Oxfordshire
Clinical Commissioning Group

Workshop #1: Introduction and weighting the criteria

22 February 2019

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Welcome

Louise Patten, Chief Executive

NHS Oxfordshire Clinical Commissioning Group

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Working together today

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

- We may use quotes from presenters and participants 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

- However, if you would rather write down your question or comment instead, please hand it to any facilitator on a piece of paper and we can address it during one of the question and answer sessions.

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Why are we here?

- We the Oxfordshire Clinical Commissioning Group (CCG), our partner Oxford University Hospitals NHS Foundation Trust and our CCG colleagues in areas nearby are working to address long-standing challenges facing local maternity services

- In 2017 we gathered views around proposed changes to some services including acute hospital beds, planned care, stroke, critical care and maternity services

- We then made some decisions including moving obstetric services to the John Radcliffe Hospital in Oxford and creating a stand-alone midwife-led unit at the Horton General Hospital.

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Why are we here?

- The Oxfordshire Health Overview and Scrutiny Committee then referred the decision to the Secretary of State for Health who sought advice from the Independent Reconfiguration Panel

- As a result, the Secretary of State has asked the CCG to consult with local authorities and consider further information on maternity services, learning from families, staff and stakeholders in areas which might be affected by potential change.

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What are we doing today?

- We would like to share with you some of the information we have refreshed and updated over the last few months
- We would like to tell you about the next steps towards addressing the challenges to maternity services
- We want your help today in considering the factors which determine how to provide the best maternity care to families in our catchment area
- This is just one piece of work we are doing to ensure that families and patients we care for are getting the best services both now and into the future.

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Today's event will be facilitated by:

Nick Duffin

Independent chair

Professor John Underwood

Director, Centre for Health Communication Research

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Who is in the room?

Independent chair

The chair's responsibility is to make sure that we follow the agenda and observe the observe the guidance for the day which we will talk about shortly

Presenters

Today, NHS clinicians and healthcare staff will be sharing some information with you

Facilitators

Other facilitators will be around to help with any questions you may have about the process

Participants

Members of the community, NHS clinicians and healthcare staff from the local area

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Guidance for today

- We want to ensure that this is a constructive dialogue with the community
- We recognise that conversations around change can be challenging, but we want all conversation to be respectful
- Everyone has an equal right to speak and to be heard
- There will be time for questions – these can be asked during the Q&A slots (after each presentation) or you can write down a question and hand it to a facilitator.

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Agenda for today

	Time (approx.)	Agenda
	10:15-10:25	Options process
	10:25-11:05	Presentation: The clinical model *(and questions)*
	11:05-11:20	***Coffee break (15 mins)***
	11:20-11:40	Presentation: Housing growth (*and questions*)
	11:40-12:00	Presentation: Travel and access (*and questions*)
	12:00-12:20	Presentation: Finances (*and questions*)
	12:20-12:30	What we have learnt so far and options shortlist
	12:30-13:15	***Lunch break (45 mins)***
Workshop	13:15-13:45	Introducing the criteria
	13:45-13:55	Example: weighting and how it works
	13:55-15:15	Weighting the criteria
	15:15-15:30	Next steps and questions

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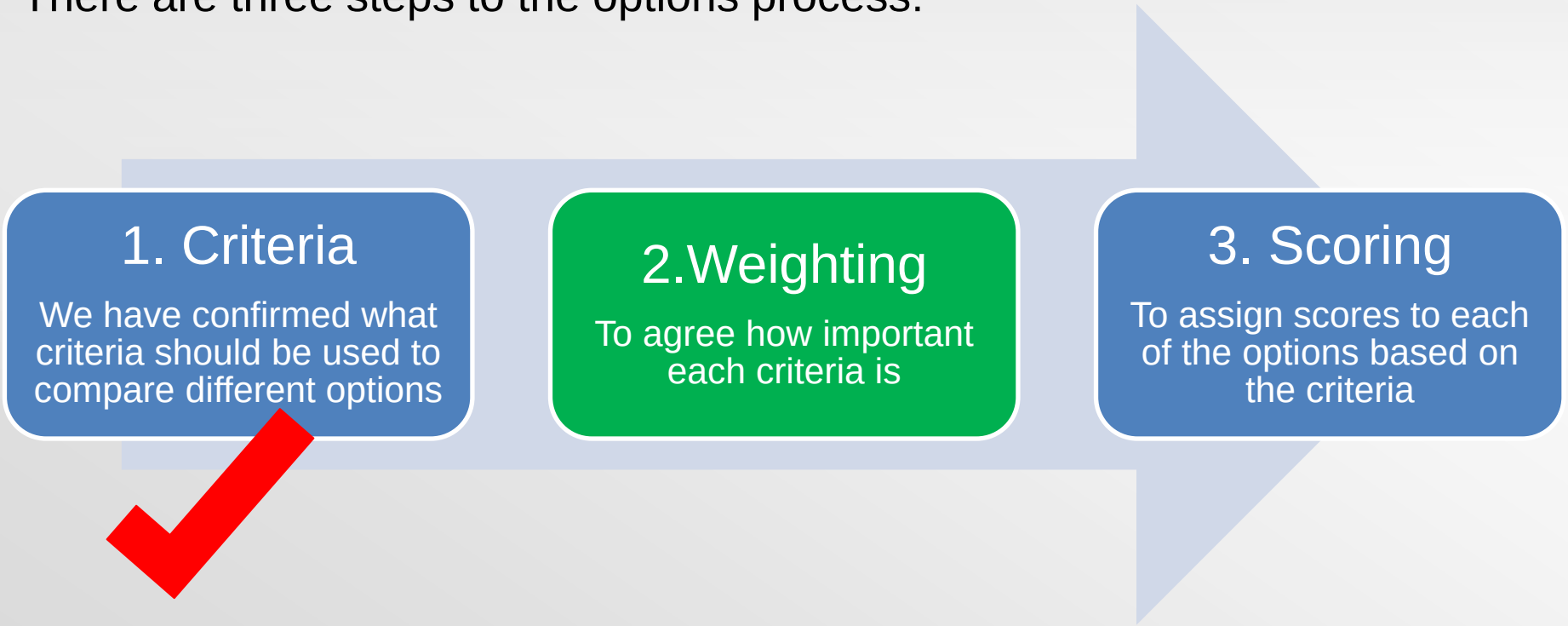
Options process

There are three steps to the options process:



Each option will receive a final score based on how well it meets the criteria. This will provide a recommendation to the CCG who will then make a decision based on this and other evidence.

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Clinical model and workforce

Dr Veronica Miller
Clinical Director for Maternity Services
Oxford University Hospitals NHS Foundation Trust

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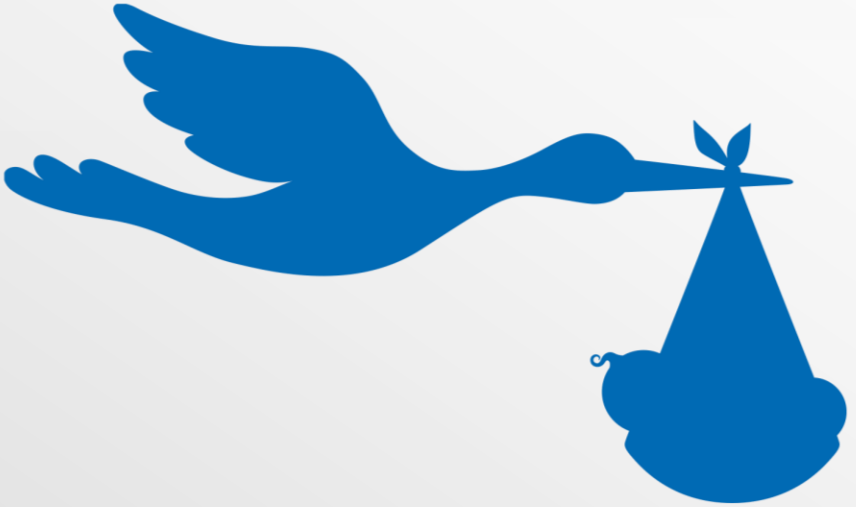
Maternity services in the area

Maternity services in Oxfordshire take into account four groups:

1. Women who live in Oxfordshire who give birth in Oxfordshire
2. Women who live in Oxfordshire who give birth outside Oxfordshire
3. Women who live outside Oxfordshire who give birth in Oxfordshire
4. Women who live outside Oxfordshire, in the catchment area of the Horton, and give birth at an obstetric unit outside Oxfordshire.



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Maternity services in the area

- Obstetric services in this area are provided by:
  - Warwick Hospital
  - Northampton General Hospital
  - John Radcliffe Hospital
  - Royal Berkshire Hospital
  - Great Western Hospital
  - Stoke Mandeville Hospital

- The obstetric-led unit at the Horton General Hospital has been temporarily closed since 2016 and operates one of the midwife-led un

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Maternity services provided in Oxfordshire

- Every year there are around 8,000 births in Oxfordshire hospitals
- Most women have a low risk pregnancy and can be cared for by midwives
- Outcomes of the service have improved continually over the last three years
- The service runs all its activities in line with Better Births and National Institute for Health and Care Excellence (NICE) guidelines.

