Oxfordshire
Clinical Commissioning Group

Stakeholder event 2

14 June 2019

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Welcome

NHS Oxfordshire Clinical Commissioning Group

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Why we're here today:

February:

- Option appraisal begins
- Local engagement begins

May-June:

- Options appraisal scoring

June-July:

- Presenting the options appraisal results to stakeholders
- JHOSC assessment
- NHSE and Clinical Senate assurance

September:

- CCG Board review and decision

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Today's event will be chaired by:

Andy Wright

Independent chair

Associate of the Consultation Institute

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Working together today

- We are audio recording today's session. This is so we can ensure the important feedback from attendees is accurately documented

- We may use quotes from presenters and attendees in the future so if you do make a comment or question, please tell us your name and where you are from when you start to speak

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Agenda

Time	Activity
10:00	Registration and coffee
10:30	Explanation of options appraisal process and option ranking – questions and feedback
11:30	Coffee break
11:45	Workforce modelling presentation – questions and feedback
12:30	Obstetric medical and midwifery recruitment presentation – questions and feedback
13:00	Lunch
14:00	Survey and focus groups presentation – questions and feedback
15:00	Next steps and concluding comments
15:30	End

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What are the criteria?

Area	Criteria
Quality of care	1. Clinical outcomes 2. Clinical effectiveness and safety 3. Patient and carer experience
Access	4. Distance and time to access service 5. Service operating hours 6. Patient choice
Affordability and value for money	7. Delivery within the current financial envelope
Workforce	8. Rota sustainability 9. Consultant hours on the labour ward 10. Recruitment and retention 11. Supporting early risk assessment
Deliverability	12. Ease of delivery 13. Alignment with other strategies

Options appraisal process: criteria weighting

At stakeholder event one, participants allocated a number between 1 – 5 to each criteria.

This gave us a **weighting** for each of the **13 criteria**.

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Options appraisal process: criteria weighting

Criteria	Weighting (%)
Clinical effectiveness and safety	9.58
Clinical outcomes	9.51
Patient and carer experience	8.70
Recruitment and retention	8.49
Rota sustainability	8.43
Service operating hours	8.25
Distance and time to access service	8.16
Patient choice	7.76
Consultant hours on the labour ward	6.94
Supporting early risk assessment	6.85
Ease of delivery	5.87
Alignment with other strategies	5.87
Delivery within the current financial envelope	5.59

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What are the options?

1	Two obstetric units – 2016 model
2a (i)	Two obstetric units – fixed consultant
2a (ii)	Two obstetric units - tier 1 support
2b	Two obstetric units – rotating consultant
2c	Two obstetric units – fixed combined consultant and middle grade
2d	Two obstetric units – rotating combined consultant and middle grade

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What are the options?

3	Two obstetric units – external host for the Horton General Hospital
5	Two obstetric units – elective (planned)
6	Single obstetric unit at the John Radcliffe Hospital
9	Two obstetric units – both with an alongside midwife-led unit
10	Two obstetric units – doctors in training at the John Radcliffe Hospital spend eight hours per week at the Horton General Hospital
11	Two obstetric units – Horton General Hospital has regained accreditation for doctors in training

Options appraisal process: scoring

At the scoring panel, participants allocated a number between 0 – 4 to each of the **12 options**, for how they met each of the 13 criteria.

This gave us a **score** for each option against each criteria.

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Options appraisal process: scores

	Ob1: 2 obstetric units – (2016 model)	Ob2a (i): 2 obstetrics units – fixed consultant	Ob2a(ii): 2 obstetric units - tier 1 support	Ob2b: 2 obstetrics units – rotating consultant	Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	Ob3: 2 obstetrics units – external host for HGH	Ob5: 2 obstetrics units – elective (planned)	Ob6: Single obstetric service at JRH	Ob9: 2 obstetric units both with alongside MLU	Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training
1. Clinical outcomes	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
2. Clinical effectiveness and safety	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	3.00	3.00	3.00
3. Patient and carer experience	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	4.00	2.00	2.00
4. Distance and time to access service	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	4.00	3.00	3.00
5. Service operating hours	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	2.00	2.00	2.00
6. Patient choice	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	3.00
7. Delivery within the current financial envelope	2.00	1.00	1.00	1.00	2.00	1.00	2.00	2.00	3.00	2.00	2.00	2.00
8. Rota sustainability	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3.00	1.00	1.00	1.00
9. Consultant hours on the labour ward	2.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	3.00
10. Recruitment and retention	1.00	1.00	1.00	1.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00	2.00
11. Supporting early risk assessment	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
12. Ease of delivery	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	2.00	1.00	1.00	1.00
13. Alignment with other strategies	2.00	2.00	2.00	2.00	2.00	2.00	1.00	2.00	4.00	2.00	2.00	2.00
Score												

