

# Health Strategy For Banbury and surrounding areas



**March 2009**



## Contents

1. Introduction .....	4
2. Oxfordshire PCT Goals and Values .....	5
3. Health of the local population.....	6
4. Transport and access .....	9
5. Clinical quality and safety.....	10
6. Financial situation .....	10
7. Oxfordshire PCT strategic initiatives.....	11
8. Services provided by Oxford Radcliffe Hospitals NHS Trust from the Horton General Hospital.....	13
9. Services provided from the Horton General Hospital site by other providers .....	14
10. The Horton General Hospital as local focus for healthcare .....	16
11. Vision for local services .....	17
12. Health services for Banbury and surrounding areas .....	19
13. Moving services from Oxford to Banbury .....	19
14. Moving services from hospital into the community.....	20
15. New services .....	21
16. Existing services .....	22
17. 'Towards a Healthier Future' .....	22
18. General Medicine.....	27
19. Delivering this strategy .....	28
Appendix 1 – IRP Recommendations .....	30
Appendix 2 – PCT Goals .....	31
Appendix 3 – Oxfordshire PCT Values .....	33
Appendix 4 – Summary of the key challenges faced by Horton .....	34

# 1. Introduction

- 1.1 The Independent Reconfiguration Panel (IRP) published its report on proposed changes to services at the Horton General Hospital on 20 March 2008. This report rejected the proposals made by the Oxford Radcliffe Hospitals NHS Trust (ORH) and presented a number of recommendations (see Appendix 1).
- 1.2 The IRP's review gave Oxfordshire PCT the opportunity to make a fresh start on planning health services for the future for the people of Banbury and surrounding areas. The IRP recognised the important role played by the Horton General Hospital in delivering local health services but acknowledged that 'changes will be necessary to ensure its services remain appropriate, safe and sustainable'.
- 1.3 This document sets out the strategy for health services for Banbury and surrounding areas, drawing on the Oxfordshire PCT strategy and the findings of the Health Needs Assessment for the area.<sup>1</sup>
- 1.4 Oxfordshire, Northamptonshire and Warwickshire PCTs are all in the process of developing local health strategies for health services in their areas. This document does not intend to cut across these other strategies but rather to identify the issues that relate to local services including those provided from the Horton General Hospital and to set out how these services will develop for the future, ensuring they meet the needs of the people living in the catchment area in all three counties.
- 1.5 The core purpose of Oxfordshire Primary Care Trust is to improve the health and wellbeing of our population. The population is generally healthy. However, it is a population that is ageing and one that contains communities that experience very real health inequalities. There are also growing numbers of people who suffer from a range of long term conditions and an increasing number of people with mental health needs. We must meet the health needs of all these vulnerable communities and groups whilst managing the challenges presented by the rising costs and usage of acute services.
- 1.5 The PCT has committed to work with other organisations in a concerted effort to break the cycle of deprivation, in particular where this affects children and families.
- 1.6 Overall, Oxfordshire is a wealthy and healthy population with life expectancy above the national average; however, there are distinct areas of higher deprivation. People living in these areas tend to have

---

<sup>1</sup> Oxfordshire PCT strategy has been developed during summer 2008 and is available on the PCT website. The Health Needs Assessment for Banbury and surrounding areas was carried out during May – August 2008 and is available on the PCT website.

lower life expectancy and to experience poorer health. The two areas identified in Oxfordshire are Banbury and Oxford City.

- 1.7 Northamptonshire and Warwickshire PCTs have the same aspirations for the health of their local populations and have identified similar issues relating to a growing older population, growing numbers of people living with long term conditions and mental health problems and pockets of deprivation. The deprived communities in these counties are in the urban towns outside the area covered by the Better Healthcare Programme.

## **2. Oxfordshire PCT Goals and Values**

- 2.1 The Health Strategy for Oxfordshire sets out goals, values and priorities for developing health services across the county. This county-wide strategy will apply to north Oxfordshire in the same way as it will to all other parts of the county. This strategy for Banbury and surrounding areas should be seen as a the local version and not a stand-alone strategy. Equally, the strategies for Northamptonshire and Warwickshire should be seen as providing the wider context for health services in south Northamptonshire and south Warwickshire.
- 2.2 The PCT has adopted a set of five goals that will enable it to prioritise and focus its energy and investment. These goals are presented in Appendix 2.
- 2.3 It is important to the PCT not just to focus on what it is doing, or where it is investing its resources but also on how it shapes the development of the local NHS. In 2007 the PCT adopted a set of core values, and these were revised following an extensive consultation exercise. These values were revisited by the PCT Board in July 2008 and reviewed in light of the draft NHS Constitution and its proposed national values for the service. As a result some very slight changes were agreed and the revised Values are presented in Appendix 3.
- 2.4 The values adopted for the Better Healthcare Programme are consistent with these.

### **3. Health of the local population**

- 3.1 An assessment of the health needs for Banbury and surrounding areas has been completed and published. This involved gathering information and data from several sources including:
- census data about the population
  - local authority data about education, housing and projected population growth
  - local NHS data about use of health services and disease prevalence
  - Views of local clinicians about the health needs of the population they serve.
  - Views of local people about what is important about their health and health services.
- 3.2 In addition, a needs assessment for Oxfordshire has been completed jointly with the County Council and a thorough overview of county's population demographics, health needs and opportunities is being finalised that pulls together key contextual information which has informed the development of the PCT's Strategy.
- 3.3 More information with the complete set of data is published in the Health Needs Assessment for Banbury and surrounding areas<sup>2</sup>. A detailed summary of the key findings of the Health Needs Assessment is also available.
- 3.4 The findings showed that the population is, on the whole, very similar to the surrounding populations in Oxfordshire and neighbouring counties. Some common areas of concern have emerged and others that are specific issues for the area.
- 3.5 The following table highlights the findings that are common to the county and to the local population and those that are specific for the local area.

---

<sup>2</sup> The Health Needs Assessment for Banbury and surrounding areas and summary is available from Oxfordshire PCT and is published on the PCT website: [www.oxfordshirepct.nhs.uk](http://www.oxfordshirepct.nhs.uk)

<b>Themes common with the Oxfordshire-wide health needs assessment</b>
Growing and ageing population, presenting both short and long term challenges for health care, health improvements and use of resources.
The relative health and affluence of Oxfordshire, with clear trends of health improvement in many key indicators such as life expectancy and mortality rates. There is a difference in life expectancy of 15 years between the best and worst wards in Banbury and surrounding areas.
Long-standing pockets of significant deprivation that are associated with marked health inequalities. Several wards in Banbury and Oxford City have been identified as having high levels of deprivation.
Historical and projected increases in the prevalence of long term conditions such as diabetes and hypertension. Rehabilitation services have been identified nationally as a priority development area. Stroke care is specialised and speedy access to rehabilitation is important to minimise long term disability.
Increasing demand, particularly for planned acute care, in the context of below-average elective admissions, but with scope in particular clinical areas for increased provision outside of hospital.
<b>Specific themes for Banbury and surrounding areas</b>
A key concern for local people and clinicians is retaining and improving access to services and avoiding travelling long distances for non-specialist health services.
Implementing <i>Every Child Matters</i> to ensure children are seen and treated in appropriate environments.
Mortality rates for some cancers are higher than would be expected and the uptake of screening for breast and cervical cancer are relatively low.

