



## DEBATE PACK

Number CDP 2017/0178, 16 October 2017

# Future of healthcare in Oxfordshire

## Summary

A Westminster Hall debate on the future of healthcare in Oxfordshire is scheduled for Tuesday 17 October 2017 at 9:30am. The member leading the debate is Robert Courts MP.

As part of the NHS Sustainability and Transformation Partnership (STP) process, significant changes to healthcare in Oxfordshire have been proposed, including to maternity services, stroke care and critical care services.

Some of these proposals have proved controversial, particularly regarding changes to maternity services at Horton General Hospital; several local authorities have applied jointly for judicial review against the decision.

NHS staffing is also an issue for Oxfordshire, with high housing costs reportedly affecting recruitment levels. Additionally there is a higher than average number of EU nationals working in Oxfordshire hospitals, which has raised concerns that any future controls on workers from EU countries could have an impact on Oxfordshire.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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# 1. Buckinghamshire, Oxfordshire and West Berkshire STP

The [Buckinghamshire, Oxfordshire and West Berkshire \(BOB\) Sustainability and Transformation Plan](#) was published in October 2016, setting out proposals for the future of health and care up to 2020/21.

## **Sustainability and Transformation Partnerships (STPs)**

STPs are a mechanism for delivering the [NHS Five Year Forward View](#) (5YFV) and other national priorities for the NHS in England to 2020/21, including the delivery of £15 billion of local NHS efficiency savings.

In 2015, NHS organisations were asked to come together to create local blueprints for delivering the 5YFV, known as sustainability and transformation plans (STPs). By the end of January 2016, local NHS services and local authorities had formed 44 separate sustainability and transformation footprints.

Each of the 44 footprints are separate partnerships made up of NHS organisations, including clinical commissioning groups (CCGs), NHS trusts and foundation trusts and primary care services, as well as local authorities. These 44 footprints cover the whole of England, but vary considerably in the size of the area they cover and the populations they serve.

More information can be found in the Commons Library briefing paper, [Sustainability and transformation plans and partnerships](#).

The BOB area covers around 1.8 million people, seven clinical commissioning groups (CCGs), six NHS trusts and 14 local authorities. Health commissioners for the area had a budget of £2.55 billion in 2016/17, which will increase to £2.87 billion by 2020/21.

The STP document emphasised that Oxfordshire, Buckinghamshire and West Berkshire were already three distinct local health economies, and the plan would be delivered through existing sub-area networks where possible. However, at an STP level, the plan emphasised three core functions:

- Delivery of BOB wide programmes that require the scale of the footprint to have maximum benefit.
- Establishment of an STP wide planning and commissioning function for services such as cancer, stroke, ambulance and 111, through a joint CCG Commissioning Executive.
- Identification, adoption and spread of innovative practice, mobilising the expertise and support of arm's length bodies.

The document also emphasised the need to find efficiency savings. It argued that, if the STP took a 'do nothing' approach, it would have a financial gap of £479 million by 2020/21. It was estimated that proposals set out in Oxfordshire Transformation Plan could deliver savings of £7.9 million:

The Oxfordshire Transformation Plan covers six work streams; urgent and integrated care, planned care, primary care; maternity, children's services, and mental health and learning disability. New models of care are currently being worked up and will be subject of a public consultation in early 2017. We have estimated savings based on current working assumptions about a shift of acute activity away from the John Radcliffe and Horton hospitals – initial work has focused on savings from avoiding A&E attendances and non-elective admissions with further work to be done on planned care and community hospital efficiencies.

In the [2017 Spring Budget](#), £325 million of capital funding over the next three years was announced for some of the best performing STP areas. £5 million of this went to BOB STP, which was allocated for the creation of a Rapid Assessment and Treatment Centre and observation unit at Stoke Mandeville Hospital in Buckinghamshire.<sup>1</sup> Additional STP capital funding is expected to be announced in the Autumn Budget.