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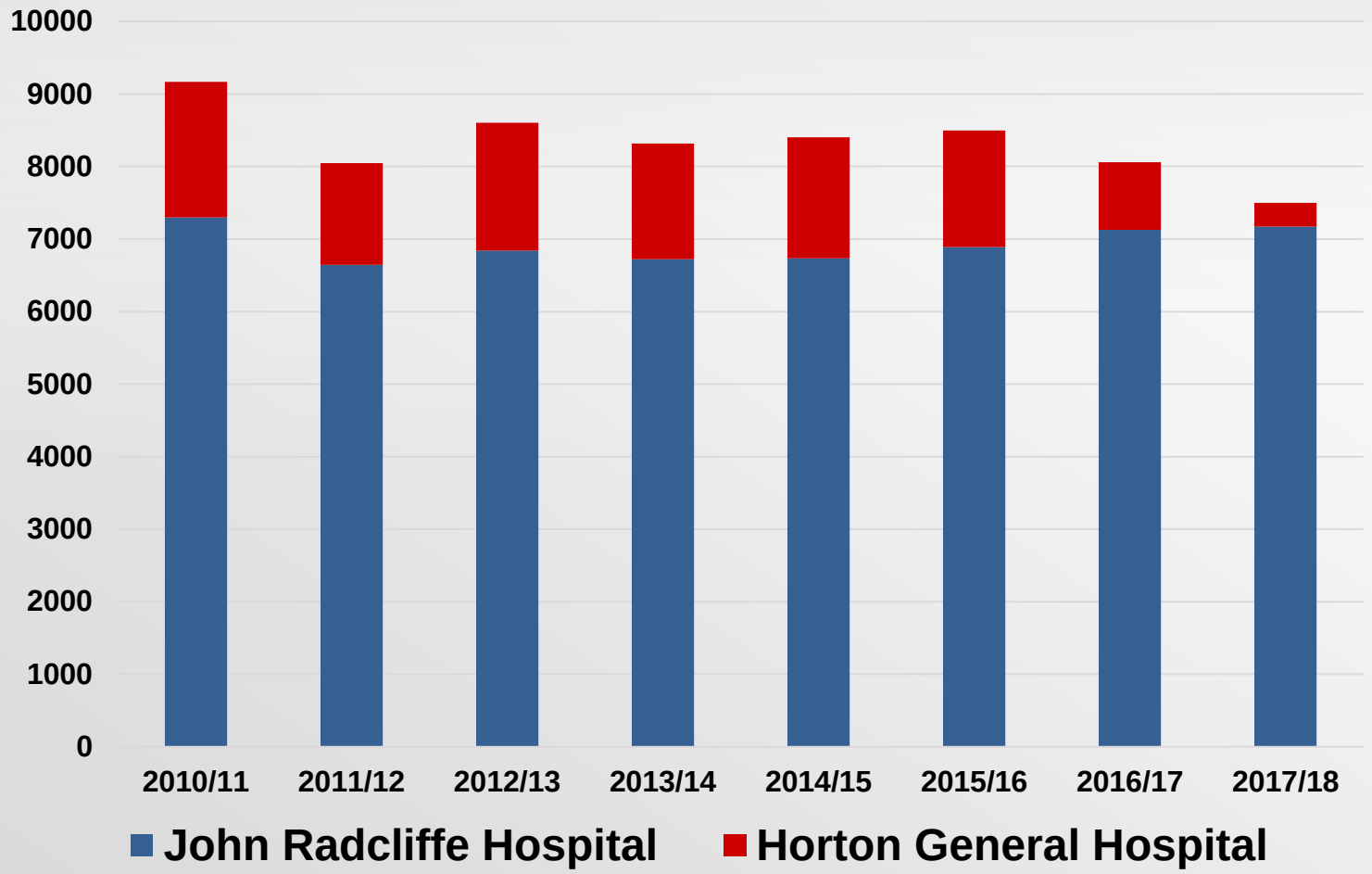
Births in Oxfordshire 2010 - 2018



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Our vision for maternity services

- To support more women to access a low-risk environment of their choice with midwifery support
- To provide ongoing assessment for women throughout pregnancy so that potential problems can be addressed
- To improve access to specialist maternity services for women who have more complex pregnancies
- To ensure women have a full choice of birth options
- To ensure every woman can access the right part of the maternity service and to be cared for by the right professional.

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The national challenges

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The national challenges

Safety standards

Guidelines from the **Royal College of Obstetricians and Gynaecologists** state that to allow doctors to maintain their skills, units with **fewer than 2,500 births** should be subject to **additional risk and staffing assessments**

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The local challenges

Recruitment and retention challenges

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The loca

Before its

temporary closure,

the **Horton General Hospital's**

obstetric unit was one of the

smallest in the country

in terms of **numbers of births**

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The local challenges

A report from the Royal College of Obstetricians and Gynaecologists shows that **30% of trainees** will **leave** training before qualifying

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What do maternity services look like in the area?

- In Warwickshire and Northamptonshire, there are obstetric units, midwife-led units and community midwifery services.

Maternity services in Oxfordshire are designed in a ‘hub and spoke’ system and are made up of:

- Community midwifery teams
- Obstetric units
- A free standing midwife-led unit
- Alongside midwife-led unit
- Oxford Newborn Care Unit

We are now going to look at these in more detail.

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Community midwifery teams in Oxfordshire

- There are eight community midwifery teams across Oxfordshire which hold 70 antenatal clinics held in the community each week
- Women receive personalised care from one of these as well as from their GP and an obstetrician or other specialist if required
- Community midwives run the home birth service, the free standing midwife-led units and the alongside midwife-led unit
- Community midwifery teams also provide care for the mother and baby after birth. This allows as much care as possible to be delivered locally to the family.

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Antenatal ultrasound service

- All pregnant women are offered a routine scan at 12 weeks and another screening at 20 weeks to check the baby's development

- Oxford University Hospitals NHS Foundation Trust is the only trust in the country to offer a routine screen at 36 weeks for growth problems, for women booked to deliver in Oxfordshire.

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Antenatal ultrasound service

- Ultrasounds for this service are carried out at the Horton General Hospital and the John Radcliffe Hospital.

- Women who give birth in a service outside Oxfordshire have their scans at other hospitals.

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Obstetric care

Obstetric clinics support women who have:

- An existing medical condition
- Had a problem in a previous pregnancy
- Problems during this pregnancy
- Risk factors that may lead to complications in labour
- Complex social issues

Women who need an obstetrician are referred to consultant-led antenatal clinics.

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Specialist care for women before birth

Fetal medicine

- This sub-specialist unit is based at the John Radcliffe Hospital and provides services to women across the Thames Valley and Oxfordshire areas. It offers diagnosis and treatment of complications in unborn babies

Maternal medicine

- There are specialist antenatal clinics for pregnant women with existing or serious conditions relating to their pregnancy. Women may be referred due to a variety of medical conditions. Multidisciplinary teams, made up of different healthcare specialists, provide their maternal medical care.

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Care during labour

Midwife-led care

- Women can choose whether to give birth at home, a free standing midwife-led unit, an alongside midwife-led unit, or an obstetric unit. The woman can change her mind about her birth location at any point in the pregnancy

Free standing midwife-led units

- There are three permanent free standing midwife-led units, located in Wallingford, Wantage, Chipping Norton and the temporary unit at the Horton General Hospital

- A ‘hub and spoke’ model service is provided within the community by teams of community midwives at free standing midwife-units, GP surgeries and at home

- 2-3% of women plan to give birth at home.

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Care during labour

Spires unit

- The Spires unit is an alongside midwife-led unit located at the John Radcliffe Hospital. Women from Oxfordshire with low risk births can give birth at the unit

Obstetric unit

- This service is based at the John Radcliffe Hospital and includes several services which form a department to care for pregnancies including high risk patients. Women who require general obstetric care, and those with low risk births who choose to deliver in an obstetric led unit may also give birth at:

  - Warwick Hospital
  - Northampton General Hospital
  - Royal Berkshire Hospital
  - Great Western Hospital
  - Stoke Mandeville Hospital

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Newborn care

- Specialised care for newborn babies is divided into three main areas:
  - Level three: neonatal intensive care units
  - Level two: high dependency units
  - Level one: special care baby unit

- The Oxford Newborn Care Unit at the John Radcliffe Hospital provides all three levels of care. It has 50 cots and sees 980 admissions per year

- The unit is the only place in the Thames Valley to provide level three neonatal intensive care unit in the Thames Valley

- For some families in the South Midlands, the NICU is based at Coventry University Hospital

Coffee break
(15 minutes)

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Housing growth

Catherine Mountford, Director of Governance

NHS Oxfordshire Clinical Commissioning Group

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Why is housing growth important?

- Projecting housing and population growth can help us understand how demand for maternity services can increase or decrease in the future
- NHS Oxfordshire Clinical Commissioning Group takes this information into account when planning services
- Numbers are important. An obstetric-led unit needs to be reasonably sized, and have enough patient activity, for obstetricians to maintain their skills.

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What we are presenting today

- Whereabouts in our catchment area mothers came from to give birth at Horton General Hospital, in the 12 months prior to the obstetric unit's temporary closure in 2016

- Share with you the projections of the district council for housing growth across the Horton General Hospital catchment area and present how this could affect the number of births

- Look at how changes to patient flow could change the number of births which could take place at the Horton General Hospital in the future.

Where did mothers come from and where did they give birth?

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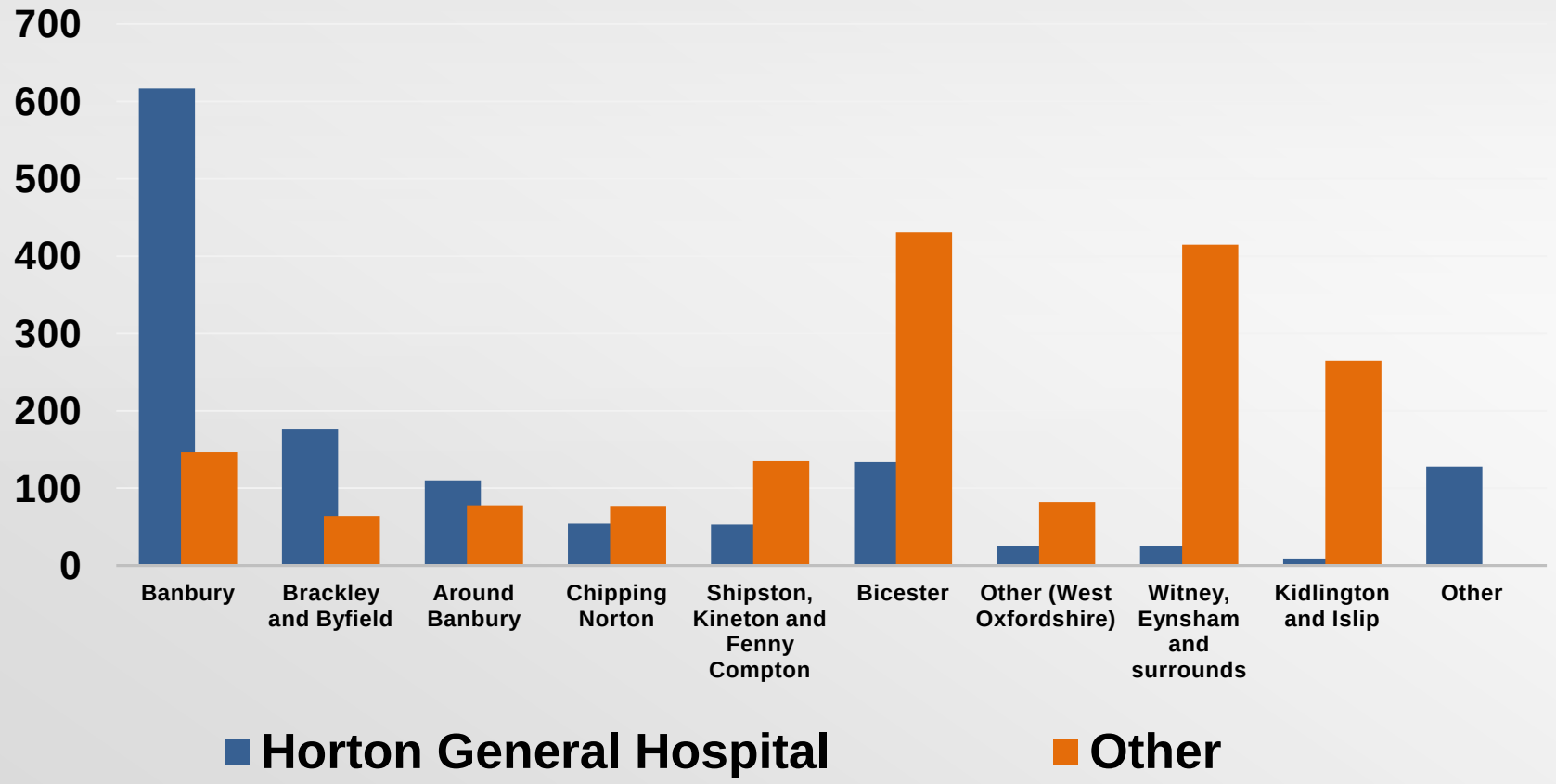

1,307 was the total number of births at the Horton General Hospital during the 12 month period (1 November 2015 – 30 October 2016)

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Main catchment and wider catchment

- Given that the majority of births at the Horton General Hospital, between 1 November 2015 – 30 October 2016, came from certain areas, we have divided the catchment into main catchment and wider catchment.

