

Trust Board Meeting in Public: Wednesday 8 March 2017

TB2017.34

Title	Oxfordshire's Transformation Programme: The Big Consultation – Phase 1 – Trust Response
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Status	For discussion and agreement
History	The Trust Board has received regular updates on the Oxfordshire Transformation Programme.

Board Lead	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The attached paper is a draft of the proposed response from the Trust to the consultation being led by the Oxfordshire Clinical Commissioning Group on the first phase of proposed service changes associated with the Oxfordshire Transformation Programme.
2. The first phase of the consultation is running from the 16 January 2017 to 9 April 2017. The first phase of consultation focuses on five components of acute care services. These are:
 - Changing the way we use our hospital beds and increasing care closer to home
 - Planned care services at the Horton General Hospital
 - Acute stroke services
 - Critical care
 - Maternity
3. The proposed response notes the Trust Board's support for the proposals based on the fact that they:
 - Are clinically driven and based on the available clinical evidence
 - Secure the safety, quality and clinical sustainability of the services concerned
 - Are consistent with the Board's commitment to the development of the Horton General Hospital as an exemplar modern small acute hospital for the 21st century
 - Contribute to the required transformation of the overall health and care system within Oxfordshire
4. As well as commenting on the individual service proposals, the document also highlights general issues that it wishes the CCG to take into account as part of the consultation process these are:
 - The Horton General Hospital – the commitment to work with partners to deliver the vision for the Horton General Hospital
 - Pace and scale of changes – the need to ensure that the uncertainty expressed by members of the public about the overall transformation programme are addressed in a timely manner that is consistent with full and effective public engagement
 - Primary and community care – the need to ensure that the proposed options for primary and community care are developed in a timely, integrated and effective manner
 - Local authority and the third sector – the need to ensure social care and other services provided by local authorities and the third sector are seen as integral parts of the health and social care infrastructure. The Board particularly notes the importance placed by the public on transport issues during the public consultation
 - Continuing engagement – a commitment to working with partners to ensure that public engagement becomes a continuous process rather than a series of ad-hoc exercises

- The paper concludes by supporting the proposals put forward in the consultation document and encourages the CCG to lead the next stage of the process in line with the observations made within the paper

5. Recommendation

- a) The Board is asked to comment on and approve the proposed response
- b) The Board is asked to delegate to the Chief Executive the finalisation of the response in the light of any additional issues that arise during the remaining part of the consultation.

Oxfordshire's Health and Care Services – The Big Consultation – Phase 1

1. Introduction

- 1.1. This paper represents the formal response of the Oxford University Hospitals NHS Foundation Trust to the consultation being undertaken by Oxfordshire Clinical Commissioning Group (OCCG) on Oxfordshire's Health and Care Services: The Big Consultation phase 1.
- 1.2. The Trust has played a significant role in the work of the Transformation Programme that has been co-ordinating and shaping plans to develop and improve health services in Oxfordshire.
- 1.3. This consultation on phase 1 of these plans focuses on changes within the acute services provided by the Trust. The specific proposals within the phase 1 consultation draw heavily on the work undertaken by the Trust to map out a positive and vibrant future for the Horton General Hospital. This work has then been considered as part of the overall transformation plans in the wider healthcare system. The proposed service changes as expressed within the consultation document are very much consistent with the options developed by the Trust's clinical staff.

2. The case for change

- 2.1. The general case for change to support transformation within the wider Oxfordshire health and care system is set out in the consultation document.
- 2.2. In relation to the specific proposals within the phase 1 consultation, the Trust believes that these changes are:
 - Driven by clinical considerations
 - Would secure the safety, quality and clinical sustainability of the services concerned
 - Fully consistent with the development of a positive future for the Horton General Hospital
 - In line with the vision and objectives of the wider transformation programme that is required to maintain and improve health and care services for the population served by the Trust and its partners

3. Specific proposals

- 3.1 The Trust's response to the specific proposals contained within the phase 1 consultation are set out in the paragraphs below:

Changing the way we use our hospital beds and increasing care closer to home

- 3.2 The Trust has played a leading role in the recent initiatives to rebalance health and care services, where clinically appropriate, between acute hospital beds and community based care. This work has successfully begun the process of, firstly, tackling what has hitherto been the intractable problem of delayed transfers of care and, secondly, only admitting patients into acute hospital beds when it is clinically necessary to do so and in the best interests of the patient.

