

<b>Agenda Item 11</b>
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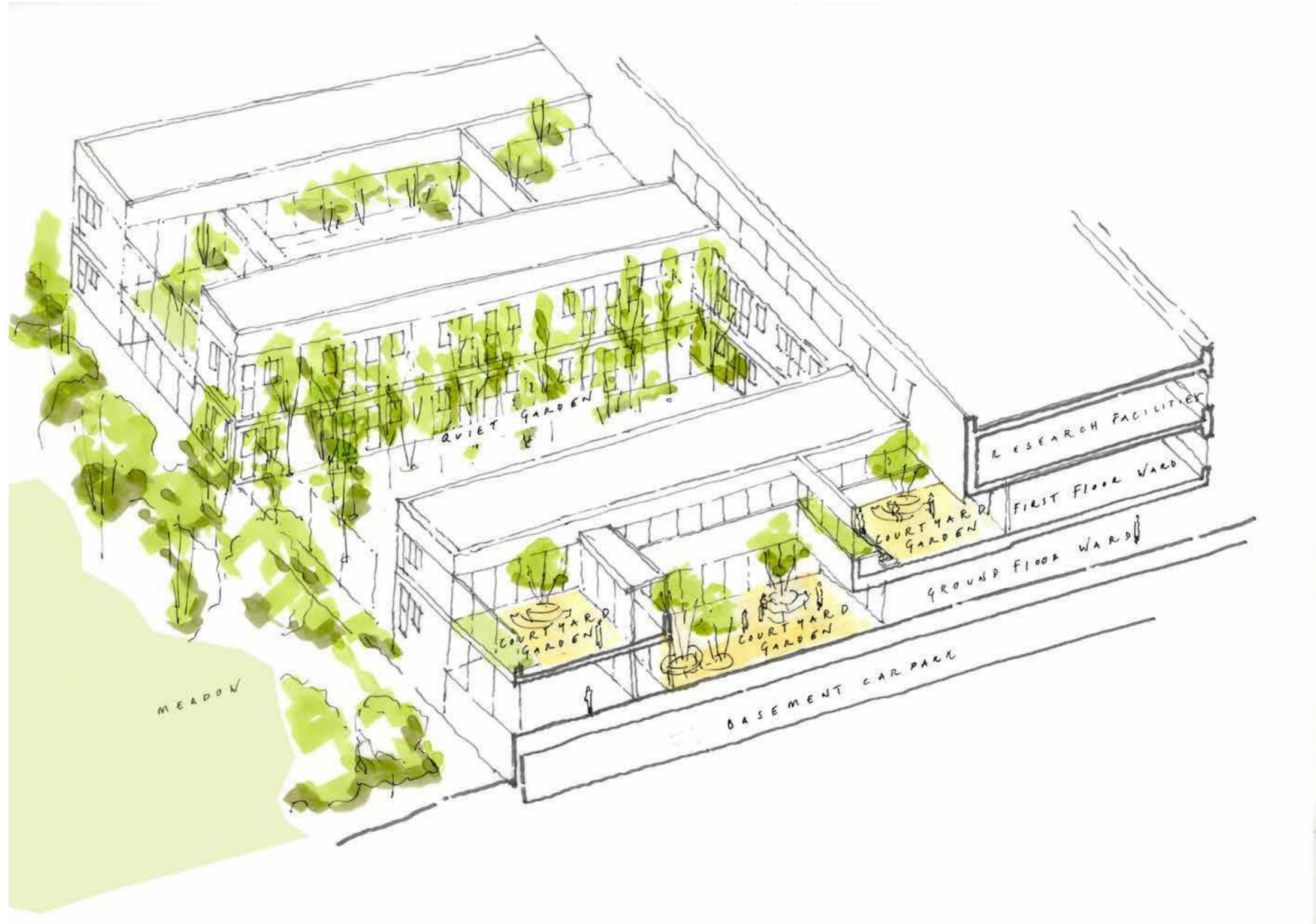
<b>Meeting: Oxfordshire CCG Board</b>
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<b>Date of Meeting</b>	<b>26 November 2020</b>
<b>Title of Paper</b>	<b>Proposed Redevelopment of Horton General Hospital and Warneford Hospital</b>
<b>Lead Director</b>	Diane Hedges, Deputy Chief Executive
<b>Author(s)</b>	Attached papers submitted by Warneford - Mike McEnaney, Director of Finance, Oxford Health NHS Foundation Trust and Horton - David Walliker, Chief Digital and Partnerships Officer, Oxford University Hospitals NHS Foundation Trust
<b>Paper Type</b>	For Information
<b>Action Required</b>	The Board is asked to receive and note the work being undertaken by the Trusts.

### **Executive Summary**

As the Board is aware there are health facilities within Oxfordshire that are not fit for purpose and require capital investment to redevelop them. The attached papers have been prepared by Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust to outline the proposed redevelopment of the Warneford Hospital site in Oxford and the Horton General Hospital in Banbury. Representatives for the Trusts will outline their proposals. In October 2020 the Government published the list of 40 hospital capital developments that were receiving national funding through the health infrastructure plan. In addition it was announced that a further 8 new schemes would be invited to bid for national funding and this may be an options for funding these development though no further guidance on the process for this has yet been released.