3.6 The Health Needs Assessment focused on the population that use services provided at the Horton General Hospital. We looked at who was being admitted to the hospital and where they lived. The geographical wards with the highest number of admissions were identified and these account for 87% of all inpatients care at the Horton General Hospital. This area was defined as the target area, illustrated in the map below.

3.7 Almost 185,000 live in the target area which stretches across north Oxfordshire, south Northamptonshire and south Warwickshire with the following geographical wards.

Oxfordshire	29
Northamptonshire	12
Warwickshire	6
<b>Total number of wards in target area</b>	<b>47</b>

## Detailed map of the area

◁ Catchment area for the Horton General Hospital



## **4. Transport and access**

- 4.1 The geography of the area covered by this strategy is largely rural including the four towns of Banbury, Chipping Norton, Bicester and Brackley. Although the areas of deprivation are concentrated in Banbury, there are pockets of deprivation throughout the area with rural deprivation being more hidden.
- 4.2 Public transport for those living outside the towns is patchy. Voluntary car schemes are in place in some areas and Dial-a-Ride services (funded by the three district councils) also offer support for those without their own transport.
- 4.3 During discussions with members of the public about the Health Needs Assessment, transport and access was raised as a key concern. Difficulties included insufficient public transport with some areas not supported by public buses and others with an infrequent service.
- 4.4 Oxfordshire, Northamptonshire and Warwickshire Rural Communities Councils offer support for setting up voluntary schemes and produce directories with details of services available.
- 4.5 The Rural Access to Services Programme (RASP) has funding available to support new schemes for improving access to local services, including health services. In Oxfordshire the funding is being managed by the Oxfordshire Rural Communities Council. Funding could be made available to small voluntary schemes or community schemes aimed at providing transport.
- 4.6 Those managing appointment systems for health services can help by offering flexibility for appointment times for those using public transport and voluntary car schemes.
- 4.7 As discussions progress for making more services available in the community, consideration should be given to other options in addition to provision from GP practices.

## **5. Clinical quality and safety**

- 5.1 High quality care for patients that is safe, effective as possible and delivered by highly competent, caring staff is core to the PCT's strategic aims and dovetails with the Darzi's report "High quality care for all". As such, the PCT has introduced processes to monitor and improve the quality of care delivered by all its commissioned services.
- 5.2 Key areas of focus for 2008/2009 are:
- Continued reduction in healthcare acquired infections.
  - Improved care for patients who are admitted as emergencies with fractured hips.
  - Implementation of Patient Reported Outcome Measures (PROMs) for patients undergoing knee, hip and shoulder operations.
  - Implementing clinical quality reporting in primary care.

## **6. Financial situation**

- 6.1 Since its creation in October 2006 the PCT has established itself an effective track record of financial management and delivered a surplus of £5.4m in 2006/07 and £5.8m in 2007/08. These results were supported by the delivery of £20m cost improvement plans in each of the financial years which enabled the PCT to repay all outstanding debt and create a recurrent surplus. With an overall budget of £770m the 2008/09 financial plan aimed to deliver a £3m surplus and a recurrent surplus of £9.2m.

## 7. Oxfordshire PCT strategic initiatives

- 7.1 The PCT work programme to deliver this strategy has been structured around a targeted set of 12 substantial initiatives<sup>3</sup>. These are all designed to improve the quality of care provided to patients and to improve health outcomes. They should also all make a contribution to managing demand for secondary care services.

They are:

### **Transforming Health Services**

#### **a. Effective resource management**

##### **i) in secondary care**

##### **ii) In primary care**

This work programme will ensure we manage demand for secondary care services whilst simultaneously enhancing access to primary care and supporting service improvement in all care settings.

#### **b. Specialist commissioning**

This work programme will focus on ensuring we improve services for those with conditions such as cancer, cardiac illness or learning disabilities and in so doing, ensure we get best value and quality from secondary and tertiary services.

#### **c. End of Life care**

This initiative will increase the choices available to people in Oxfordshire about the care they receive in the final stages of illness. It should enable more people to die at home, should they wish to, so improving the quality and appropriateness of care.

#### **d. Urgent and immediate Care**

Through this initiative we will ensure people access the right care in the right setting in the event of an emergency or the need for urgent medical attention, so reducing demand on secondary care services.

#### **e. Better Healthcare for Banbury**

There are a particular set of circumstances in the Banbury area which require the PCT to take a co-ordinated strategic approach to the development of services and to address the recommendations made by the Independent Reconfiguration Panel in relation to the Horton General Hospital. High levels of

---

<sup>3</sup> More information about each of these initiatives is set out in Oxfordshire PCT's draft Strategic Plan which is available from the PCT's website and will be finalised at its Board meeting on 26 March 2009.

health inequality exist in the area, the new GP led health centre is being located here and this initiative will determine the future pattern of hospital based service provision for this population. It will be critical in ensuring all 5 of the PCT's goals are delivered in Banbury.

### **Improving Health**

**f. Breaking the Cycle of Deprivation**

This work programme will help us to tackle the long standing and cyclical health inequalities within families in our more deprived communities and in so doing, will also help reduce long term demand for secondary care services.

**g. Choosing Healthy lifestyles**

This initiative will help us undertake targeted prevention work with those living in areas of deprivation, the elderly, those at risk of mental ill health and those at risk of developing long term conditions.

**h. Protecting our health**

This work programme will help us reduce illness in the population through delivery of targeted screening and other programmes designed to protect people's health.

### **Improving quality for care groups**

**i. Securing a better deal for Older People**

This initiative will lay the foundations for ensuring we have sustainable, high quality and accessible physical and mental healthcare in place for the growing population of older people in Oxfordshire and that much of this care is provided outside acute hospital settings.

**j. Long term conditions**

This initiative will improve care for people with a range of chronic long term conditions.

**k. Mental Health**

This initiative will enable us to increase access to psychological services and will improve care pathways for users of forensic services, people in crisis and those leaving inpatient care.