- 3.3 Developments such as the establishment of the integrated care hub have demonstrated the benefits of responding to individual patient needs on an integrated and seamless basis. The work to date has also showed the benefits of rebalancing care between hospital beds and more community based approaches to the care and treatment of patients closer to their own home. While the Trust recognises there is still a long way to go in this work, it believes that the approach will be a core component of the necessary transformation of local health and social care services.

Planned care services at the Horton General Hospital

- 3.4 In recent years the Trust has been seeking to expand where clinically appropriate and sustainable, the range and volume of services at the Horton General Hospital. Examples of recent investments include the development of a dedicated paediatric outpatient department, the establishment of a renal dialysis unit, the expansion of chemotherapy services and the refurbishment of the endoscopy unit.
- 3.5 As part of the positive and vibrant future referred to above, the Trust Board believes that the development of outpatient, diagnostic and day case capacity and capabilities would greatly enhance the services provided to the Horton's local catchment population in Oxfordshire, Northamptonshire and Warwickshire.
- 3.6 As noted in the phase 1 consultation document, it is projected that around 90,000 outpatient attendances, diagnostic tests and day case procedures for patients who live in Banbury and neighbouring communities that currently take place in Oxford could be delivered in Banbury.
- 3.7 Those 90,000 journeys into Oxford that would no longer need to take place ensuring that wherever clinically possible patients are receiving care closer to home. This would greatly enhance the role of the Horton. It would also have benefits for the overall services provided by the Trust since it would mean that there would be around 300 fewer journeys a day to the Oxford sites thereby helping to address the problems of access that are currently being experienced.

Acute stroke services

- 3.8 The Trust's view is shaped by the clinical evidence that suggests that the clinical outcomes for acute stroke patients are improved if all acute stroke patients are seen by a hyper-acute stroke unit i.e. a stroke unit that is able to offer all forms of care and treatment delivered by a specialist team with access to relevant expertise and equipment on a 24 hours a day, 7 days a week basis.
- 3.9 While recognising that this will mean that an additional hundred or so patients will need to travel from the Horton to the JR, the Board believes that this loss of access is more than outweighed by the clinical benefits for the patients. The extension of the early supported discharge service will also help to ensure that patients are able to continue their road to recovery as close to home at the earliest clinically appropriate opportunity.

Critical care services

- 3.10 The Trust Board recognises that as with any other specialist service, it is important in terms of the quality of service received by patients and the maintenance of appropriate skills by clinical staff, that the critical care unit at the Horton should not continue to look after level 3 patients i.e. those with the greatest and most complex clinical needs.
- 3.11 Currently only around 40 such patients a year are cared for within the Horton Critical Care Unit. This is insufficient for the necessary skills and expertise to be developed and maintained. The Board believes that it is therefore in the patients' best clinical interests for level 3 critical care patients to be seen at the larger comprehensive adult critical care units at the Oxford sites. It is recognised that appropriate transfer arrangements will need to be put in place. The Trust does not believe that this compromises the ability to maintain the emergency department at the Horton General Hospital.

Maternity

- 3.12 For urgent and significant patient safety reasons, the Trust has already had to suspend on an emergency temporary basis the provision of obstetric deliveries at the Horton General Hospital. This action was taken because of the inability to recruit the necessary number of middle grade medical staff to be able to provide a safe service. The context to this decision has been described in detail both at the time of the Trust Board's emergency temporary decision and also within the phase 1 consultation document and supporting material.
- 3.13 The Trust believes that on the basis of the available evidence on both the clinical and the workforce issues, the provision of a midwifery led unit at the Horton represents the best model of maternity care for the population served by the hospital in terms of both clinical safety and clinical sustainability. The Trust is committed to ensuring that all other aspects of maternity care other than obstetric births are delivered locally at the Horton, where clinically appropriate.

4. General issues

- 4.1 As well as making the above comments on the specific service proposals contained within the phase 1 consultation document, the Trust would also wish to comment on the general issues identified below.

Horton General Hospital

- 4.2 The Trust would wish to take this opportunity to restate its commitment to developing the Horton into an exemplar modern small acute hospital for the 21st century. The Trust Board has heard and acknowledges the strength of feeling expressed by members of the local community around the changes that are being put forward. The

Trust is committed to continuing to strengthen its links with the local public and key stakeholders in developing this vision.

