

Oxfordshire Health Overview and Scrutiny Committee – 16 November 2017

Chairman's Report

Health and Social Care Liaison

The Chairman and Deputy Chairman have attended the following informal briefings with representatives from health and social care organisations since the last meeting of HOSC:

- 12 September – Oxfordshire Clinical Commissioning Group
The Deputy Chairman was involved a stakeholder discussion as part of the process for selecting candidates for the position of Clinical Chair of the CCG. Following an election involving all 70 of the county's GP practices Dr Kiren Collison has been appointed as the new Clinical Chair.
- 2 November – Oxfordshire Clinical Commissioning Group
The Chairman was involved in an external stakeholder panel to inform the recruitment process for a new Chief Executive of the CCG. The outcome of this process is still awaited.
- 7 November – Care Quality Commission
The Chairman met with CQC inspectors as part of a context-setting visit ahead of their inspection of how well people move through Oxfordshire's health and social care system.
- 8 November – 'BOB' Scrutiny Chairmen's and Oxfordshire Clinical Commissioning Group
The Deputy Chairman attended an informal meeting with the scrutiny chairmen from Buckinghamshire, Reading, West Berkshire and Wokingham to exchange views, concerns and questions about progress with the 'BOB' Sustainability and Transformation Plan.

Advice from the Independent Reconfiguration Panel

In response to the Committee's referral of the CCG's decision to temporarily close consultant-led maternity services at the Horton General Hospital, the Secretary of State passed the matter to the Independent Reconfiguration Panel (IRP) for initial assessment. The advice from the IRP and Secretary of State has now been received and the Panel is not recommending that the temporary closure is subject to a full review. This is in view of the fact that HOSC has since referred the CCG's subsequent decision to permanently close the obstetrics unit. However, the IRP does concur with HOSC's view that the closure of the unit for more than 10 months exceeds what can reasonably be considered a 'temporary' closure.

The Secretary of State's response is printed below and the full advice of the IRP can be found online at: <https://www.gov.uk/government/publications/irp-horton-hospital-banbury-initial-assessment>



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

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Councillor Arash Fatemian
Chairman of the Oxfordshire Joint Health Overview & Scrutiny Committee
Oxfordshire County Council
County Hall,
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15 SEP 2017

Dear Mr Fatemian,

Review of the temporary closure of consultant-led maternity services at the Horton General Hospital: formal referral under Regulation 23(9) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

I am responding to your predecessor's, Councillor Constance, letter of 14th February 2017 referring to me the temporary closure of consultant-led maternity services at Horton General Hospital

This case was referred on the basis that the closure should have been subject to a consultation, given the length of time since that temporary closure began. As you know, I asked the Independent Reconfiguration Panel (IRP) for its initial advice on receipt of your referral.

The IRP has considered the issues you raise in your letter, and has now completed its initial assessment and shared its advice with me. After careful consideration, the IRP is of the view that the closure of the obstetric unit at the Horton on safety grounds was correct, and that safety must always be the primary consideration in the provision of healthcare. The IRP also advised that a closure, albeit one originally meant to be temporary, cannot still be regarded as temporary when it continues as long as occurred in this case.

The IRP recognises significant local concern about the length of time that this temporary closure has taken place, but in light of the fact that the proposal has moved on – a permanent change is now being proposed – and that the original decision was taken for sound reasons of patient safety, a full review would not add value.

I accept the IRP's advice in full.

I understand that you are minded to refer to me the proposal to make this service change permanent, and should you do so, I will consider any new referral on its own merits.

A copy of the full advice is appended to this letter and will be published today on the IRP's website at www.irpanel.org.uk.

I am copying this letter to The Lord Ribeiro, Chair of the IRP.

Yes in reply
Jeremy Hunt

JEREMY HUNT

Stroke rehabilitation service proposals

Following a discussion at the last HOSC meeting committee members requested that Oxford Health NHS Foundation Trust (OH) completes a substantial change toolkit assessment in relation to the proposal to relocate stroke rehabilitation services from Witney to Abingdon. This assessment was completed and whilst members did not believe the proposals constitute a substantial change in service, some further questions were raised and the following answers have been provided by OH:

1. HOSC members have heard of long delays for stroke patients to receive occupational and speech therapy – what is being done to address this and is it something that can be addressed through this pilot?

We believe that this question relates to waits for community services after discharge. These issues will not be addressed in the pilot. The co-location of the stroke service is anticipated to improve the intensity and frequency of stroke rehabilitation in the community hospitals – we have a different (and broader) project about locality-based services which would need to be subject to a separate discussion.

2. How will the impact of the pilot on patient flow be measured to assess whether this has improved?

We collect data on length of stay and episodes of care. Relocation of services on one site is expected to increase patient flow and reduce length of stay, although this is linked to pressures in other parts of the system.

3. How will the impact on workforce retention/recruitment be assessed over the pilot period, particularly when the recruitment process for NHS staff takes on average 3 months?

The staffing profile for the stroke units will be mapped at the start of the project, using the Royal College of Physicians (RCP) guidelines for comparison. Most of the gains around staffing will come from bringing two teams together on one site. Historical data around staffing profile at the two sites will allow for comparison.

4. Is Oxford Health currently meeting the RCP guidelines across the two sites?

In part we will meet therapy staffing recommendations by co-locating the beds which will lead to an increased amount of rehabilitation at increased frequency. This performance is measured in the Sentinel Stroke National Audit Programme (SSNAP). The CCG does not commission psychologist input to the stroke unit and this will not be rectified with the co-location of the stroke units.

5. What aspect of patient care do you expect to improve in the next three months to measure whether the pilot was successful?

