy to Maggie Swain and Julie Maberley

Oxford Health 
NHS Foundation Trust

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14th July 2016

Dear Cllr Constance

Thank you for your letter dated 5th July with reference to Wantage community hospital. Dominic is currently on annual leave at present, and so I am responding on his behalf. I have responded to each of the points your letter raises as below:

1a) The Committee was asked by the speakers to confirm that there is no imminent risk to patients and therefore, no reason to close the hospital on safety grounds

1b) The Trust provides assurance that this has been considered by the Executive Team and the Board in relation to the decision to close the inpatient ward at Wantage Community Hospital.

At the Trust's most recent Board of Director's meeting (29th June 2016), the CEO's Report provided the following update on Wantage (I have quoted in full as this provides a detailed response to both queries above);

"Board members were alerted last week that having listened to local concerns about our plans to close Wantage Community Hospital and relocate services to address a known Legionella risk we have proposed a revised approach which retains some services while

continuing to prioritise patient safety. This has been discussed with Wantage Town Council.

As discussed during a Board seminar, because pipework at Wantage is old, corroded and hot water circulation is poor, Legionella will recur unless the plumbing for the whole site is replaced. We proposed to close the hospital to protect patients from any recurrence ahead of extensive works required to provide a more lasting solution. Our aim was to carry out a planned and phased relocation of services to other sites which would be less disruptive to patients and staff than to provide an emergency closure, if the Legionella risk were to increase.

However we have listened to the concerns of the community and have offered to continue running services where there is the least Legionella risk to patients, and where, in the event of a need to relocate services at very short notice, it can safely be achieved. This approach applies to the Oxford University Hospitals midwifery-led unit and our physiotherapy service. We have proposed to continue with the short term solution for managing the existing risk of Legionella bacteria in the hospital's old, corroded plumbing system. This is with the understanding these services may need to cease at short notice if Legionella, or works to address it, necessitate an emergency shutdown.

It remains necessary to close the 12 bed in-patient service to protect those people more exposed to Legionella risk and who are typically the most vulnerable in the event of an outbreak. Transferring patients who are already frail in an emergency is also risky in and of itself.

No decision has yet been made about the long term future of Wantage Community Hospital. This will be informed by the major public consultation which involves health and social care organisations in Oxfordshire and will begin in the autumn. The results from the consultation will help determine the future of bed-based and ambulatory care for older people and adults with multiple long term conditions in the county. We have set aside funds to carry out the necessary plumbing works at WCH pending the outcome of the consultation.

Given the high costs of the required work, the Trust is concerned the future use of the building should be determined before undertaking an expensive building project which may need to be changed as a result of the consultation. We know services provided in our community settings are very much valued by local communities, and we will continue to listen to local people's views, via the planned public consultation."

I hope this excerpt provides clarity on the Trust's decision to relocate inpatient services even though currently there is no legionella detected in the water system at Wantage community hospital.

Appendix 2 of this report also provided a detailed briefing of the current position as discussed at the Executive team meeting on the 27th June. Both documents can be viewed on the Trust's website (www.oxfordhealth.nhs.uk). I hope this provides HOSC

members with assurance that this issue and mitigating actions have been fully considered by the Trust's Executive team and Board of Directors.

2) The Trust seeks the opinion of Public Health England on this matter

Raised levels of legionella in a water system do not fall under the auspices of Public Health England (although any incidence of Legionnaire's Disease itself must be reported to Public Health England). Expert advice in instances of raised levels of recolonizing legionella should be sought from the appropriate microbiology experts.

For expert advice relating to any issue of infection control the Trust has an ongoing contract with the Microbiology and Virology team at Oxford University's Hospital Foundation Trust.

The Trust has sought advice from the microbiology consultants on a number of occasions during the past 15 months in relation to the risks to patients presented by the recurring presence of recolonizing legionella bacteria in the water system at Wantage community hospital.

The most recent formal advice from the OUHFT microbiology and virology team was received on 26th June 2016. This confirmed previous advice, and is quoted below:

- "Development of disease depends on the level of bacteria in the water, the extent of exposure and the susceptibility of the host. The infection cannot be passed from person to person.
- Legionella commonly colonises water systems in healthcare facilities, albeit not necessarily at high levels.
- Legionella can pose a serious risk to health at high colonisation levels. Once a water system is known to be colonised, it is necessary to take remedial actions to reduce the risks to health.
- It is difficult to quantify the risks for any one individual. Cigarette smokers and older people with a history of chronic lung disease would generally be considered to be most at risk.
- If untreated, mortality from Legionella infection can approach 50% in selected patient groups. With effective therapy, mortality from community acquired Legionella infection is less than 10%. Doctors should test anyone who displays symptoms consistent with the diagnosis."

This advice has informed the Trust's decision to relocate inpatient services from Wantage Community Hospital until the risk of recolonizing legionella in the water system is permanently eradicated. As discussed previously, the decision to do this at a planned basis now reflects the risk to patients (both clinical and also distress caused by the disruption of an urgent decant) should an emergency evacuation be required.

3) The Committee also asks to be kept informed of the advice received from Public Health England and any action taken by Oxford Health.

The Trust will continue to provide updates to the HOSC of any actions taken by the Trust in relation to this issue at Wantage community hospital.

As part of this commitment, I would like to advise you that as of the end of last week, Wantage community hospital currently has no inpatients. All patients were discharged as planned to their long term care arrangements. (Two patients were discharged via very short stay at another community hospital. This reflects previous briefings about the critical threshold of staff: patient ratios that become untenable when patient numbers are extremely low).

