Scoping health services for population growth in South of Oxfordshire
(Didcot/Wantage/Grove) – a discussion document

Background

The Transformation Board has been looking at the future strategic direction of Health and Social care services in Oxfordshire. This has developed thinking as to our overall direction of travel. This will continue to be developed in a workshop on 21 November. Meanwhile, locality thinking has evolved around areas of population need. This is particularly so for the population growth in the South of Oxfordshire. Additionally there has been work around the outcome based approach to contracting for older people which is important context. These three approaches will need to be brought together and a decision making process designed going forward that creates a locally appropriate strategy for each area. Recent development of Townlands Hospital including the decision on the RACU (Rapid Access Care Unit) service makes this a fixed point in our planning assumptions.

Any planning process will need to work to principles which apply across Oxfordshire, but also be realistic about constraints such as delivering value and affordability.

This paper has been developed to engage stakeholders, stimulate thinking, offer some options, invite more and explore how we should create an engaged approach and process. The paper will evolve as we talk to colleagues at Locality Clinical meetings, with patient Locality Forums, County and District Councils, Health Trusts and wider stakeholders.

Context

In accordance with the Oxfordshire Strategic Housing Market Assessment (SHMA) published in April 2014, between 93,560 and 106,560 additional homes are needed across Oxfordshire in the period 2011 -2031. Of these, 14,500-16,500 are expected in South Oxfordshire and 20,560 additional homes in Vale of White Horse.

The Science Vale growth area is located across both the Vale of White Horse and South Oxfordshire Districts. The Joint Area Action Plan for this area (February 15 consultation) included strategic allocations for 16,590 new homes. This equates to an additional 38,157 people (based on home occupancy of 2.3 people).

To date a total of 6,300 homes have been allocated to Didcot; up to 2027 based at strategic sites of Didcot North East, Great Western Park, Ladygrove east, Vauxhall Barracks and the Orchard Centre Phase 2. In addition to this is housing (4950 homes)
outlined for Grove Airfield, Crab Hill, Monks Farm and East Hanney in and around the Grove/Wantage area.

**Estimated population growth by 2031**

<table>
<thead>
<tr>
<th>Area</th>
<th>Current* GP registered population</th>
<th>Total pop by 2031 (as result of expected housing growth)</th>
<th>Approximate Expected &gt;65yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grove/Wantage</td>
<td>28,658</td>
<td>36000</td>
<td>5815</td>
</tr>
<tr>
<td>Abingdon</td>
<td>53,298</td>
<td>53298 tbc</td>
<td>9450</td>
</tr>
<tr>
<td>Didcot</td>
<td>24,530</td>
<td>65200</td>
<td>10000</td>
</tr>
<tr>
<td>Wallingford</td>
<td>16,300</td>
<td>16300 tbc</td>
<td>3720</td>
</tr>
</tbody>
</table>

*October 15 data

The aim of this paper is to outline options for discussion around the provision of local health services for the population of Didcot, Grove and Wantage and its surrounds.

It does not, at the time of writing, deal sufficiently with the Faringdon population which will need further consideration as we explore and develop options.

**Science Vale Growth Area – Focus Map**
Out of hospital care strategy

The Oxfordshire Clinical Commissioning Group (CCG) is currently developing an ‘out of hospital care’ strategy. It is expected that services to Didcot, Grove and Wantage and their surrounding areas will align with this vision which is:

To enable people in Oxfordshire to access more care at /or closer to home by:
- increasing their ability for self-care;
- building on the successful UK General Practice model;
- delivering more integrated primary, community, acute and social care;
- managing population health to improve outcomes;
- increasing the capacity of the out of hospital care workforce to provide more care;
- bringing together organisations to develop a ‘whole Oxfordshire’ approach;
- delivering outcomes based commissioning.

