

Executive

The Horton General Hospital and the Work of the Better Healthcare Programme for Banbury and the Surrounding Areas

16 November 2009

Report of Strategic Director Environment & Community

PURPOSE OF REPORT

To consider the progress made on developing future services for the Horton General Hospital through the Better Healthcare Programme for Banbury and the surrounding areas.

This report is public

Recommendations

The Executive is recommended:

- (1) To note the significant progress made by the Better Healthcare Programme for Banbury and the surrounding areas; and
- (2) To endorse the current approach of the Better Healthcare Programme Board to implement consultant delivered obstetric and paediatric services, greater integration of emergency and GP out of hours work, specific initiatives to support the sustainability of general surgery and trauma and using the services provided at the Horton General Hospital for research and academic purposes.

Executive Summary

Introduction

- 1.1 There has been a significant amount of work and progress made on developing proposals to deliver future services at the Horton General Hospital following the recommendations of the Independent Reconfiguration Panel. These have been progressed by the Better Healthcare Programme Board and have been supported in many ways by the Community Partnership Forum. This report summarises that work to date whilst acknowledging that there is still a substantial amount left to do.

Proposals

- 1.2 There is a recognition that change is required due to many external factors which are affecting all small district general hospitals but that the specific needs and circumstances of the people of Banbury and surrounding areas must underpin future Horton General Hospital services.
- 1.3 The proposals of the Better Healthcare Programme at this stage in the process are to develop at the Horton General Hospital consultant delivered obstetric and paediatric services, greater integration of Emergency and GP Out of Hours work and specific initiatives to support the sustainability of general surgery and trauma.
- 1.4 Further proposals include greater joint working between primary and secondary care and using the services provided at the Horton General Hospital for research and academic purposes.

Conclusion

- 1.5 During the course of this process and particularly for the Health Needs Assessment, it has been demonstrated quite clearly that Banbury and surrounding areas require the continuation of services very similar to that currently provided at the Horton General Hospital. The growth in population, the geography and resultant travel time to other acute hospitals plus the notable specific healthcare needs associated with parts of Banbury are undisputed facts which support this stance.
- 1.6 However, there is a recognised need for change as current services are not sustainable at present. It is the nature of this change that the Better Healthcare Programme needs to determine.

Background Information

- 2.1 In March 2008, the Independent Reconfiguration Panel (IRP), appointed by the Secretary of State for Health, rejected proposals to change services at the Horton General Hospital (Horton) in Banbury. The Oxfordshire Primary Care Trust (PCT) was asked to take forward the project to ensure services were retained and developed.
- 2.2 From this position, the PCT set up the Better Healthcare Programme for Banbury and the surrounding areas. This Programme consisted of a Board which is supported by a Community Partnership Forum. These groups have met regularly during 2008 and 2009 and have been the 'drivers' behind the work which has been undertaken so far.

Process to Date

- 3.1 One of the earliest exercises undertaken in this process involved an Invitation to Innovate. In this, the PCT sought innovative ideas from any interested party which ensured the sustained provision of local acute hospital services, and particularly maternity, obstetrics and gynaecology, paediatrics and accident and emergency for Banbury and the surrounding areas. Such an approach was intended to generate ideas which balance increasing regulatory requirements, workforce changes and standards for safety and quality against the expectations and aspirations of local people. This invitation generated almost thirty different ideas and proposals.
- 3.2 Following this, and in order to assess the innovative suggestions made and consider the other issues about sustainable services at the Horton, five thematic groups were set up to consider Staffing & Training, Clinical Integration, Collaboration, Service Strategies & Development and Academic/Research.
- 3.3 The themed groups, having considered a range of ideas, produced a series of proposals which were then considered by five feasibility groups, namely: Paediatrics, Maternity, Urgent Care, General Surgery/Trauma and Services Strategies & Development.
- 3.4 This whole process is described in summary form in Appendix 1. At each stage, ie. the Invitation to Innovate and between the work of the themed groups and feasibility groups and subsequently as a result of the outcomes of the feasibility groups, there has been a range of workshops which have involved both members of the Oxford Radcliffe Hospital Trust's (ORHT) clinical staff, the PCT, the Better Healthcare Programme Board and the Community Partnership Forum. Such a process has been very intensive but very transparent and open in terms of challenge in the context of a willingness find genuine solutions for the Horton.

