Executive

Horton General Hospital

5 July 2010

Report of Strategic Director Environment & Community

PURPOSE OF REPORT

To consider the outcome of the Better Healthcare Programme, the decisions of the Oxfordshire Primary Care Trust and Oxford Radcliffe Hospitals Trust, plus the future of the Community Partnership Forum.

This report is public

Recommendations

The Executive is recommended:

(1) To endorse the outcome of the process in clarifying and confirming the future of paediatric, anaesthetic and obstetric services at the Horton General Hospital;

(2) Congratulate the Oxfordshire Primary Care Trust and the Oxford Radcliffe Hospitals Trust in developing sustainable service proposals for the future;

(3) Encourage the Oxfordshire Primary Care Trust and the Oxford Radcliffe Hospitals Trust to continue to investigate further ideas to improve services at the Horton General Hospital and the way the hospital works with the providers of healthcare;

(4) Continue to support the work of the Community Partnership Forum during the critical implementation phase, and;

(5) Urge the Oxfordshire Primary Care Trust and Oxford Radcliffe Hospitals Trust to build on the successful Community Partnership Forum model as a means of ongoing community engagement for local healthcare provision.

Executive Summary

Introduction

1.1 The services provided at the Horton General Hospital (HGH) have been under some threat for many years. The latest proposals to downgrade paediatric and obstetric services have been the subject of Secretary of State intervention and have for the last two years been the subject of review in

order to find alternative service models.

1.2 This review which has been led by the Oxfordshire Primary Care Trust (PCT) is nearing its conclusion and its outcome is reported in this document.

Proposals

1.3 The proposed model for the paediatrics service is one delivered entirely by consultants who would work across the John Radcliffe Hospital (JR) and HGH hospitals on a rota covering 24/7. At the JR where there are training middle-grade doctors, consultants would provide non-resident on call support out of hours at night and at weekends. At the HGH, consultants would work as resident on-call being present in the hospital out of

1.4 For maternity and gynaecology services, it would be a more hybrid model with some training middle-grade doctors on the rota and more consultants. Some integration across the JR and HGH hospitals would be achieved but existing consultants would not be required to work as resident on-call during out of hours

1.5 The model also includes other enhancements to services through a dedicated anaesthetics service for the labour ward and an increase in the number of nurses and midwives to allow better integration of services with the JR. This would ensure the Trust meets national guidance not fully implemented at the HGH owing to lack of clarity about the future of the service in Banbury.

1.6 The estimated cost of this model is £2.4m above the base service cost. It is proposed that this be shared between the PCT and the Oxford Radcliffe Hospitals Trust (ORHT) £1.5m/£0.9m respectively.

1.7 The PCT has agreed that Community Partnership Forum (CPF) should continue its work for the duration of the implementation phase for the new HGH service model. However, given that the PCT and the ORHT have recognised the value of the CPF throughout this process and in the future and that there will be continual change in the delivery of health and social care services, the principles and ethos of the CPF around community and stakeholder engagement should be applied to these future changes, to ensure a positive dialogue between the providers and recipients of services.

Conclusion

1.8 There is no doubt that there has been a successful outcome to develop and fund a new service delivery model for paediatrics and obstetric services at the HGH which is both safe and sustainable. However, complete success can only be achieved following full implementation.

Background Information

2.1 In March 2008, the Independent Reconfiguration Panel appointed by the Secretary of State for Health, rejected proposals by the ORHT to downgrade some services at the HGH in Banbury. The 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 CPF. These groups have met regularly during 2008 and 2009 and have been the 'drivers' behind the work which has been undertaken so far.

2.3 The Executive received a progress report on the work of the Better Healthcare Programme at its meeting on 16 November 2009. It was at that point that a different service model was emerging for the HGH but it had not been tested for deliverability or affordability. That work is now complete and the results of it are reported below.

The Work and Conclusions of the Better Healthcare Programme

2.4 The ORHT has faced significant difficulties in maintaining paediatric and maternity services at the HGH with the main challenges being:

- Lack of any training accreditation for paediatric middle-grade doctors resulting in a reliance on non-training middle-grade doctors to fill the staff rota;
- Reduced number of middle-grade doctor posts accredited for training in obstetrics resulting in a greater reliance on non-training middle-grade doctors to fill the staff rota;
- Difficulties recruiting and retaining non-training middle-grade doctors in both paediatrics and obstetrics in a market where there is a national shortage and where most are looking for posts that will offer training opportunities;
- Over-reliance on locum doctors to maintain services leading to concerns about clinical safety and continuity of care.

2.5 The IRP and Secretary of State for Health rejected proposals to reconfigure services which would have meant moving paediatric inpatient services to Oxford, replacing them with daytime ambulatory care and centralising inpatient obstetric services in Oxford and establishing a midwife-led unit at the HGH for low-risk births.

2.6 It is important to recognise the interdependence of services at the HGH. The number of paediatric inpatients is small but the doctors working on the ward provide the critical support to babies in the special care baby unit and to babies and children brought in to the Emergency Department.

2.7 The programme has engaged widely in attempts to identify other potential models that would retain local services. The model that emerged was one

that replaces non-training middle-grade doctors with consultants.

2.8 For paediatrics, this would mean a service that is delivered entirely by consultants who would work across the JR and HGH hospitals on a rota covering 24/7. At the JR where there are training middle-grade doctors, consultants would provide non-resident on call support out of hours at night and at weekends. At the HGH, consultants would work as resident on-call being present in the hospital out of hours.