## **8. Services provided by Oxford Radcliffe Hospitals NHS Trust from the Horton General Hospital**

- 8.1 The Horton General Hospital in Banbury serves the growing population in the north of Oxfordshire and surrounding areas. It has over 220 inpatient beds and over 20 day-case beds, and is an acute general hospital providing a wide range of services, including:
- emergency department (with a clinical decision unit)
  - general surgery
  - acute general medicine
  - trauma & orthopaedics
  - obstetrics and gynaecology
  - maternity
  - paediatrics
  - critical care unit (used flexibly for intensive care)
  - coronary care
  - The Brody Centre (cancer resource centre)
- 8.2 The majority of these services have inpatient beds and outpatient clinics, with the outpatient department running clinics with visiting consultants from Oxford in dermatology, ophthalmology, neurology, physical medicine, rheumatology, ophthalmology, renal medicine, oncology, radiotherapy, oral surgery, urology and paediatric cardiology.
- 8.3 Acute general medicine also includes a short stay admissions ward, a medical assessment unit, a day hospital as part of specialised elderly care rehabilitation services, and a cardiology service.
- 8.4 Other clinical services include physiotherapy, occupational therapy, dietetics, hematology, audiology, geriatric medicine, endocrinology, diabetic medicine, cardiology, thoracic medicine, ENT, radiology and pathology. The radiology service includes a managed mobile MRI and a breast cancer screening unit. Currently, there are also four main operating theatres and a large day-case unit.
- 8.5 The hospital employs 1,200 people, making it one of Banbury's biggest employers. The local community takes great pride in the hospital and provides exceptional levels of volunteer support through the League of Friends, the Authorised Volunteer Service, Pets as Therapy Volunteers and Horton Hospital Radio.
- 8.6 Integration within the trust has provided a stimulus for closer clinical partnerships, with Horton General Hospital clinical staff providing clinical services in the other Trust hospitals and satellite outpatient

clinics in towns such as Chipping Norton and Brackley. There are also video-conference satellite links to Oxford. The trust is working to develop the clinical engagement and integration across hospital sites (Horton, John Radcliffe and Churchill) and with other providers both in the NHS and independent sector.

- 8.7 The Horton General Hospital recently installed a state-of-the-art, 16 pro-slice CT Scanner. The new scanner enables enhanced cardiac and paediatric scanning services.
- 8.8 Other recent developments at the Horton include:
- the opening of a medical assessment unit, to facilitate quicker access for patients referred by their GPs
  - refurbishments to the hospital's public areas, including new flooring, signage and the introduction of art works in many areas
  - the introduction of an enhanced security system in the maternity unit
  - an additional endoscopy suite.
  - the introduction of services for age related macular degeneration including prescribing Lucentis.
- 8.9 Typical with many smaller acute hospitals, some specialist services are not provided locally and patients will travel to various regional hospitals depending on the nature of the specialist services required. For example, patients with kidney failure currently travel to the John Radcliffe Hospital in Oxford for dialysis and this typically involves three visits each week.

## **9. Services provided from the Horton General Hospital site by other providers**

- 9.1 Oxfordshire Primary Care Trust provides on-site clinical services such as Speech and Language Therapy and Podiatry. The GP Out of Hours Service for the north of the county is also based on site. This service works collaboratively with A&E and local GPs and enjoys positive feedback from patients.
- 9.2 Elective orthopaedic patients at the Horton General Hospital are now treated at the Ramsay Treatment Centre as inpatient, day-cases and outpatients. Patients are referred directly to the treatment centre for diagnosis, treatment and rehabilitation for:
- Upper limb joint replacement
  - Hand surgery
  - Elbow and shoulder surgery

- Hip surgery
  - Knee surgery
  - Foot surgery
- 9.3 The service works collaboratively with the John Radcliffe Trauma Service, and the Nuffield Orthopaedic Centre (NOC), which provides more orthopaedic services for Oxfordshire.
- 9.4 The centre comprises four floors and includes operating theatres and outpatient facilities. It also houses a static MRI Unit, a much prized clinical development for the Horton General Hospital. The centre is managed by Ramsay Healthcare for the Oxfordshire Primary Care Trust, as part of the Government's strategy of introducing Independent Sector Treatment Centres across the country.
- 9.5 The Fiennes Centre and The Elms Centre are managed by Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust and sit on the Horton site.
- 9.6 The Fiennes Centre provides a base for the following mental health services:
- The older adult community mental health team provides assessment and treatment for older people with mental health problems. It also provides help for people suffering from dementia. The team works closely with many statutory and voluntary bodies and provides input into people's homes and support care in care homes within their geographical area.
  - An inpatient ward with a 17-bed assessment and treatment unit for people with mental health problems.
  - Older People Day Services working directly with day centres in the area. They support group work in areas such as anxiety and depression. The strategy for this service is to develop further integration in statutory and voluntary day care, and to develop a greater understanding of the needs for people with mental health problems.
- 9.7 The Elms Centre is the base for the Banbury Adult Community Mental Health Team who provide services to people with mental health difficulties from the local area. It is a multi-disciplinary team, consisting of doctors, Community Psychiatric Nurses (CPN), psychologists and social workers.

## **10. The Horton General Hospital as local focus for healthcare**

- 10.1 Oxfordshire PCT is committed to maintaining the position of the Horton General Hospital as providing a focus for local health services. The hospital is supported by the local community who value the services available and are keen to ensure they continue. Particular interest has been placed on maternity, obstetrics and paediatrics recently, but all services are highly valued and there is local concern about any changes that might be considered regarding the Horton.
- 10.2 The reported experience of patients who use the Horton General Hospital is good overall. Members of the public and patients reflect on the quality of care and the environment, often citing the friendly atmosphere and more personal care they feel they receive in their local hospital. Over the past few years there have been several opportunities for the public to rally behind their local hospital and this has helped to generate considerable civic pride in the hospital.
- 10.3 There is acceptance that the Horton General Hospital will need to change and this is reflected in the recommendations from the Independent Reconfiguration Panel. The issues that triggered the trust to propose changes to some services have not disappeared and they are significant. These issues are also shared by other small acute hospitals in the country.
- 10.4 The PCT believes there are exciting opportunities for establishing a sustainable future for the Horton General Hospital and is keen to explore all possible options for seeking solutions to the issues being faced.

## **11. Vision for local services**

11.1 Oxfordshire PCT is working with Practice Based Commissioning Consortia<sup>4</sup> (PBC) to bring health services closer to where people live and work. This very much fits with national policy that expects PCTs to improve access to services and convenience for patients. Quality and safety remain important and the reported experience of patients helps the PCT identify where action is required to improve quality.

### **11.2 Primary Care**

The people living in Banbury and surrounding areas are served by high quality primary care services. Patient surveys demonstrate this is valued by local people. In addition to GP practices, the GP Out of Hours service is managed by Oxfordshire PCT and is based at the Horton General hospital.

11.3 Oxfordshire PCT is working with local GP practices to improve access to primary care and the quality of services in a number of ways:

- Providing a new GP led health centre in Banbury. This service will open in summer 2009 and will provide a range of primary care services to people who choose to register with the new practice and to those who would like to remain registered with their own GP. The health centre will be open every day of the year from 8am until 8pm and will have services available on a walk-in basis and via appointments.
- Existing GP practices are reviewing their opening hours and 50% are extending opening hours improving convenience for their patients.
- Improving access to NHS dental care in the area.