Main catchment includes:

- Banbury
- The area around Banbury
- Brackley and Byfield
- Chipping Norton

Wider catchment includes:

- Shipston, Kineton and Fenny Compton
- Bicester
- Charlbury
- Woodstock
- Kidlington and Islip
- Witney, Eynsham and surrounds

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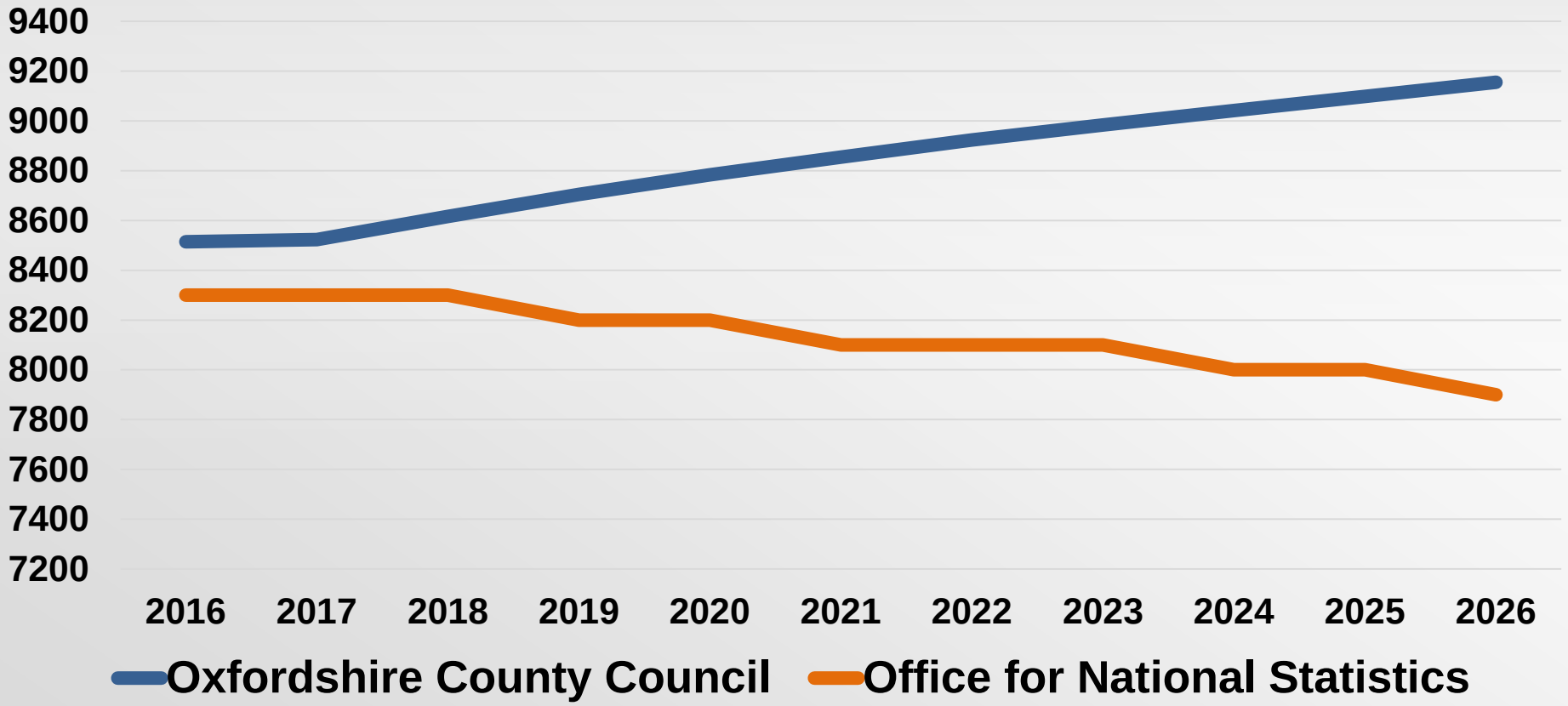
Birth projections for Oxfordshire



Oxfordshire County Council predicts an **8%** increase in the number of births due to housing growth over a 10 year period

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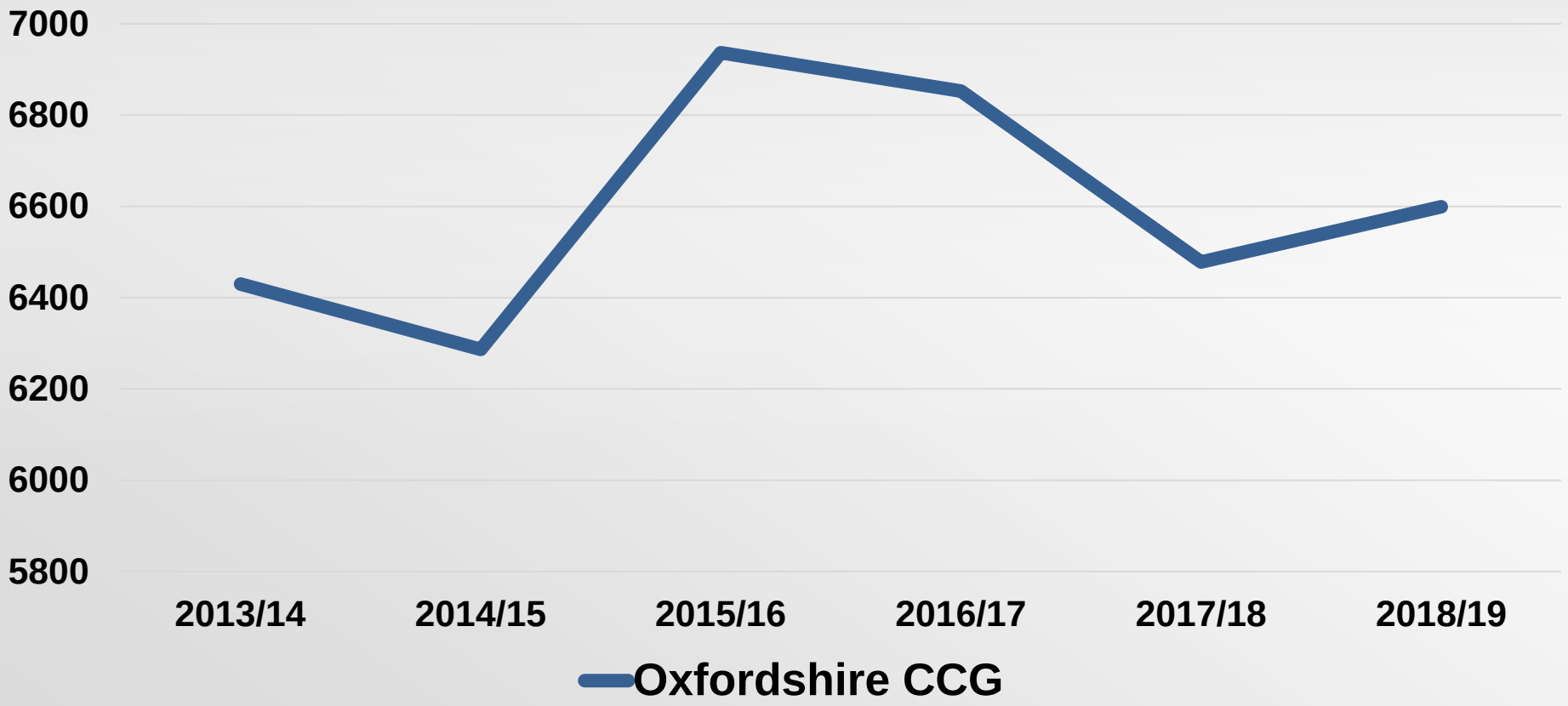
Actual births in Oxfordshire



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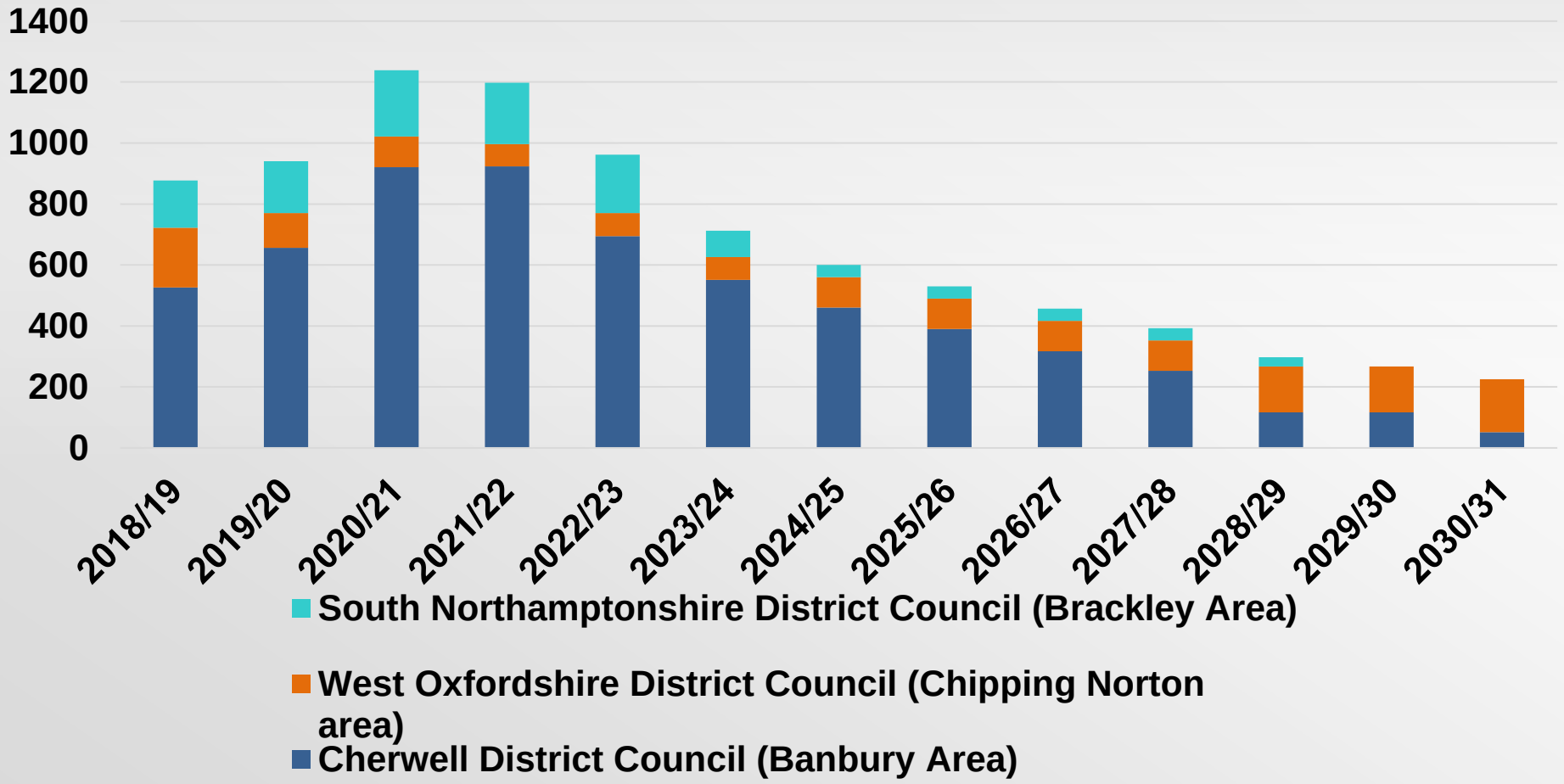
Housing growth - across the main catchment



