

## Scope

### Our Approach:

There are three areas where the Transformation Programme's proposals could result in significant service change:

#### 1. Acute Hospital Services

Changes are proposed in three areas:

- Urgent and Emergency Care, including:
  - emergency and critical care facilities
  - stroke care
  - changes to bed numbers in order to reduce delayed transfers of care and move to an ambulatory model of care
- Planned Care (Elective Care, Diagnostics and Outpatients)
- Maternity Services

#### 2. Community Hospital Services

The Transformation Programme is developing new models of care in community settings that are expected to result in:

- More people being supported in their own homes and less reliance on inpatient beds in supporting rehabilitation after treatment;
  - More consistent urgent care in local settings.
- These changes in model are likely to impact on what services are required in community hospitals in the future. It is therefore expected that some of the options for delivering those changes will result in specific proposals for change in relation to the community hospital infrastructure across Oxfordshire.

#### 3. Primary Care

We need to support provision of primary care services to address the 4% per annum rise in demand and the sustainability issues. The aim is for changes to primary care to proceed along the same timeline as proposed service changes in other areas. Resourcing and capacity in primary and community care must be strengthened to enable people to be supported close to home. If any change is substantial to patients this too will be consulted upon and would feature as part of phase two.

### 1.3.1 Phasing

To make the process manageable, proposals for change will be submitted for scrutiny by NHS England in a phased process.

### 1.3.2 Phase One: Acute Services

The changes around acute hospitals will be submitted in two phases. The first will focus on those areas where there are the most pressing concerns about workforce, patient safety and healthcare (for example, where temporary changes have been made) or where the proposed changes have been piloted.

This includes:

- **critical care facilities;**
- **stroke care;**

- **changes to bed numbers** in order to reduce delayed transfers of care and move to an ambulatory model of care;
- **maternity services** - including principles for configuration of midwife led units and specifically the configuration of midwife led units in the North of the county (including Chipping Norton)

Phase One also includes proposed changes to the delivery of **Planned Care** services at the Horton General Hospital (including elective care, diagnostics and outpatients). These proposals have the potential to significantly increase the services available to patients in north Oxfordshire.

### 1.3.3 Phase Two:

#### **Acute Services:**

Phase Two of the work looking at acute hospital services will focus on:

- The provision of **Emergency Departments** in Oxfordshire;
- **Children’s Services** including the current processes for assessment and the provision of in-patient paediatric beds.

#### **Community Hospitals:**

This will include all current service to be provided in community hospitals, including the future configuration of midwife led units in the south of the county.

The work on both the acute and community hospitals is based on the same overall Oxfordshire wide models of care being developed within the Transformation Programme. The teams supporting the programmes are working closely together to ensure that synergies and interdependencies between the two elements are identified and managed.

Changes to the provision of primary care services, which are coincident with the service changes planned to be consulted upon in Phase Two, are a necessary foundation for the successful implementation of service changes in acute and community care.

### 1.3.4 Summary of Scope and Phasing

The scope of Phases One and Two of the formal public consultation are summarised in the table below:

<b>Options</b>	<b>Clinical Services</b>	<b>Phase 1 Scope</b>	<b>Phase 2 Scope</b>
Urgent and Emergency Care	Emergency Department (ED)		✓
	GP urgent care with Minor Injuries Unit (open out of hours)		✓
	ED and Integrated Urgent Care Centre (24/7)		✓
	Non-elective inpatient		✓
	Ambulatory Care Model	✓	
	Non-elective inpatient surgery		✓
	Delayed Transfer of Care	✓	

Stroke Care	Acute stroke treatment	✓	
	Early Supported Discharge	✓	
	Rehabilitation Beds		✓
Critical Care	Level 3 (current)	✓	
	Level 2	✓	
Diagnostics (Horton)	Current (limited)	✓	
	New diagnostic facility with increased capacity	✓	
Outpatients (Horton)	Current Provision	✓	
	New outpatient facility for transfer of existing Headington Clinics	✓	
	Both Obstetric and Midwifery care	✓	tbc
Planned Care: Surgery	Elective inpatient surgery	✓	
	Day case surgery	✓	
Planned Care: Medicine	Elective inpatient admissions	✓	
	Elective day treatment	✓	
Long term conditions	Cardiology; bladder & bowel; MSK; ENT; diabetes; SCAN pathway	In commissioning intentions – anticipated to have full engagement and if any substantial change then will be subject to public consultation	
Maternity	Free standing midwifery-led unit (North)	✓	
	Free standing midwifery-led unit (South)		✓
	Special Care Baby Unit (SCBU)	✓	
	Emergency gynaecology surgery	✓	
	Increase in maternity clinics (antenatal, postnatal and breastfeeding etc.)	✓	✓
Children's Services	Paediatric inpatients		✓
	Paediatric SSPAU/Clinical decision unit (16 or 24 hours per day)		✓
	Paediatric elective day case care		✓
	Increase in paediatric day case care		✓
	Increase in provision of paediatric		✓

Table 1.1: Scope of Phases One

	outpatient clinics		
Primary care	New model of primary care provision	In commissioning intentions – if any substantial change proposed then subject to public consultation	