### **11.4 Community services**

Community Health Oxfordshire (currently part of Oxfordshire PCT) provides a wide range of health services in the community, working closely with other local health and social care providers including social services, hospitals and GPs. Community Health Oxfordshire provides services which include community nursing (including district nurses, health visitors and school health nurses), therapies and community hospitals. The PCT has a vision for community services that are:

- Integrated fully with other health and social care providers so that the needs of the patient or client are central and organisational barriers to providing care are removed.

---

<sup>4</sup> Practice Based Commissioning Consortia are made up from groups of GP practices who come together to plan services for their patients. The North Oxfordshire Commissioning Consortium holds a budget that they use to buy services from hospital and other health providers.

- Supporting patients to be cared for at home rather than in hospital so that patients have the best chances of retaining or regaining independence and recovering quickly.
- Innovative and responsive to patient needs.

### **11.5 Hospital services**

Oxfordshire PCT will work to make a wider range of health services available locally.

- 11.6 It is the continued intention for the Horton General Hospital site to be the focus for inpatient services for people living in north Oxfordshire, south Northamptonshire and south Warwickshire. It should also be the hub for providing health services on an outreach basis to communities in the catchment area and to provide a base for outreach services from Oxford.

### **11.7 Specialist services**

Specialist services are those that are provided for rarer diseases or health problems. These services tend to be available from regional centres drawing on a wider catchment area depending on how rare the condition is. Some very rare conditions are treated in a national centre (e.g. Moorfields Eye Hospital), others may be treated in a small number of hospitals across the country. Oxfordshire is fortunate to have many specialist services provided at hospitals in Oxford, for example specialist orthopaedic and enablement services at the Nuffield Orthopaedic Centre, specialist cancer services at the Churchill Hospital and specialist cardiac services at the John Radcliffe Hospital. Many patients using these services will travel from outside Oxfordshire.

- 11.8 The range of specialist services available is continually developing as technology changes and new treatments are introduced. This can mean that a new service may become available that only a few clinicians are experienced and skilled enough to offer. It can also mean that a previously specialist service becomes more widely available as skills and equipment are developed – this is usually only the case where the disease or condition is reasonably common and the treatment has become more routine.

- 11.9 Currently, specialist services available in Oxfordshire are based in Oxford at the Nuffield Orthopaedic Centre, John Radcliffe Hospital and Churchill Hospital. These services are available for patients in Oxfordshire and often draw patients from surrounding areas. The PCT intends to work with the trust to identify one or more specialist services to be based at the Horton General Hospital serving patients from across the county and drawing patients from surrounding areas. Owing to the investment in equipment and facilities for specialist services, it is expected that any development of this sort will be for a newly commissioned specialist service.

11.10 Oxfordshire PCT will seek to identify the best possible care for patients needing specialist health care and will aim to ensure that these services are provided from appropriate locations. This will mean challenging the way services are currently provided, e.g. it is now possible to provide chemotherapy outside of specialist cancer centres.

#### **11.11 Palliative Care**

Oxfordshire PCT has been working with service providers, patients and carers to develop an End of Life Strategy<sup>5</sup> setting out plans for ensuring there is consistency of provision across the county and for improving access to appropriate end of life care for all. A key aim of the strategy is to increase choice for people at the end of their life about where they want to die.

11.12 Katherine House Hospice lies four miles south of Banbury providing palliative care for people at the end of their life. The service is highly valued locally.

## **12. Health services for Banbury and surrounding areas**

12.1 In considering how services will develop in the future for Banbury and surrounding areas, Oxfordshire PCT is focussing on:

- Health services currently provided in hospital that could be provided in a patient's home, GP practice or other community setting.
- Health services currently provided from hospitals in Oxford that could be provided from the Horton General Hospital in Banbury.
- Potential new health services that could:
  - help to break the cycle of deprivation;
  - help people to age healthily.

## **13. Moving services from Oxford to Banbury**

13.1 Oxfordshire PCT has been working with the local Practice Based Commissioning Consortium and local NHS trusts to identify services that could move from Oxford to Banbury. At this stage, it is not possible to identify a specific list of services but the following have been identified as possible options.

- **Renal services:** kidney patients from Banbury and surrounding areas make the journey to Oxford three times a week for dialysis. This is a

---

<sup>5</sup> The End of Life Strategy is currently being finalised and will be published on the PCT's website in early summer 2009.

critical treatment that requires specialist machines, technicians and nurses that has meant the service has only been available in regional centres. A plan is being explored for building a centre at the Horton that will be fully equipped and staffed to provide regular dialysis to local people thus avoiding the journeys to Oxford. Although the numbers of patients is small, because their condition requires such regular treatment, the number of patient journeys between Banbury and Oxford is equivalent to more than 150 journeys per patient. A local service would support people in maintaining their family and working lives as much as possible until a transplant option becomes available.

- **Cystic fibrosis:** currently all services provided for this condition are offered at the John Radcliffe with patients often needing to be seen by several different clinics because of the wide range of clinical issues relating to the condition. For patients living in Banbury and surrounding areas, this can mean several visits to Oxford on a regular basis. By offering out-reach clinics at the Horton, several clinics operating on the same day could offer patients a 'one-stop-shop' for their care, minimising the impact on their family and working life and reducing the number of patient journeys between Banbury and Oxford.
- **Osteoporosis and bone health** – Services are currently based in Oxford and an outreach service is being explored. This would support older people at risk of developing joint and other orthopaedic conditions.
- **Neuro-rehabilitation** (including stroke, Multiple Sclerosis and Parkinsons). The PCT is exploring what new services could be developed to support patients with these conditions in the Banbury area.
- **Chemotherapy** – Plans are in place to expand the facility at the Horton so that more cancer care can be made available locally. This will include more chemotherapy for which some patients are currently needing to travel to Oxford.

## **14. Moving services from hospital into the community**

- 14.1 Oxfordshire PCT has been working with the local Practice Based Commissioning Consortium and local NHS trusts to identify services that could move from hospitals into the community.
- 14.2 An area being considered is how to support people living with long term conditions so that more of their care is provided at home or at their GP practice.
- 14.3 Another development planned is for physiotherapy to be available in GP practices, improving access for local people.