An estimated **8,697** new homes will be built in the main catchment area over the next 10 years

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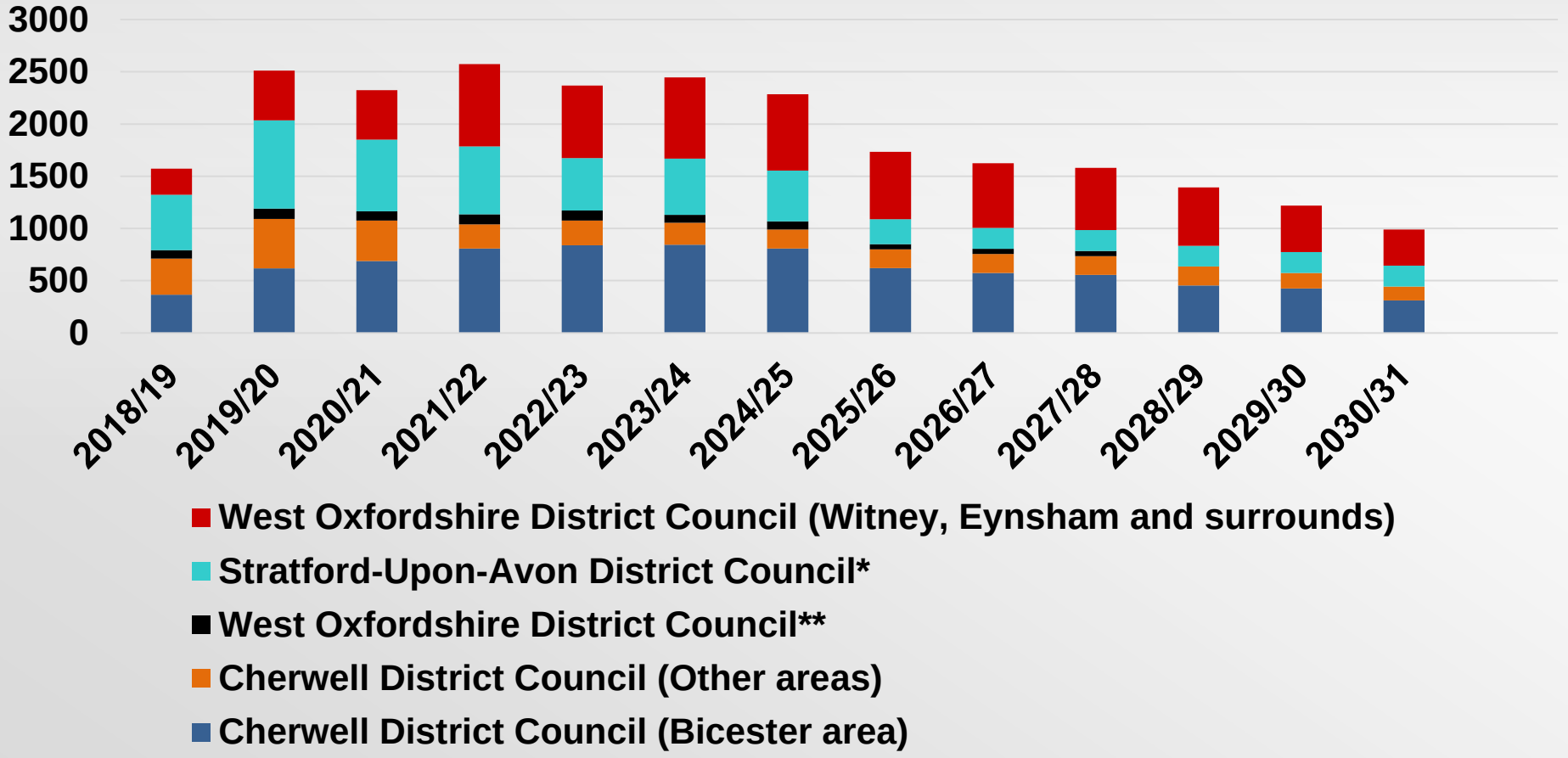
Housing growth - across the wider catchment



An estimated **24,622** new homes will be built in the wider catchment area over the next 10 years

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Projecting birth rates based on housing growth

- A simple approach to project birth rates based on housing growth is to use an estimate based on births per 1,000 households per year

- Based on the current birth rate that would be **24 births per 1,000 households** per year

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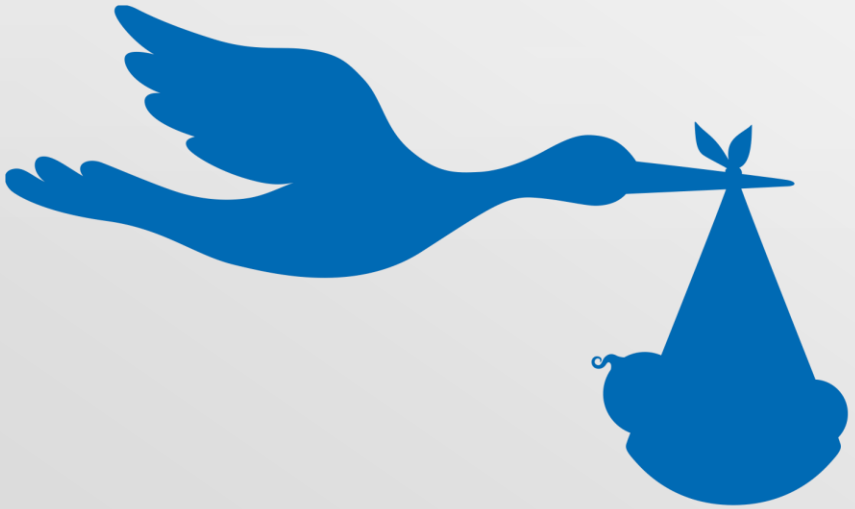
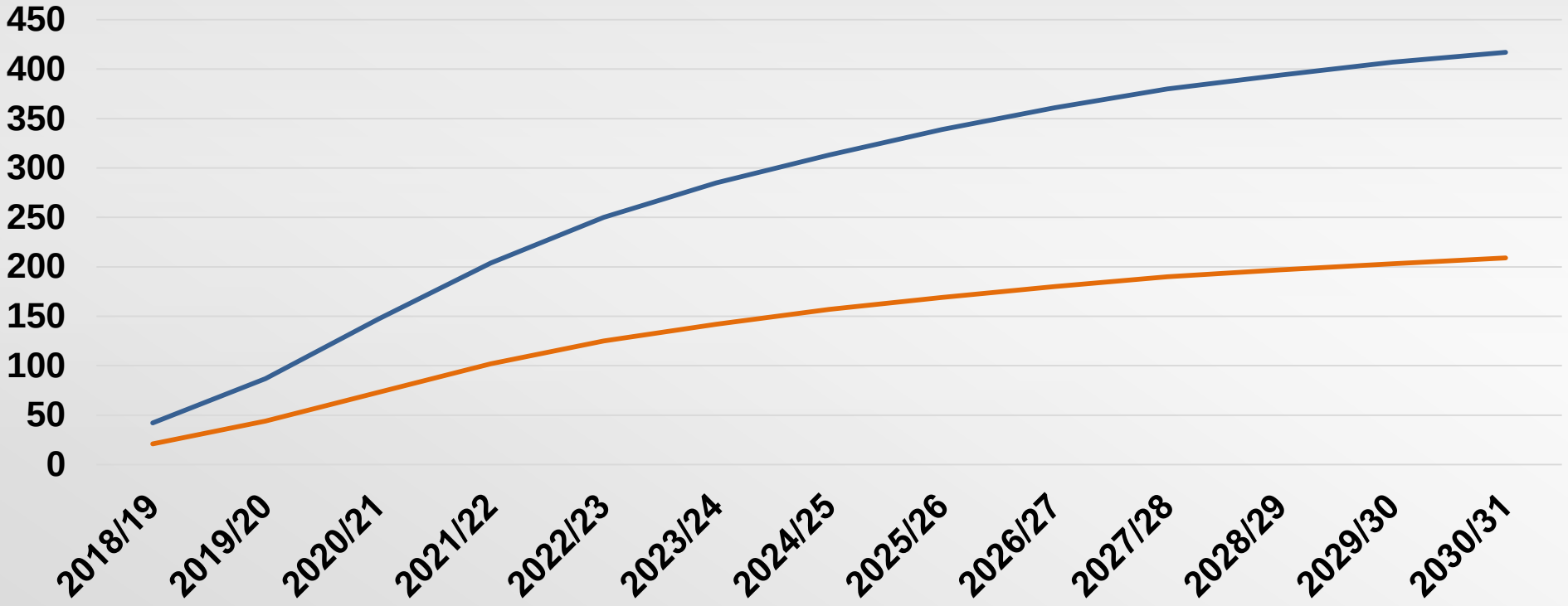
Projecting birth rates based on housing growth



- However we know that new housing often attracts a higher proportion of younger people. So we will double the current birth rate to provide an upper-estimate.
- Doubling the current birth rate would mean **48 births per 1,000 households** per year