Current Position and Emerging Proposals

- 4.1 The outcome of the most recent Better Healthcare Programme Board on 13 October 2009 which considered all the work and conclusions reached through the process described above has concluded so far with a series of proposals which are as follows:

Maternity

To develop a consultant-delivered maternity service (with rotation across the John Radcliffe Hospital and the Horton) with the option of a new (larger) maternity unit.

Paediatrics

To develop a consultant-delivered paediatric service in the short to medium term evolving into;

- Maternity being supported by advance neo-natal nurse practitioners;
- General Paediatrics being delivered in the community;
- A children's ward continuing to support Trauma;
- Paediatric support for Accident and Emergency (potentially with a paediatric assessment unit)

Urgent Care/Emergency

To develop improved integration of work of the Emergency Department with GP Out of Hours service and GP-led Health Centre.

General Surgery/Trauma

To develop proposals to support the sustainability of General Surgery and Trauma by:

- Increasing the proportion of elective activity at the Horton;
- Increasing capacity in Trauma;
- Making posts more attractive;
- Clarifying protocols for transfer and support from the ORHT, particularly at night.

- 4.2 In addition, there are proposals to develop new models of joint working between primary and secondary care. This idea grew from the plans of the ORHT and Oxford university to create a world-leading Academic Health Sciences Centre. The idea proposed that the Oxford University Primary Care Department, the highest rated in the country, is ideally placed to take a major role in this process. In partnership with the PCT, local GPs and the ORHT, it could establish a range of innovative research and educational initiatives based on data capture from an entire population across existing boundaries or primary and secondary care.
- 4.3 Associated with each of these proposals is a range of further work which is currently being embarked upon by the PCT, the ORHT and others. Much of this work will hopefully support the justification and business case for progressing in the way which is outlined in the proposals. It is however recognised that there are still significant challenges ahead associated primarily with funding constraint and other national issues, associated with training, recruitment and the European Working Time Directive restrictions.

The Activities of the Community Partnership Forum

- 5.1 There is no doubt that one of the successes of this process to date has been the effectiveness and contribution made by the Community Partnership Forum. Its achievements over this time are listed as follows:

- The Forum has helped to create a platform of collaboration and engagement with all key stakeholders, from a previous situation of lack of engagement. In so doing it has raised the profile of the future of the Horton.
- The Forum has gone a long way in addressing the issues raised by the Independent Reconfiguration Panel report and in so doing has changed the opinions of and relationship with the ORHT and PCT. Banbury and the ORHT are now talking constructively to a common purpose.
- Lay members of the Forum now feel they are on an equal footing with all other stakeholders and that their views are listened to and respected, and that they can contribute to and collaborate with the development of future services at the Horton.
- The Chair of the Forum has encouraged a willingness to find solutions and encouraged key personnel (the Post Graduate Dean and the ORHT chief Executive) to become involved in the Better Healthcare Programme. This is a turnaround from the beginning of the Programme.
- The Forum has helped to foster the notion of the Horton as being a positive opportunity for innovation in developing a new UK local healthcare model.
- All stakeholders have developed a shared understanding of the others concerns and worries and each party has learnt from the other.
- There is now trust between stakeholders and the key organisations involved in the Better Healthcare Programme.
- A transparent process of engagement has been achieved.
- There has been a change in attitude of senior managers at ORHT & PCT.
- Everyone has drawn together in adversity and this has been the great strength of the Forum.
- The engagement of clinicians and MPs has also made a positive contribution to the process.
- Engaged with all the key parties to help work up service models.
- Engaged with local GPs - particularly younger GPs - on the Horton issue, since encouraging a greater interface with GPs and clinicians is likely to be part of the longer-term solution for the Horton.
- Addressed the issue of training accreditation using the Academic Health Science work as a catalyst.
- By driving engagement and challenge, the Forum has remained effective.
- Understood and worked with the road mapping exercise. This was essential to see how all the components fitted together and how the Forum became part of the road map milestones.
- Identified lessons learnt from how the interim plan has been delivered with regard to workforce planning issues etc.
- Considered how services in neonatal and obstetrics are being delivered.

