

**SUPPLEMENTARY INFORMATION**

**Council**

**18 July 2016**

Agenda Item Number	Page	Title
11.	Pages 1 - 16	Oxfordshire Health and Social Care Transformation Programme and Implications for the Horton District General Hospital  Presentation given at Council meeting by the Oxford University Hospitals NHS Foundation Trust

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# Strategic Review of Services at Horton General Hospital

# Introducing the Oxfordshire Healthcare Transformation Programme

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# Our health needs are changing...

## Increasing chronic disease

- 61% of Oxfordshire's adult population are overweight or obese
- By 2030, the number of people with diabetes is forecast to increase by 32%



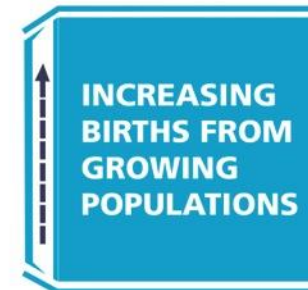
## Increasing population age

- By 2025, the number of people over the age of 65 is forecast to increase by 18% and the number of people over 85 to increase by 30%



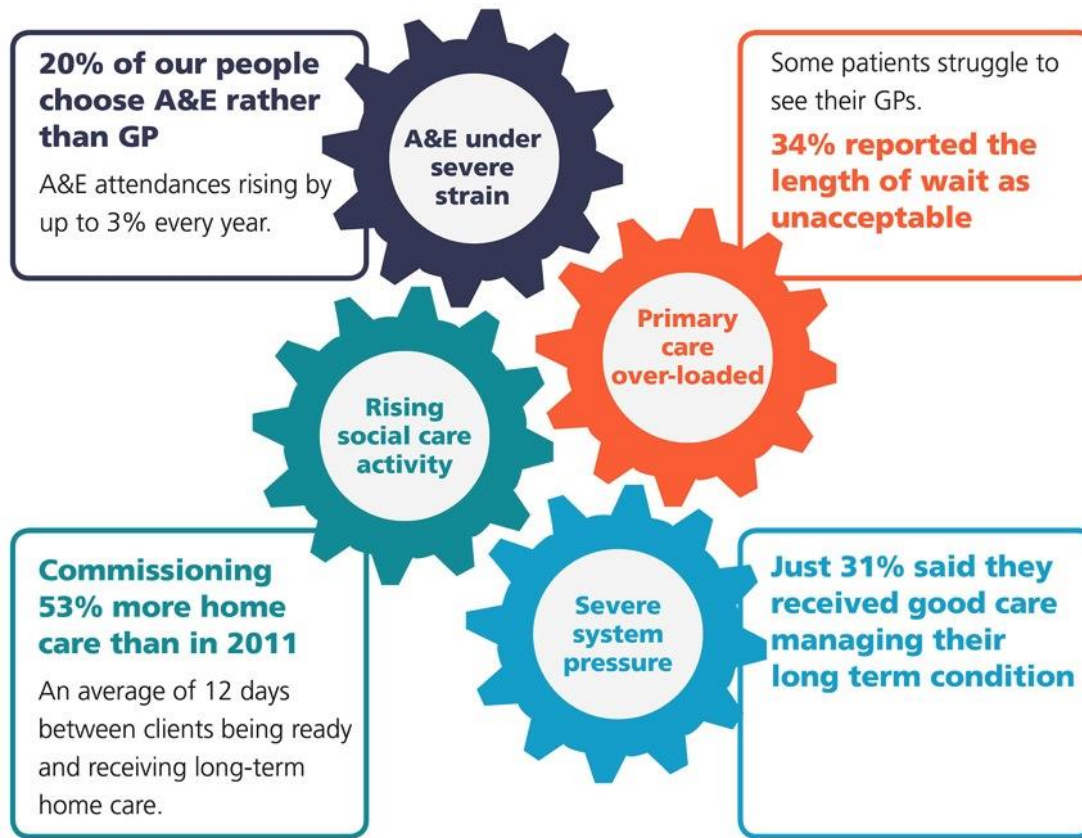
## Increasing support for a growing population

- Additional health and care resources will be required to support a growing population (22,000 new homes planned for Bicester and Didcot)



# Our challenge is to provide good access to health and care services for you when you need them

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## You've told us you would like your care provided closer to home

### To do this we this we will:

- increase our ability for self-care;
- build on the strengths of General Practice (GPs);
- deliver more integrated care in and out of hospital;
- promote good health and wellbeing;
- recruit and retain high quality staff;
- work together to provide person-centred care.