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Options appraisal process: weighted scores

Option	Weighted score
Ob1: 2 obstetric units – (2016 model)	193.13
Ob2a (i): 2 obstetrics units – fixed consultant	194.48
Ob2a (ii): 2 obstetric units - tier 1 support	194.48
Ob2b: 2 obstetrics units – rotating consultant	194.48
Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	208.56
Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	194.48
Ob3: 2 obstetrics units – external host for HGH	196.82
Ob5: 2 obstetrics units – elective (planned)	208.56
Ob6: Single obstetric service at JRH	243.59
Ob9: 2 obstetric units both with alongside MLU	243.70
Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	209.65
Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training	218.14

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Options appraisal process: ranked options

Option	Weighted score
Ob9: 2 obstetric units both with alongside MLU	243.70
Ob6: Single obstetric service at JRH	243.59
Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training	218.14
Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	209.65
Ob5: 2 obstetrics units – elective (planned)	208.56
Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	208.56
Ob3: 2 obstetrics units – external host for HGH	196.82
Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	194.48
Ob2b: 2 obstetrics units – rotating consultant	194.48
Ob2a (ii): 2 obstetric units – tier 1 support	194.48
Ob2a (i): 2 obstetrics units – fixed consultant	194.48
Ob1: 2 obstetric units – (2016 model)	193.13

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Options appraisal process: ranked options

- These ranked options will form part of the evidence used when considering the best way to run maternity services in the future at the Horton General Hospital

- The Clinical Commissioning Group Board will look at lots of other pieces of information before they take a decision later this year, including:

  - Information from the mothers and partners survey (and the patient stories shared with Horton HOSC)
  - Feedback from engagement activities including stakeholder events 1 & 2
  - Views of the Horton HOSC
  - Housing and population modelling information
  - Travel and transfer information.

Questions and feedback

Coffee break

15 minutes

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Workforce modelling and requirements

Dr Veronica Miller
Clinical director for maternity
Oxford University Hospitals NHS Foundation Trust

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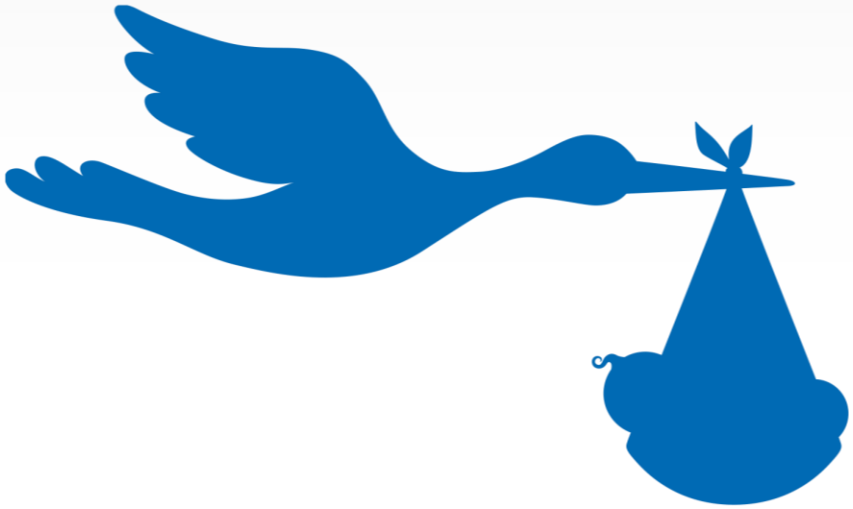
Obstetrics and gynaecology

- **Obstetrics:** looks after mothers and their babies before, during and after birth
- **Gynaecology:** covers female reproductive health outside of early pregnancy.

Most consultants are obstetricians and gynaecologists, meaning they specialise in both areas.

Some specially trained consultants are known as consultants with subspecialist training. These are consultant obstetricians or consultant gynaecologists.



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Training

- **Doctors in training or junior doctors:** These are qualified doctors who are training to become specialists
- **FY1s and FY2s:** Foundation Year doctors are newly qualified and will work for two years, under supervision, to develop their clinical skills
- Doctors can then undertake seven years of specialist training, with the opportunity to develop a subspecialty
- A Certificate of Completed Training is awarded and they are added to the Specialist Register
- They can then work as a Consultant in Obstetrics and Gynaecology.