2.9 For maternity and gynaecology it would be a more hybrid model with some training middle-grade doctors on the rota and more consultants. Some integration across the JR and HGH hospitals would be achieved but existing consultants would not be required to work as resident on-call during out of hours.

2.10 The proposal also includes other enhancements to services at the HGH:

- Establishing a dedicated anaesthetics service for the labour ward. This would ensure the Trust meets national guidance not fully implemented at the HGH owing to lack of clarity about the future of the service in Banbury.

- Increasing the number of nurses and midwives to allow better integration of services with the JR.

2.11 The ORHT estimated cost of delivering this model is £2.4m in total in addition to the basic service budget.

2.12 At the meeting of the Oxfordshire PCT Board on 27 May 2010 the following decisions were taken:

- Fund a 24/7 consultant-delivered service in paediatrics and maternity at the HGH to the value of £1.5m. The £1.5m relates to the additional cost of employing consultants, and the remaining £0.9m to be met by the ORHT;

- Continue the current Interim Plan arrangements until the new model is fully operational;

- Invite the ORHT Board to agree to implement the proposed model, funding the remaining £0.9m cost of implementation and approve the maintenance of the interim plan;

- Charge the Better Healthcare Programme Team and the ORHT to work on developing robust implementation.

2.13 The PCT's vision for the HGH recognises the hospital as being the focus for health services for the area. The proposals for maintaining maternity and paediatric services will involve changes to the way they are managed with greater integration between Oxford and Banbury but little or no change to patients, ensuring local access is maintained. However, this does not mean that services at the HGH will not continue to evolve: on the contrary, the coming financial consolidation in the NHS is likely to make such innovation even more necessary.

The Decisions of the ORHT

2.14 At the special meeting of the ORHT Board on 14 June 2010, the ORHT Board agreed to implement these proposals and to fund £0.9m towards the additional cost of the proposals. It also committed fully to maintaining 24 hour paediatric services and a full obstetric service at the HGH.

Implementation

2.15 An implementation plan is now being developed by the ORHT. It is expected that implementation will take up to 12 months and this will partly depend on their success in recruitment to the new posts at first advert. The ORHT is currently considering how to approach the recruitment and whether to stage it, allowing groups of new consultants to be inducted over several rounds of recruitment or to attempt to recruit to all new posts together. Discussion with other hospital trusts about their experience of both approaches will help determine which approach will be likely to deliver the best result.

Community Partnership Forum

2.16 There is no doubt that one of the successes of this process over the past two years has been the effectiveness and contribution made by the CPF. Its achievements over this time are many. By actively involving not only its members, but also the wider community and strategic partners, it has encouraged an ethos of problem solving together, rather than problem solving in isolated groups. This ethos underpins the intention behind the statutory obligations of acute and primary care trusts to engage with their local communities.

2.17 The Forum has gone some way in re-establishing trust between the community and the NHS, which had been lost prior to the IRP report. It has highlighted the importance of public engagement on matters of health, and the benefits of partnership working in a transparent and open manner. Its hoped-for legacy is that good strategic relationships can be maintained to ensure an ongoing dialogue between the NHS and the community of north Oxfordshire. This will be an imperative, as the economic outlook for public services will necessitate doing more for less. As the NHS is called upon to be more accountable and responsive to the public it services, good engagement policies and strategies are paramount.

2.18 However, both the PCT and ORHT should consider the benefits of a future Forum covering North Oxfordshire to ensure that the strategic relations and engagement now established are not lost, and that the skills and knowledge currently sitting within the Forum is positively and resourcefully harnessed. The uniqueness of the location and circumstances of the HGH requires a more bespoke community engagement focus, and the Forum is well placed to act in this capacity. The Better Healthcare Programme represents a large financial investment in public engagement by the health economy of Oxfordshire.

2.19 The PCT has agreed that CPF should continue its work for the duration of the implementation phase for the new service model. However, given that the PCT and the ORHT have recognised the value of the CPF throughout this process and in the future and that there will be continual change in the delivery of health and social care, the principles and ethos of the CPF around community and stakeholder engagement should be applied to these future changes, to ensure a positive dialogue between the providers and recipients

of services.

Key Issues for Consideration/Reasons for Decision and Options

3.1 There is no doubt that there has been a successful outcome to develop and fund a new service delivery model for paediatrics and obstetric services at the HGH. However, complete success can only be achieved following full implementation.

3.2 Ongoing commitment will be required from the PCT and particularly the ORHT during the implementation phase to ensure this success. The role of the CPF will also be important as whilst to the HGH patient there may seem little change, local stakeholders should continue to support the ORHT in the delivery of the new service model and reassure local people about the safety and sustainability of services.

3.3 The future role of the CPF or equivalent beyond the implementation phase for the new service model also needs to be considered. There will be ongoing changes to how local healthcare services are delivered involving greater integration of primary and secondary care, more community-based care and ongoing evolution of the HGH services which will require careful public communications and effective community engagement, which a modified form of the current CPF is well placed to deliver.

3.4 To date, the Council has played a significant role in supporting the CPF and given the now proven value of the body and the need in the future for a similar organisation, it is proposed that this support should continue.

Consultations

CPF The CPF by its nature is a consultative body and therefore, because of its role in this process, has been involved throughout. It will be the decision of the Oxfordshire Health and Overview Scrutiny Committee to determine whether the new service model requires any formal consultation.

Implications

Financial: There are no notable 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 Joanne Kaye, Service Accountant, 01295 221545

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: There are no notable risks to the Council identified from this report.

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**
	None
Background Papers	
Better Healthcare Programme Board & Community Partnership Forum meeting papers (all available on the Council and PCT websites).	
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