# Warneford Hospital Redevelopment



## 1.0 The Vision

- 1.1 The principle aim of the redevelopment of the Warneford Site is to provide suitable accommodation for our services that will support the delivery of the Trusts strategic ambitions as set out in the BOB ICS response to the NHS Long Term Plan.
- 1.2 Our aims to develop a new hospital is on the Warneford Site, is matched by that of one of our key strategic partners who are looking to develop world leading research facilities, with particular regard to mental illnesses, on the site.
- 1.3 We have therefore worked with Oxford University to exploit the potential benefits of working together to develop a master plan for the site which supports the ambitions of both parties
- 1.5 The proposal would bring together a new state of the art hospital co-located with world class research facilities and a new post graduate college which together will represent a major investment in mental health care and research of national and international importance. This is without precedent and has the potential to be a hugely important centre for the development of treatments for mental health, and the adoption of new innovative models of care, reflecting the best international practise.
- 1.6 The Warneford is in Headington alongside the Old Road Campus and part of the 'Headington cluster', where healthcare and life sciences come together in Oxford. Many of the science institutes are based at Old Road including the Structural Genomics Consortium, the MRC Dementia Platform UK, the Alzheimer's Research UK, Drug Discovery Institute Oxford, and the Big Data Institute. They have all been attracted to this location by the opportunity for synergies between the University of Oxford Old Road Campus set up by the Medical Sciences Division, which has been ranked as the world's best for nine consecutive years<sup>1</sup>, and the clinical settings of the teaching hospitals.
- 1.7 This co-location of a major clinical base, a nationally recognised mental health research centre and truly world class basic sciences represents a key opportunity for UK life sciences in neurosciences and psychiatry in the search for critical breakthroughs in innovative and more effective treatments. Key to this vision is the replacement of current unsuitable clinical accommodation.
- 1.8 In order to deliver this vision the Trust is seeking to secure funding for the development of a new hospital and is seeking the support of Oxfordshire CCG and the BOB ICS.
- 1.9 The estimated cost of the project is between £95million - £110 million.

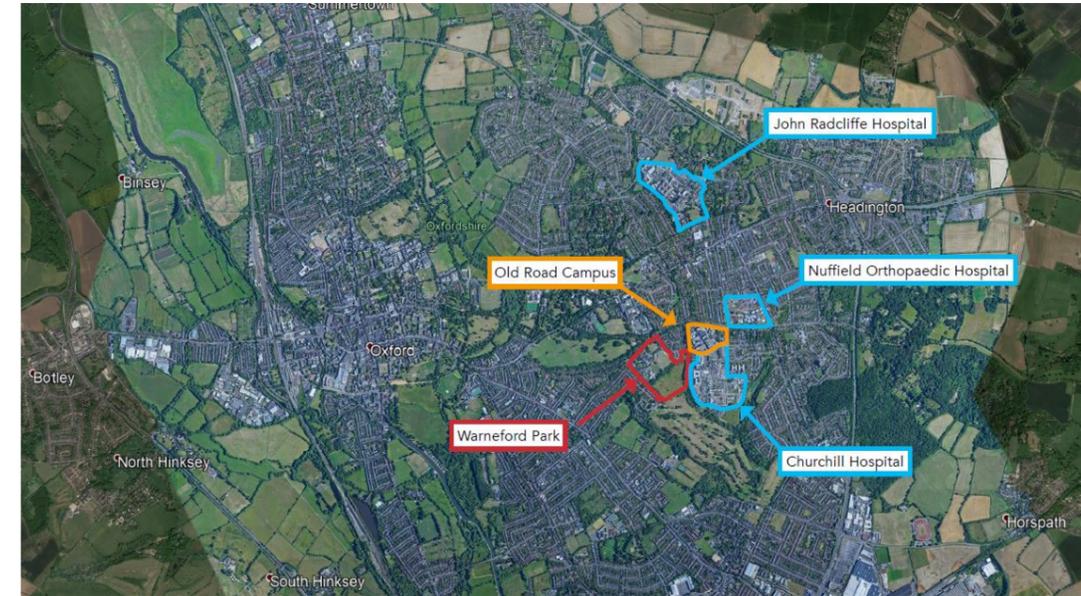


Figure 1 : The Headington Cluster

<sup>1</sup> The Times Higher Education World University Rankings

## 2.0 Overview of current facilities

- 2.1 Today Warneford Hospital is the main inpatient base for adult and children's mental health services and eating disorders in Oxfordshire. It was founded in 1821, and the greater part of the current adult inpatient wards date back to 1826 when it was opened. These are probably the oldest inpatient facilities in regular operational use in the NHS.

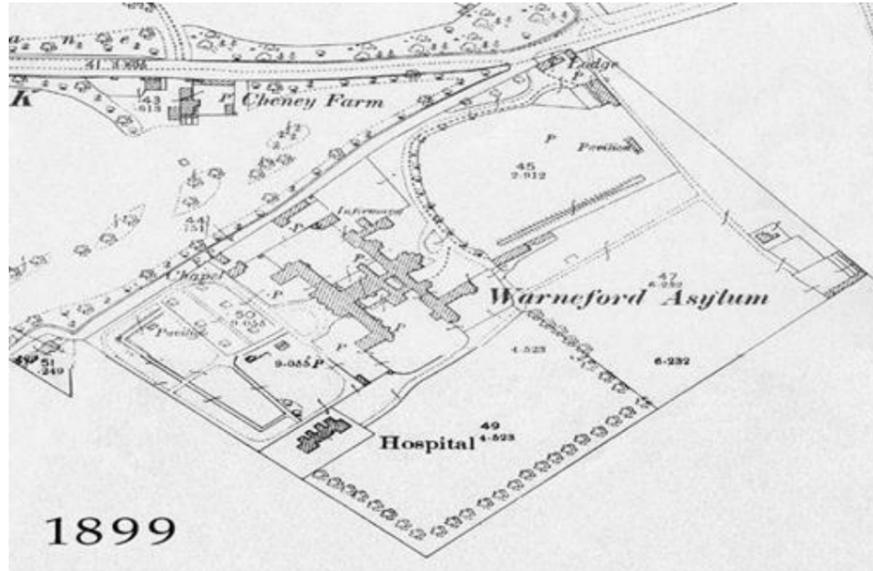


Figure 2 : Warneford Hospital 1899

- 2.2 The site has been developed over the years, and the buildings have been adapted and extended over the years. However, with the exception of the new CAMHS inpatient unit, services continue to be provided from the original buildings. These are far from ideal for the delivery of modern mental healthcare and constrain the adoption of new innovative models of care which would see improved patient outcomes. The scope for further alterations is severely limited as the main hospital and related structures are Grade II Listed Buildings.