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Obstetric medical teams

- **Tier 1:** is made up of qualified doctors with general clinical skills but fairly new to the specialty

- **Tier 2:** Doctors who are clinically competent to perform routine specialty clinical duties but require further supervision for complex cases

- **Tier 3:** Consultants who are on the specialist register

- There are some consultants who are experts in specialist fields, i.e. Fetal Medicine.

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Required number of medical staff

This number depends on a maternity unit's size, type and number of deliveries

Safer Births 2007 recommendations

Births/ year	Resident doctor	Total (including on call consultant at home and Gynaecology)
Less than 2,500	2	3
2,500-4,000	3	4
4,000-6,000	4	5
More than 6,000 (may have split service)	4	6

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Local service staffing

- All maternity units must have a consult on call who will be available to attend within 30 minutes
- In addition to the above, it is recommended that there is a consultar present on the delivery suite for a minimum of 40 hours per week
- The number agreed for the Horton General Hospital is 40 hours
- The number agreed for the John Radc Hospital is 114 hours due to the volum and complexity of women.

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Obstetrics workforce planning

Junior and middle-grade doctors

- Planning is in line with 2016 contract for trainees in England
- Average 48 hour working week, with an option to work up to 56 hours per week
- There are regulations surrounding shift length and pattern within this agreement.

Consultants

- Planning is in line with recommendations from the British Medical Association and Royal College of Obstetricians and Gynaecologists
- There are limits to how much out of hours time a consultant can work in one week.

Questions and feedback

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Obstetric medical and midwifery recruitment

Dr Veronica Miller
Clinical director for maternity

Rosalie Wright
Director of midwifery

Oxford University Hospitals NHS Foundation Trust

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Recruitment in obstetrics

A 2018 report from the Royal College of Obstetricians and Gynaecologists states that:

- 90% of obstetric units lack middle-grade doctors
- 30% of trainees leave the training programme early
- 54% of qualified obstetricians and gynaecologists are from overseas
- 20% of qualified doctors only work in gynaecology
- It is likely that more doctors will be needed in addition to the existing estimated demand for 2021

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Local recruitment: middle-grade obstetric doctors

To make obstetric middle-grade jobs at the Horton General Hospital more attractive to potential applicants, the Trust has:

- Increased salary offering (£10,000 per annum)
- Introduced a generous relocation reimbursement (£8,000)
- Provided visa application expenses for applicant and family (£5,000)
- Created training opportunities at the John Radcliffe Hospital
- Used external partners to maximise international recruitment
- Placed a rolling recruitment advert to keep recruitment open and provide more opportunity for doctors to apply

Despite these steps, we have not been able to recruit the nine doctors required to run a sustainable service.

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National strategies to recruit obstetricians

The Royal College of Obstetricians and Gynaecologists is in the process of exploring ways to maintain staffing levels in obstetric units:

- Promote the Medical Training Initiative Scheme for specialist middle-grade doctors from overseas
- Introduce a sponsorship scheme with other international units
- Introduce a ‘step off /step on’ scheme
- Consider non-doctor roles for example associate practitioners

The Royal College of Obstetricians and Gynaecologists highlighted that these could not be rolled out instantly.

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Local recruitment: midwives

We also face challenges in recruiting midwives. So far, we have done the following to try and improve this:

- Offered all Oxford Brookes midwifery students positions prior to graduation
- Recruited for all staff groups throughout the year to keep recruitment open and provide more opportunity for all staff to apply
- Run recruitment open days across the county
- Purposeful over-recruitment of midwives by 10% to stabilise the workforce across the year
- Trained six assistant practitioners to support midwives.

Local recruitment: midwives

We are also:

- Reviewing the use of new roles to support midwives, for example maternity assistant practitioners, discharge coordinators
- Developing career pathways for maternity support workers to improve retention
- Working with Oxford Brookes to offer apprenticeships to attract and train local applicants as midwives
- Actively recruiting obstetric nurses from India
- Offering flexible working opportunities and promoting ‘Retire and Return’ packages.

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Improving retention of midwives

To try and improve the retention of midwives, we are:

- Conducting ‘exit’ interviews and ‘stay’ interviews to understand staff motivations to move or remain at Oxford University Hospitals
- Promoting flexible working opportunities
- Offering more training opportunities to current staff, for example MSc qualifications
- Looking at how we can further improve support for newly qualified staff.

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Local recruitment: neonatal nurses

We are currently still unable to recruit into all neonatal nurse vacancies.

This presents challenges both nationally and locally.

Questions and feedback

Lunch

1 hour

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Survey and focus groups presentation

Questions and feedback

What happens next?

June-July:

- Presenting the options appraisal results to stakeholders
- JHOSC assessment
- NHSE and Clinical Senate assurance

September:

- CCG Board review and decision

Concluding comments

Thank you