

Fact sheet: Wantage Community Hospital

In May 2016, Oxford Health NHS Foundation Trust announced that Legionella, the virus which causes Legionnaire's Disease, had been found in the water system at Wantage Community Hospital, and that the hospital would close for estates work to be carried out to rectify the problem. Legionella is most dangerous to those people aged over 45.

At the same time, however, it was announced that the work would be postponed, pending the findings of a major consultation into the services provided by Oxford Health across the county. This is the Oxfordshire Sustainability and Transformation Plan, which will aim to answer the following questions:

- How can we best care for people's health and social care in the future?
- What is best practice?
- How do we get best value for money with the resources that we have?

The briefing below provides a timeline on the events leading up to the decision and is based on information provided by Oxford Health at a public meeting held in Wantage on May 19 2016.

Timeline

January 2015 – Legionella is detected at low level and disinfected.

May 2015 – A full assessment is carried out, looking at causes. There is found to be sediment and scale in pipes, and deadleg pipes. Deadleg pipes are those which have been capped off, with stagnant water remaining in them.

June-September 2015 – Monthly testing takes place. Legionella is found to be at stage 1.

October 2015 – Legionella starts to rise again. Oxford Health fits filters, and replaces some pipes and taps.

November 2015 – The removal of some accessible deadleg pipes. Legionella levels are found to have dropped.

January 2016 – A significant increase in legionella is detected. The ward is closed for 48 hours and the water system is disinfected, and subjected to a power flush. This will suffice for one year.

At this point, experts recommend REPLACING ALL PIPEWORK. This will take a minimum of 12 weeks. The cost is estimated at about £30,000.

May 2016: The Trust takes the two-part decision on safety grounds. This decision is:

1. To close the site for estates work.
2. Delay estate work pending consultation.

June 2016: It is announced that while the 12 inpatient beds will close, the outpatient physiotherapy services and also the Midwifery-led Maternity Unit run on the site by Oxford University Hospitals NHS Trust, will remain open, subject to regular safety checks.

What happens next?

Oxford Health says the site has to close during the work. So why close it now? Because if it is done in a planned way, which is to stop admitting patients over the next few months, a phased and planned relocation is less disruptive for patients, and avoids problems with winter pressures. Oxford Health says it is not an issue with money – money has been set aside.

The earliest completion date for work would be November 2016. The planned consultation outcome will be published in early 2017.

Will closing the hospital pre-determine the outcome of the consultation? Oxford Health says no. Consultation will look at all aspects of healthcare. Recommendations will be based on international best practice.

The intention is to close the hospital to inpatient admissions from 1st July and until the outcome of the consultation, which is expected to have been concluded by March 2017. Staff have been offered the opportunity to relocate to neighbouring community hospitals at Abingdon, Didcot and Witney including support with transport arrangements.

The closure is estimated by Oxford Health to affect approximately four families per month.

Questions and Answers concerning the closure of Wantage Community Hospital.

Questions come from members of the public in Wantage. Answers were provided by senior executives of Oxford Health NHS Foundation Trust.

Q. Was January 2016 the first discovery of legionella?

A. Yes.

Q. Have you got a defined scope of work and defined engineering solution?

A. Yes.

Q. Why can't the closure be put off for a year and flushing take place until after the consultation?

A. Oxford Health wants a proactive closure, not a reactive one. We know it's a risk now. It is safer and more considerate to close it in a planned way. The issue is not just a power flush. There are limitations on the amount of hydrogen peroxide you can use.

Q. The consultation will determine clinical needs, but we are going to have another 5000 houses, so we will need a hospital. So why not say we are not going to close it, but react to survey and expand it, or whatever. Why so negative?

A. The consultation is for the whole county. It is part of a national programme. It is part of a five-year plan. We need to look at the population and look at options. We can't pre-judge that but one option is retaining our existing hospital estate.

Q. What happens to patients?

A. Most patients go to an acute hospital first, such as the John Radcliffe or the Horton. Oxford Health will try to place people closest to their home. Abingdon, Wallingford and Didcot will increase beds on those sites. We will keep the same number of beds throughout the period of closure.

Q. What will happen to patients and visitors who have been affected by cuts to the subsidy of some local bus services?

A. Oxford Health cannot comment on that, but will, in some circumstances, pay for taxis.

Q. How many of your hospitals have a recurring legionella problem?

A. Just Wantage.

Q. Why can't the consultation start earlier?

A. August is not suitable – it is a time of year when many people are away on holiday.

Q. Can the decision to close be reversed? There are different types of flushing. There is routine flushing.

A. That is not enough. The big hydrogen peroxide flushing bought some time but the only solution is to replace the pipes.

Q. Did the experts say that this can only be done once?

A. We have asked that question. Experts says this has bought time but pipes have to be replaced. There is a risk that re-dosing won't work.

Q. Will the funding for the new pipework still be available after the consultation?

A. Yes.