- 2.3 The CQC stated in the Trust 2015 inspection report that the accommodation provided is "not fit for purpose". Of the 92 beds based at the site, only 18 have ensuite bedrooms (these being the CAMH's inpatient beds). The wards also lack appropriate therapy spaces, impacting upon our ability to successfully deliver the therapy centered that we consider is so essential to the recovery of our patients, and to improving throughput by reducing length of stay

- 2.4 Whilst the current facilities are in good condition, and overall, the buildings achieve a ranking of Condition B, our current condition survey identifies that a backlog maintenance investment of £783,400 is required to replace elements of the following key components:-

- Electrical wiring
- Roof lights
- Windows



Figure 3 : Warneford Hospital 2019

- 2.5 Given the age of the property key components will require replacement as part of the Trust's ongoing life cycle investment plans, at an estimated FY20 estimated cost of £40 million (or £3,717/m<sup>2</sup> of GIA)

Despite this level of investment, the estate will still remain unsuitable for the purpose of providing modern mental healthcare.

## 3.0 Supporting Strategies

### 3.1 The re-provision of the aged accommodation at the Warneford Site is key to supporting the Oxfordshire **Mental Health, Specialised Services, and Community Services Strategies.**

Our mental health strategy seeks to develop a Crisis Resolution/Home Treatment Service providing high quality care and to support our patients as far as possible in their own homes and communities. These plans include the provision of an assessment unit which will be available to receive patients via ambulance, reducing the pressure on the A&E services by providing an appropriate safe place for the assessment of patients suffering from mental illness, who do not require physical healthcare.

The reduction of our Out of Area Placements (OAPs) – patients requiring inpatient admission for whom no bed is available locally, and who therefore need to be transferred to distant inpatient units which are not part of the local integrated care system - is also a key strategic aim, and the adoption of new therapy focused pathways will reduce our length of stay, and as a result support the reduction of our OAPs.

It should be noted that this project does not seek to reduce bed numbers. NHS Mental Health Benchmarking data demonstrates that the number of adult acute beds available in Oxfordshire is amongst lowest number/1000 population in England. Although a key part of our mental health strategy aims to keep patients out of hospital and support them in their own homes and communities, given our low bed base and continuing increase in demand there is no potential to reduce beds as part of the proposed development. Whilst maintaining the existing level of bed provision, the increased productivity arising from the development of Crisis Resolution/Home Treatment Teams and improved inpatient throughput should enable the service to meet the additional demand for inpatient admission arising from local population growth.

The Strategy seeks the development of access to suitable female Psychiatric Intensive Care Unit facilities, responding to the shortage of these beds across the local system, and nationally.

Our Specialist Services Strategy outlines our plans to build on the work of a pilot which has now been running for three years with a range of partners including Southern Health NHS Foundation Trust and Dorset Healthcare NHS Foundation Trust to establish a New Care Model for Forensic services. The provider collaborative model has seen the repatriation of patients from long term out of area forensic beds to accommodation within the collaborative’s network area, enabling patients to be cared for closer to their homes and communities. Future plans aim to see the repatriation of patients with complex and challenging conditions who still remain cared for outside of the collaborative’s operational area. The relocation of adult acute wards from the Littlemore site would create the opportunity to develop an area wide specialist base on the site to support these patients in a location closer to their homes and communities.

Our Community Services currently operate from a variety of estate within the Oxfordshire. In order to provide an estate that supports the ambition to provide quality care in appropriate locations, and suitable accommodation investment is required. The development of the Warneford Hospital will enable the sale of land which the Trust would hope to invest in the community estate.

### 3.2 Both the development of the Warneford Site and the need to improve our Community Estate is set out in our Estates Strategy, and the BOB ICS Estates Strategy .

### 3.3 The project also supports a number of key local and national strategies, as set out in table 1.

Strategy	Summary of how project supports this strategy
BOB STP Clinical Strategy	The BOB ICS Clinical Strategy sets out how the local system will meet the aims of the NHS Long Term Plan. Improving Mental Health Care is a key ambition of the BOB ICS.
BOB STP Estates Strategy	The need to replace the aged accommodation at the Warneford Site is included with the BOB STP Estates Strategy
NHS Long Term Plan (clinical aims)	The project will ensure the provision of accommodation suitable to support the clinical aims of the long-term plan.
NHS Long Term Plan (estates aims)	The project aims to dispose of land to support the provision of new fit for purpose accommodation. The new development will incorporate energy efficiency designs and approaches to support the goal to reduce the NHS’s carbon footprint.
Construction Strategy	The project will embrace the governments construction strategy and by utilising BIM, seeking the early involvement of contractors to support the design process, and ensuring that the scheme is well managed, and the costs are reviewed, bench marked and challenged. The use of modular components and construction approaches will be reviewed and considered as the project is developed.
Land for housing	The development of the new hospital provides opportunities for the Trust to dispose of land which could be used to support housing developments within the city.