## 15. New services

- 15.1 Oxfordshire PCT has been working with the local Practice Based Commissioning Consortium and local NHS trusts to identify new services targeted at the priority areas identified by the PCT strategy. At this stage, it is not possible to identify a specific list of services but the following have been identified as possible options:
- **Weight management service** - the rates of obesity are growing in the Banbury area as they are nation-wide. This is an important health issue as obesity can lead to several other health problems and is wholly preventable. A range of services are being developed that are aimed at supporting people to avoid becoming obese and to help them lose weight if they do. Examples of recent new services tackling this issue locally include the MEND programme aimed at children (launched in Banbury in September 2008) and the appointment of local health trainers working in the more deprived wards in Banbury supporting people wanting to make lifestyle changes to improve their health. Other services being explored include a nurse-led weight-management service. In addition, the PCT is exploring how cognitive behavioural therapy can support people in losing weight. It is possible that surgical interventions for the treatment of obesity could be a specialist service developed at the Horton General Hospital available to patients from across the county and beyond.
  - **Bowel screening (cancer)** – A new screening programme for detecting bowel cancer is planned for being launched across Oxfordshire in 2009. People with a positive test result will be invited for a colonoscopy which will be available first at the Horton General Hospital and will later be available at the John Raddiffe Hospital in Oxford.
  - **Sexual health** – the PCT is looking at what would be required to support reducing the incidence of teenage pregnancy and services to address other sexual health issues. A recent example would be the introduction of Chlamydia screening locally. In Oxfordshire the numbers of new cases of Chlamydia diagnosed have increased by 41% between 2001 and 2006 with more than 1,600 new cases of Chlamydia diagnosed in 2006. There are no symptoms in most cases but chlamydia is easily screened for and easily treated, Left untreated there are long term health consequences (pelvic inflammatory disease, ectopic pregnancy and infertility).
  - **Dementia** – Recognising the demographic changes with more older people and increasing numbers of people who will develop dementia, the PCT will be focussing on this health issue looking to develop services and support for the longer term.

- 15.2 There are likely to be other services that will be considered in the overall shift towards bringing services closer to where people live and work. This strategy sets out the vision for more local access and the coming years will see an increasing range of local services being offered in Banbury and the surrounding areas with the Horton providing a local focus for these.

## **16. Existing services**

- 16.1 The PCT has no intention to reduce the range of services currently provided at the Horton General Hospital. However, the challenges faced by the Trust in maintaining some services are significant and there are no easy solutions (see Appendix 4 for a summary of the key challenges).
- 16.2 The PCT is keen to encourage ideas from a wide range of possible sources including other hospitals, both in and outside the country, individuals, voluntary organisations, businesses and academic institutions. The PCT will actively seek ideas and is positive in its approach to finding a realistic way forward. In all cases, the most important consideration will be the safety and quality of care. Access is an important issue and one that the local community are particularly concerned about. The PCT recognises this and will be keen to find a solution that ensures local access is maintained, however, this will not override the need to ensure care is safe and of good quality.
- 16.3 Assuming that these issues can be resolved, the PCT expects to retain those services that have been most recently threatened.

## **17. 'Towards a Healthier Future'**

- 17.1 A specific recommendation of the Independent Reconfiguration Panel was that 'the PCT must develop a clear vision for children's and maternity services within an explicit strategy for services for north Oxfordshire as a whole'. This section draws on the work that took place in 2008 as part of the national review of health services.
- 17.2 'Towards a Healthier Future' is the vision for how improved care will be delivered to patients in the NHS South Central region for the next decade and beyond<sup>6</sup>. The vision has been developed as part of the NHS Next Stage Review – 'Our NHS, our future' being led nationally by Lord Darzi, government minister and surgeon. The aim of the review

---

<sup>6</sup> The document is available from the Strategic Health Authority website [www.southcentral.nhs.uk](http://www.southcentral.nhs.uk).

has been to create a local service that is clinically-driven, patient-centred and locally accountable.

17.3 The local vision is based on the work of over 160 clinicians from across the South Central area, including doctors, nurses, midwives and public health staff who have been looking at how the NHS can raise the quality of services to world class standards across eight clinical pathways:

- Staying healthy
- Maternity and newborn
- Children and young people
- Long term conditions
- Mental health
- End of life
- Acute care
- Planned care

17.4 Front line staff have been involved in developing solutions to the challenges the NHS faces and responding to the needs of their patients.

17.5 The NHS has gathered the views of over 10,000 local people ensuring that '*Towards a healthier future*' addresses the needs and concerns of local people. Citizen jury events were also held to debate how the quality and standard of care can be raised to the levels experienced in some other countries.

17.6 The aim has been to get people from across Berkshire, Buckinghamshire, Milton Keynes, Oxfordshire, Hampshire and the Isle of Wight involved in the process to ensure local services are shaped directly around the needs and wishes of patients and the people who deliver the care.

### **17.7 Maternity**

**The Maternity and Newborn clinical pathway group worked on a vision for services:**

- Maternity services across South Central will have a realistic 60% normal birth rate (RCOG, RCM & NCT).
- Women and their families will feel confident and well prepared for labour.
- Women will be able to make an informed choice between births at home, in a midwife led birth centre or an obstetric unit.
- Women will be supported by a maternity team that is confident to facilitate normal and complex birth, in a comfortable and supportive environment.

- Transport between birth centres and obstetric units will be timely and reliable.
- 17.8 There will always be a number of women who, for various reasons, may face difficulty during child birth and need to be cared for by a consultant with the full support of other services (including special care baby unit and anaesthetics). It is important that the consultants attending these births are sufficiently experienced to ensure that the best possible care is given to mother and baby.
- 17.9 During 2007/08 there were 1,704 deliveries at the maternity unit at Horton General Hospital.
- 17.10 There are a number of hospitals in the country that run maternity services with similar relatively small numbers of deliveries (circa 2,000). It is recognised that some of these hospitals face issues of safety and quality similar to those at the Horton but others do not. There may be several reasons for this and work is being led in the PCT to identify factors that could be important. In addition, further work is planned to identify what would be considered a critical mass for the number of deliveries at the Horton site that would allow services to be considered both safe and sustainable for the future.
- 17.11 The PCT expects the trust to market these services positively to the local community across the catchment area and to ensure all local women and their GPs are aware of the choices available to them.
- 17.12 Oxfordshire PCT intends to commission maternity services with the following expectations:
- The majority of women to be booked with a community midwife before 12 completed weeks of pregnancy. All routine antenatal screening including nuchal screening will be available at Horton General Hospital from 1 January 2009. Specialist fetal medicine services will be provided at John Radcliffe Hospital.
  - For deliveries we expect every woman in the catchment area to be able to have a choice of place of delivery that includes:
    - A home birth supported by community midwifery teams.
    - A stand-alone midwifery led unit at Chipping Norton or The Spires Midwifery Led Unit in Oxford.
    - An integrated delivery unit at the Horton General Hospital that provides consultant led deliveries.
  - Post natal care will be provided, in the first few weeks following birth, in the community by the same local community midwifery team as the one providing ante-natal care.
  - Every woman's care will be formally transferred to a named health visitor within one month of birth but more usually within 14 days.

17.13 Over the coming months, different models of providing maternity care in small hospitals will be explored. This will include opportunities for alternative clinical adjacencies for example between maternity and paediatrics found in some other hospitals.

#### **17.14 Paediatrics**

This is a real opportunity to improve the health of children and young people in the area. A key priority of the PCT is to focus efforts on breaking the cycle of deprivation, particularly targeting families with young children. A key concern of the local community is to ensure local access to 24/7 paediatrics and it is the intention of the PCT to commission this service for the future.