An example of this vision can be demonstrated below (from v10)
Current services in Didcot and surrounds

<table>
<thead>
<tr>
<th></th>
<th>Didcot</th>
<th>Abingdon</th>
<th>Grove / Wantage</th>
<th>Wallingford</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Practice</td>
<td>x3</td>
<td>x4</td>
<td>x3</td>
<td>x2</td>
</tr>
<tr>
<td>Community Pharmacy</td>
<td>x6</td>
<td>x6</td>
<td>x4</td>
<td>x3</td>
</tr>
<tr>
<td>Opticians</td>
<td>x3</td>
<td>x5</td>
<td>x5</td>
<td>x3</td>
</tr>
<tr>
<td>Dentists</td>
<td>x6</td>
<td>x8</td>
<td>x5</td>
<td>x3</td>
</tr>
<tr>
<td>Care Home</td>
<td>x1</td>
<td>x4</td>
<td>x5</td>
<td>x5</td>
</tr>
<tr>
<td>Community Hospitals</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Integrated locality team</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Midwife-led maternity unity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Minor Injuries unit (MIU)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid Unit</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Emergency Multidisciplinary Unit (EMU)</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostics - X-ray</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Scoping health services for population growth in the South of Oxfordshire

This document starts to outline some of the possible options that could be considered as part of the discussion. Any option will need to deliver principles which apply across Oxfordshire and address constraints such as deliverability, value and affordability. Consideration would need to be made as to interface with Townlands Hospital in each option.

Option 1: Run procurement of General Medical Services (GMS) services for population growth only

This option looks to ensure that there are general medical services (GMS) available for the population in the South of Oxfordshire.

Following discussion with three practices in Didcot, it is clear that between them they can absorb some of the initial growth (around 10,000) but will be at capacity within 24 – 28 months. They are not able to expand further and as such there would be a need to procure a new practice for around 20,000 patients in Didcot. This new practice would offer core GMS.

There would also need to be a similar exercise for the population growth expected in Grove/Wantage. Currently it is not clear what capacity could be absorbed by existing practices. This would determine whether there would be a need to procure an additional practice.
This is the least complex option providing the population with currently provided services but does not align with the emerging strategy.

Option 2: Procure a primary care polyclinic in Didcot

A primary care polyclinic could provide GMS, pharmacy, dentistry and optometry services as well as community services all from one site. A new GP practice would have a registered list but also provide services to those registered with other Oxfordshire practices. Enhanced primary care could be commissioned including primary care urgent same day access services (in a similar way to that provided by the neighbourhood hubs that are part of the Prime Minister’s Challenge fund pilots). Appointments could be available across extended hours such as 8am to 10pm to meet the needs of the transient population; i.e. those commuting to London and those travelling to the area for employment in Milton Park. This could become a primary care ‘supercentre’ with some registered and some non-registered patients.

There is the option to consider this on a new site or place it in the current community hospital taking into account optimal use of existing space and services.

This option provides enhanced primary care services to the population and would help relieve some of the pressure on other practices.

Option 3: GP polyclinic (as option 2) which interfaces with other community services and provides a wider role in Didcot (possibly as multi-speciality provider as per the 5 year forward view)

This option expands on option 2 but ensures formal interface with other community services. This could include outreach services from providers including the Oxford University Hospitals and Oxford Health as well as more community outpatient services delivered closer to home. This could include, but is not limited to, physiotherapy and podiatry services.

This option provides enhanced primary care services as well as some secondary care and outpatient appointments closer to home.

Option 4: Two centre provision of Urgent Care (Didcot) and long term conditions services (Abingdon) plus Townlands

This option looks at having three major sites in the South – one for the provision of urgent / same day services another to provide holistic care to those with long term conditions, plus Townlands.

Didcot has a primarily young population (19.3% 0<14yrs; 48.6% 15-49yrs; 18.1% 50-65yrs; 14.0%>65yrs) and as such services could be provided from Didcot to meet the needs of this population. This could include a same day access neighbourhood hub, enhanced primary care services (as option 2), minor injuries unit, local screening services and a new midwife-led maternity unit. The site would also be home to a local diagnostic centre which could include ultrasound, X-ray/MRI, endoscopy etc. Healthy
living clinics could also be a key component and could include family planning, well baby clinics and weight management services. Other services for children could be co-located. The site could also host a musculoskeletal (MSK) hub and services.

