

BLOXHAM PARISH COUNCIL

Clerk & Responsible Financial Officer
Theresa Goss
[Sender's personal address redacted]

(01295) 710965
bloxhampc@aol.com
www.bloxhamparishcouncil.co.uk

Mr D Smith
Chief Executive
Oxfordshire Clinical Commissioning Group
Jubilee House
5510 John Smith Drive
Oxford Business Park South
OX4 2LH

5 April 2016

Dear Mr Smith

Bloxham Parish Council Response to Oxfordshire Clinical Commissioning Group (OCCG) - Sustainability and Transformation Plan (STP)

Bloxham Parish Council supports the views expressed by Oxfordshire County Council and Cherwell District Council in reflecting public opinion concerning the Oxfordshire Transformation Plan (OTP) consultation.

It is Bloxham Parish Councils view that the phasing of the current consultation clearly affects the coherence of the proposals, making it difficult to assess their impact and to establish a total vision for future health services in the county. It also makes the consultation feel less transparent to communities.

Bloxham Parish Council understands that smaller hospitals across the country are facing similar pressures to those faced locally by the Horton General Hospital. A clear vision for the future of such hospitals is urgently needed.

However, because of the way the OCCG proposals are structured, notably because there is no discussion of community and primary care services in this phase of the consultation, it is not possible to make an informed judgement of the impact this will have on patients within the Horton General catchment.

Smaller hospitals are vulnerable to a 'domino effect', i.e. a diminution in one service tends to lead to a diminution in related services. In this case, changing Maternity services, Intensive Care services and the bed-stock at the Horton, will probably have a negative knock-on effect on the provision of Anaesthetic services.

It appears from the STP Consultation document that there may be a future for the Horton site as a health care facility with more diagnostic, outpatient and elective surgery appointments offered.

Bloxham Parish Council highlights the following flaws in the current STP Consultation:-

1. It does not show a strong evidence base for the assumptions. underlying the proposed changes
2. It should be a composite of all possible options showing clearly their benefits in terms of patient health and well being.

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3. It should take note of the recommendation made by The Independent Reconfiguration Panel (IRP) as stated in its 2008 recommendation for retention of the Horton General's acute services, notably that Oxford is too distant for expectant mothers to travel for Obstetric delivery
4. It should reflect that, in recent years there has been a **substantial increase in North Oxfordshire populations and Banbury is now scheduled for further housing growth circa 30,000 new homes.**
5. **In consequence, Banbury to Oxford, journey times and traffic congestion have increased, and will increase further in the period to 2031.**

Bloxham Parish Council makes the following specific observations on the topics raised in the Phase 1 Consultation document:-

Consultation on the Maternity and Obstetric services in north Oxfordshire

1. There is nothing in the plan to persuade us the John Radcliffe Hospital (JRH) can accommodate the extra deliveries. JRH staffing has been supplemented by the transfer of the Horton's Obstetricians but recruitment in Oxford is notoriously difficult because of its high cost of living. It should also be noted that the OCCG January 2017 minutes show there are unacceptable gaps. "**Professionals do however want to move to Banbury – providing it is without a downgrade hanging over the Horton – as the 50 applications for middle grade doctor posts indicate**".
2. A JRH unit delivering up to 8,500 births, predicted in the plan, is the height of folly. For real improvement, the quota could, and should be, split to allow the Horton's training accreditation to be restored (it was removed in 2013) to allow full, safe, easily-filled Obstetric staffing for Banbury's community - whose increase by a fifth in the coming decade will add crucial numbers to the quota rules.
3. The removal of the Consultant led Maternity unit at the Horton would result in:-
Moving the Special Care Baby Unit from the Horton General Hospital to the John Radcliffe Hospital in Oxford on a permanent basis.
 - This would put untold strain on families both in terms of additional costs and travel times, and impose limitations on the quality of bonding with the new family member(s).
Centralising all emergency Gynaecology surgical services at the John Radcliffe Hospital in Oxford on a permanent basis.
 - This would mean that all women in North Oxfordshire and surrounding areas who need Obstetric care in childbirth would have to travel further either to Oxford or to other Obstetric units in Northampton, Warwick and Milton Keynes.
 - Due to the travel restrictions this would again make it difficult for families to provide support.

The Consultation Documentation states

"This would also apply to any mothers and babies needing to transfer during labour or after birth. A single Obstetric led labour ward at the John Radcliffe would ensure that there are always enough staff available and importantly that there are enough births to maintain medical skills and run a safe service now and for the future".

- This assumption presupposes that all the required facilities would be constantly available at the JRH.

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- This contravenes the ruling of the IRP in 2008 as the distance between the Horton and the JRH is too great.

Critical care services at the Horton Hospital

The sickest patients from across Oxfordshire needing critical care are taken directly to the ICUs in the John Radcliffe and Churchill Hospitals in Oxford. The Horton General has a six bedded Critical Care Unit (CCU), which has traditionally served a number of purposes including delivering Level 3 critical care.

The proposal is to remove the Level 3 Critical Care and retain Level 2.

The Consultation document states

"Keeping a Level 2 CCU would help support the A&E department and help support the increase in planned surgery at the Horton General Hospital, with two teams of anaesthetists supporting the services".

1. It would be essential to see that this service is guaranteed and not a further service to be lost in the second consultation.
2. In March 2017 Simon Stevens, Chief Executive of NHS England, acted to make it much more difficult for hospitals to slash their supply of beds, after the dramatic loss of the facilities in recent years was widely blamed for exacerbating the winter crisis.
3. Stevens is introducing tough rules for hospitals concerning bed closures from April 2017 to ensure that patient care does not suffer.
4. Stevens' intervention, in effect, creates a new fifth test that will have to be passed by NHS managers planning bed closures. They will get the go-ahead **only** if they can prove that NHS care in the local area outside the hospital can ensure patients will receive good care; permission could also be given if it can be shown that a new medical treatment for patients with a particular condition means beds can be safely removed. It is understood that Stroke Care has already been transferred to the John Radcliffe from the Horton General and this is viewed as a sensible and effective move in the existing climate. **However:-**
 - The current consultation does not appear to reference this edict by Stevens at all.
 - There appears to have been a Policy of systematically reducing beds in various specialities at the Horton General during the previous months, it could be argued by OCCG that that these closures are not "significant" the definition being "*sufficiently great or important to be worthy of attention*" so not in conflict with Simon Stevens statement.
 - Prof Jane Dacre president of the Royal College of Physicians (RCP) said Stevens' plan was a step in the right direction. "However, the RCP would urge STPs to reduce the potential impact on patient care and have extra capacity in place before any bed closures occur." The OCCG has not provided **any** evidence that this is a measure that they have taken.

Yours sincerely

Theresa Goss
Clerk and Responsible Financial Officer to Bloxham Parish Council