

Health Overview and Scrutiny Committee – 14 September 2017

Chairman's Report

Liaison meetings

The Chairman has attended the following briefings with representatives from health and social care organisations since being elected Chairman of HOSC on 22 June 2017:

- 11 July – Oxfordshire Clinical Commissioning Group
A briefing on the OCCG's plans for sustainable primary care in Banbury. The Chairman advised that these proposals should be brought to a formal committee meeting.
- 31 July - Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Trust, Oxford Health NHS Trust, Oxfordshire County Council
Committee members were briefed on the local health and adult social care landscape and the current pressures and priorities for the Oxfordshire health and social care system. This will enable the committee to develop a robust work plan which demonstrates where and how it can have a meaningful impact on local NHS decisions and effectively hold Health bodies to account.

Assurances from the Oxfordshire Clinical Commissioning Group

Following HOSC's scrutiny on 7 August, of the final recommendations for decision in Phase 1 of the Oxfordshire Transformation Plan, the Chairman asked the OCCG for an update on progress in the five areas and a response to the assurances the committee requested.

The Chairman has received the following responses from the OCCG's Director of Governance:

1. Critical Care

The committee asked for assurances that there will be no long term detrimental effects on Accident and Emergency and anaesthetic services at the Horton General Hospital as a result of moving to a single Level 3 Critical Care Unit for Oxfordshire.

OCCG response: As outlined in the Decision Making Business Case (DMBC) (section 7.4, page 25) and reiterated by Dr Tony Berendt at the OCCG Board meeting on 10 August 2017 the majority of Level 3 Critical Care already takes place in Oxford. Removing the remaining Level 3 Critical Care has no impact on the continued provision of other Horton General Hospital services.

2. Acute Stroke Services

The committee asked for clarification being given about the impact of recent changes to guidance on ambulance response times and assurances that stroke rehabilitation will continue to be carried out at relevant local sites around the County, such as the Horton General Hospital and Witney and Abingdon Community Hospitals.

OCCG's response:

Ambulance response times

South Central Ambulance Service have provided the following information:

Within our current processes a FAST positive stroke patient will trigger a Red 2 coding and response. Under current response targets, this response could be a Rapid Response Vehicle (car) or Community First Responder (CFR) or Automated External Defibrillator (AED) to stop the 8 minute target and a RRV can also stop the 19 minute target. Under the current system this could then hide a hidden wait, where the RRV would be sat with the patient at their home address waiting for an ambulance to respond and transport the patient to hospital. In the current system, we could achieve our Red 8 and 19 target, but miss the point of getting the patient to hospital in a timely manner for definitive treatment.

In the ARP proposals a FAST positive stroke patient will trigger a Cat 1 coding and response. The Cat 1 patients have a mean response of under 7 minutes and a 90th percentile of under 15 minutes which can be stopped by a CFR (with additional training), a RRV or an ambulance. The Cat 1 patients have a mean Transport response and a 90th percentile response target (time TBC nationally) which can only be stopped by the vehicle that physically transports the patient. This should mean a stroke patient will receive the right response of the transporting vehicle to get them to definitive care quicker within the new proposals, therefore achieving better clinical outcomes for these patients.

Within the ARP proposals it is expected that stroke patients measured under the AQI for call to needle time (within 60 minutes) will improve nationally through the implementation of ARP."

Rehabilitation

This will continue to be provided around the county. The future of the bed based rehabilitation services will be covered in Phase 2 of the consultation.

Oxford Health are presenting a proposal on the rehabilitation beds in Witney and Oxford for discussion at the HOSC meeting on 14 September.

3. Changes to Acute Bed Numbers

The committee supports the current closure of 110 beds, but cannot support further bed closures without a more comprehensive understanding of the impact this will have on the wider health and social care system, in particular community based services.

OCCG's response: Proposals for permanent closure of any more beds will not be taken forward without discussing these with the HOSC and will be subject to further Thames Valley Clinical Senate review and NHS England assurance. Any proposals would include information on the impacts on the wider health and social care system.

4. Planned Care Services at the Horton General Hospital

The committee was unable to give full support to the proposal without being provided with a more detailed and fully-costed plan in which the local community has been fully engaged.