From the Abingdon hospital site, services for the older population could be provided. This could include some community beds as well as an Emergency Multidisciplinary Unit (EMU). An Abingdon site could become the focus for the South of Oxfordshire for treating those with long term conditions closer to home. It could provide a number of multidisciplinary clinics and clinics for patients with multifaceted disease and complex needs. Leg ulcer clinics could be provided as well as memory assessment clinics and audiology. Patients could go to the Abingdon site for rehabilitation and it could be possible to integrate social care services.

**Option 5: Health campus in Didcot – a centre for care closer to home**

In line with the emerging out of hospital care strategy, this option involves the development of a locality health campus in Didcot due to its central position that could also service the population of Abingdon, Wallingford, Grove and Wantage and the surrounding villages. It brings together a number of health and social care services onto one new purpose built site. Services could include some sub acute bed based provision as well as a new maternity unit and services previously mentioned. Urgent care services in the form of a minor injuries unit and an EMU or RACU could be available. The campus could have three elements dealing with primary care services, urgent care services and planned services.

**Option 6: Health campus in another area of South of Oxfordshire – a centre for care closer to home**

In line with the emerging out of hospital care strategy, this option involves the development of a locality health campus somewhere in the South of Oxfordshire. As in option 5 it brings together a number of health and social care services onto one site.

Dependent on location the Didcot/Grove population may still require an additional purpose-built solution to support Primary Care needs. Services could include some sub-acute bed-based provision as well as a new maternity unit and services previously mentioned. Urgent Care services in the form of a minor injuries unit and an EMU or RACU could be available. The campus could have three elements dealing with primary care services, urgent care services and planned care services.

**Further considerations**

With all the above options it will also be necessary to consider:

- Addressing inequalities in health outcomes;
- Transport between the major towns and villages to health and social care locations;
• Increasing primary care provision in both Grove/Wantage and Didcot to address the needs of the predicted housing growth;
• Mental Health services that could be provided as part of any of the options;
• Social care services;
• The potential need to put in place temporary accommodation arrangements to address the current growing population needs for general practice in Didcot. This will enable us to complete any consultation and new build development for any option that requires a building solution;
• A workforce strategy.

In order to deliver services which are comprehensive and deliverable within workforce and financial constraints options which cover South-wide solutions would be likely to impact on the full range of services available in each of the current hospital settings.

Stakeholders are asked to consider the following:

1) Are the options 1-6 described above the correct options to be considered when addressing health services for the population growth in South of Oxfordshire?
2) Are there any more options which should be considered as part of this scoping document?
3) The preferred option will be agreed using pre-agreed criteria (possibly patient safety, cost, available site, deliverability, population coverage). Are these the correct criteria? Should some of the criteria hold more weighting than others?

Next steps

• To agree with practices in Wantage and Grove their capacity to absorb more patients as a result of the population growth in Wantage/Grove;
• Following the system-wide workshop on 21 November 2015, to describe the method we will use to take the process forward to decision making;
• To undertake further needs assessment of the population to scope future service requirements;
• To develop further the criteria for agreeing how options would be prioritised;
• To consider how the described options serve the needs of Faringdon;
• To share this discussion paper with stakeholders to ensure that all relevant options are identified.

This paper will be an engagement and discussion document for four weeks from 17 November 2015 to 15 December 2015. After this date full details of the next steps in process and stakeholder discussions will be confirmed.
Please send comments back to Julia Stackhouse on ccsu.talkinghealth@nhs.net or 01865 334638 or FAO Julia Stackhouse, Jubilee House, Oxford Business Park South, Oxford, OX4 2LH.

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Oxfordshire Clinical Commissioning Group
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