## 1.1 Phase one consultation

The [phase one consultation](#) for proposed changes to healthcare in Oxfordshire was launched in January 2017 and included the following proposals:

- Changing the way we use our hospital beds and increasing care closer to home.
  - More care out of inpatient hospital beds and improved co-ordination leading to reduced requirement for inpatient beds.
- Planned care at the Horton General Hospital.
  - More diagnostic and elective surgery services being provided at the Horton General Hospital.
- Acute stroke services in Oxfordshire.
  - All patients diagnosed with an acute stroke would be taken immediately by ambulance to the Hyper Acute Stroke Unit (HASU) in Oxford. The Early Supported Discharge Service for patients recovering from a stroke would be extended.
- Critical Care at the Horton General Hospital.
  - The sickest (level 3) critical care patients from North Oxfordshire would be treated at the Oxford Intensive Care Units (ICUs). The Horton General Hospital should continue to have a Critical Care Unit.
  - Patients living in South Northamptonshire and South Warwickshire might be treated at the critical care units in hospital in Warwick, Northampton or Milton Keynes if closer.
- Maternity and obstetric services at the Horton General Hospital.
  - Obstetric services provided at the John Radcliffe Hospital in Oxford, with the Special Care Baby Unit and emergency gynaecology inpatient services. A

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<sup>1</sup> [HC Deb 17 July 2017, HCWS71](#)

- Midwife Led Unit will be maintained at the Horton General Hospital.
- Women north of Oxfordshire having the choice to travel to Northampton, Warwick or Milton Keynes.

Over 10,000 individual responses were received as part of the consultation, and over 1,400 people attended public meetings. In June 2017, the following [results of the consultation](#) were published:

### **Hospital bed usage**

A large proportion (around three-quarters) of respondents agreed that care was best provided closer to home, and that hospital beds were not necessarily the best place to receive care.

However, half of respondents disagreed with proposals to permanently close hospital beds (61% of respondents in Banbury and surrounding areas). Concerns were raised about the ability of John Radcliffe and Horton General Hospitals to meet demand with fewer beds.

### **Planned care services**

There was significant support for an increase in planned care services in Horton General Hospital, including: a new diagnostic unit (85% in favour), investment in an assessment unit (85%), more chemotherapy, renal dialysis and day case surgery (84%) and a new outpatient unit (78%).

However, many respondents argued that this should not be at the expense of other services, such as A&E and obstetrics.

### **Stroke services**

79% agreed with proposals to centralise stroke services in Oxford, although among Banbury residents the figure was lower (66%). Concerns were raised about the impact of travel times on survival and recovery.

### **Critical care services at Horton General Hospital**

60% were in favour of treating all level 3 critical care patients at John Radcliffe Hospital in Oxford (where it was quicker to remain in Oxfordshire), although a higher proportion of respondents in Banbury disagreed.

Many respondents felt that removal of level 3 services was a precursor to removing all A&E services from Horton. Others raised concerns about increased pressure on John Radcliffe and on other nearby hospitals, such as Northampton.

### **Maternity and obstetric services**

Opinion was split on catering for high risk births in Oxford whilst maintaining a midwife-led unit at Horton General Hospital. Levels of disagreement varied by area, with respondents from North Oxfordshire, South Northamptonshire and South Warwickshire the most strongly opposed.

Concerns were raised about the risk to mothers from long travel times, particularly in light of a [2008 Independent Reconfiguration Panel report](#) which deemed travel distance between Horton and John Radcliffe to be too great.

Many respondents noted that seemingly low risk pregnancies can quickly develop issues where urgent consultant intervention is required.

## 1.2 Final decision by Oxfordshire CCG

In August 2017, Oxfordshire CCG published its [Decision Making Business Case](#), and held an extraordinary board meeting on 10 August. The board made the following decisions:

### **Critical care**

There will now be a single Level 3 Critical Care Unit (CCU), aka intensive care, for the sickest patients in Oxfordshire (and some neighbouring areas) at the Oxford University Hospital (OUH) Oxford sites. The CCU at Horton General Hospital in Banbury will become a Level 2 centre for less seriously ill patients – those, for example, who have single organ failure, need closer observation after being in intensive care and for post-operative care. The Horton CCU will work closely with the main centre in Oxford.