OCCG's response: We have written to the Chief Executive of OUHT stating we would now like to see a more detailed implementation plan for the planned care proposals which begins to show the increase in footfall at the Horton in line with the overview provided for our DMBC. The CCG will work with OUHT to agree this and to submit proposals for capital. The plan will be shared with the community and HOSC as it develops.

5. Maternity services

The committee strongly opposed the proposal to create a single specialist obstetric unit at the JR and establish a permanent midwife-led service at the Horton General Hospital and agreed to refer the proposal to the Secretary of State for Health should the OCCG Board ratify it at the Board meeting on 10 August.

OCCG's response: As requested by the Chairman of HOSC we have confirmed that whilst the referral process is ongoing the temporary closure of the obstetric services at the Horton will remain in place; as there are still not enough middle grade doctors available. The Midwife led unit will continue to run with the current staffing model and provision of a dedicated ambulance. We have written to the Chief Executive of the Oxford University Hospitals Trust to confirm this.

Letters sent on behalf of the Committee

Referral of the permanent closure of obstetrics at the Horton General Hospital to the Secretary of State for Health

On 7 August Oxfordshire's the Committee met with representatives from the Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Trust and the Oxford Health NHS Trust to discuss the proposals for Phase 1 of the Big Health and Care Transformation Plan being put forward for decision at the OCCG Board meeting on 10 August. At the meeting the committee also heard from a number of speakers, including Members of Parliament, who voiced their grave concerns about the impact of the Phase 1 proposals.

The committee strongly opposed the proposal to create a single specialist obstetric unit at the JR and establish a permanent midwife-led service at the Horton General Hospital. It resolved to refer the decision to the Secretary of State should the OCCG Board agree the proposal on 10 August.

The OCCG Board subsequently ratified the proposal relating to maternity services at the Horton, therefore the Chairman wrote on behalf of the committee referring the matter to the Secretary of State for Health. The letter is printed below:

Date: 30 August 2017
Our Ref: OJHOSC/SoS/HortonMat2

**Oxfordshire Joint Health Overview
and Scrutiny Committee
County Hall
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Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
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Dear Secretary of State,

Re: Referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

You recently wrote to me confirming your decision to refer the temporary closure of consultant-led maternity services at the Horton General Hospital to the Independent Reconfiguration Panel (IRP). On behalf of the Oxfordshire Joint Health and Overview Scrutiny Committee (OJHOSC), I am grateful for this action.

However, it is with the deepest regret that I am writing to you again following a special meeting of the OJHOSC held on Monday 7th August 2017. At that meeting, the OJHOSC unanimously agreed to refer the Oxfordshire Clinical Commissioning Group's (OCCG) proposal to permanently close consultant-led maternity services at the Horton General Hospital in Banbury ('the Horton') to you, as the Secretary of State for Health, should the OCCG Board agree the proposal at its meeting on Thursday 10th August. The proposal was subsequently agreed by the Board, therefore the OJHOSC makes this referral pursuant to Regulation 23(9)(a) and (c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Background

In 2006 the then Oxford Radcliffe Hospitals NHS Trust (ORH) proposed moving inpatient paediatric and gynaecology services, consultant-led maternity services and the Special Care Baby Unit from the Horton in Banbury to the John Radcliffe Hospital (JR) in Oxford. The Committee believed that the changes were not in the interests of people in the north of the county and referred the matter to the Secretary of State, who supported this view.

On 18 February 2008, The Independent Reconfiguration Panel issued advice to ORH concerning Paediatric Services, Obstetrics, Gynaecology and the Special Care Baby Unit at the Horton. In summary these recommendations were:

1. The IRP considered the Horton Hospital to have an important role for the future in providing local hospital based care to people in the north of

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Oxfordshire and surrounding areas. It did however state, the Horton would need to change to ensure its services remained appropriate, safe and sustainable.

2. The IRP did not support the Oxford Radcliffe Hospitals (ORH) NHS Trust's proposals to reconfigure services in paediatrics, obstetrics, gynaecology and the Special Care Baby Unit (SCBU) at Horton Hospital. The IRP does not consider that they will provide an accessible or improved service to the people of north Oxfordshire and surrounding areas.
3. The Oxfordshire Primary Care Trust (PCT) was to carry out work with the ORH NHS Trust to set out the arrangements and investment necessary to retain and develop services at the Horton Hospital. Patients, the public and other stakeholders were to be fully involved in this work. South Central Strategic Health Authority was to ensure that a rigorous and timely process was followed.
4. The PCT was to develop a clear vision for children's and maternity services within an explicit strategy for services for north Oxfordshire as a whole.
5. The ORH was to do more to develop clinically integrated practice across the Horton, John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector.

