

The Independent Reconfiguration Panel critical of CCG's handling of the Horton. But has the Horton been saved?



In 2016 Oxfordshire Clinical Commissioning Group announced the planned closure of obstetrics at the Horton Hospital in Banbury and the centralisation of obstetrics at the John Radcliffe. The Horton would retain a midwife-led unit. The closure was part of Phase 1 of the Oxfordshire Transformation Plan. The first of a two-phase consultation on the Plan was

announced in January 2017. This plan included the permanent closure of obstetrics at the Horton. The consultation was described by Oxford Keep Our NHS Public (KONP) as 'a sham' and there was strong popular opposition to the plan in Banbury, led by the campaign group, Keep the Horton General (KTHG).

As a result of popular opposition across the county, the Health Overview and Scrutiny Committee (HOSC) of Oxfordshire County Council referred the matter to the Secretary of State. HOSC made the referral to the Secretary of State on two grounds – that the consultation undertaken was inadequate and that the proposal would not be in the interests of the health service in its area. The Secretary of State sent the referral to the Independent Reconfiguration Panel (IRP) for advice.

In February 2018 the IRP delivered its advice. The IRP agreed with campaigners and HOSC that the consultation, especially the way it was split in two

“... has added more to the confusion and suspicion than helped move matters forward. In the Panel’s view, decisions about the future of obstetrics at the Horton must inevitably influence proposals that remain to be consulted on including around the future provision of MLUs in Oxfordshire.”

According to Oxford University Hospital Trust, the unit at the Horton needed to close because it had been unable to recruit obstetricians to work there. The IRP agreed with critics that, since the Trust had already decided it wanted to close the unit,

“... it is not surprising that scepticism exists in some quarters about the extent of the Trust’s efforts to attract the skilled and experienced staff required to reopen the unit.”

The IRP concluded that the CCG needed to look again at its options for the Horton:

“In the Panel’s view, a further, more detailed appraisal of the options, including those put forward through consultation, is required and needs to be reviewed with stakeholders before a final decision is made.”

The MP for North Oxfordshire, Victoria Prentis, said it was a 'huge relief' to hear the IRP's conclusion.

"The IRP’s conclusion that further work needs to be undertaken comes as a huge relief and is recognition of what many of us have been saying repeatedly since the flawed consultation process began.”

But on the heart of the matter, the future of obstetrics at the Horton, the advice from the IRP was anything but a clear victory for the Horton:

“First, that action to consider alternative options is needed because the problems with sustaining the obstetric service at the Horton that led to its temporary closure in 2016 are real and the prospects for returning to the earlier status quo are poor given a national shortage of obstetricians... Secondly, that this consideration must be driven by what is desirable for the future of maternity and related services and all those who need them across the wider area of Oxfordshire and beyond rather than a search for any possible way to retain an obstetric service at the Horton.”

The campaign group, Keep the Horton General, was more critical of the IRP decision:

“The IRP is effectively leaving the CCG to its own devices in terms of the final decision for maternity, in spite of significant evidence that it would be unsafe to leave vast, semi-rural population without reasonable access to obstetric services. ... KTHG considers the IRP has missed the opportunity to examine or take into account the national factors that are being used as a justification to downgrade hospitals all over

England - e.g hospitals being denied training accreditation at precisely the time when shortages of specialists were anticipated.”

According to Roseanne Edwards of KTHG

“Everyone's talking as though the Horton is reprieved but I see it as a severely weakened hospital that they can see is needed with the extraordinarily dire winter pressures, but it will only, effectively, have an A&E and children's ward, which will be highly vulnerable. Already they are sending anything that needs a senior consultant down to the JR.”

In March 2018 the Clinical Commissioning Group gave its first response to the IRP proposals. On the core issue of the campaign, it made no commitment to retaining obstetrics at the Horton:

“... the future provision of an obstetric service or change to a permanent freestanding midwife led unit at the Horton General Hospital will be determined by the outcome of the work undertaken to address the recommendations from the Secretary of State.”

It also decided that “there will be no phase two consultation'. Instead, a new phrase has entered the CCG vocabulary: 'co-production'. Rather than consult the population in the county about a general plan, there will be engagement at “a more local level in looking at the population’s health and care needs so we may co-produce a health and social care system that is fit for the future”.

In the meantime, the emergency department and paediatric services will be retained at the Horton.

The CCG also is making no commitment to retaining community hospitals:

“The community hospitals must be considered within the context of the health and care needs of the local populations they serve, the state of the actual buildings, the rurality and size of the local population (including growth). The CCG and OHFT have agreed that discussions need to be more about what services are required in localities and how

best the community hospitals might support, rather than a county-wide consultation on whether they should be removed or remain.”

In general, the initial response of KTHG seems correct: “The IRP is effectively leaving the CCG to its own devices.”