### **Acute stroke services**

All Oxfordshire patients (and those from some neighbouring areas) who are suspected of having suffered a stroke will go directly to the Hyper Acute Stroke Unit (HASU) at the John Radcliffe Hospital (JRH) in Oxford for the best available treatments, such as surgical removal of clots and clot busting drugs. Patients across Oxfordshire will be supported by the roll-out of countywide early supported discharge to improve outcomes and rehabilitation, either at home or in other community settings.

### **Changes to acute bed numbers**

The closure of some acute beds across the OUH sites (including the Horton General) is now permanent. Beds were temporarily closed in November 2015 as part of the 'Rebalancing the System' project to tackle the issue of patients stranded in hospital when they no longer need to be there (delayed transfers of care). This allowed funding to be invested in other services to support frail and vulnerable people in their own homes or care homes.

The implementation of these closures will now be staged:

- 110 beds are already closed and will remain closed so investment in alternative services can be made permanent.
- An additional 36 beds will only be permanently closed when the system has made significant progress in reducing the numbers of delayed transfers of care. Any further planned closures will need to be reviewed by Thames Valley Clinical Senate and assured by NHS England.

### **Planned care services at the Horton General Hospital**

The NHS in Oxfordshire has committed to the development of new 21st century diagnostic and outpatient departments at the Horton General Hospital in Banbury; an advanced pre-operative assessment unit; and improvements to the planned operations service at the Horton General. These changes will allow more

patients to be treated closer to where they live in North Oxfordshire, South Northamptonshire and South Warwickshire. They will allow up to 90,000 more outpatients appointments, diagnostic tests and operations to be provided at the Horton.

### **Maternity services**

The Board accepted the recommendations for a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and a permanent Midwife Led Unit (MLU) at the Horton General Hospital in Banbury.<sup>2</sup>

## **1.3 Judicial Review application**

Cherwell District, South Northamptonshire, Stratford-on-Avon District and Banbury Town councils, and the campaign group Save Horton Hospital, launched a joint challenge against the decision, on the basis that the consultation process had been flawed.

On 5 September, the Royal Courts of Justice agreed to a three-day hearing to allow the case to be made for a full judicial review. The hearing is expected later in 2017.

A joint statement by the council leaders stated that:

Rather than encouraging those who rely on services such as a consultant-led maternity unit to have their say, the two-stage consultation made the proposed changes harder to understand.

That means that the findings of the consultation were skewed, and that they are not a proper basis for downgrading essential services.

The councils have been disappointed by the limited understanding of the effect of the proposals on the people of north Oxfordshire and surrounding areas and particularly the lack of consultation with over 35,000 potential patients referred by their doctor in south Warwickshire to the Horton General Hospital.

We are very pleased that we shall have the opportunity to have our concerns and those of local residents heard by a judge at a proper hearing, and are resolved to do right for the areas we serve and continue our fight for a full judicial review.<sup>3</sup>

## **1.4 Referrals to the Secretary of State**

In October 2016, consultant-led obstetric services at the Horton General Hospital were temporarily suspended, over concerns about maintaining sufficient staff to operate the unit safely.

However, in February 2017, Oxfordshire Council's Joint Health Overview and Scrutiny Committee (JHOSC) referred this decision to the Secretary of State for Health, over concerns with Oxfordshire University Hospitals NHS Foundation Trust's recruitment plan, which had led to a longer closure than envisaged.