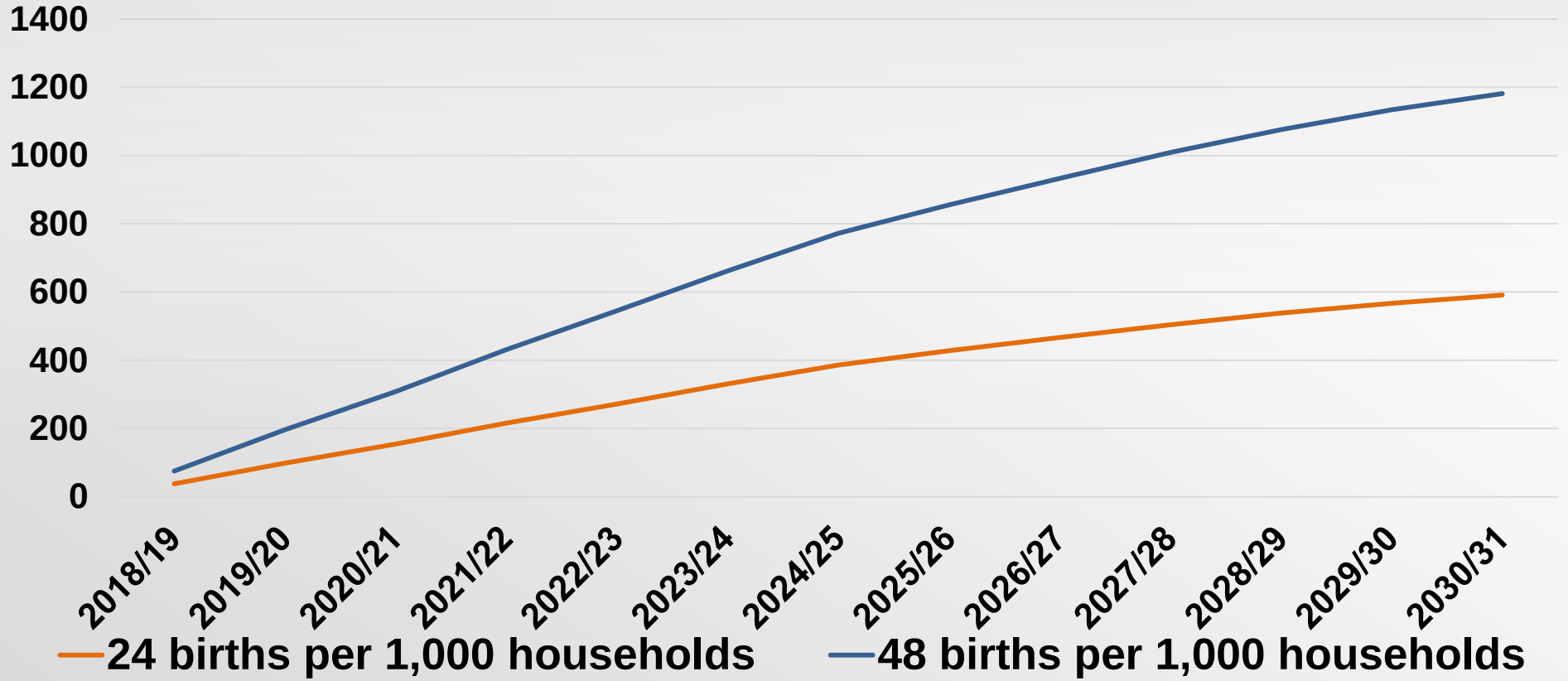
Estimated number of births from housing growth in the main catchment



Equals a total of 209 additional births per year by 2030/31

Equals a total of 417 additional births per year by 2030/31

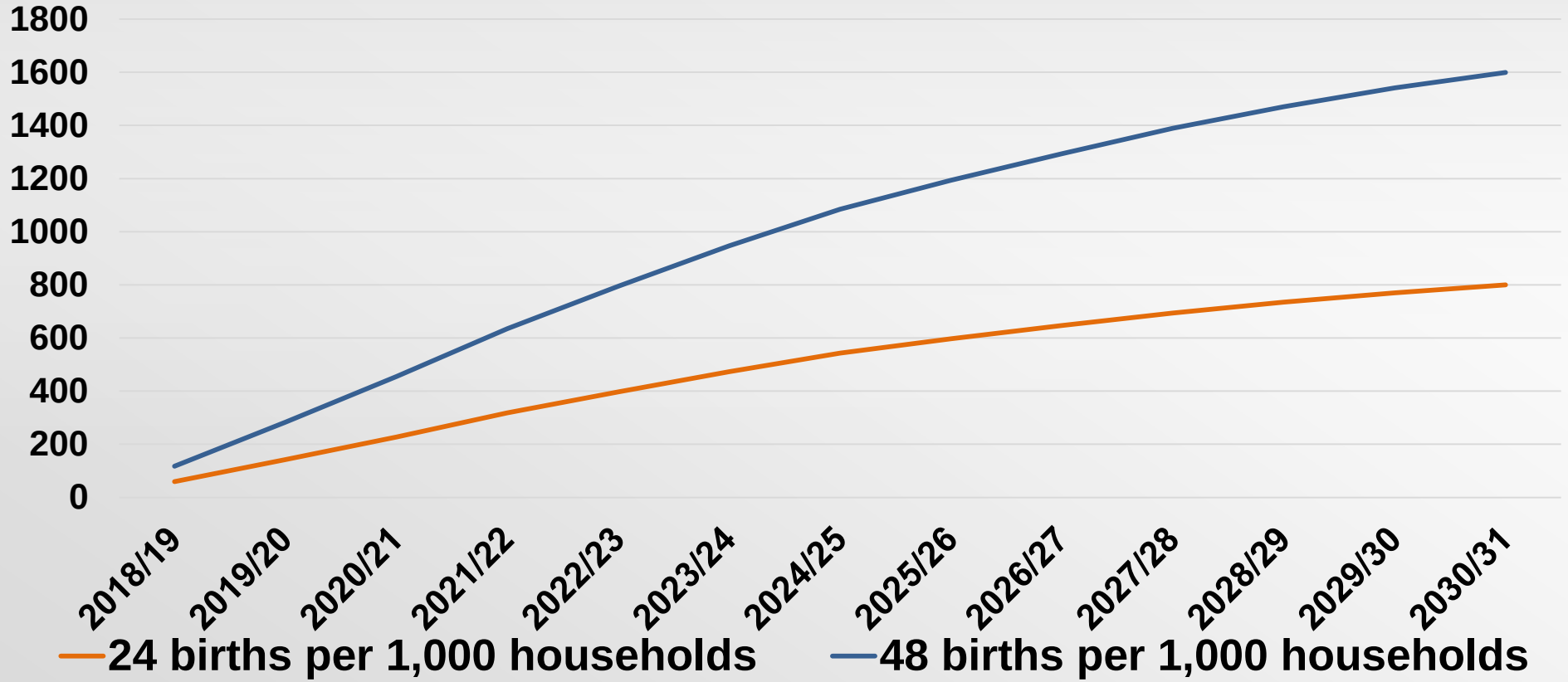
Estimated number of births from housing growth in the wider catchment



Equals a total of 591 additional births per year by 2030/31

Equals a total of 1,182 additional births per year by 2030/31

Estimated number of births from housing growth in the total catchment



Equals a total of 800 additional births per year by 2030/31

Equals a total of 1,599 additional births per year by 2030/31

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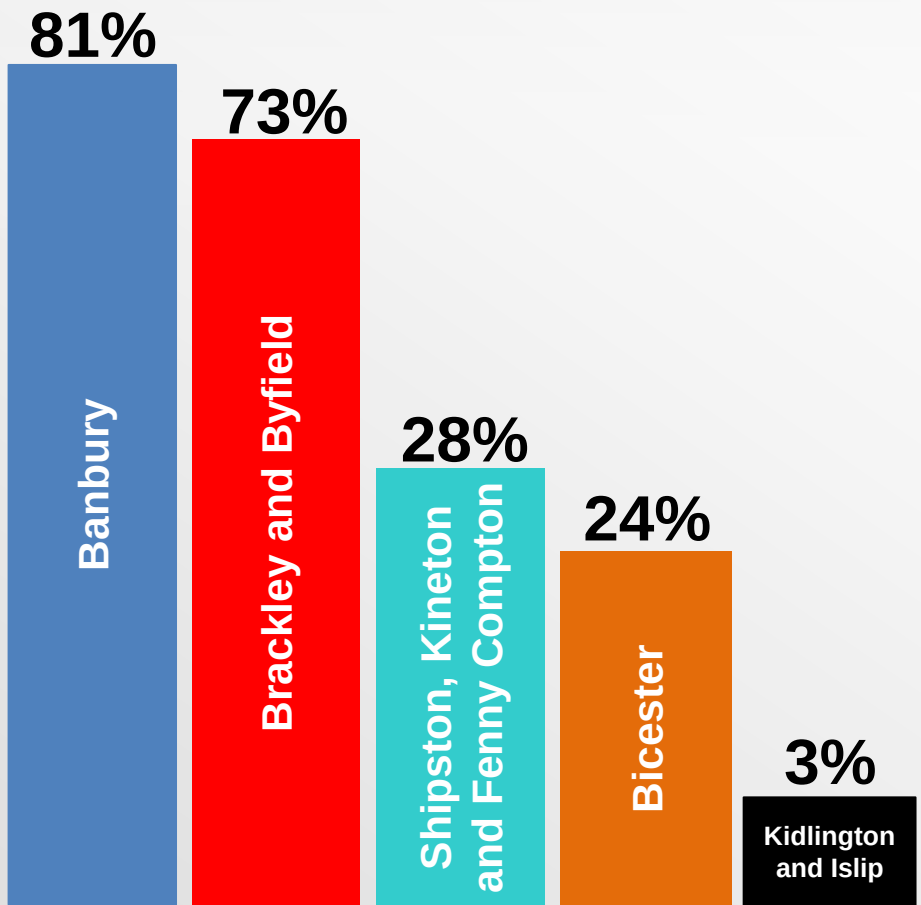
We now need to look at patient flow

- We have a lower and an upper estimate for births based on housing and population growth
- We can now look at the choices people make when using local maternity services
- As we saw earlier, in the 12 months leading up to the temporary closure of the obstetric-led unit at the Horton General Hospital, while 81% of women from Banbury chose to access that unit, just 3% of women from Kidlington and Islip chose to access it.



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Where mothers gave birth

- We know that not everyone would choose to use the maternity services at the Horton General Hospital
- We must therefore take into account patient flow when projecting how many new births might take place at the Horton General Hospital
- To do this, we have taken the information we showed you earlier which displayed the patient flow from across the catchment area over 12 months
- We have then introduced the new births from housing growth and applied a greater patient flow from across the catchment to see how this could affect birth rates at the Horton General Hospital.