- 4.3 The Trust has sought to learn from its previous experiences and to engage the public and key stakeholders in this debate at the earliest opportunity. The emerging options that form the basis of the proposals contained within this phase 1 consultation document were shared with the Community Partnership Network a key engagement vehicle that contains representatives from the public, the Keep the Horton General Campaign, GPs, the CCG, the County Council, local authorities in Oxfordshire, South Northamptonshire and South Warwickshire, and other partner NHS Foundation Trusts as early as May 2016. Indeed, the Network were often receiving updates on the planning work simultaneously with the Trust Board. The Trust Board recognises that it still has further to go in terms of strengthening this engagement and is committed to developing new mechanisms and channels for achieving this.
- 4.4 However, despite acknowledging the strength of feeling, the Trust Board remains convinced that the proposals, being put forward in phase 1 of the Big Conversation Consultation are all fully consistent with the vision for the Horton as a modern 21st century small acute hospital. All of the proposals put forward within the phase 1 consultation are clinically driven and seek to secure the safe, high quality and sustainable clinical services that the local population deserve.
- 4.5 It is recognised that up to around 1,500 patients currently seen at the Horton will need to receive their care in the future, should these proposals proceed, in Oxford in order to ensure that they have equitable access to the same level of safe, and high quality services received by other patients seen within the Trust. That equates to between four and five patients per day. That must be seen in comparison to the 90,000 patients from the Horton area or around 300 patients per day who, under the proposals would no longer need to travel to Oxford from Banbury and the neighbouring communities.

Pace and scale of change

- 4.6 The Trust Board recognises the scale and complexity of the overall changes being put forward through the Oxfordshire Transformation Programme and the importance of securing full public engagement in the debate around these changes. Nevertheless, during the consultation engagement events, the Trust has heard members of the public expressing strongly the view that they wish to understand the full scale and scope of these changes as soon as possible. The Trust Board shares this view and believes that it is important that any period of uncertainty is kept as short as is consistent with a full and effective engagement process.
- 4.7 The Trust Board is therefore keen that the next phase of consultation is conducted as soon as possible in line with the need to provide the opportunity for the public and other key stakeholders to have an opportunity to contribute fully to the debate.
- 4.8 This will also help to ensure that those changes and improvements to services that are agreed through the consultation process can be progressed.

Primary and community care

- 4.9 It is important, given the Trust Board's view expressed in the paragraphs above, that the options and future models for primary and community care are developed and discussed with the public at the earliest opportunity. This will enable the full picture of the options for how health and care services will operate in the medium to long term to be progressed at a pace that addresses the challenges that are currently faced across the system.

Local authorities and the third sector.

- 4.10 Given the pattern of changing needs described in the case for change within the consultation document, it is imperative that the services that are provided by local authorities and the third sector are seen as integrated partners with healthcare services.
- 4.11 This is obviously crucial for those services either provided or commissioned by the County Council in relation to social care. The distinction between health and social care is increasingly becoming blurred, and has been heard during the public consultation events, the distinction is largely irrelevant from the member of the public's perspective. It is therefore important that the County Council is a full partner in these discussions and plans. The same is equally true of social care services provided by the third sector.
- 4.12 The effective network of care that is going to be required to respond to the challenges faced by the local population over the coming decades will need to comprise not just health and social care but will also need to maximise the health and wellbeing contribution from other public services including housing, education, employment and leisure, for example. In particular, the public consultation events have highlighted the importance of transport as an issue for Oxfordshire given its very rural nature.
- 4.13 The Trust Board would urge that a joined up public sector response to these challenges is developed at the earliest opportunity and informs the future planning around health and social care services. This will be particularly important in addressing issues of health inequalities, which were very effectively highlighted in the recent report from the Health Inequalities Commission set up by the CCG.

Public engagement

- 4.14 The importance of public engagement attached by the Trust Board to issues relating to the Horton General Hospital has already been noted. However the need for effective and meaningful engagement extends beyond just the Horton to all aspects of health and social care planning. This first phase of consultation has made it clear

that this needs to be a continuous process rather than a set of one-off activities. The Trust is committed to working with partners to discuss how this can be done most effectively on a continuing basis so that the public continue to help to shape their services.

5. Conclusion

- 5.1 In conclusion, the Board of the Oxford University Hospitals NHS Foundation Trust, taking into account the clinical evidence and supporting information behind the proposal and the views expressed during the consultation, supports the proposals.
- 5.2 The Trust Board believes that in order to respond to the uncertainty expressed by members of the public and to be able to progress plans necessary to address the case for change, the second phase of the consultation should proceed as quickly as is consistent with full and effective patient engagement, while addressing the issues raised in this response.

Mr Andrew Stevens

Director of Strategy & Planning

March 2017