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<sup>2</sup> Oxfordshire Healthcare Transformation Partnership, [Decisions announced on changes to Oxfordshire healthcare services](#), 10 August 2017

<sup>3</sup> ['Campaigners celebrate move to challenge hospital decision'](#), *Oxfordshire Guardian*, 18 September 2017

Although the Independent Review Panel (IRP)<sup>4</sup> agreed that “a closure for this length of time exceeds what can reasonably be considered to constitute a temporary measure,” it decided that the referral was not suitable for full review due to the decision of Oxfordshire CCG in August 2017:

Subsequent events have now overtaken the substance of this referral. The governing body of the CCG decided on 10 August 2017 to remove obstetric care from the Horton and replace it with a permanent midwife-led unit. The Panel understands from press reports that the Oxfordshire JHOSC has declared its intention to refer that decision to the Secretary of State. When that referral materialises, the IRP stands ready to offer advice if requested.<sup>5</sup>

More information on the IRP and on referrals to the Secretary of State can be found in the Commons Library briefing paper, [Reconfiguration of NHS services \(England\)](#).

## 1.5 Phase two consultation

The January 2017 consultation document set out plans for a second phase consultation, which would include proposals for:

- Acute hospital services, including A&Es in Oxfordshire and children’s services
- Community hospitals including MLUs (midwife-led units)
- Mental health services
- Plans to develop primary care, including GPs, nurses, healthcare assistants, community nurses and other clinicians
- Prevention and education on leading a healthy lifestyle
- The integration of health and social care services
- Use of technology and innovation

In light of the controversy regarding the implementation of phase one, the Banbury MP Victoria Prentis called for the implementation to be stopped, and for it to be rolled into phase two. It was reported that the Clinical Lead for the Oxfordshire Transformation Plan would take the proposal back to the CCG board for consideration. This was welcomed by the MP:

It is certainly a glimmer of hope that the CCG are finally listening to my requests and will be rethinking their plans for the consultation process. Without a clear vision of the future of health services and proper thought-out proposals, it is impossible for my constituents to put forward their views about the plans. The CCG are facing a referral to the Independent Reconfiguration Panel (IRP) regarding permanent changes to maternity services in Banbury, and the Council have put forward a judicial review against the consultation process. I really hope that the CCG listen to our concerns, take a step back and re-evaluate the split nature of the consultation.<sup>6</sup>

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<sup>4</sup> The IRP reviews proposals for service changes that are contested, and provides advice to the Secretary of State for Health.

<sup>5</sup> IRP, [Horton Hospital, Banbury initial assessment](#), 26 September 2017

<sup>6</sup> Victoria Prentis, [CCG rethinking split healthcare consultation](#), 27 September 2017

## 2. NHS staffing

As set out in section 1, the Buckinghamshire, Oxfordshire and West Berkshire STP budget is set to rise 12.5% between 2016/17 and 2020/21, in part due to population increases, which will also require additional NHS staff.

In addition to general recruitment issues facing the NHS, Oxfordshire faces some more specific issues. One of these is the cost of housing. A 2017 study by Lloyds Bank listed Oxford as the most expensive city in the UK, with the average house price 10.7 times average earnings.<sup>7</sup>

Concerns have been raised by the Royal College of Nursing (RCN) about housing costs and their impact on nursing numbers. Senior RCN Officer Victoria Couling argued in 2015 that “nursing staff in this area are not offered cost of living subsidies, so it is not surprising those starting out in their careers are looking to work elsewhere.”<sup>8</sup>

In March 2016, a scheme was launched by Oxford University Hospitals NHS Foundation Trust where new nursing recruits at the neonatal unit at John Radcliffe Hospital would be offered a cash incentive of the equivalent of their first month’s rent and deposit.<sup>9</sup>

In his speech to the 2017 Conservative Party Conference, the Health Secretary Jeremy Hunt proposed that NHS staff should get preferential consideration for new housing on NHS land:

And like many people, NHS staff can also struggle to find homes near work they can actually afford. So from now on when NHS land is sold, first refusal on any affordable housing built will be given to NHS employees benefitting up to 3,000 families.<sup>10</sup>

Another issue relates to the higher proportion of NHS workers from EU countries working in Oxfordshire. According to a 2016 BBC Freedom of Information request, the proportion of EU migrants employed at Oxfordshire University Hospitals NHS Foundation Trust has risen from 2% to around 11% over the past four years, compared to a national average of 4.6%.