Size and share of the market, page 9

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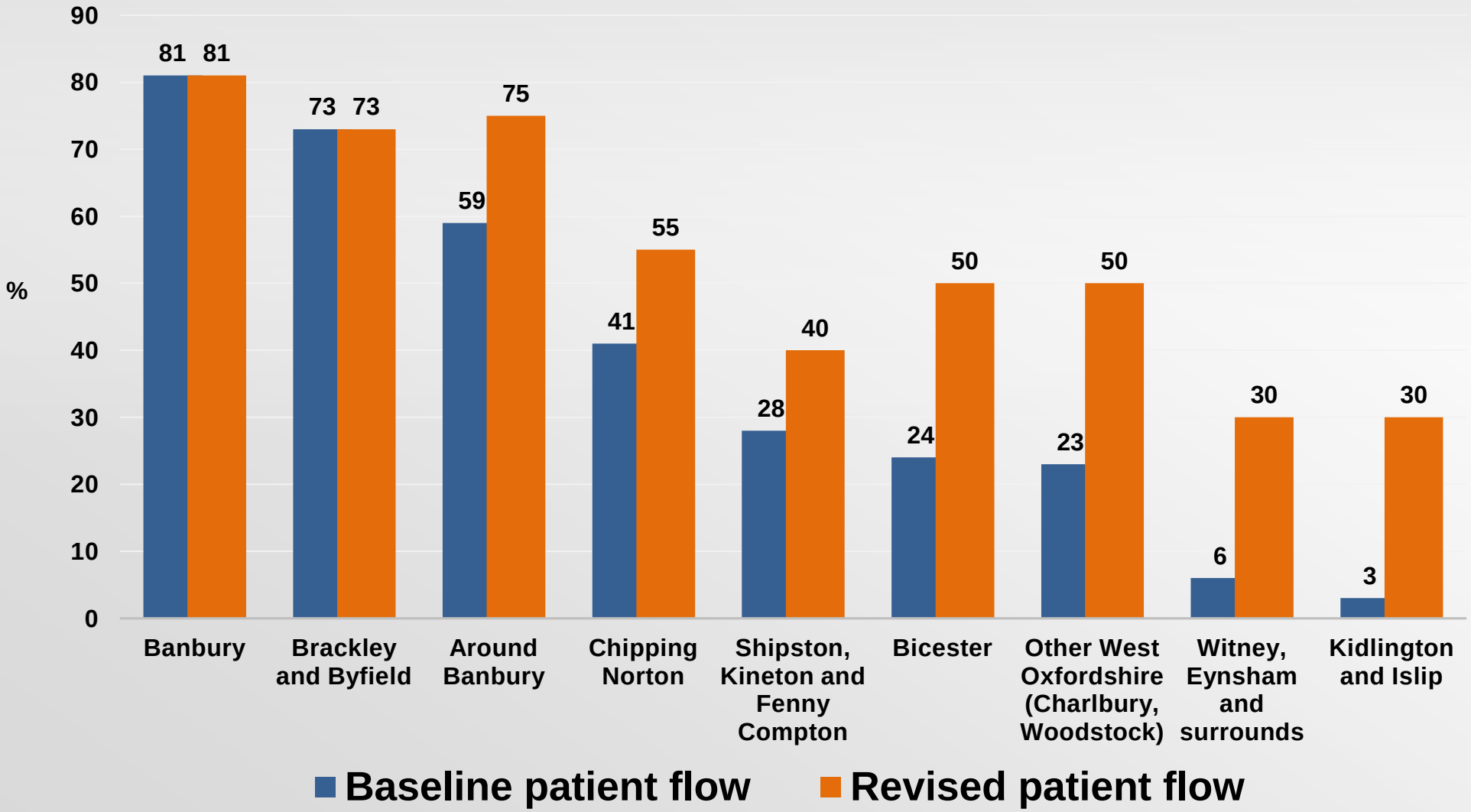
Projected patient flow shift



Projected births across the catchment at the Horton General Hospital

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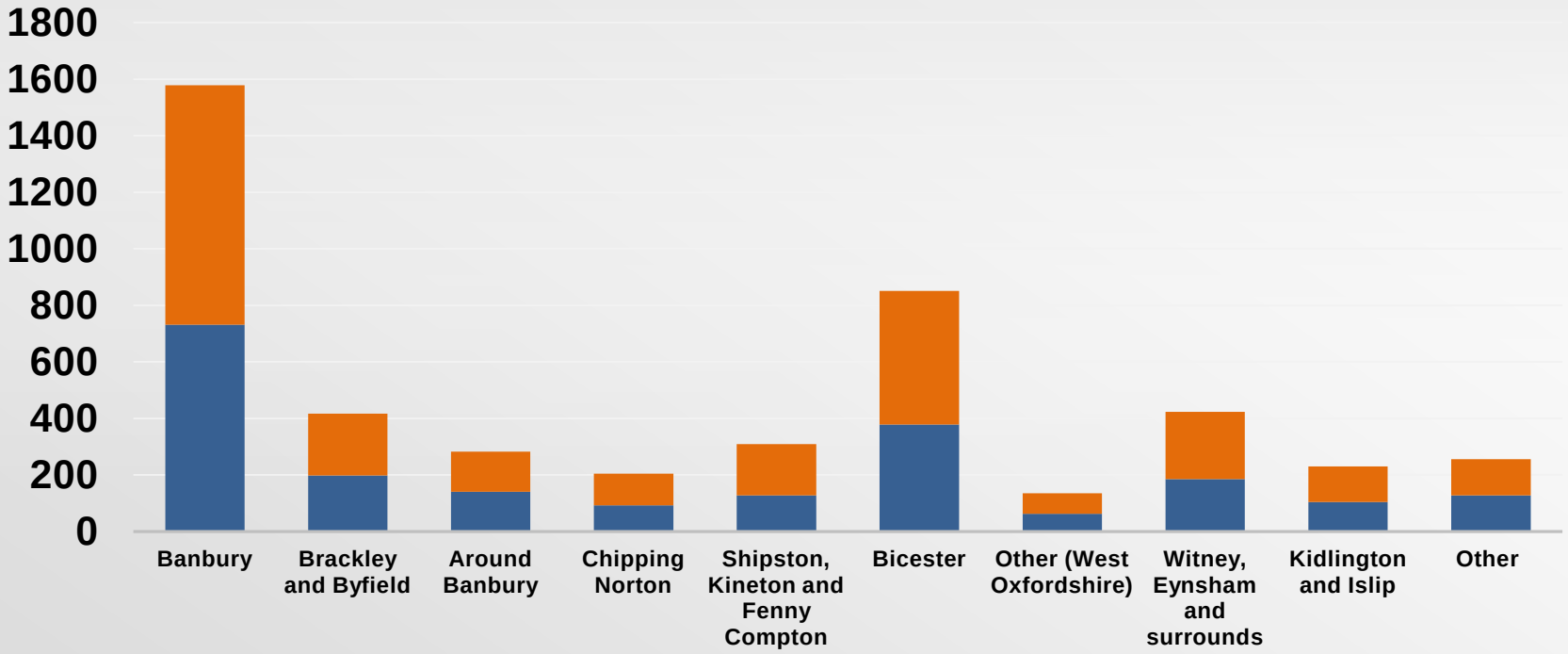

Using these projections, we arrive at an upper estimate of **2,536 births** at the Horton General Hospital per year.

Projected cumulative births at the Horton General Hospital up to 2030/31

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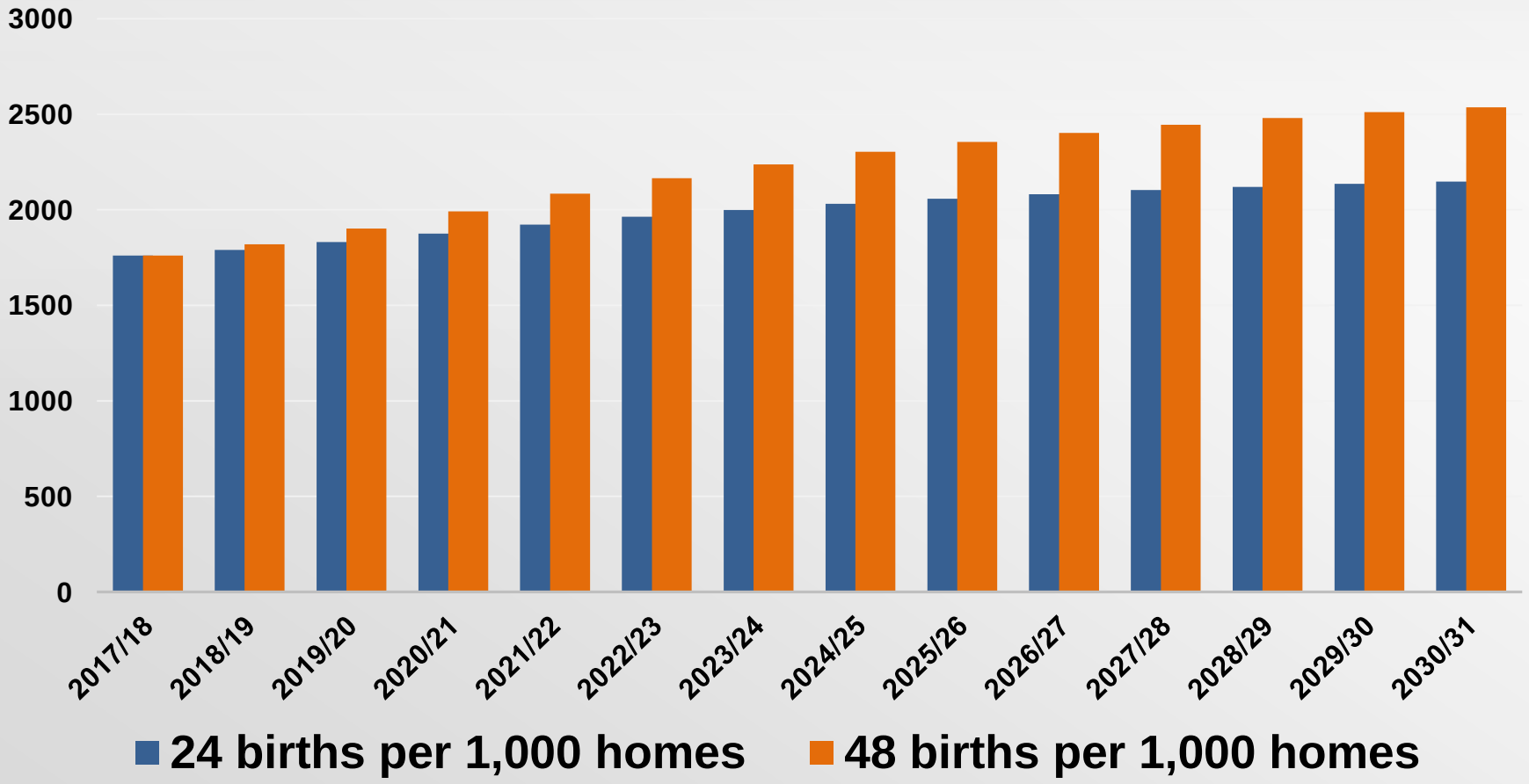

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Conclusions

- We have assumed the very highest estimate for birth rates across new housing of **48 births per 1,000 households**, which is double the current birth rate

- We have introduced a large change in patient flow in the catchment area, in some cases **ten times the historic patient flow** (e.g. Kidlington and Islip from three per cent to 30 per cent)

- Based on these projections, the Horton General Hospital would still be a small unit leading to a number of challenges which we are looking at today

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Travel and access

Catherine Mountford, Director of Governance

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Introduction to travel and access

- Looking at travel and access information allows us to understand how service travel times have been affected by the temporary closure of obstetric services at the Horton General Hospital

- **Travel times** are defined as the time taken for women and their families to travel to services

- **Transfer times** are defined as the time taken for an ambulance transfer from a midwife-led unit to an obstetric service.