17.15 Investment in the health of children will have long term benefits:

- *For Health:* e.g. immunisation to prevent disease; good diabetic care to prevent complications; preventing obesity and the initiation of smoking.
- *For Social Care and Education:* e.g. early intervention in disability and behaviour disorders preventing long term school failure.
- *For Society:* e.g. early intervention in behavioural and conduct disorders preventing police and prison involvement later on in life.

17.16 The working group looking at health of children and young people as part of the Towards a Healthier Future reported that services for children would improve immensely if the best practice became universal across the South Central area. Their report highlighted areas of real concern to clinicians and suggested some straightforward solutions.

17.17 The report of the Children and Young People clinical pathway group highlighted three for immediate action.

- Each PCT to ensure a single point of physical access for out of hours services with primary care triage and remove the 'maze of choice' for parents.
- Each PCT to ensure provision of a community paediatric nursing team working 12- 14 hours a day and available for advice and support 24/7. They would support the service for:
  - Children acutely ill – by offering timely review and preventing hospital admission and by facilitating early discharge
  - Neonatal services – by facilitating early discharge
  - Children recovering from surgery
  - Children with disabilities and those with long term conditions by helping them to cope with the day to day

management of their condition and by providing early advice prevent hospital admission.

- Children requiring respite care and end of life services
- PCT and practice based commissioners to redesign services to address timely access to therapists. This includes access to speech and language therapy, occupational therapy, physiotherapy, psychology, and psychotherapy.

17.18 Children access health services frequently. In a typical year:

- a pre-school child will see a GP six times;
- older children will visit a GP two or three times;
- up to half of infants aged under 12 months and one quarter of older children will attend an A&E department annually;
- many admissions to hospital, including a significant amount of surgery, are unplanned (ie emergency).

17.19 Preventing ill health in later years starts during pregnancy and continues throughout childhood paying long term dividends:

- for health e.g. breast feeding and immunisation;
- for education e.g. good maternal and child mental health and good parenting lead to better learning;
- for society e.g. good behaviour, less drug/alcohol abuse lead to less criminality.

17.20 There is good evidence of successful health promoting strategies but they are not being universally applied with differences across South Central and the worst rates in the most deprived areas.

17.21 In the past 5 years there have been a plethora of reports emphasising the need for local authorities, health and other relevant partners to co-operate to improve outcomes for children.

17.22 The Vision

- Children and young people to receive excellent health care.
- Prioritise preventative services - maternal care, school nurses, health visitors and community paediatric nurses.
- Prioritise increasing breast feeding rates at 6-8 weeks.
- All children to be fully immunised, a priority to be looked after children.
- Programmes in schools and children's centres for healthy eating, exercise, smoking, alcohol prevention, sex education, accident prevention.
- Early identification of need and personalised programme and pathway.

- Access to information and support to allow young people to take responsibility and decisions for their lives.
- At local level good partnership between NHS, Local Authorities and other partners of the wider determinants of health.

- 17.23 The evidence shows clearly that children recover best from illness when cared for in their own home and the PCT will be working with others to develop services that support children and families as much as possible to do this.
- 17.24 In Banbury and surrounding areas we would expect the majority of health promotion screening and early intervention services to be provided in the community.
- 17.25 There will be times when the best place to care for a sick child will be in hospital. The PCT intends to commission paediatric inpatient services in Banbury so that families are not faced with the additional stress of travelling to Oxford. Ensuring that sick children receive the best possible care is the most important issue and this will not be compromised by the PCT. It will always be necessary for some very sick children to be cared for in a hospital providing specialist care that is not available in Banbury and this will continue to be the case.
- 17.26 The PCT will be looking for practical solutions that could support the paediatric service to continue to be provided from the Horton General Hospital and its intention is to commission these services assuming that solutions could be found to some very real challenges relating to training, working hours and recruitment. In addition, it will be necessary to investigate further the findings from the Health Needs Assessment that highlighted many children are being seen and cared for in acute and adult settings at the Horton which should be addressed. The PCT would want to commission integrated paediatric and child health services that allow a child to be cared for at home in a community setting or in an acute paediatric environment as appropriate at the Horton or JR.
- 17.27 *Every Child Matters* sets out guidance to the NHS about the care of children and this will form a basis for ensuring that all children needing health care in Oxfordshire are cared for appropriately.

## **18. General Medicine**

- 18.1 More than 50% of the activity taking place at the Horton General Hospital is in general medicine. This service is of significant importance to the running of the hospital and to the population served by the hospital by providing local access to a range of good quality services. The PCT will be considering where these services can be developed

and what opportunities for increasing flexibility of medical cover could be offered.

- 18.2 Consultants working at the Horton provide enhanced services in sub-specialties, including gerontology, cardiology, respiratory medicine, endocrinology and gastroenterology. They work across the trust's hospitals in Oxford and Banbury.
- 18.3 The service experiences a disproportionately high level of delayed transfers of care which will be a key consideration in any plans for the future. This is largely due to a different use of intermediate care beds to the rest of the county. Access to community hospital beds for step down care in Banbury is restricted to community hospitals in the surrounding market towns. Plans for the future will take account of different models of care for this area.

## **19. Delivering this strategy**

- 19.1 Four workstreams have been identified within the second phase of the Better Healthcare Programme:
- Communications and engagement
  - Intelligence gathering and '*Invitation to Innovate*'
  - Clinical engagement and integration
  - Strategy and commissioning intentions
- 19.2 Communications and engagement is an ongoing workstream delivering the communications and engagement plan. Activities are varied, all aimed at widening the local knowledge and understanding of the programme and providing opportunities for local people to be involved in different ways.
- 19.3 The intelligence gathering and '*Invitation to Innovate*' includes actively seeking new ideas and examples of models of care used elsewhere. It will also involve reviewing the information gathered previously, refreshing it where necessary. An open '*Invitation to Innovate*' is being planned for Spring 2009 which aims to gather ideas and suggestions from the wider community of organisations and individuals. Plans for a conference in autumn 2009 are being explored.
- 19.4 The Oxford Radcliffe Hospitals NHS Trust are progressing plans for developing further the integration of services across hospital sites and with other health care providers. This work recognises the need for different approaches to integration for different services.
- 19.7 The timescale for delivering these workstreams extends to the end of 2009. The key milestones are illustrated below.