Table 1 : Local and national strategies

## 4.0 Benefits

4.1 It is expected that the new hospital project will deliver the following benefits.

Benefit	Category	Beneficiary	Target improvement	KPI
Improved place scores	Quantifiable – improved PLACE scores at annual inspections	Direct Public Sector Benefit (OHFT)	Privacy and dignity scores to increase to 100%	PLACE results
Use of technology to improve people's sleep quality	Non-quantifiable – improved sleep for patients	In-Direct Public Sector Benefit (OHFT)	Improved sleep for patients resulting from the installation of new technology to enable nighttime checks to be undertaken without disturbing patients	Patient surveys
Staff retention and recruitment	Cash Releasing – reduced agency costs  Quantifiable – reduced staff turnover	Direct Public Sector Benefit (OHFT)	The recruitment of qualified clinical staff within Oxfordshire is challenging, and at present there is a considerable reliance on agency staff. The Trust has developed its own staffing solutions team and has been proactively seeking to reduce the use of agency staff.  The trust has an overarching workforce plan which aims to: - <ul style="list-style-type: none"> <li>○ Reduce the reliance on agency</li> <li>○ Improve retention by creating opportunities for staff to develop</li> <li>○ Improve recruitment</li> <li>○ Developing new staffing models across the services</li> </ul> <p>It is considered that, the delivery of this project which will see the provision of high quality accommodation, the opportunity for staff to have the opportunity to become involved more involved with research into mental health and brain health, will improve our retention and recruitment levels.</p>	Staff turnover data
Reduce length of stay	Cash Releasing – ability to reduce bed numbers	Direct Public Sector Benefit (OHFT)	The new facility will support the adoption of a therapy focused care pathway which will help to reduce our length of stay (currently our wards have access to very little therapy space and our ability to adopt therapy-based recovery plans is therefore constrained).	LOS data
Reduce OAT's	Cash Releasing – reduced payments; Quantifiable – reduced number of patients sent out of area	Direct Public Sector Benefit (OHFT); Wider benefits to UK society	The relocation of all adult inpatient wards and the adult PICU unit to a single site will enable us to redistribute our bed categorisation, and as such enable us to reduce our PICU and Adult acute out of area placements	OAT's data
Potential to increase bed base (Consolidation)	Cash Releasing – additional income Quantifiable – reduced waiting times	Direct Public Sector Benefit (OHFT) Wider benefits to UK society	The project allows us to relocate our eating disorder beds from were to move Cotswold House Oxford from the Warneford site to our Littlemore site. This provides us with the opportunity to increase the number of eating disorder beds we can provide, with the potential of providing PICU beds for eating disorder patients. There is a national shortage of eating disorder beds, and no provision of eating disorders PICU facilities.	Additional beds available
Potential to share best practice(consolidation)	Non-quantifiable – reduction in incidents	Direct Public Sector Benefit (OHFT)	Reduction in incidents by 10%	Incident logs
Co-location and new technology results in reduction in size of accommodation	Quantifiable – reduced accommodation	Direct Public Sector Benefit (OHFT)	Co-location of all adult acute wards to one site will enable efficiencies to staffing levels to be made, as will the co-location of outpatient facilities.	Changes in staffing levels
Land sales	Quantifiable – cash income	Direct Public Sector Benefit (OHFT)	The development of the new hospital will enable a number of land sale transactions to be undertaken, the income of which would enable the Trust to look to redevelop other facilities, notably the community hospital estate which provides essential health care facilities in local communities, but is housed in an aged estate, and provides accommodation which does not meet current guidance	Improved facilities