We expect the amount of therapy time (for both physiotherapy and occupational therapy) and the frequency of treatment (number of days) will increase lead to improved clinical outcomes (functional ability and independence). This will be measured through the KPI with CCG. Some changes will take more than 3 months to come into effect. Other outcomes measures for the project will include patient satisfaction, carer feedback questionnaires, the SSNAP audit and OH contractual performance measures.

Musculoskeletal briefing

Attached for information to this agenda is a briefing received from the CCG about the recommissioning of musculoskeletal (MSK) services and the new provider. In response to a number of queries from members about this briefing, the CCG has provided further clarification on the following points:

1. A copy of the analysis of need for MSK services and clinical model to meet these needs included in the business case for retendering the service has been circulated to members of the Committee.
2. Why there has been a significant time between the public engagement / modelling (2014/15) and the commissioning of a new provider (2017)?

The process of implementation was put on hold while a decision was made on the best procurement process. Originally Oxford University Hospitals Foundation Trust (OUH) advised that they did not wish to continue to provide the service and Oxford Health NHS Foundation Trust (OH) tendered under a Most Capable Provider (MCP) process, but the contract was not awarded. The timeline is described in chronological order below:

- *June 2015: Business case signed off*
- *July 2015: MCP process commenced*
- *End November 2015: (Due to delays by OH) OH submitted a proposal*
- *December 2015: Assessment of proposal and final decision*
- *January 2016: Recommendation made following the MCP process for open procurement*
- *February 2016: The CCG Clinical Executive decided they wanted to explore OUH as the provider.*
- *March 2016: OUH confirmed they were not interested in providing the services.*

- *August 2016: prior to re-instating the procurement process, OUH formally expressed an interest in becoming the lead provider for orthopaedics including the hub and physiotherapy.*
 - *October 2016: OUH submitted an outline proposal to the CCG outside of the deadline.*
 - *October 2016: Assessment of the key requirements of the redesigned model by the project team and GPs.*
 - *November 16 –April 17: CCG Executive decision to go to procurement*
 - *April / May 17 – Award of contract halted due to purdah*
 - *Contract awarded to Healthshare in June 2017.*
3. Does the impact of GPs not being able to refer directly to radiography departments, but instead having to be routed through the MSK Hub increase costs?
- No, it actually reduces costs and ensures diagnostics are part of a whole pathway so that people get the right treatment first time in the right place with the right professional with minimal delay.*
4. Whether physiotherapy will be provided at Abingdon Hospital for patients receiving stroke rehabilitation delivered by Oxford Health.
- Oxford Health NHS Foundation Trust and Oxford University NHS Foundation Trust will continue to provide specialist physiotherapy services including the stroke rehabilitation service at Abingdon Community Hospital.*
5. What assessment has been done of the public transport options between Faringdon/Didcot and the rural villages and towns in South Oxfordshire and the Vale?
- Mapping for each site was undertaken with links to public transport and travel by car.*
6. What alternative arrangements have been made for people using the MSK services in Abingdon and Wantage area?
- Abingdon has access to Didcot (Woodlands HC), East Oxford Health Centre in the city and Wallingford (Community Hospital). They can also go to the services being held on the previous Deer Park Medical Centre site in Witney. Wantage residents can use any site with the nearest being Faringdon, Didcot and Wallingford.*

Letters sent on behalf of the Committee

GP Out of Hours service at the Horton General Hospital for Northamptonshire residents

Following contact from a concerned Oxfordshire resident that Brackley residents cannot access the GP Out of Hours service at the Horton General Hospital, it was confirmed that Nene CCG (covering Northamptonshire) had recently decommissioned this service from Oxford Health NHS Trust for Northamptonshire residents. As this change does not affect the service commissioned and delivered for

Oxfordshire residents, the matter has been referred to Northamptonshire's Health Scrutiny committee.



Date: 7 November 2017

Cllr John McGhee
Chairman of Northamptonshire's
Health, Adult Care & Wellbeing
Scrutiny Committee

By email:
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**Oxfordshire Joint Health Overview and
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Dear Cllr McGhee,

Re: Out of Hours GP service at the Horton General Hospital

It has been brought to my attention that Nene Clinical Commissioning Group (CCG) has recently decommissioned the GP Out of Hours service from Oxford Health NHS Foundation Trust for Northamptonshire residents. I understand this was being delivered from the Horton General Hospital ('the Horton').

The decision has been raised as a concern by a Brackley resident for whom the Horton is her closest hospital, and who was recently told she would need to travel to Daventry or Northampton to access an Out of Hours appointment in the future. It would appear that there has been a distinct lack of engagement or consultation with the public about this change.

As a commissioning decision made by Nene CCG about a service for Northamptonshire residents, it is not one that directly affects Oxfordshire residents. As such, I am writing to refer this matter to your Health, Adult Care & Wellbeing Scrutiny Committee for further examination. For information I attach the correspondence we have received from Nene CCG on this issue.

I am sure you are aware that Phase 1 of the Oxfordshire Health Transformation Plan has instigated some significant changes to the provision of maternity services, planned care and critical care at the Horton. OJHOSC members are keen to keep abreast of other changes at the Horton to ensure this does not undermine the sustainability of the hospital and the provision of healthcare for the surrounding population.

We will be asking the Oxfordshire CCG to clarify whether the withdrawal of the GP Out of Hours service for Northamptonshire residents affects the current service

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delivered for patients registered with an Oxfordshire GP and whether there is an impact on future plans for this service.

I would be grateful if you could keep me informed of how your scrutiny of this issue progresses, so that I can report back to my committee members.

Yours Sincerely

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

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

cc. Nene CCG