The then MEP for the South East, now MP for Oxford East, Anneliese Dodds, called the figures “very significant,” and stated that any future controls on workers from EU countries could have an impact on Oxfordshire.<sup>11</sup>

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<sup>7</sup> Lloyds Banking Group, [Home affordability in cities at its worst since 2008](#), February 2017

<sup>8</sup> “Affordable NHS housing will help to ease staff shortages’ says chief nurse’, *Oxford Mail*, 30 May 2015

<sup>9</sup> ‘Nurses offered cash incentives to work at John Radcliffe Hospital neonatal unit’, *The Oxford Times*, 25 March 2016

<sup>10</sup> ‘Jeremy Hunt: Conference Speech’, *Conservatives Press Office*, 3 October 2017

<sup>11</sup> ‘Oxfordshire NHS worker numbers from EU twice UK average’, *BBC News*, 22 June 2016

## 3. Press Articles

### Sustainability and Transformation Partnership

- [‘Campaigners slam health chiefs after Horton birth transfer held up with burst tyre’](#), *Banbury Guardian*, 5 October 2017
- [‘New turn in fight for the Horton Hospital’](#), *Oxford Mail*, 27 September 2017
- [‘Campaigners celebrate move to challenge hospital decision’](#), *Oxfordshire Guardian*, 18 September 2017
- [‘‘More transparency is needed about big decisions affecting our NHS’ – Eddie Duller \(Healthwatch Oxfordshire\)’](#), *Oxford Mail*, 18 September 2017
- [‘Fight continues against downgrading of services at Banbury hospital’](#), *Stratford Observer*, 12 September 2017
- [‘MPs furious and disappointed with decision to permanently downgrade maternity services at Banbury hospital’](#), *Oxford Mail*, 11 August 2017
- [‘NHS shake up plans not cost cutting exercise say health chiefs’](#), *Oxford Mail*, 10 August 2017
- [‘Resignations may halt health plans’](#), *Oxfordshire Guardian*, 7 July 2017
- [‘Health chief's final warning before decision on major NHS shake up in Oxfordshire’](#), *Oxford Mail*, 26 June 2017
- [‘Health bosses slammed over ‘chaotic’ consultation for massive NHS changes’](#), *Oxford Mail*, 4 February 2017

### NHS staffing

- [‘Proposed key worker housing scheme ‘could help solve Oxford's housing problem’](#)’, *Oxford Times*, 7 September 2017
- [‘Oxfordshire NHS worker numbers from EU twice UK average’](#), *BBC News*, 22 June 2016
- [‘Nurses offered cash incentives to work at John Radcliffe Hospital neonatal unit’](#), *Oxford Times*, 25 March 2016
- [‘‘Affordable NHS housing will help to ease staff shortages’ says chief nurse’](#), *Oxford Mail*, 30 May 2015

## 4. Parliamentary Material

### Sustainability and Transformation Partnership

Ten-minute rule motion, [National Health Service Provision \(Local Consultation\)](#), Victoria Prentis (Banbury), HC Deb 25 October 2016, cc191-3

I beg to move,

That leave be given for to bring in a bill to make provision about mandatory local consultation in relation to changes in services proposed by NHS Trusts and healthcare commissioning authorities; and for connected purposes.

The Bill is the result of our experience in Oxfordshire this summer when the Oxford University Hospitals NHS Foundation Trust suspended consultant-led maternity services at our local general hospital with no warning and no consultation. Horton general hospital was a gift to the people of Banbury in 1872. It serves a community of some 150,000 people, although that number grows day by day as more houses are built. Horton general's patients are spread across six parliamentary constituencies that cover a large rural hinterland and some of the most deprived areas in Oxfordshire. I was born at the Horton and four generations of my family have been treated there. Like my constituents, I am proud of my local hospital and feel passionately about keeping its acute services.