Next Steps

- 6.1 This is a crucial time for the whole Better Healthcare Programme and process in redefining and establishing future services for the Horton. There is still much to do to arrive at a point where a satisfactory future service model for the Horton is agreed. In fact there is still some uncertainty around this associated with the degree of change that is required which affects not only the Horton but also the John Radcliffe Hospital if real clinical integration is to be achieved. This aspect will be of specific interest to the IRP when they will be re-visiting Oxfordshire on 4 November 2009 to consider progress to date

against their original recommendations.

- 6.2 There is another combined Better Healthcare Programme Board and CPF workshop to consider further progress and to refine the proposals for formal consideration. This significant workshop is planned for 5 November 2009.
- 6.3 Following the workshop, the Better Healthcare Programme Board will be considering the latest position and further requirements in taking this whole process forward at its meeting on 17 November. It is following this that the PCT Board meeting will take place on 26 November to consider what has emerged from the process and the next steps in delivering what the PCT will have deemed necessary.
- 6.4 Following this, it is expected that there will be a period where the ORHT will be required to give serious consideration and indeed assess all the implications of delivering the requirements of the PCT for the future of the Horton. This is expected to take some time because of the clinical complexities and costs involved and therefore it is not expected to emerge in any final form or conclusion until early in 2010.
- 6.5 In the meantime, the Oxfordshire Health Overview & Scrutiny Committee will be meeting on 19 November to consider the position at that time. One of their key considerations will be not only the extent to which the Better Healthcare Programme has addressed the IRP's recommendations but also whether the changes proposed for the Horton in future are significant enough to warrant a further period of public consultation. It should be noted that change in the Horton's services has always been recognised as needed. They will be considering the extent of the change proposed through the work of the Better Healthcare Programme and the need for consultation as a result.
- 6.6 This Council continues to support the PCT, the ORHT and sits on both the Better Healthcare Programme Board and the Community Partnership Forum in supporting their work. All the key meetings mentioned above will also be held in the Council Chamber at Bodicote House in order to demonstrate there is local deliberation on this important matter and to facilitate public access through people attending plus webcasting the key meetings.

Key Issues for Consideration/Reasons for Decision and Options

The following options have been identified. The approach in the recommendations is believed to be the best way forward.

Consultations

There have been no formal consultations undertaken in the development of these proposals for the future of the Horton. However, it should be noted that the Oxfordshire Health Overview & Scrutiny Committee will determine whether further formal consultation is required and, that during the process to date, the work of the

Community Partnership Forum has included all relevant stakeholders using a significant and effective communication plan to support the information dissemination by the PCT.

Implications

Financial: There are no significant financial implications for the Council in supporting the PCT in this work. The provision of new services in the future is largely a matter for the PCT and ORHT and has little bearing on the Council's finances.

Comments checked by Karen Curtin, Head of Finance, 01295 221551.

Legal: There are no legal implications arising from this report. The Council is acting as community leader under its powers of wellbeing in supporting the PCT in this work.

Comments checked by Liz Howlett, Head of Legal & Democratic, 01295 221686.

Risk Management: The most notable risk arising from the content of this report is that there may be still no sustainable and safe clinical solutions for all current services of the Horton at the end of this process given all the constraints that the health sector have to work within and as a consequence there may be significant downgrading of healthcare services provided in Banbury. The work of the Better Healthcare Programme is attempting to avoid this position.

Comments checked by Rosemary Watts, Risk Management & Insurance Officer, 01295 221566.

Wards Affected

All District Wards.

Corporate Plan Themes

Safe & Healthy Cherwell

Executive Portfolio

Councillor George Reynolds
Portfolio Holder for Community, Health & Environment
Document Information

Appendix No	Title
Appendix 1	The Better Healthcare Programme Roadmap.
Background Papers	
Better Healthcare Programme Board and Community Partnership Forum meeting papers all available on the Council and PCT's website	

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Approach for turning innovation into reality

Appendix I