## We are reviewing

**Maternity services**

**Children's services**

**Mental health services**

**Urgent and emergency care**

**Learning disabilities and autism**

**Planned, diagnostic and specialist care**



# Horton General Hospital – developing services to meet local needs

Oxford University Hospitals NHS Foundation Trust is undertaking a **clinically-led review** to ensure the Horton General Hospital is best able to meet future health needs.

Our review focuses on how we can do things differently to meet the future population health needs.

We are addressing the clinical vision for:

- Planned treatment, diagnostics and specialist care
- Urgent and emergency care
- Maternity and paediatric services

Process:

- Stage 1 – A clinical review of patient activity
- Stage 2 – Evaluation of the issues identified
- Stage 3 – Identify emerging themes and potential options
- Stage 4 – Engage with stakeholders on the evaluation of the potential options
- Stage 5 – Formal public consultation on proposals

## Key questions we are addressing:

- What is the projected population healthcare demand?
- What are the options for service configuration at the Horton General Hospital?
- What are the implications on activity and travel time of each option?
- What are the estates, technology and workforce requirements?
- What are the financial implications?

## A vision for the 21<sup>st</sup> Century

We want to provide more services at the Horton where this will **improve access for patients**. There may be the potential to significantly grow the number of day case surgery and outpatient appointments at the hospital.

### Our review includes exploring proposals for:

- A multi-million pound rebuild of parts of the Horton General Hospital;
- An **innovative health campus** comprising not just the Horton General Hospital but also health and social care facilities and resources.

The emerging proposals for the Horton site will be developed alongside the transformation plans for Oxfordshire's health and social care provision with formal public consultation on any changes expected later in the year.

# What our clinicians tell us

## Planned, diagnostic and specialist care

- Challenges in staffing and recruitment
- 24/7 access to some diagnostics
- Delayed discharges and quality of service
- Better use of technology

## Urgent and emergency care

- Numbers of patients attending emergency department at the Horton has increased, affecting the four-hour waiting time
- High admission rate to a hospital bed
- Recruitment and retention of staff
- Quality of environment and facilities

## Maternity and children's services

- Better use of technology to provide more community-based ante-natal care
- Access to hospital and choice of location for births
- Quality of the clinical pathways and equity of provision
- Staffing challenges

## Our vision for care provision to the population of north Oxfordshire and the surrounding communities

- The vast majority of patients currently being cared for at the Horton will continue to be cared for locally
- More services will be provided at the Horton, with the objective of becoming a centre of excellence for selected services