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Introduction to travel and access

- There have always been some women who travel to Oxford from the Banbury area and further afield, for example, because of existing health conditions requiring specialist support

- Other women chose to have their baby in another unit despite having a local obstetric unit at the Horton General Hospital

- Women may travel to the John Radcliffe Hospital in their own car or by ambulance, while some are transferred there if specialist care is needed.

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Travel times

- In 2017 work was carried out to understand how travel and access for women and their families would change if the obstetric service at the Horton General Hospital remained closed

- This included consideration of time of day (peak and off-peak) to account for traffic variations

- The analysis found changes to obstetric services would mean many women and their families would need to travel further for some aspects of their care and these travel times would vary

- The impact of parking was also investigated. Busy traffic at the John Radcliffe Hospital was highlighted and a survey was conducted by Healthwatch Oxfordshire to gather evidence about availability of parking and delays that could add to travel times.

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Our travel analysis and what it tells us

- Our analysis shows how the travel time varies and how this affects different groups within the community
- Distance and traffic conditions affect the time taken for the journey. Peak times of the day and roadworks can make journeys longer
- With obstetric services at the Horton General Hospital, the majority of people in the catchment area could access obstetric services within 30 minutes
- Without obstetric services at the Horton General Hospital this increases to up to 50 minutes
- Both of these are within the 60 minute target time.

Our travel analysis and what it tells us

- The overall experience and journey time is also affected by the availability of parking spaces

- Victoria Prentis MP undertook a travel survey which highlighted the same issues of increased travel time and time to park.

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Transfer times

Managing transfers from a midwife-led unit to an obstetric unit

- Some women need to be transferred during labour or soon after birth because of health problems which have developed

- It is standard for women to be transferred by an ambulance or, if required, a blue light ambulance. This decision is taken by the midwife, who will take into account the distance and time the transfer will take

- In Oxfordshire, ambulance transfers are categorised depending on the reason for transfer and urgency of the problem:
  - **Time critical** – A rare circumstance where the safety of mother or baby is at risk
  - **Non-time critical** – Potential risk means further monitoring or treatment is necessary for mother or baby.

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Transfer times and rates in Oxfordshire

Analysis of data on transfer numbers, rates and times has been carried out for all Oxfordshire midwife-led units for the period of October 2016 – September 2018

Reason for transfer and transfer rates

- Women are transferred from midwife-led units for a number of factors relating to their health

- When a transfer is necessary, midwives will discuss the reasons with the family and then organise the transfer

- Midwives remain in close contact with the obstetricians at the unit to discuss options and ensure they are making the best decision for the mother and baby.

Median total transfer times for Oxfordshire October 2016 – September 2018

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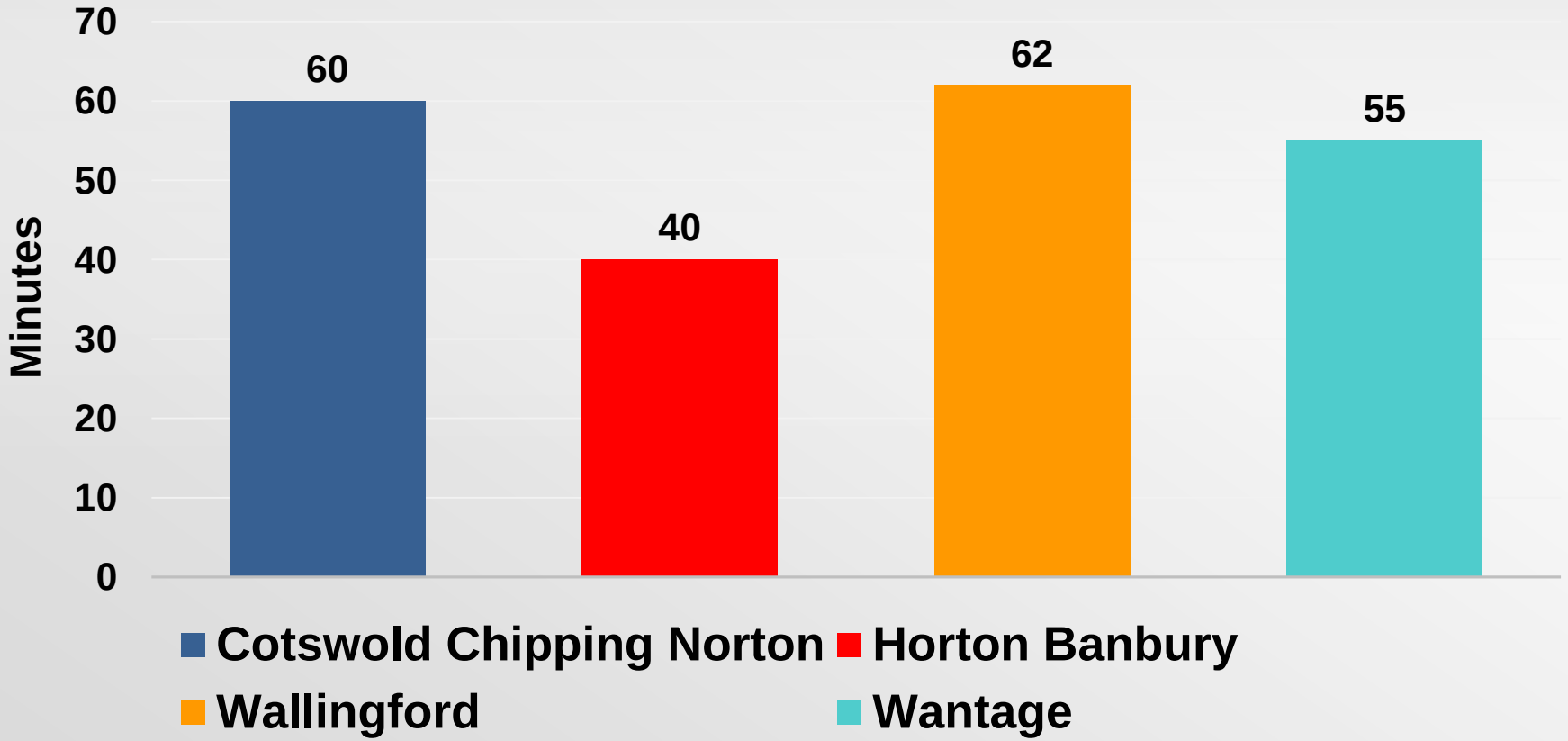

The Cotswold Birth Centre had the highest average total transfer time of **66 minutes**, while the Horton General Hospital had a lower average total transfer time of **42 minutes**

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National transfer rates and times

2011 national Birthplace Cohort Study

- **36%** of women in their first pregnancy who planned to give birth in a freestanding midwife-led unit were transferred during labour or immediately after giving birth

- **9%** of women having their second or subsequent baby who planned to give birth at a freestanding midwife-led unit were transferred during labour or immediately after giving birth

- It is important to take into account what's changed in the years since the study was published. For example:
  - Changes to guidelines
  - More women having a baby later in life
  - Increase in average body mass index
  - A population that is less fit and healthy

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Transfer rates and times in Oxfordshire

The national Birthplace Cohort Study found two thirds of freestanding midwife-led units had an average transfer time of **60 minutes**. Two-thirds of the units analysed were 12.4 – 24.9 miles from the nearest obstetric unit. Transfer times in Oxfordshire were in line with this.

The distances from each of the midwife-led units to the John Radcliffe Hospital are:

- Cotswold Birth Centre – 20.2 miles
- Wallingford Maternity and Birthing Centre – 17.5 miles
- Wantage Maternity Unit – 19 miles
- Horton General Hospital – 23.2 miles (and 22 miles to Warwick Hospital)

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Transfer rates and times in Oxfordshire

The Birthplace Cohort Study found that:

- Women who planned to give birth in freestanding midwife-led units, alongside midwife-led units and obstetric units had similar birth outcomes

- Women who planned to give birth in a midwife-led unit had fewer interventions and more ‘normal births’ than women who planned to give birth in an obstetric unit

Midwives at Oxfordshire’s midwife-led units follow protocol to ensure the safety of mothers and babies. They also work closely with the obstetric units and ambulance crew if a transfer may be necessary.

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Transfer rates and times in Oxfordshire

Ambulance services

- South Central Ambulance Service runs transfer services from the midwife-led units in Cotswolds, Wantage and Wallingford
- There is a dedicated ambulance at the Horton General Hospital which is dispatched by South Central Ambulance Service
- All decisions on whether to carry out an ambulance transfer are made on an individual basis and are based on the patient's medical information
- In the case of a transfer, paramedics are trained to support women who go into labour and are accompanied by a midwife.

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Conclusions

- The data presented shows that although there is an increased travel distance and time and an increased transfer time without an obstetric unit at the Horton General Hospital, there is nothing to indicate that it is unsafe

- As we saw earlier, average transfer times from midwife-led units across Oxfordshire to the John Radcliffe Hospital are in line with the findings of the national Birthplace Cohort Study

- The Public Health Wales Observatory Research Evidence Review (2015) 'did not find conclusive evidence to support a causal link between increasing distance, or the time, required to travel from mother's residence to maternity services and adverse birth outcomes.'

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Finance

Catherine Mountford, Director of Governance

NHS Oxfordshire Clinical Commissioning Group

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Finance

Oxfordshire CCG spending on births by provider for 2018

Provider	Total spend
Oxford University Hospitals	£20,730,769
Royal Berkshire Hospital	£542,042
Great Western Hospitals	£311,262
South Warwickshire NHS Foundation Trust	£191,804
Buckinghamshire Healthcare	£81,450
Frimley Health	£10,103
Grand total	**£21,867,430**

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What we have learnt so far

- In 2017 we held a consultation which included some changes to maternity services at the Horton General Hospital. This included the preferred option of an obstetric-led unit at the John Radcliffe, and a midwife-led unit at the Horton.

- There were mixed opinions on the proposal for the John Radcliffe to cater for high risk births whilst maintaining a midwife-led unit at the Horton General Hospital

- Concerns were raised in relation to the estimated travel times, ambulance response times and that more could have been done to attract and recruit suitable staff

- Therefore it is important to reflect on these concerns and address them in the work we have presented to you in which we have refreshed and updated our information.

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What are we doing now?