I hope that I have addressed the concerns you have raised on behalf of those attending the HOSC on 30th June 2016.

Yours Sincerely



Anne Brierley
Service Director Older People's Services

2. The Ridgeway Centre, High Wycombe

In May representatives from Southern Health Foundation Trust met with the Chairman of HOSC, Cllr Yvonne Constance, to discuss the proposed closure of the Ridgeway Centre in High Wycombe, which is a 12 bedded inpatient unit for people with learning disabilities. Southern Health provided assurance that the services commissioned by Oxfordshire County Council would be maintained elsewhere. At the time only one resident from Oxfordshire was staying in the Centre and they were discharged shortly after the meeting. Southern Health has written to HOSC confirming the closure of the unit.

Southern Health 
NHS Foundation Trust

21 July 2016

Dear Hannah

CLOSURE OF THE RIDGEWAY CENTRE, HIGH WYCOMBE

I am writing to follow up on the meeting we had with Cllr Yvonne Constance and yourself on 24 May 2016 - regarding our plans to close The Ridgeway Centre in High Wycombe, with learning disability inpatient services being maintained but provided elsewhere.

Following consultation with yourselves and also with Buckinghamshire HASc, I wanted to inform you that the Trust has now made the decision to proceed with the closure of The Ridgeway Centre on 1 September 2016.

This decision was reached after communications with the people who use our services, their carers, our staff and local patient groups. This included letters, information leaflets, easy read documents and the offer of a meeting for those people (and their families) who had had an inpatient stay at The Ridgeway Centre in the past year. One family took up the offer of this meeting and I had a very productive session with them discussing future care options and sharing their thoughts with colleagues at Oxfordshire CCG.

As detailed in our meeting, the decision has been made in light of the wider planned changes to learning disability services across Buckinghamshire and Oxfordshire. Specifically to protect the safety of our patients and to ensure the highest quality care for the people we care for in the long term.

Importantly, the number of learning disability inpatient beds being commissioned and provided for Oxfordshire patients will remain unchanged. The change is simply *where* these beds will be provided in the future, to ensure the safest and best possible care for the people of Oxfordshire when they need a specialist inpatient stay.

To this effect, plans are being developed for care to be provided in units based in Reading, Bracknell, Northampton, Stroud and Stonehouse in Gloucestershire, Winchfield and Southampton in Hampshire and Radlett in Hertfordshire. Details of these units will be shared with service users and their families and carers.

Importantly, whilst there are no patients from Oxfordshire currently using The Ridgeway Centre or requiring an inpatient stay, any future stays will be at high quality alternative units based on what is best for each individual's clinical needs.

If you'd like to further discuss any aspect of The Ridgeway Centre closure, please call me on 01865 228090. I would be more than happy to discuss any questions you may have.

Kind regards,



Donna Schell

**Oxfordshire and Buckinghamshire Learning Disability Services
Southern Health NHS Foundation Trust**

3. The Horton General Hospital, Victoria Prentis MP

In response to a number of concerns raised by Victoria Prentis, MP for North Oxfordshire, about options for future services at the Horton General Hospital, the Chairman wrote to assure her that the proposals would be robustly scrutinised by the Committee. The Chairman's letter and the reply from Ms Prentis are printed below.

OJHOSC

Oxfordshire Joint Health
Overview & Scrutiny Committee

9th August 2016

Dear Victoria,

I understand you've raised concerns about the options for the Horton General Hospital with the County Director, Peter Clark and I am writing to assure you that the Joint Health Overview and Scrutiny Committee is robustly scrutinising these options, both in their own right and as part of the wider Health and Care Transformation Programme.

At its next meeting on 15 September the Committee will receive Oxford University Hospitals Trust's pre-engagement business case for the Horton, outlining the potential options for future services at the Hospital. Public views on the options will be heard at this meeting and you are welcome to attend the proceedings or formally

address the Committee at the start, should you wish to – your input and views would be valued. Please contact our Committee officer, Julie Dean at julie.dean@oxfordshire.gov.uk before 14 September to request to speak.

At this meeting the Committee will also ask for evidence of the Trust's immediate action to reduce the risk of closing the Obstetrics unit at the Horton because of difficulties recruiting obstetricians. If the Trust has closed the unit by the time HOSC meet, the Committee will scrutinise their decision to do so and their plans to support complex births in the interim.

As part of wider transformation plans for Oxfordshire's healthcare system options for the Horton will continue to be examined by the Committee throughout the public consultation period in the autumn and when proposals for future services are put forward in the New Year.

Throughout this process the Committee will continue to act in the best interests of residents.

Yours Sincerely

Cllr Yvonne Constance

HOSC Chairman

Email dated 10 August 2016

Dear Councillor Constance,

Thank you for your very helpful letter regarding OJHOSC's role in scrutinising the Trust's plans for the Horton General Hospital. It is really kind of you to get in touch.

I would have liked to attend your next meeting on Thursday 15 September but I'm afraid I must be at Westminster for Transport Oral Questions (I have recently been appointed Parliamentary Private Secretary to Transport Ministers). Would it be possible – and appropriate – for one of my team to attend on my behalf? Perhaps you could let me know.

In the meantime, I will make sure I send you any updates about the maternity situation as and when I have them.

Best wishes,

Victoria

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