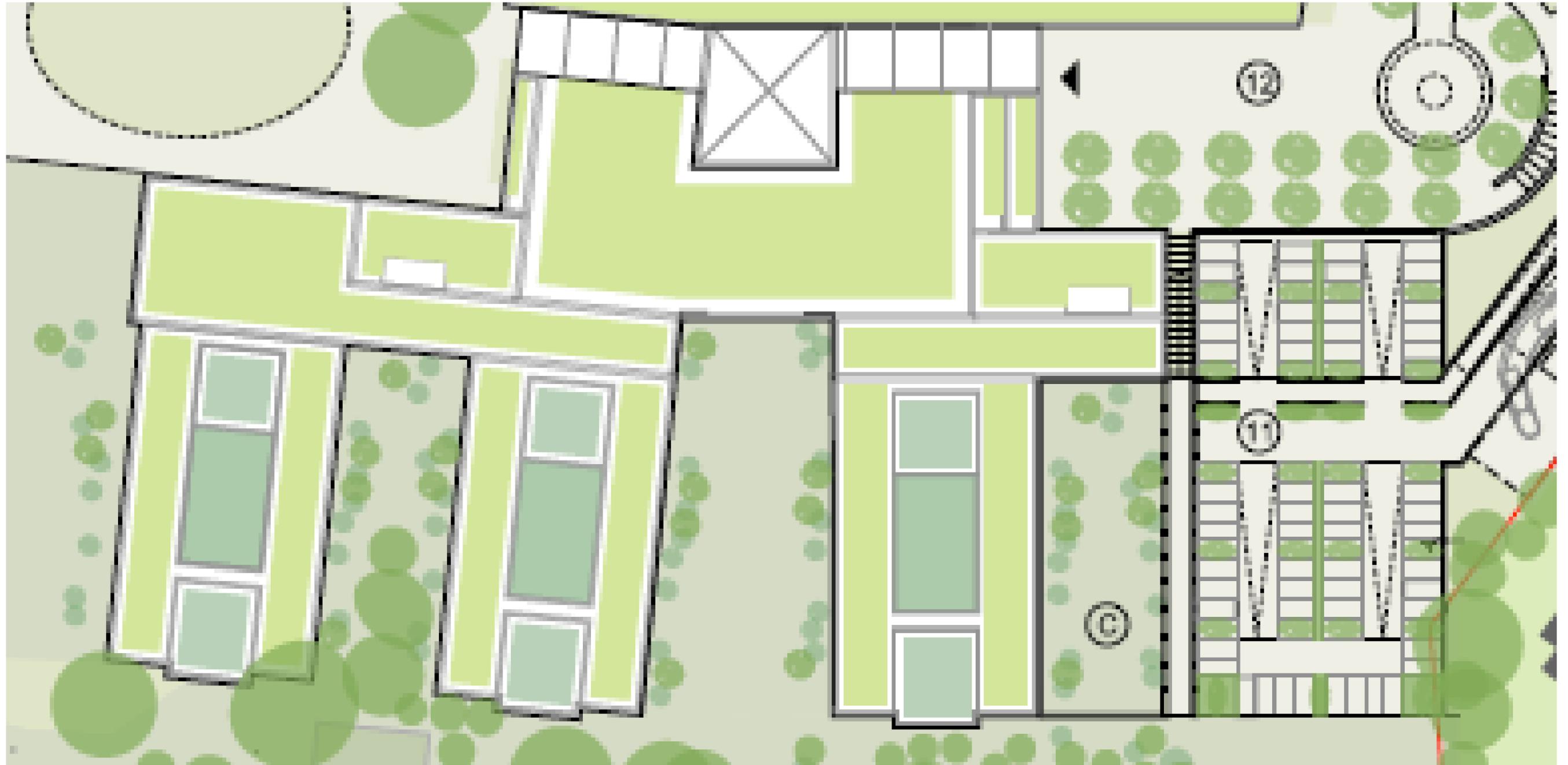


## 5.0 Project Design

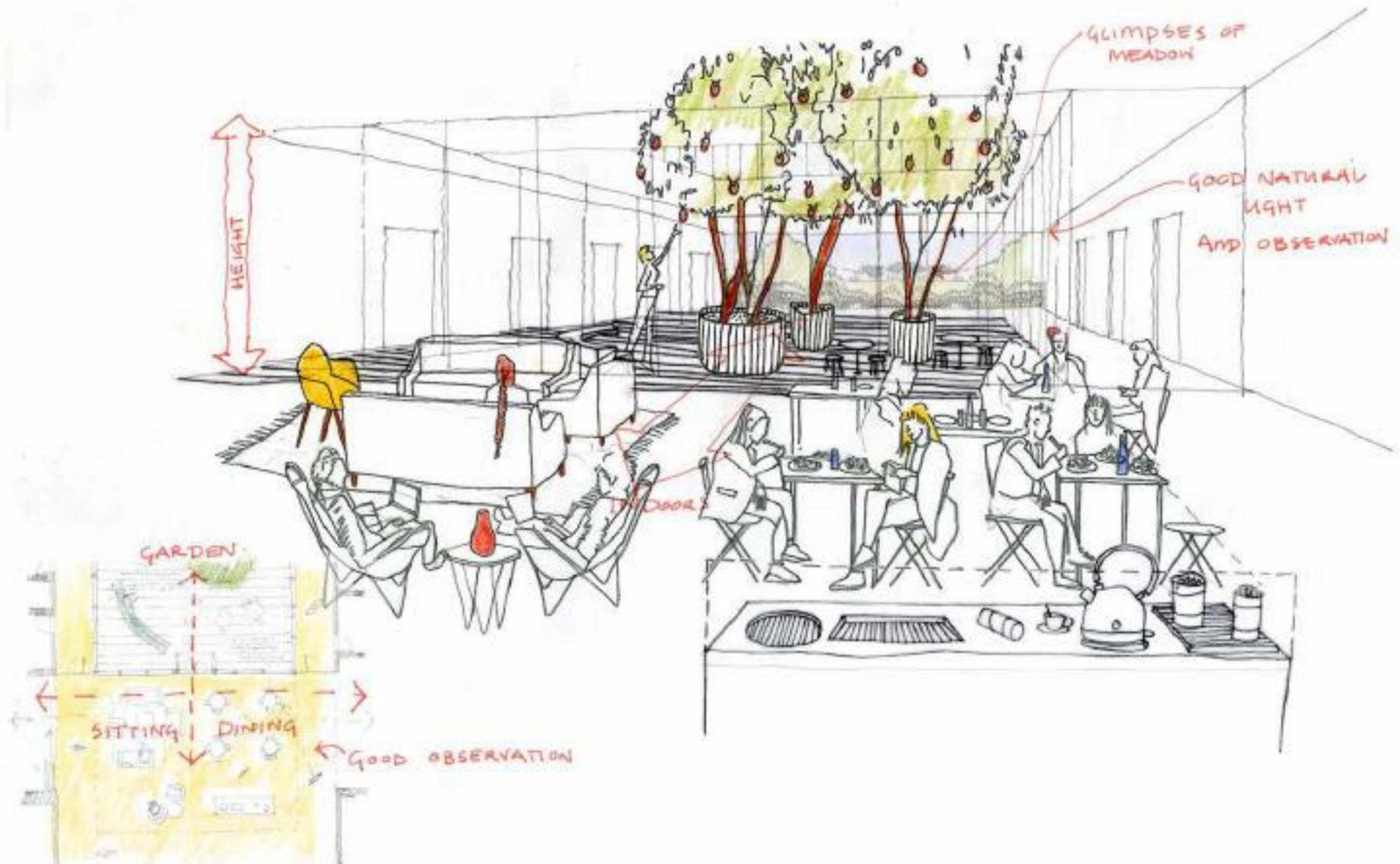
Possible Hospital Plan

Ward Living Room Space – artists impression

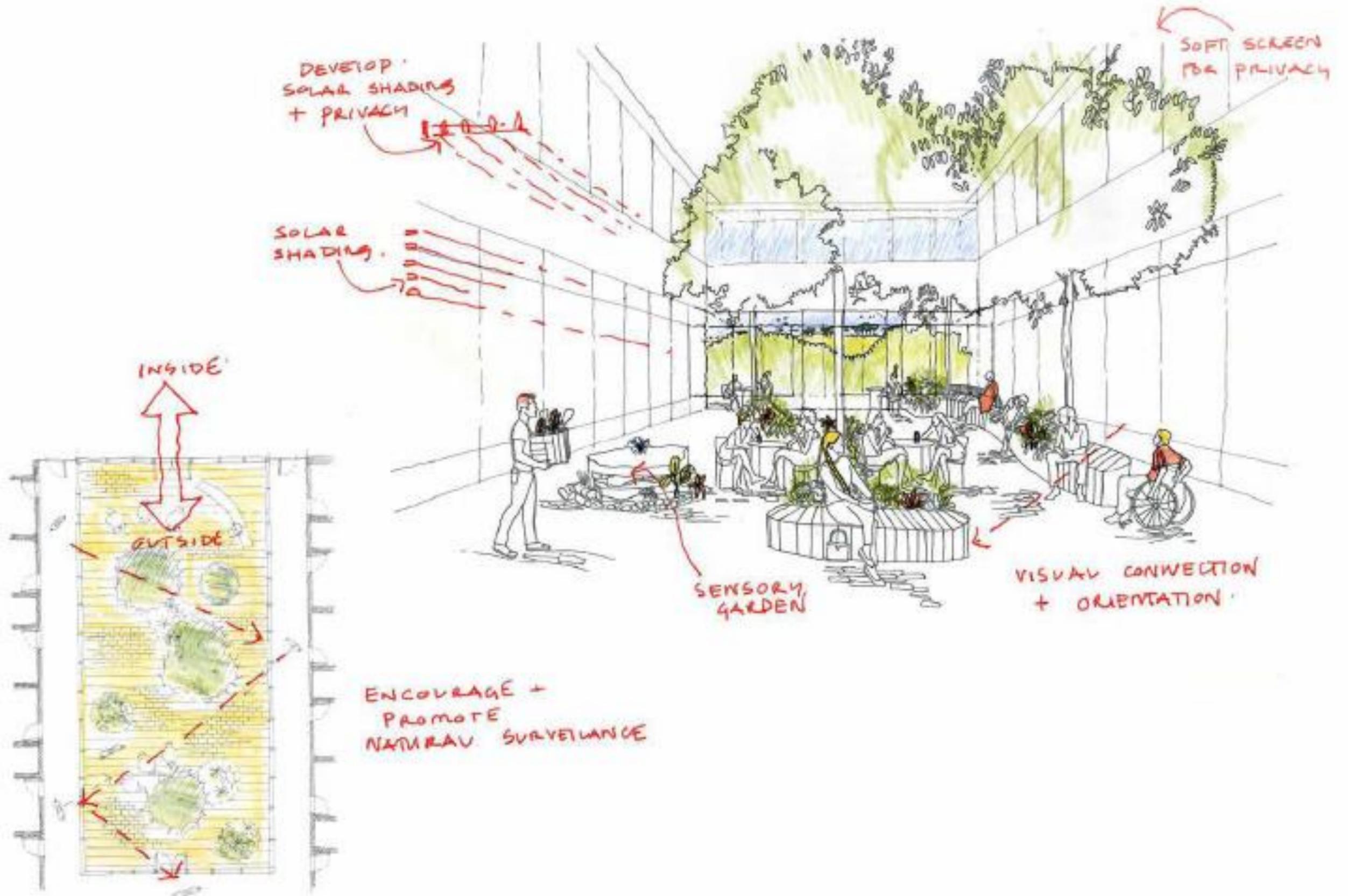
Courtyard garden – artists impression



Ward Living Room



Courtyard Garden



## Update on Horton General Hospital: COVID-19, service improvements and longer term vision

### 1. Overview

- 1.1 This paper provides an update on recent developments at the Horton General Hospital (HGH), in light of changes made during COVID-19, and sets out our longer term vision for the hospital.
- 1.2 It covers the HGH response to COVID-19, recent service improvements at HGH and our System Vision for HGH.

### 2. Summary of changes made during COVID-19

2.1 Over the last nine months, teams across Oxford University Hospitals NHS Foundation Trust have changed how they work, finding new ways to care for our patients in the face of the COVID-19 pandemic, putting in place many of the objectives in our new OUH Strategy<sup>1</sup>. We are hugely grateful to all staff for everything that they have done to care for our patients during this unprecedented time. Services at the Horton General Hospital worked quickly and flexibly, adapting the way they worked to deliver care, reshaping the hospital and finding new ways to safely look after patients and protect staff. Examples of these changes include:

- **Digital by Default** - The rapid changes during the pandemic response included deploying virtual appointments and remote monitoring to support patients in their homes, greater system collaboration across primary, acute, community and social care to integrate care, and reorganising our hospital estate to provide flexible clinical space that could be adapted to changing clinical need.
- **Multi-disciplinary team working** - The Horton Operational Team (HOT), chaired by the Emergency Medicine lead with multi-disciplinary team representation, managed space, staffing, and equipment to scale up inpatient care capacity, cohorting patients with and without COVID-19 when they arrived at the hospital. By cohorting patients with COVID-19 and temporarily relocating services such as dialysis and infusion treatments, we were able to further minimise the exposure risk to other vulnerable patients.
- **Local partnerships** - OUH worked in close collaboration with partners. In the Independent sector, urgent services including Cardiac and Cancer surgery were maintained in private hospitals as well as trauma care at the Independent Sector Treatment Centre on the Horton site. Horton General Hospital Charity worked with local community groups, businesses and volunteers to deliver over 12,000 meals to staff alongside care packs and respite rooms.