# Emerging clinical options at Horton General Hospital

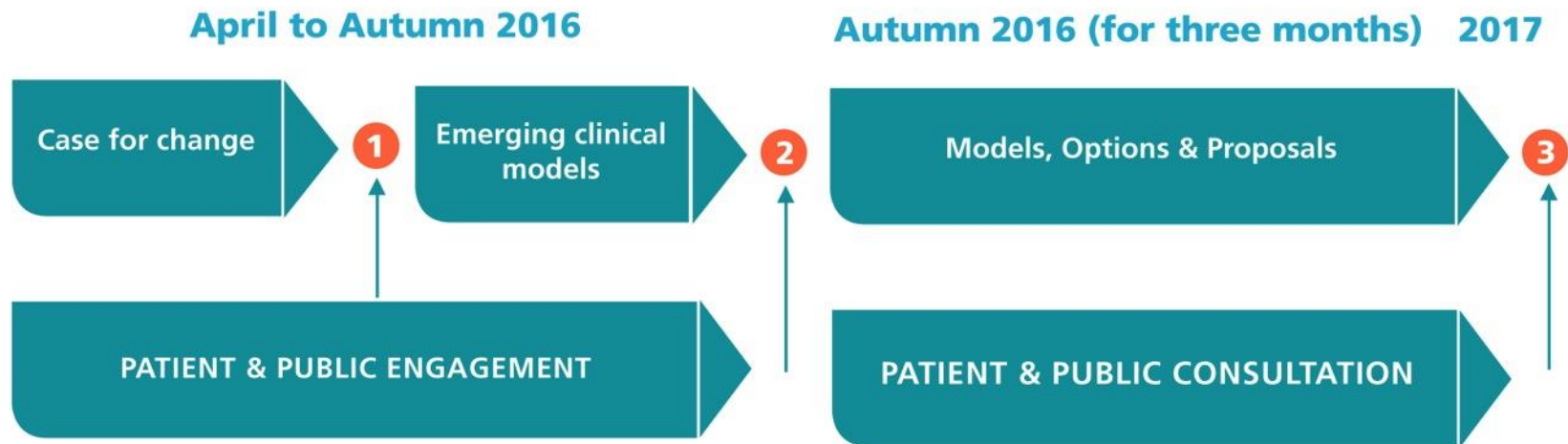
SERVICES		Option 1 Current service provision	Option 2	Option 3
'Front door'	Emergency Department	✓	✗ GP urgent care with Minor Injuries Unit (open out of hours)	✓ +Integrated care centre, to include Minor Injuries Unit and a walk-in centre (24/7)
Stroke		✓ Acute stroke and rehab	✗ Rehab and early supported discharge	✗ Rehab and early supported discharge
Surgery	Day case	✓	✓ limited day cases 8am-3pm	✓
	Inpatient	✓ no NHS provided surgery except gynae and ortho (Ramsey)	✗	✓ status quo + short stay inpatients
	Emergency inpatient	✓ trauma (NOF) and gynae	✗	✓
Medicine	Day case	✓	✓ limited day cases 8am-3pm	✓
	Inpatient	✓	✗	✓ status quo + short stay inpatients
	Urgent/Emergency inpatient	✓ + ambulatory care	✗ Frail assessment unit (8am-10pm) + better networked support	✓ Inpatient ward + ambulatory care + better networked support
Diagnostics	✓	✓ + 7 day access includes MRI + CT interventional radiology	✓ + 7 day access includes MRI + CT interventional radiology	
Outpatient	✓	✓ + 'one stop' clinics	✓ + 'one stop' clinics	
Critical care	adult	✓ Level 3	✗	✓ HDU on site + e-ICU (24/7) Level 2
Rehabilitation	Rehab/intermediary care beds	✗	✓ general rehab with some specialist input for specific areas such as stroke	✓ + general and specialist rehab and neuro rehab for those with complex needs
Maternity	Births	✓ Obstetric and midwifery	✓ Standalone MLU	✓ Standalone MLU
	Neonates	✓ SCBU	✗	✗
Paediatrics	Inpatient	✓ Paediatric inpatients	✗ Paediatric observation and assessment unit (8am to 10pm) with Child Health Hub	✓ Paediatric observation, assessment and clinical decision unit open 24/7 with Child Health Hub
	Day case	✓	✓	✓
Research	✓	✓ more clinical trial facilities	✓ more clinical trial facilities	

## Change in activity/ number of hospital spells/ appointments under different options

SERVICES		Option 1 16/17 baseline	Change from Option 1 to Option 2	Change from Option 1 to Option 3
A&E	Arrivals	40,260	-13,567	no change
Critical care	Adult level 2	641	-641	no change
	Adult level 3	40	-40	-40
Non-elective	Medicine			
	• Inpatient	12,979	-12,220	-2,596
	• Ambulatory	0	+2,596	+2,596
	Surgery	2,165	-2,165	no change
Maternity	Births	1,508	-1,011	-1,011
	Ante/postnatal pathways	1,371	+1,645	+1,645
SCBU		250	-250	-250
Paediatrics	Emergency			
	• Inpatient	2,699	-2,699	-2,699
	• Ambulatory	0	+1,889	+2,024
	Day case	196	+425	+425
	Elective inpatients	12	-12	-12
	Outpatients	9,562	+1,722	+1,722
Elective	Day case	9,020	+3,654	+3,654
	Inpatient	576	-576	+1,783
	Ramsay activity	2,656	-1,272	no change
Outpatients	Appointments	86,281	+68,853	+68,853
Outpatient and direct access diagnostics, including: X-ray, ultrasound, CT and MRI		30,363	+13,148	+13,148
Other	Oncology – day case chemo	3,550	+5,553	+5,553
	Renal dialysis	2,838	+2,838	+2,838

# Engagement and consultation timeline

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John Radcliffe Hospital



Nuffield Orthopaedic Centre



Churchill Hospital



Horton General Hospital

**FOUR HOSPITALS, ONE TRUST, ONE VISION**

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