

Fact sheet: Downgrade of Horton Maternity Unit to MLU

On August 31 2016, the Board of Oxford University Hospitals NHS Foundation Trust (OUH) convened an extraordinary meeting at which it agreed to downgrade the maternity unit at the Horton Hospital, Banbury, from an obstetric-led unit to a midwife-led unit (MLU), on a temporary basis. The Board was told that a shortage of doctors meant that from October 2, it would not be safe to continue to run the unit as an obstetric unit.

Background.

What is an obstetric unit?

An obstetric unit is a maternity unit staffed by specialist doctors, (obstetricians) who are trained to deal with complex pregnancies or complications which may arise when a woman is giving birth. The Horton is one of two obstetric units operated by OUH, the other being at the John Radcliffe Hospital, Oxford.

What is a midwifery-led unit?

A midwifery-led unit is staffed by specially trained nurses, who deal with women giving birth who have been classed as low-risk and do not need a doctor to be present. There are a number of other midwifery-led units across Oxfordshire, including Wantage, Wallingford and Chipping Norton.

How has the staff shortage come about?

The Horton Hospital obstetric unit is the fifth smallest in the country, with 1,466 births per year. Other similar sized units, such as the one in Cheltenham, have changed to MLUs.

In 2012, the University of Oxford announced that owing to the relatively low number of births at the Horton, it was withdrawing training recognition from the site, as junior doctors would not gain sufficient experience. Instead, it introduced a Clinical Research Fellow programme of eight doctors.

During 2015 the University advertised nationally and internationally on four occasions and despite shortlisting a total of 17 doctors only six had the necessary experience to be offered the roles. Only two of the six doctors offered positions by the University decided to accept the posts. In December 2015, the University concluded that the Clinical Research Fellow programme was no longer viable, due to the recruitment challenges, and decided to close the programme and it was agreed the Trust would create a new nine-doctor middle grade rota.

At this point in time seven of the eight posts were filled and an offer had been made and accepted to fill the eighth post. The doctor then withdrew their acceptance in February 2016 and one of the seven in post doctors also resigned. From April 2016 onwards there were six

Clinical Fellows in post and it was expected that these doctors would remain in post until at least October 2016 while the Trust recruited to the new nine-doctor rota.

Adverts for the Trust Grade posts were placed in April, May, July and August 2016 leading to 16 applications of which 10 were considered to have sufficient experience to be shortlisted. Only six of the ten doctors attended the interview and five of the six doctors were offered posts, however only one has accepted and this candidate is not yet registered with the GMC. During this period four of the remaining six Clinical Research Fellows resigned leaving only two doctors in post from October 2016 out of nine required for the new Trust Grade rota.

What will happen instead?

From October 2016, the Horton will operate as a midwifery-led unit, staffed 24/7. Where there are unexpected complications with a birth, South Central Ambulance Service is providing a dedicated ambulance, solely for transporting women to the John Radcliffe Hospital, on standby 24/7. The ambulance Trust and OUH estimate that a typical transfer time between the two hospitals, on blue lights, is between 30 and 38 minutes.

OUH maintains that for low-risk women, midwifery-led units are a better option than obstetric units. In order to better assess which women are low risk, they will be given a 36-week screen and breech screen, combining medical and midwife screening. Also some women will go to Warwickshire and Northants hospitals.

Obstetric services, along with the Horton Special Care Baby Unit and inpatient gynaecology services will be moved to the John Radcliffe Hospital, where extra capacity is being created to deal with the extra demand. Strict treatment protocols will be enforced, to minimise the risk, and extra training will be given in obstetric emergencies. Paediatric services at the Horton Hospital will not be affected.

How long will the obstetric unit be closed?

The Trust has set a target of reversing the temporary arrangement by March 1 2017, dependent on appointing suitable doctors. However, it estimates that once the doctors have been recruited, it will take approximately eight weeks to re-activate the unit.

What's happening about finding new doctors and why is it so hard?

The Trust says it is actively recruiting, using a variety of methods, including adverts in the British Medical Journal NHS Job, social media, and recruitment agencies.

The Trust cites a number of reasons why it is difficult to recruit doctors. Some want to work in a busier unit, while the result of the referendum to leave the European Union has also been given as a factor, along with a 24 per cent vacancy rate nationally for doctors of the grade required, and the fact that it is no longer a training post.

In addition to an enhanced salary, of approximately £76,000, OUH is also offering to cover the costs associated with visa applications from overseas applicants.