- The Independent Reconfiguration Panel has asked us to do some more work with stakeholders and people who may use these services
- We are working closely with women and families to survey those who have given birth since the obstetric-led unit at the Horton General Hospital was temporarily closed on 1 October 2016
- We are also convening focus groups to gather in-depth feedback
- Both the survey and the focus groups are being run independently
- The information gathered will be presented to the CCG, along with the results from the options process which we are undertaking today, to consider before making a decision.

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What are the options?

1	Two obstetric units – 2016 model
2a	Two obstetric units – fixed consultant
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
3	Two obstetric units – external host for the Horton General Hospital
~~4~~	~~50/50 split of non-tertiary births~~

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What are the options?

5	Two obstetric units – elective (planned)
6	Single obstetric unit at the John Radcliffe Hospital
~~7~~	~~Single obstetric unit at the Horton General Hospital~~
~~8~~	~~Rural and remote services option~~
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

Lunch break
(45 minutes)

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Workshop:

Weighting the criteria

How do we choose which is the best option?

- We have already looked at the list of options, but how do we choose between them?

- Criteria help us to establish how we can differentiate between, and quantify, different options for change

- Our list of 13 criteria are based on those used in 2016/17 as part of the Horton Strategic review and have been confirmed through best practice:
  - Confirmation with the Horton Joint Overview and Scrutiny Committee
  - Engagement with staff, patients, the public and our wider community over the last few years
  - Understanding the challenges that we face in maternity services

- All criteria are important, but today you will be weighting the criteria so we can understand which are most important to you.

Practice: Deciding the criteria

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Imagine we are a group of three people who are buying a car. Together we might arrive at a number of criteria which are important to consider. Such as:

Criteria:
Size
Air conditioning
Efficiency
Colour

Some of us might think *size* is the most important criterion, whereas others may think *efficiency* is the most important.

By weighting the criteria, we can arrive at a consensus.

Practice : Weighting the criteria

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To weight the criteria and find a consensus, we each need to assign a value of between 1-5 for each criteria. 1 being less important, 5 being more important. As is evident below, the same number can be assigned more than once.

Person 1	
Criteria	**Value**
Size	**5**
Air con	**3**
Efficiency	**3**
Colour	**1**

Person 2	
Criteria	**Value**
Size	**5**
Air con	**1**
Efficiency	**3**
Colour	**1**

Person 3	
Criteria	**Value**
Size	**5**
Air con	**1**
Efficiency	**5**
Colour	**2**

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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

What happens after we have weighted the criteria?

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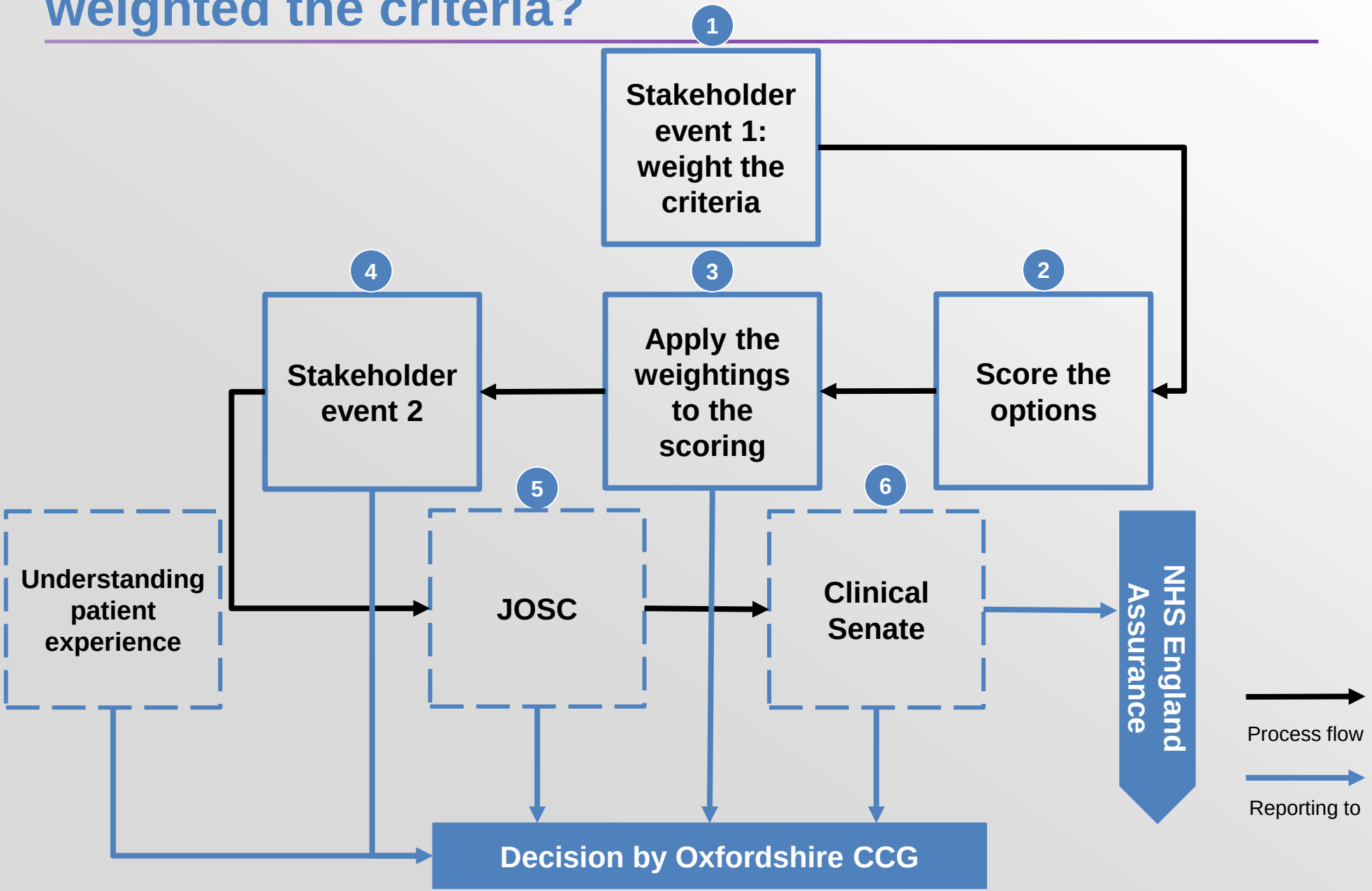

What we need to discuss and decide

- We need you to tell us how important each of these criteria are to you
- You have the opportunity to influence how the CCG makes its decision
- Weighting the criteria is a very important step in the decision-making process
- There are clinicians and other NHS staff on hand to help you if you have any questions
- The scoring panel will not know the consensus weighting of the criteria. This weightings will be applied after the scoring.

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We would now like you to:

Discuss the criteria on your tables (60 minutes)

There are clinicians and other NHS staff on hand to help if you have any questions.

Use the ‘Notes’ paper provided if you wish.

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We would now like you to:

Individually value each criterion between 1-5 (15 mins)

There are clinicians and other NHS staff on hand to help if you have any questions.

Use the ‘Participant’ form provided

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We would now like you to:

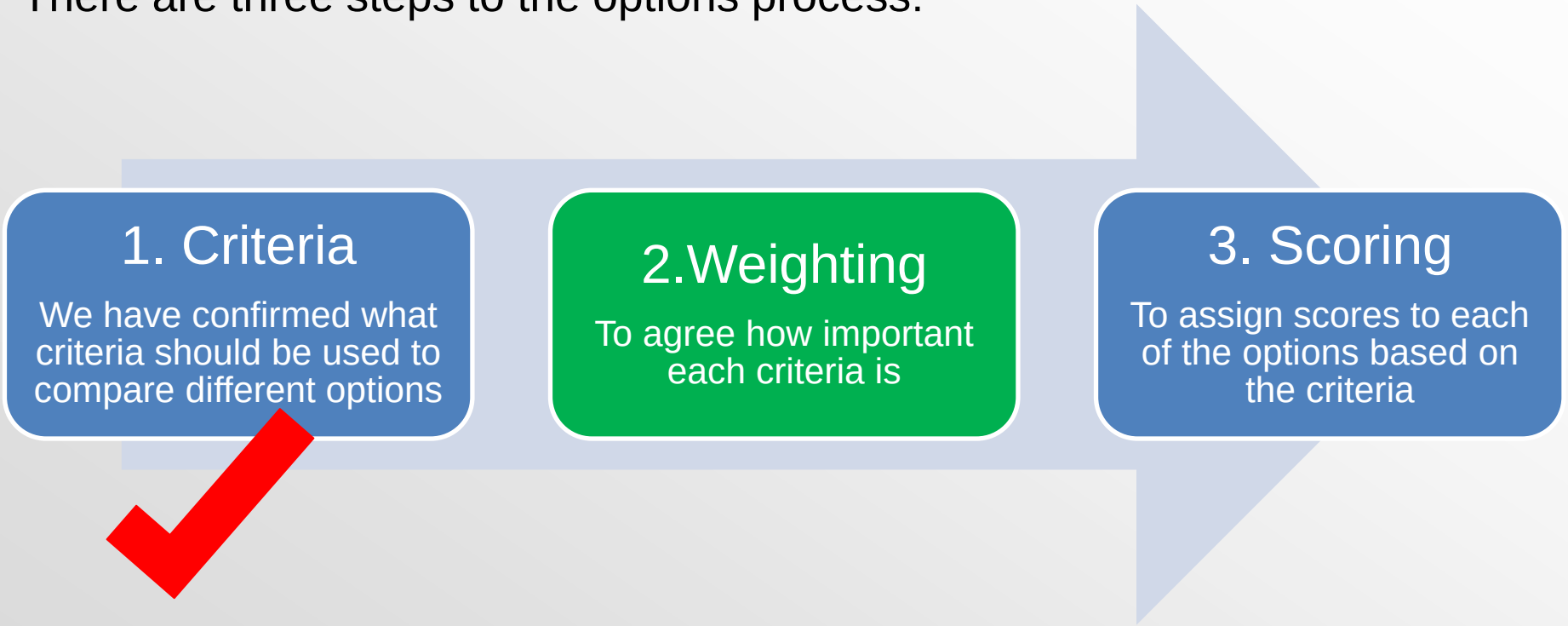
Fill in the equalities information on the pages attached to the weighting sheet.

This will allow us to understand a little more about you and is completely anonymous. (5 minutes)

There are clinicians and other NHS staff on hand to help if you have any questions.

Options process: reminder

There are three steps to the options process:



Each option will receive a final score based on how well it meets the criteria. This will provide a recommendation to the CCG who will then make a decision based on this and other evidence.

Timeline and next steps

February:

- Option appraisal begins
- Local engagement begins

May:

- Option appraisal scoring panel

June:

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

September:

- CCG Board review and decision

Stakeholder event 2

14 June 2019
10:00-15:30
Rye Hill Golf Club

We will present further information around specific options for change. Afterwards, we will reflect on all the evidence, including the views expressed at these workshops, before making a decision later this year.

Thank you