The IRP advised that the Trust and the PCT were to invest in, retain and develop services at the Horton, as it considered the Hospital to have an important future role in providing local care to people in north Oxfordshire and the surrounding areas.

ORH maintained consultant-led maternity services at the Horton supported by a training programme for junior doctors working in obstetrics. However, in 2012 post graduate obstetric training accreditation at the Horton was withdrawn. This was predominantly due to the low numbers of births at the Hospital, which meant limited exposure to complex cases, and the difficulties experienced in recruiting sufficient numbers of middle grade doctors.

The Trust then developed a Clinical Research Fellow programme to support consultant-led provision, but they reported that national recruitment shortages in obstetric posts led to a reduction in applications which made it unviable. The programme closed in December 2015 and a rotational middle grade rota was created to staff the obstetrics unit.

In September 2016 the Committee was informed that OUHT were intending to temporarily close consultant-led maternity services at the Horton from 3rd October 2016, as they were unable to adequately staff the unit in a safe and sustainable manner.

OJHOSC held a further meeting in September to scrutinise OUHT's contingency plan for continuing maternity and neonatal services at the Horton. This included evidence of the Trust's efforts to maintain consultant-led maternity services and a discussion about the impact of temporarily closing the obstetrics unit and the

associated risks. Assurances were given by the Trust that they planned to reopen the unit by March 2017 on the strength of an action plan to recruit more consultants.

The Committee was also keen to establish that a decision to temporarily close consultant-led maternity services at the Horton General Hospital would not pre-determine the outcome of the Oxfordshire Health and Care Transformation (OTP) Phase 1 consultation. The consultation included a proposal to move obstetric services, the Special Care Baby Unit and emergency gynaecology inpatient services permanently to the JR, whilst maintaining midwife-led maternity services at the Horton.

To monitor the situation carefully the Committee requested regular updates on the status of consultant-led maternity services at the Horton, the number of women transferred to the JR in labour, and the recruitment of obstetricians.

The Trust's update on performance of maternity services at the Horton, dated 23 December 2016, stated that they would not have enough experienced and skilled medical staff in post to reopen the unit in March 2017 as planned. Therefore, at its meeting on 2 February 2017, OJHOSC believed that the material grounds for not referring the matter had changed, i.e. the Trust's recruitment plan had failed and the closure would be longer than envisaged. The Committee considered nothing further could be gained by discussions at a local level and referred the matter to you under Regulation 23(9)(b) of the 2013 Regulations. You recently wrote to me confirming that this matter had been passed to the IRP for initial review.

At a special meeting on 7 March 2017, OJHOSC undertook detailed scrutiny of the proposals being put forward for acute services in Phase 1 of the OTP consultation (running 16 January – 9 April 2017). These were focused on:

- Changing the way hospital beds are used and increasing care closer to home in Oxfordshire,
- Planned care (planned tests and treatment and non-urgent care) at the Horton General Hospital,
- Acute stroke services in Oxfordshire,
- Critical care (help with life-threatening or very serious injuries and illnesses) at the Horton General Hospital, and
- Maternity services at the Horton General Hospital including obstetrics and the Special Care Baby Unit.

During the meeting the Committee heard many passionate appeals from campaign groups, residents, district councils and MPs in the north and west of the county and surrounding areas (including Victoria Prentis MP (Banbury), Robert Courts MP (Witney) and The Rt Hon Andrea Leadsom MP (South Northamptonshire)) for consultant-led maternity services at the Horton to continue, as this would otherwise mean a downgrading of the Hospital. The concerns raised in this meeting formed the basis of OJHOSC's formal response to the consultation and recommendations for the OCCG, which was submitted on 13 March 2017.