Our unit was fairly small by national standards, with about 1,500 births a year. It was well regarded, both medically and by the families who chose it, but despite that fine reputation, it has been under threat for as long as I can remember. The first speech I made in primary school was about saving maternity at the Horton. The last major threat we faced was in 2008 when my predecessor, the former Prime Minister, the former Member for Daventry and the passionate "Keep the Horton General" group all fought tooth and nail to save the hospital.

At that time, the matter was referred to the independent reconfiguration panel, which looked at the evidence in considerable detail and concluded that

"there are major concerns over whether such a large unit as that being proposed"—

at the John Radcliffe hospital—

"would be (a) safe and (b) sustainable...There are sufficient concerns around ambulance provision and the transfer of very sick babies and mothers from Banbury to Oxford to call into question the safety of what is being proposed by the Trust."

After that, we thought that the fight would be over for a considerable time. How wrong we were. On 20 July, I was invited to what seemed to be a routine meeting with the trust, so I asked a member of staff to go. No other Members of Parliament were asked to attend—nor could they have done, of course, on a sitting Wednesday. I was horrified to hear that the trust had failed to recruit sufficient obstetricians and that, as a result, the Horton would be downgraded as an emergency and there would be no consultation.

On 31 August the trust board approved the downgrading. Three weeks ago, obstetricians left and we became a midwife-led unit.

Colleagues know that I am, with good reason, passionate about both maternal and perinatal safety. Nevertheless, I accept that MLUs are the best place to be for most deliveries, particularly as most are located alongside or very near an obstetric unit. That is the nub of our problem: if an emergency arises, or a woman simply changes her mind about having an epidural, our labouring mothers will have to be transferred by ambulance to Oxford, which is about 23 miles away. The average time for that journey door to door in a blue-light ambulance will be between 30 and 45 minutes. The traffic is dreadful and unpredictable; many of my constituents, myself included, go to enormous lengths to avoid driving into Oxford. National Institute for Health and Care Excellence guidelines make it clear that when an emergency C-section is needed, that must happen within 30 minutes. Once the transfer time is factored in, along with how long it takes to move a labouring mother into and out of an ambulance, that will be quite impossible from the Horton. The worry, of course, is that some will not make it in time.

Clearly, most women will no longer be permitted to deliver in Banbury. In the past three weeks there have been 12 births, whereas ordinarily there would have been about 90. Many of the women who will now deliver in Oxford live up to an hour and a half's drive from the John Radcliffe. I worry about these women, about the babies that will be born at the side of the road, and about everyone's experience of labour. I can barely begin to imagine the situation facing women who do not own a car, as the journey to Oxford from many of the villages by public transport is almost impossible.

I have repeatedly asked the trust to show me risk assessments, but have been sent nothing. My office eventually tracked down some risk assessments online that set out an alarming number of "high risk" factors, including transfer time, ambulance provision and the John Radcliffe's ability to cope with the additional births. I asked for an explanation and have received nothing. Without evidence, I struggle to accept that patient safety has been fully assessed, and the unit should have been staffed by locums and professionals from the trust's other sites while that was done thoroughly. I must also question how this all became an emergency, given that I have since been told that the clinical research fellows programme had become increasingly unsustainable over the past 18 months. Serious concerns have been raised about whether sufficient and timely efforts were made to recruit. As a new MP, when meeting the new chief executive, I would have expected this problem to have been flagged up. I would have welcomed the chance to try to help to solve the problem, as my constituents are now doing by offering discounted housing, school fees and even free Hook Norton beer to those who apply to be obstetricians.

My constituents are fearful and angry. We have had a summer of protests. Many local consultants and GPs are against the suspension and have complained furiously that such an important decision was taken over six weeks during the school holidays. I have considerable sympathy for those who believe this is part of a wider conspiracy to downgrade our local hospital. For many years, a vociferous contingent at the trust has wanted to centralise services in Oxford and to use our site for more out-patient services. One of the options proposed in the forthcoming sustainability and transformation plan is for exactly that, with the Horton's maternity services becoming midwife-led. We fear that

the situation this summer has been engineered to make that a fait accompli.