## 2009 Actions and Timescales

Work-stream	Jan - March	Apr - June	July - Sept	Oct - Dec
<b>Communications &amp; engagement</b>	<ul style="list-style-type: none"> <li>• Monthly newsletter</li> <li>• Pro-active media</li> <li>• Engagement events</li> <li>• Publish detailed action for the year.</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly newsletter</li> <li>• Pro-active media</li> <li>• Engagement events</li> <li>• Open day at Horton</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly newsletter</li> <li>• Pro-active media</li> <li>• Engagement events</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly newsletter</li> <li>• Pro-active media</li> <li>• Engagement events</li> </ul>
<b>Intelligence gathering &amp; 'Invitation to Innovate'</b>	<ul style="list-style-type: none"> <li>• Publish detailed action for the year.</li> <li>• Undertake interviews with small acute hospitals in UK.</li> <li>• Refresh information gathered by ORH.</li> <li>• Workshops led by NHS Institute for Innovation and Improvement.</li> <li>• Launch 'Invitation to Innovate' early March 09.</li> </ul>	<ul style="list-style-type: none"> <li>• 'Invitation to Innovate' – managing the process with involvement of CPF and PB.</li> <li>• Planning for conference with invitations issued in June.</li> <li>• Research tour</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of information gathered.</li> <li>• Workshops led by NHS Institute for Innovation and Improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Publish evaluation of research.</li> <li>• Developing pre-implementation evaluation checklists and process for implementation.</li> <li>• Develop options for preferred models.</li> <li>• Conference planned for Sept 09 with key speakers identified from research.</li> </ul>
<b>Clinical engagement &amp; integration</b>	<ul style="list-style-type: none"> <li>• Publish detailed action for the year.</li> <li>• Identify examples of good practice.</li> <li>• Review current practice at ORH and identify priority areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop methods for clinical integration at service/specialty level.</li> <li>• Start review of effectiveness for clinical engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Present findings from review of effectiveness for clinical engagement at PB</li> <li>• Continue work to support clinical integration at service/specialty level</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate processes designed to embed clinical integration</li> </ul>
<b>Strategy and commissioning intentions</b>	<ul style="list-style-type: none"> <li>• Publish detailed action for the year.</li> <li>• Deadline for initial comments 31/1/09.</li> <li>• *Publish strategy early March.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy forms part of context for 'Invitation to Innovate'.</li> </ul>		<ul style="list-style-type: none"> <li>• Planned strategy refresh/implementation plan using output from Intelligence gathering.</li> </ul>

## Appendix 1 – IRP Recommendations

The Independent Reconfiguration Panel (IRP) published its report on proposed changes to services at the Horton General Hospital on 20 March 2008. This report rejected the proposals made by the Oxford Radcliffe Hospitals NHS Trust (ORH) and presented the following recommendations:

- 1 The IRP considers that the Horton Hospital has an important role for the future in providing local hospital based care to people in the north of Oxfordshire and surrounding areas. However, it will need to change to ensure its services remain appropriate, safe and sustainable.
- 2 The IRP does not support the ORH's proposals to reconfigure services in paediatrics, obstetrics, gynaecology and the special care baby unit (SCBU) at Horton Hospital. The IRP does not consider that they will provide an accessible or improved service to the people of north Oxfordshire and surrounding areas.
- 3 The Oxfordshire Primary Care Trust (PCT) should carry out further work with the ORH to set out the arrangements and investment necessary to retain and develop services at the Horton Hospital. Patients, the public and other stakeholders should be fully involved in this work. South Central Strategic Health Authority should ensure that a rigorous and timely process is followed.
- 4 The PCT must develop a clear vision for children's and maternity services within an explicit strategy for services for north Oxfordshire as a whole.
- 5 The ORH must do more to develop clinically integrated practice across the Horton, John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector.
- 6 Within one month of the publication of this report, the PCT should publish a plan including a time line for taking forward the work proposed in these recommendations.

Alan Johnson, Secretary of State for Health, accepted the IRP's recommendations in full, which 'allow for fresh consideration of the needs of the local population in the current demographic and financial climate'.

## Appendix 2 – PCT Goals

The PCT will work in partnership to:

- 1. Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients optimum access to satisfactory, timely, high quality care that also offers good value for money**

Oxfordshire PCT must continue to focus on getting the basics right. The quality of health services, retaining local services and improving access to health services were key outcomes from the discussions in Banbury about the Health Needs Assessment for the area. Members of the public and local clinicians were particularly keen to see good quality services for the area and to have these available locally.

- 2. Improve health outcomes and promote independence for the following key population groups:**

- **older people**
- **those with long term conditions**
- **people with mental health problems**
- **children and families living in areas of deprivation**

The PCT has identified these groups as priorities because of the projected increases in the elderly population, the numbers of people with long term conditions such as diabetes and mental health problems and because of the persistent inequalities that impact on the health and well-being of children and families in Oxfordshire's most deprived areas. The population in the Banbury area is also ageing and the Health Needs Assessment identified health needs of all the groups listed above as being of key importance.

- 3. Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity from hospital into primary and community care settings;**

The PCT believes that a fundamental shift in the quality of care for its target groups can be achieved if it can begin to deliver the national and regional ambition of providing seamless, joined up care for patients, with as many elements of a care pathway as possible being provided close to where patients live. Although this may be supported in principle, there is concern in the Banbury area for what impact this might have on the viability of the Horton General Hospital. The PCT will be looking for opportunities to make more services available in primary care and community settings whilst also working with local trusts to identify services that can move from Oxford to Banbury. Overall, it is expected that the Horton General Hospital will continue its role as an important base for local health services and that a wider range of services will be available locally, thus improving access.

**4. Help more local people of all ages to make sustainable healthy lifestyle choices.**

Our local demographic forecasting and disease modelling suggests that, in line with regional and national strategy, the local NHS must increase its efforts to reduce demand for health services by working to support people to stay well. In Oxfordshire we particularly need to focus on tackling obesity in adults and children, reducing smoking and managing alcohol misuse. This will be as important for people living in the Banbury area as it will be for people living elsewhere in Oxfordshire. Initiatives and campaigns to support people making health lifestyle choices will take place in all parts of the county.

**5. Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole.**

Oxfordshire has a comparatively healthy population, but there are distinct geographical communities in Banbury and Oxford where life expectancy and health outcomes are markedly worse than both the local and national averages. The PCT therefore needs to focus investment and energy into these communities in partnership with other public sector bodies and with industries, in order to break the long term cycles of deprivation experienced by these populations. Life expectancy varies by 15 years between the highest and lowest wards in the Banbury area. The Health Needs Assessment clearly identified deprivation as being a key issue for some parts of the Banbury area. Solving these problems requires working with other organisations including local authorities, community and voluntary organisations.

## Appendix 3 – Oxfordshire PCT Values

The PCT remains committed to ensuring that in everything it does, it adheres to a core set of organisational values, and these are:

- **Openness and Transparency** – which means that in all our activities we adhere to the highest standards of honesty and integrity which will stand the test of probity.
- **Innovation** – which means that we actively seek creative excellence, sometimes taking risks to achieve change for the better.
- **Respect and dignity**– which means that we aim to treat patients, our staff and those we work with in other organisations with the compassion, dignity and understanding that we would wish to receive.
- **Quality**– which means that we are always seeking to improve the way we conduct our business, striving for the highest levels of care, safety, efficiency and professionalism.
- **Positive Patient Experience** – which means that we are compassionate, accessible, accountable, courteous and efficient, and that we understand and are driven by the needs of the people we serve.