In relation to the maternity proposal the Committee felt that the separation of proposals for obstetric services from those for Midwife-led Units (MLUs) painted an ambiguous picture for the future of maternity services in the county. In particular, the

inclusion of example options for Chipping Norton MLU in the Phase 1 consultation document led to confusion and uncertainty about the future of this service and caused unnecessary public anxiety.

The Committee recommended that the OCCG:

- Take immediate action to clarify the proposals for maternity services in the north of the county as a whole in the Phase 1 consultation, or develops an alternative approach to consulting on these proposals;
- Present a comprehensive appraisal of options for maintaining obstetric services at the Horton, including the potential for an obstetrics rota between the JR and the Horton;
- Provide specific answers to:
 - the numbers of mothers transferred from the Horton to the JR during the temporary closure,
 - travel times from the Horton to the JR for these mothers, and
 - the future of ambulance support at the Horton for mothers needing to be transferred.

It was agreed that another meeting of the OJHOSC with OCCG would be held once the OCCG had an opportunity to respond to the committee's concerns.

The committee next met with the OCCG on 22 June to review the outcomes of the consultation. Members were concerned that a considerable amount of additional analysis was to be completed before the OCCG Board would make final decisions on the Phase 1 proposals at its 10 August meeting. Regarding the proposal for obstetric services at the Horton, the Committee was keen to see the OCCG address options for the future of these services in its report to the Board, as well as the outcomes of the JR travel and parking analyses. The Committee agreed to meet again with the OCCG, after their decision making business case was published for the August Board meeting, to review final recommendations for decision.

At a special meeting on 7 August to scrutinise these recommendations, the Committee heard from numerous speakers, including local MPs, about their grave concerns regarding the impact of the Phase 1 changes. Their concerns predominantly focused on the impact of permanently withdrawing consultant-led maternity services at the Horton.

Following robust questioning of OCCG and OUHT representatives the Committee did not believe it had seen a strong enough case for meeting the needs of expectant mothers in the absence of consultant-led services in the north of the county. OJHOSC strongly opposed the recommendation to create a single specialist obstetric unit at the JR and establish a permanent midwife-led service at the Horton and resolved that, should the OCCG Board ratify the proposal at its 10 August Board meeting, it would refer the matter to the Secretary of State on the grounds that it was not in the best interests of local residents and the health service and consultation with the Committee was not adequate.

Reasons for referral

OJHOSC has engaged extensively with the OCCG prior to decisions on Phase 1 of the OTP being made, in an effort to exhaust all other alternatives before a referral to

the Secretary of State and in accordance with Regulation 23(5). However, the OCCG has openly stated that it was only interested in detailed discussions once a decision had been made, refusing to address the Committee's concerns that the closure was predicated on staffing shortages, despite OUHT having filled seven of the nine vacant consultant posts since the temporary closure of the unit. The Committee also feels that the OCCG has failed to engage fully with local partners, such as Cherwell District Council, to explore offers of investment and measures to help with schooling, housing, and cost of living expenses, for example, through the use of 'Golden Hellos' to attract sufficiently skilled staff.

This steadfast refusal to fully investigate and develop alternative models and to exhaust all other possibilities to continue to satisfy the 2008 IRP recommendations is deeply regrettable. Following a decision by the OCCG Board on 10 August to agree the recommendation to end consultant-led maternity services at the Horton, the OJHOSC is referring the decision to the Secretary of State under Regulation 23(9)(a) and (c) for the following reasons:

- I. **The needs of local people have not changed and the arguments set out in the 2008 IRP judgement still apply.** The Committee has heard passionately from many members of the public, local campaign groups, local politicians, local councils, former Horton doctors, local MPs, the clergy, and Healthwatch Oxfordshire. There was unanimous opposition to the proposals for maternity services in Phase 1 of the OTP and the Committee has yet to see evidence, let alone evidence of a compelling nature, of any change in the fundamental needs of mothers in North Oxfordshire and the surrounding areas that would justify the closure of obstetric services.

The Committee accepts that there are difficulties recruiting and retaining suitably qualified staff to maintain an obstetric unit at the Horton, but does not consider this just cause for removing a service when the needs of local people have not changed.