I was a civil servant for 17 years and, on the whole, I like to believe the best of our public servants, but I feel let down by the way we have been treated this summer, and by the lack of good management, transparency or evidence-based decision making. I am concerned that without a change to the law, other areas may also suffer as we have. The trust holds all the cards, as only it has the ability to manipulate the number of births each centre receives. We have no control over recruitment. Only the trust has the power to make posts attractive, and it has all the evidence and carries out all the risk assessments. The clinical commissioning group has been notable by its silence.

The Bill would increase the accountability of local trusts and commissioning authorities. When major changes to service provision are proposed, clinical groups and medical consortiums are not a replacement for public consultation. Doctor may know best, but only when he has listened to the patient. Local decision making can work, but only with democratic accountability. We in north Oxfordshire and the surrounding area remain hopeful that our unit will reopen next March, when sufficient obstetricians have been recruited. In the meantime, we fear for the safety of our mothers and babies.

## NHS staffing

[Nurses: Oxfordshire](#)

### **Asked by: Moran, Layla**

To ask the Secretary of State for Health, what assessment he has made of the effect of the relative cost of housing compared with wages in (a) Oxford and (b) Oxfordshire on the ability of Oxford University Hospitals NHS Foundation Trust to recruit nursing staff on a starting salary.

### **Answered by: Mr Philip Dunne | Department: Department of Health**

Recruitment of staff and the overall employment package is a matter for local National Health Service employers.

The Government wants to support employers to employ the right number of staff with the right skills to work in our hospitals or in the community.

We know the cost of housing is challenging which is why the Government is committed to ensuring that NHS land is used in a way that ensures the best possible services for patients, the best value for taxpayers in freeing additional resources for reinvestment in new facilities and services, and which supports wider housing objectives. This includes freeing surplus NHS land sufficient for 26,000 homes.

As part of this, we recognise that in some areas it may be beneficial for NHS organisations to use their surplus land to provide accommodation for their staff. We have been engaging with a wide range of stakeholders to understand better the housing need for NHS staff, and for the first time have started to collect data on where NHS organisations are already using their land in this way. The need for NHS

staff accommodation differs across the country, and we are working with the NHS, housing associations, and other partners to explore opportunities for developing local solutions.

**11 Sep 2017 | Written questions | 7432**

[Nurses: Recruitment](#)

**Asked by: Moran, Layla**

To ask the Secretary of State for Health, what assessment he has made of the effect of the relative cost of housing compared with wages in (a) Oxford and (b) Oxfordshire on the ability of Oxford University Hospitals NHS Foundation Trust to recruit nursing staff.

**Answered by: Mr Philip Dunne | Department: Department of Health**

The recruitment of nursing and other staff to deliver safe patient care is the responsibility of employers across the National Health Service. The average pay for full time nurses is £31,278 per annum, well above national average full time earnings of about £27,000 per year.

In addition, from completion of training nurses can expect eight incremental pay rises worth £936 (3.8%) on average each year on top of annual pay awards plus benefits including an excellent pension. However, we are not complacent and acknowledge the challenges staff have in securing suitable accommodation in some parts of the country. That is why the Government wants to support key workers such as nurses by making homes more affordable with steps outlined in the Housing white paper to increase supply.

Currently the Government funds a range of home ownership schemes including Help to Buy Equity Loans and Shared Ownership to support key workers to buy a home where they are unable to afford market prices locally. In addition, the Department has been engaging with a wide range of stakeholders to understand better the housing need for NHS staff. The need for affordable homes for NHS staff differs across the country, and we are working with the NHS, local authorities, housing associations and other partners to explore opportunities for supporting local solutions, including the option for NHS organisations to use their surplus land to provide staff housing.