2.2 In light of the new context, the Trust has taken stock of the positive changes made and the updated System Vision (Annex A) sets out our refreshed vision for a redeveloped HGH that is flexible, adaptable, innovative and truly 'fit for the

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<sup>1</sup> <https://www.ouh.nhs.uk/about/strategy/documents/ouh-strategy-2020.pdf>

future’.

### 3. Recent changes at the HGH to improve service delivery

- 3.1 **Urgent and Emergency care** - Improvement works are now underway in Urgent and Emergency care at HGH. These include extensive works to expand the Majors area of the Emergency Department, a newly created children’s area for the dedicated care and treatment of all children as well as four additional cubicles (including an enhanced infection control isolation room).
- 3.2 **New MRI scanner** - This summer, the HGH also welcomed a new fully accessible MRI scanner unit, running 7 days a week 0800-2000. The unit has the capacity to scan inpatients, children as well as people attending outpatient appointments. The state-of-the-art unit can scan an average of 15 patients per day, and has a quicker scanning capability to reduce the amount of time patients spend in the scanner. More information on these developments can be found in Annex B.

### 4. Our longer term vision for the Horton General Hospital

- 4.1 Over the last year, the Trust has been working with local stakeholders to develop our vision for the future of the Horton General Hospital. These discussions have continued through the first phase of the pandemic response and initial recovery, and now into the second wave. We are building our shared understanding of lessons learned and opportunities for the future.
- 4.2 The summary of our System Vision can be found in Annex A. This outlines our shared future vision of the HGH, changing care models, such as a shift to Digital by Default and ensuring our estate is ‘fit for the future’.
- 4.3 We look forward to taking these discussions forwards with partners within the context of the Horton HOSC.

## Annex

### **Annex A: Our System Vision for the Horton General Hospital**

#### Our System Vision for the Horton General Hospital: A New Vision for a New Context

- Over the past year, we have been working across our local health and care system to build our vision for a fit for the future Horton General Hospital. We had made good progress on this work when the COVID-19 pandemic hit, forcing us to quickly transform the way we worked at the Horton and take stock of both the challenges and opportunities of this new context. Examples of this are shown later on in the Vision.
- Rapid changes during the pandemic response included deploying virtual appointments and remote monitoring to support patients in their homes, greater system collaboration across primary, acute, community and social care to integrate care, and reorganising our hospital estate to provide flexible clinical space that could be adapted to changing clinical need.
- We have now taken the opportunity to take stock of the positive changes made during the pandemic response, being mindful of the necessity to now reimagine what a hospital of the future looks like in this new context.
- This updated vision sets out our refreshed system vision for a redeveloped Horton General Hospital (HGH) that is flexible, adaptable, innovative and truly 'fit for the future'.



#### A Flagship District General Hospital of the future

The Horton General Hospital has huge potential to be a flagship district general hospital of the future:

- **Unique geography spanning three local systems:** HGH serves a growing and diverse local population across a unique geography. Its catchment spans across three local healthcare systems, being at the boundary of the Buckinghamshire, Oxfordshire and Berkshire West ICS, and the Coventry and Warwickshire and Northamptonshire healthcare systems.
- **Catchment serving both rural & deprived urban communities:** It serves both the rural communities of North Oxfordshire, South Northants and South Warwickshire alongside the population of Banbury which has areas of significant deprivation. It therefore deals with the dual challenges of rural isolation and complexities around public transport and access, alongside serving an ethnically diverse urban population, with wards ranked within the 20% most deprived nationally in 2019.
- **Unparalleled links to world-class research, industry and innovation:** As part of Oxford University Hospitals and the Oxford Cambridge Arc, HGH benefits from unparalleled links to world class research, business and innovation. There are significant opportunities to make

more of these links in the future and build the new HGH into a hub of pioneering innovation, which provides tangible benefits to the local community.

- **The unique opportunity it provides to Build Back Better:** We believe that a redeveloped HGH offers a unique opportunity to Build Back Better as part of our local and regional COVID-19 recovery, providing new opportunities to improve health and care delivery, reduce inequalities, pioneer new research and innovation and invest into a growing local economy. We are exploring options for a phased redevelopment of the site.

Our Refreshed Vision:

Our refreshed vision is for a **flexible, adaptable health, social care and innovation campus**, delivering integrated and high quality care to the local community, supporting local economic recovery and building a wider regional and global impact through world-class research and innovation. It will be:



**Digital by Default:** Harnessing digital technology to improve care for patients and caring for them closer to home through remote monitoring and virtual clinics. The HGH will build on the rapid responsiveness to COVID-19 to become a digital hub with diagnostic support.



**An integrated care hub, collaborating across geographies:** The HGH will be an integrated care hub, with multiple services on one site including primary care, mental health services and acute care, supported by close working and collaboration across sectors and geographies. We will provide same day emergency care and integrated care pathways into the community.