Whilst staff retention may be harder than before, the Trust has demonstrated that it can successfully recruit to the required specialist posts, despite the cloud of uncertainty hanging over the unit. The Committee is also disappointed to hear that the OCCG has not fully engaged with local partners who put forward alternative options for maintaining the service at the Horton. Moreover, the OCCG has not presented the Committee with any options for maintaining obstetric services at the Horton, as requested in OJHOSC's response to the Phase 1 consultation.

- II. **The population of North Oxfordshire is set to grow.** The population in North Oxfordshire has grown since 2008 and is set to grow substantially in the coming years, further justifying the need for a consultant-led maternity service in the north of the county.

By its own admission, the OCCG is looking at a 5-year plan, whereas local authorities in the area are planning for much longer timescales, including up to 2031. Even using conservative estimates for birth rates and housing growth (especially as North Oxfordshire has to take on a supply of housing from Oxford), the number of births at the Horton under a consultant led-service is

expected to grow. Given that before the temporary closure births at the Horton accounted for a fifth of all births in Oxfordshire (excluding the surrounding areas which the Horton also serves), the Committee feels that the OCCG's focus on a 5-year plan that concentrates all consultant-led births for the county at the JR is foolhardy, weakens resilience and does not in any way adequately consider the population growth in the north of the country.

Moreover, consultant-led services at the JR will have to cope with the impact of population growth in the south of the county, which has already seen an increase that is double the national average. The OCCG's plans will put enormous pressure on consultant-led services at the JR site.

- III. Ongoing issues with travel and access from the Horton to the JR for expectant mothers.** The integrated impact assessment commissioned by the OCCG indicates that a change in consultant-led maternity services will mean that only 52% of mothers will be able to access obstetric-led maternity services within 30 minutes, compared with 72% if a unit remained at the Horton. The Committee has major concerns about transport difficulties between Banbury and Oxford, particularly at peak travel times and in inclement weather. This includes both emergency transport for patients and public transport for patients and relatives.

Whilst a dedicated ambulance has been stationed at the Horton during the temporary closure to transport high risk mothers in labour to the JR, the future of this provision is unclear. OJHOSC has already heard anecdotal evidence of mothers' poor experience travelling between the two hospitals and the pressures on the JR affecting waiting times for women in labour.

Furthermore, the OCCG commissioned parking and travel analyses confirmed that there are acute problems with access and parking at the JR site compared to very few issues at the Horton. The qualitative feedback that Healthwatch Oxfordshire gathered indicates that patient travel and parking times at the JR are between 45 and 75 minutes. The Committee is particularly concerned that little detail has been shared about planned investments in parking and access to manage the volume of additional patients at the hospital.

- IV. The lack of a clear picture for countywide maternity services as a result of the two-phased consultation.** The impact of permanently removing the obstetric unit at the Horton on maternity services as a whole, including the Chipping Norton, Wallingford and Wantage MLUs, was not clear in the Phase 1 consultation. The OCCG had stated that once a decision about consultant-led services was made they would have a detailed discussion with the Committee about the impact on midwife-led services as part of the work on Phase 2 proposals. This is despite the Committee setting out its expectations in November 2016 that the impact of options for maternity services at the Horton on surrounding services should be included in the consultation and that nothing in Phase 1 should prejudice the outcomes of Phase 2. The lack of fully developed plans for county-wide maternity services and refusal of the OCCG to address the Committee's concerns about the impact of the Horton proposal on midwife-led services prior to the Board's decision, has led the

Committee to believe that the content of the consultation has been inadequate.

In summary, the Committee does not believe it has seen a robust enough case for meeting the needs of expectant mothers in the absence of obstetric services in the north of the county, particularly as the two-phase consultation has obscured a complete picture for the future of maternity services in the county. Furthermore, the reasons for having a consultant-led service in the north of the county have not changed since the IRP's recommendations in 2008.

For the reasons outlined above, the OJHOSC is referring to you the OCCG's decision to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the JR and to establish a permanent MLU at the Horton on two grounds:

- Regulation 23(9)(c) - the decision is not in the best interests of the health service or local residents; and
- Regulation 23(9)(a) – the content of the two-phase consultation is inadequate.

I look forward to hearing your response.

Best regards,

A handwritten signature in black ink, appearing to read 'Arash Fatemian', followed by a horizontal line.

Cllr Arash Fatemian
Chairman of Oxfordshire's Joint Health Overview and Scrutiny Committee