## **Appendix 4 – Summary of the key challenges faced by Horton**

North Oxfordshire is typical of rural shire and market town settlements. Much of the secondary acute care is provided by the Horton General Hospital to its local population in and around Banbury with specialised care concentrated at the John Radcliffe Hospital in Oxford. What makes the Horton General Hospital unique is that the Independent Reconfiguration Panel has supported the local population's views that a wide range of acute services should be maintained in the locality, whilst acknowledging that there is a case for change to ensure these services are appropriate, safe and sustainable.

There are a number of drivers and non-negotiable service requirements that were not resolved through the previous consultation process and remain at the heart of what a long term future for the Horton General Hospital needs to address:

### **European Working Time Directive**

Legislation and the resulting policies that regulate the maximum number of hours all employees can work each week have changed. In the NHS this has had a dramatic impact on the way doctors work and subsequently the way that services are delivered.

Traditionally, doctors in training (also called junior doctors) worked very long hours (typically 80-90 hours per week including time spent on-call) and services have relied heavily on these doctors to provide much of the "hands on" care for patients. The European Working Time Directive restricts the number of hours that any person can work and next year this will be set at a maximum of 48 hours and includes the hours when a doctor may be on call but not necessarily in the hospital. The consequence is that far more doctors are required to deliver the same amount of service.

The nature of training has also changed significantly so that a greater proportion of a junior doctors' time is spent in academic and training activities rather than in direct care and this has also had an impact on how services are organised and covered.

The impact of this change is felt more acutely in small general hospitals than in larger ones because of the relatively small number of people they treat and the size of the existing teams which are usually well below the minimum number required to meet the European Working Time Directive – often eight at the middle tier. Specifically for the Horton General Hospital this presents difficulties in:

- Sustaining 24/7 clinical cover with senior doctors and nurses for obstetrics, gynaecology, neonatal care, paediatrics and emergency care which have traditionally not had around the clock cover.
- Revising rotas to reduce working hours will mean more clinicians being employed to treat the same number of patients

In looking to address the European Working Time Directive it must be recognised that:

- It is legislation within the European Union and therefore there is a legal duty to comply with the regulations. It is government policy to apply the directive.

- If the European Working Time Directive were not met the posts involved would not be recognised for training by the Royal Colleges.
- The long hours culture has changed and doctors are no longer prepared to work very long hours. This is compounded by a highly competitive market for their skills and so advertising jobs which do not comply with the European Working Time Directive is unlikely to attract high calibre candidates.
- European Working Time Directive helps protect patient safety as a doctor who has worked very long hours may be more likely to make errors of judgement with potentially serious consequences.

As well as the doctors in training, consultants have also faced long working hours but with recent contractual changes their job plans and the requirements of the European Working Time Directive do not allow for long working weeks.

The numbers of consultants required to staff 24/7 rotas means that again more consultants are required to deliver the same level of service. For example the Horton General Hospital formerly ran its A&E service with a single consultant but this is no longer considered safe or acceptable as a single senior person can not provide full time cover to ensure patient safety around the clock every day of the year even with good junior support.

The need for senior medical cover has been accentuated by the new arrangements for training doctors which exposes them to less clinical medicine in the early part of their career.

### **Training Accreditation**

Once a doctor qualifies and leaves medical school, he or she enters a programme of professional development and training leading ultimately to the position of consultant. Nationally, this programme of training has undergone very significant reorganisation over recent years to:

- Ensure the quality of training is of a sufficiently high standard across the country.
- Provide the right number of training posts to meet national service needs especially in specialities with shortages of doctors.
- Provide a clearer set of options for medical career paths and opportunities to sub specialise earlier in the training programme.

As was mentioned in the previous section, hospitals rely on the contribution of doctors in training to deliver hands on care and so the need to have accredited training posts is vital to service delivery, quality and development even within the modern context. If posts are not accredited they are much less likely to attract high calibre applicants which may compromise quality and potentially safety.

In order to achieve accreditation hospitals must demonstrate that they provide a rich training environment which provides:

- High levels of clinical supervision, training and teaching.

- A sufficient volume and complexity of conditions to treat in order to gain sufficient levels of experience within a specialist area.
- A supportive environment which includes appropriate facilities for rest and teaching of junior staff.
- Rotas which comply with the European Working Time Directive.

Smaller acute hospitals, such as the Horton General Hospital, see a smaller number of cases and are therefore less likely to provide the range of clinical experience required to meet training standards on their own. The size of the consultant teams may also mean that it is more difficult to provide the necessary teaching and supervision for juniors.

Without accreditation a clinical specialty is not able to recruit doctors in training and must rely on non training grades to make up its workforce. Whilst non training grade doctors make a valuable contribution it would not present a viable future for the Horton General Hospital to rely solely on them to deliver services. Training accreditation is overseen by the Deanery and Royal Colleges and is not in the control of the hospital trust, primary care trust or strategic health authority.

### **Recruitment challenges**

Junior doctors are in short supply within some specialties including paediatrics and this is a national picture rather than a local one which makes for a highly competitive market. The better the training provided, the more attractive a hospital is as an employer and the more secure the services remain.

The increase in the demand for consultant grade staff has meant that these posts are also often proving difficult to fill.

In addition, there is also stiff competition to recruit and retain midwives and specialist nurses in specialties such as neonatal care and paediatrics.

### **Quality and safety**

In recent years patient safety has quite rightly taken centre stage. The Healthcare Commission currently regulates safety across the NHS and it introduced a new performance rating system for all trusts. This includes a wide range of measures and indicators called The Annual Healthcheck and replaced the Stars system.

The comprehensive assessment process that trusts undergo annually ensures that a broad base of national quality standards are met and includes access times and other national targets, rates of hospital acquired infection rates and the views of patients. All hospitals regardless of size and complexity must meet the full range of requirements for quality and safety.

Another significant quality driven change over the past 10-15 years has been the recognition that sub-specialisation can give better clinical outcomes and this has driven much centralisation of acute services nationally. The evidence and policy push began with the Calman Hine report in 1995 which led to the development of cancer centres and the widespread introduction of subspecialisation.

This has been followed by a range of policy documents and guidance on good practice and safety, which have profoundly influenced the way in which care is

organised and delivered. These include Maternity Matters, The National Confidential Enquiry into Perioperative Deaths (which reduced the number of operations being done out of hours), Every Child Matters, The National Stroke Strategy, Emergency Access the Clinical Case for Change by Professor Alberti, a wide range of National Service Frameworks and most recently the Next Stage Review Final Report.

Once again the implications of these policy changes have been felt most by smaller acute hospitals such as the Horton General Hospital which may not have the “critical mass” to allow the workforce to specialise and which serve smaller local populations than are considered viable to meet many of these recommendations.

However, what the Horton General Hospital, and other hospitals like it, seek to provide, are local services for their population and they are highly valued.