**18 Jul 2017 | Written questions | 4977**

[NHS: Migrant Workers](#)

**Asked by: Moran, Layla**

To ask the Secretary of State for Health, what estimate he has made of the number of EU citizens working in the NHS in (a) Oxford, (b) Oxford West and Abingdon constituency and (c) Oxfordshire.

To ask the Secretary of State for Health, what recent discussions he has had with Oxford University Hospitals NHS Foundation Trust on the effect of the UK leaving the EU on that Trust's ability to recruit nursing staff.

**Answered by: Mr Philip Dunne | Department: Department of Health**

The Secretary of State for Health has not had discussions with Oxford University Hospitals NHS Foundation Trust specifically on the Trust's ability to recruit nursing following the United Kingdom leaving the European Union.

The Secretary of State holds regular discussions with all National Health Service trusts throughout the year on a broad range of issues, including workforce.

NHS Digital publishes data on the nationality of staff working in the NHS in England. The table below shows the number of EU27 citizens employed within trust's active in Oxfordshire at 31 March 2017:

	<b>European Union 27</b>
Total Specified Organisations	1,783
NHS Oxfordshire Clinical Commissioning Group	3
Oxford Health NHS Foundation Trust	318
Oxford University Hospitals NHS Foundation Trust	1,462

Notes: The nationality field available within the systems, upon which these figures are based, contains self-reported information from individual employees. Nationally thousands of NHS staff records do not contain useful data with people choosing not to specify their nationality or not asked to. In addition, as nationality is self-reported the value entered by an individual may reflect their cultural heritage rather than their country of birth. As such, these figures should be treated with a significant degree of caution

Source: NHS Digital, NHS Hospital and Community Health Service workforce statistics

The Department is committed to ensuring that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that they need.

As negotiations continue around the United Kingdom's exit from the European Union, the Department and its arm's length bodies will continue to support the health and care system to ensure they are able to deliver the services on which patients rely.

The Department continues to monitor and analyse overall staffing levels across the NHS, and is working across Government to ensure there will continue to be sufficient staff to deliver the high quality service that patients expect.

**18 Jul 2017 | Written questions | 4976, 4972**

[Nurses: Recruitment](#)

**Asked by: Moran, Layla**

To ask the Secretary of State for Health, what assessment he has made of the reasons for Oxford University Hospitals NHS Foundation Trust reporting that the Trust has been unable to fill 560 nursing posts as at the end of June 2017; and if he will make a statement.

**Answered by: Mr Philip Dunne | Department: Department of Health**

Responsibility for staffing levels rests with individual National Health Service trusts and their boards who are best placed to decide how many staff they need to provide a given service, taking into account skill mix, efficiency and the needs of their local population.

There are almost 13,100 more nurses on the wards since 2010. And by increasing the number of training places for both new and nurses returning to practice, we continue to support the growth of our nursing workforce in the health and care sector nationally.

Health Education England (HEE) has increased the number of commissions for nurse training places year on year since it was created in 2013. In September 2014, HEE introduced the Return to Practice programme that has focused on encouraging nurses that have left the profession to return to nursing with the right training and support available to them. Over 2,000 nurses have completed their re-training to date and are now available for employment on the front line to provide care and support to patients.

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## 5. Further reading

- NHS England, [\*Five Year Forward View\*](#), October 2014
- [\*Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan\*](#), NHS England South, October 2016
- [\*Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan \(Summary\)\*](#), NHS England South, October 2016
- Oxfordshire Healthcare Transformation Programme, [\*The Big Health and Care Consultation\*](#), Oxfordshire Clinical Commissioning Group, January 2017
- Oxfordshire Healthcare Transformation Programme, [\*The Big Health and Care Consultation final report\*](#), Oxfordshire Clinical Commissioning Group, June 2017
- [\*Decision Making Business Case \(Phase One\)\*](#), Oxfordshire Clinical Commissioning Group, August 2017
- [\*Horton Hospital, Banbury: initial assessment\*](#), Independent Reconfiguration Panel, September 2017
- [\*Press releases, letters and reports\*](#), Keep the Horton General (Campaign group)

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