**A world class centre of research and innovation:** Making the most of the unique opportunities that our university, digital and innovation partnerships offer, by ensuring that the local population have access to cutting-edge research and innovation, such as a genomics, digitally-enabled care and predictive techniques with the right infrastructure to support it.



**Focused on reducing local health inequalities:** HGH serves some of the 20% most deprived wards in England. We will work with local communities, developing an innovative population health centre to help us better understand and tackle areas of greatest health need, using data to develop targeted preventative interventions to improve outcomes and wellbeing and reduce inequalities.

## HGH Covid-19 case study examples

The below case studies show how COVID-19 changed the way we work. Teams and services at the Horton General Hospital worked quickly and flexibly, adapting the way we deliver care, reshaping the hospital and finding new ways to safely look after our patients and protect our staff:

### Video appointments and remote monitoring

Over the COVID-19 pandemic so far, we have delivered **over 17,000 video appointments** to patients in their home. Alongside a similar number of telephone appointments, patients being cared for in more than **120 specialties**, from Cardiology to Maternity to Physiotherapy, were able to see their clinicians digitally from the safety of their homes.

Patients with **diabetes, cystic fibrosis** and **cardiac conditions** were enabled to **remotely monitor** themselves at home. To support patients to receive care closer to home, the Trust rapidly utilised **digital technology** to empower patients to support their own self-management and care, off-site and at home.

### Rapid transformation

We put into place a Horton-specific operational team made up of multi-disciplinary team leads from across the site. This **Horton Operational Team (HOT)** was chaired by the Emergency Medicine lead.

The HOT team worked to keep our patients safe by **reorganising space, staffing, and equipment** to scale up our inpatient care capacity, cohorting patients with and without COVID-19 at arrival at the hospital. Existing patients were kept safe by **temporarily relocating services** such as dialysis and infusion treatments to COVID-19 sites to further minimise the exposure risk to more vulnerable patients.

OUH also worked in close **collaboration with the independent sector**, maintaining urgent services such as Cardiac and Cancer surgery in local independent hospitals as well as **trauma care** at the Ramsay hospital in Banbury.

### COVID-19 Research

Researchers and clinical teams at OUH are working in **close partnership with University of Oxford** colleagues to carry out clinical research in COVID-19 – including the Oxford vaccine trials, diagnostic antibody testing and the **RECOVERY** trial.

More than **1500 participants** have already been recruited into 28 COVID-19 studies at OUH, including the first patient to participate in the ground-breaking National RECOVERY trial. At HGH, the **Horton Direct Delivery Team** and the **Emergency Department team** have recruited participants into ongoing trials and are opening recruitment for further trials in the coming weeks.

### Charity Partnerships

Horton General Hospital Charity delivered **over 12,000 meals to hardworking Horton staff**. They worked with **local community groups, businesses and volunteers** to provide support for staff, also supplying care packs and respite rooms to help staff relax in their breaks.

Annex B: News Stories at the Horton

# HORTON EMERGENCY DEPARTMENT WORK BEGINS

12/10/2020 – article [here](#)



Improvement work to enhance urgent and emergency care at the Horton General Hospital is underway.

The project at the Banbury hospital, run by Oxford University Hospitals NHS Foundation Trust, began today (Monday 12 October 2020) and should be fully operational by the end of the year.

A total of £750,000, funded by the Department of Health and Social Care (DHSC), will be spent to expand the Majors area (where most seriously ill patients are taken to be assessed) and separate paediatric and adult spaces in the Horton General's Emergency Department.

The newly created children's area will provide a dedicated area for the care and treatment of all children.

Four additional cubicles will also be created through the relocation and re-provision of staff offices. One of the cubicles will be an isolation room for enhanced infection control use.

Sam Foster, Chief Nursing Officer, said: "We are delighted that work to expand and improve the Emergency Department at the Horton General Hospital has begun.

"This is an important project as it enables us to expand our emergency care for patients in north Oxfordshire. These improvement works will make the Horton Emergency Department a better place to work and provide better facilities for our staff to deliver care. I am particularly pleased that we will be able to provide a better environment for children needing emergency care."

Michelle Brock, Matron of the Horton General Hospital's Emergency Department, said: "Having four extra bays means that people coming into hospital for emergency or urgent treatment can feel confident that we are taking the extra steps necessary to keep them, their families, and our staff safe. The extra bays should also reduce waiting times.

"The new paediatric bays will also allow us to provide care in child friendly facilities that will be less stressful for our young patients and their families."

The Trust was awarded the £750,000 as part of a [£300 million package announced by the Department of Health and Social Care in August 2020 to help NHS trusts prepare for winter](#).

## NEW MRI SCANNER NOW LIVE AT THE HORTON

13/08/2020 – article [here](#)



After arriving at the Horton in June 2020, a new MRI scanner is now up and running for patients in Banbury and the surrounding areas.

The mobile unit offers state-of-the-art technology, and also has the capacity to scan inpatients and children as well as people attending outpatient appointments.

The unit can scan an average of 15 patients per day, and has a quicker scanning capability to reduce the amount of time patients spend in the scanner.

Located at the front of the hospital, the unit runs seven days a week from 8.00am to 8.00pm.

Toni Mackay, Operational Services Manager for Diagnostics at the Trust, said:

"This is a really welcome addition to the Horton, and will certainly benefit our patients in Banbury and the surrounding areas. The scanner is fully accessible, and is more spacious so patients can feel a bit more comfortable when having their imaging treatment."

Hannah Iqbal, Director of Strategy and Partnerships at the Trust, said:

"This is great news for our patients in the north of the county. By offering this new service, patients will be able to receive their scan closer to home, and it also demonstrates our ongoing commitment to offering further diagnostic services at the Horton."