

# Bed-based hospital care switches to homes... but where's the consultation?

**P**LANS to close 118 beds at Oxford's JR Hospital, the Nuffield Orthopaedic Centre and the Horton General Hospital at Banbury could herald the start of a major shake-up in the way care is provided in Oxfordshire in the future.

Ahah, you might say. What happened to consultation with the general public?

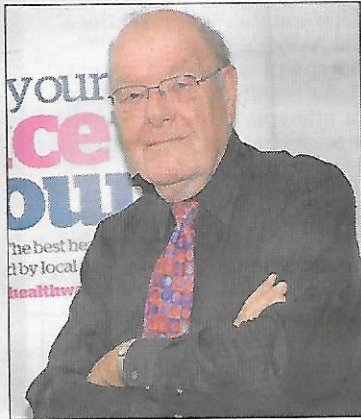
In fact it is the trust that runs the JR that is saying AHAH – it stands for Acute Hospital at Home – and it means that most people could be treated in their homes for serious conditions including deep vein thrombosis and forms of heart failure instead of staying or possibly being referred to hospital.

It is all part of a plan to cut the number of people receiving bed-based care in acute hospitals, speeding up the discharge procedures and providing a new service through community based teams of senior nurses supported by clinical support workers, therapists, pharmacists and specialists in dealing with elderly people.

The lynchpins are the GPs, the front line in our health service and who are already feeling the strain in a bewildering change of direction of the National Health Service, aimed primarily at saving money.

It means, also, that it will take a year to reorganise parts of the JR by relocating some beds and by cutting down hospital admissions and changing to more out-patient treatment.

The good news is that the



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situation around the poor record of delayed transfers of care, highlighted by Healthwatch Oxfordshire just over a year ago, is beginning to improve.

The JR is claiming that by treating more people at home this will help the situation and cut down bed blocking as well.

According to the hospital trust that runs the JR, the NOC and the Horton, the switch to the new system will save £5million, most of which will cover the cost of refurbishment.

But the question of public consultation over this matter, or lack of it, remains.

The matter was raised at a recent meeting of the Oxfordshire County Council's Joint Health Overview and Scrutiny committee and the reorganisation was not delayed, but the hospital trust was warned that it should go to consultation not later than January next year when the larger picture of the health and social care revolution is opened up for public discussion.

In my view, however, that could be too late and the JR trust should be going out to public consultation now, not when part of the reorganisation may have started.

There are also some question marks over who does what, because the different hospital trusts and Oxfordshire County Council are still struggling to get services streamlined.

For instance the Oxford Health Foundation Trust, which runs the county's community hospitals, mental health and some other community services, run a HAH service – or Hospital at Home – according to the trust's website.

So, where do AHAH and HAH fit in with each other, if they do?

The two Oxford-based trusts do not have a history of working together and the Oxfordshire Clinical Commissioning Group, which provides the money for health services, became so fed up with them that earlier this year it threatened to find a new way

of providing community, GP and urgent care services.

We can only hope the two trusts see sense and get together, although it is likely that if the new tendering process goes ahead there will be another battle between them to run the services.

What worries me is that the debate on changing the way health and social care is provided is beginning to focus on a turf war between the two hospital trusts and the county council, rather than a concerted effort to improve what is already a high level of service.

In fact, of all the meetings held so far I have not come across a discussion of how to improve, apart from the situation over with way people are discharged from hospital.

Discussion has been all about saving money.

It is obvious that there is room to achieve more affordable and better care, which is being demonstrated already in other parts of the country and which point the way forward.

Where that has happened, for instance in Devon, a largely rural county which has a similar profile to Oxfordshire, it has been achieved through working together.

Change is unsettling enough in itself, as we are seeing through closure of GP practices in the county, and it is about time those who run the services literally got their act together.

They are in danger of forgetting the people who need the services – and, incidentally, who pay for them.

Your views

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