

Cllr Andrew McHugh

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David Smith  
Chief Executive Officer  
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04 April 2017

*Dear David,*

**Ref: HORTON GENERAL HOSPITAL – TWO PHASE CONSULTATION**

I am writing to give my views on the two phase consultation and the proposals contained within it. Although these are my own views you should be aware that this consultation and the proposals put forward by the Trust and the CCG have succeeded in uniting the body politic of North Oxfordshire and surrounding areas. If you are not already aware, you should know that the consultation process and the proposals for maternity at HGH are opposed by at least five MPs and by *all* elected members of Cherwell District Council. Our opposition is based on what we hear on the doorsteps from our constituents.

If you were unaware of the unanimity of the political opposition to the two stage consultation process, I would ask you to now, even at this late stage, take note and cancel this consultation in favour of a single stage consultation that will look at the future of HGH as a complete entity. If, however, you are aware of the unanimity of the opposition but have chosen to press ahead regardless then your actions are high-handed in the extreme.

My views concerning the consultation and elements of the proposals are well known and you have heard them both at HOSC and at CPN. For the record and for the consultation I will list my views once again.

#### **TWO PHASE CONSULTATION PROCESS**

I have significant concerns about the process. These are:

- Confused and unclear two stage consultation process
- Interdependencies between stage 1 stage 2 content.
- Unavailability of key documents until 17<sup>th</sup> March meant it was impossible to give informed and intelligent consideration with the time scale of phase 1.
- Obstetrics at the Horton is in stage 1 but MLUs are in stage 2. The consultation must consider the whole obstetrics service together so that consultees can understand the Oxfordshire wide picture.
- Two stage consultation process inconsistent with the pre-consultation engagement exercise undertaken by the OUH FT. Despite the unpalatable nature of the emerging proposals, at the very least the HGH was being considered as a whole.
- A one stage consultation would highlight inter-relationships between the different clinical services seen as a whole.
- Two stage consultation will not consider holistic clinical inter-relationships. This is wrong and unacceptable.
- Cross boundary issues and unclear effects for patients in South Northamptonshire and South Warwickshire
  - At the HOSC meeting Nov 16, the Committee stated that the geographical detail should be easily identifiable so that the public can be clear about proposed changes to services in their locality. This has not occurred with the degree of clarity which is required.
  - Significant proportion of the users of the HGH come from outside Oxfordshire.
  - Only recently has there been dialogue at the commissioning, STP, primary care and social care levels. Too little, too late to provide clarity for affected patients could be provided.

For the reasons listed above I am implacably opposed to the two phase consultation process. I urge you now at this late stage to cancel this consultation and to work constructively with all elected representatives to design a consultation that will explore genuine options for the future of acute care and maternity in the north of the county, rather than the current process which appears to be designed to rubber stamp decisions already taken by the Trust and the CCG.

## **PROPOSALS IN THE CONSULTATIONS**

The proposals in the consultation are not all bad. The following I feel to be very good proposals

### **STROKE CARE**

You will be aware that CPN and KTHG both supported the proposals for acute treatment of stroke patients. It is quite clear that these patients need to be treated at the JR HASU. This represents the best acute stroke care for patients from the north of the county. We do, however, need confirmation that all rehab services for these patients will be available at HGH. My concern is that according to the consultation, this service appears to be available to Oxfordshire patients and not the whole area normally referred to as Banburyshire.

## **HOW WE USE HOSPITAL BEDS**

There is broad agreement on the work being done to keep the frail elderly out of hospital. I visited the Ambulatory Care Unit at the JR run by James Price and Lillian O'Connor and was very impressed. I was also pleased to hear that the step down beds at Banbury Heights Nursing Home are not resulting in additional spill-over work for local GP surgeries.

The following I feel to be very bad proposals

## **MATERNITY SERVICES AT THE HORTON GENERAL HOSPITAL**

The proposal to formalise the closure of consultant led obstetrics at HGH will be disastrous for the local community. Since the temporary closure the numbers of births has fallen from 120 per month to around 10 per month. This is a catastrophic loss of local provision.

Of the births that still take place at HGH MLU, on figures supplied by OUHFT, around 39% are transferred as emergencies to the JR using the ambulance stationed at HGH maternity until the end of the consultation. This shows the need for access to obstetric support close at hand.

The Trust and the CCG have shown a complete lack of imagination in trying to maintain an obstetric service at HGH. The trust claims it

- Is unable to recruit trust grade doctors,
- Cannot rotate training grades through a site that lost its training accreditation in 2012.
- Cannot run the rota safely with its current cohort of consultants

Cherwell District Council will be putting forward proposals as to how a sustainable obstetric service could be run from HGH. CDC should not have to produce this proposal. That the combined resources of OCCG and OUHFT didn't come up with such a proposal is indicative that their shared future vision for the delivery of healthcare in Oxfordshire did not include acute and /or obstetric services at HGH.

There is considerable distrust of OCCG/OUHFT proposals to remove obstetrics. There is a widespread belief that once obstetrics and SCBU goes, 24/7 paediatrics will go and with it anaesthetics. Once anaesthetics goes it will be very difficult to make the case for maintaining A&E at HGH.

I urge you to consider the CDC model for obstetrics at HGH in order that acute services can continue to be delivered there.

## **CRITICAL CARE AT THE HORTON GENERAL HOSPITAL**

The proposal to treat the sickest (Level 3) critical care patients in Oxford rather than the HGH with the HGH retaining a Level 2 high dependency care unit but without the ability to ventilate patients is further evidence of a vision of downgrading the Horton.

The Royal College of Anaesthetists recommends that Level 3 critical care should be present on the site of obstetric units. By promoting this critical care proposal, it is clear the CCG has de facto, accepted the closure of obstetrics at the Horton, further reducing anaesthetic cover and making the future of other acute services, including A&E, more uncertain.

#### **PLANNED CARE AT THE HORTON GENERAL HOSPITAL**

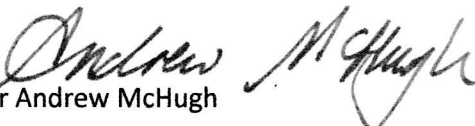
The offer of 90,000 additional planned clinical episodes at HGH is of course welcome but it cannot be a consolation prize for the loss of acute services.

The proposed transfer is not an altruistic offer on behalf of the Trust and CCG. It is a way of relieving pressure at the JR. I do not have a problem with that. What I would ask is that the Trust and the CCG recognise that both North Oxfordshire and **Greater Banburyshire** need a fully functional secondary health campus in and around the HGH site – a health campus that is truly worthy of the epithet '*fit for the 21st century*' unlike the usage in your consultation literature.

In summary I call on you as CEO of OCCG to:

- Halt the stage 1 consultation process and call for a whole system consultation to occur which includes cross boundary clarity for patients;
- Halt any further loss of hospital beds in Oxfordshire until the whole system consultation process has been completed which should include a realistic assessment of future A&E demand; and
- Initiate a rigorous and comprehensive appraisal of a fully integrated JRH and HGH obstetric service to develop a world class integrated two site training regime.

Yours sincerely



Cllr Andrew McHugh

Adderbury, Bloxham and Bodicote Wards  
Cherwell District Council