

NOLF (North Oxfordshire Locality PPGs' Forum)

Response to the "Big Health and Care Consultation".

The following comments arise from a NOLF steering group discussion and from individual responses from separate people within the NOLF's 12 GP Practices.

Summary:

There is widespread concern at the two-phase Consultation, particularly as the 'Big Conversation' was largely irrelevant or even unnoticed by most members of the public. All the services in question are closely integrated and to separate them with a 10-12 month interval makes no sense to the average patient and their carer.

Overall the responses indicate that there was little perception of any clear and easily available evidence having been provided to support the conclusions presented within the Consultation document. The late addition, albeit often difficult to find, of appendices was noted.

General comments:

How is the CCG incorporating the role of OCC's Public Health Directorate's services (the preventative arm of the NHS) in its proposals? How well have the current Joint Strategic Needs Assessments, as applied to North Oxfordshire, been incorporated within the CCG's plans and strategies? North Oxfordshire includes one of the most deprived wards, socially and economically, in the country, as well as in Oxfordshire.

How have the 'Equality Impact Assessments', (Page 9), been undertaken and measured for North Oxfordshire?

It is largely acknowledged that the lowering of the Horton's ITU from a level 3 provision, to a level 2 provision, is reasonable in view of the other proposals.

No-one can comprehend why Oxford-based OUH Doctors cannot work on placement rotas in the same way that, for example, Physiotherapists already do. Would this not ameliorate the clinical staffing issues, given that contractually, clinicians are appointed to work for all 4 OUHFT Hospitals, and not for any one specific Hospital?

Surely the Commissioners and the OUHFT, should see the Horton as a solution, rather than, as it would always seem, a problem. However, neither of them has explained the precise nature of the 'Horton Problem for the OUH'.

The reference (page 19) to 'Emergency Assessment Units', is good. However, will such be open 24/7, others in the County, it is reported, are not open at weekends?

'Acute Hospital at Home' on page 20, suggests 'pilots'. Given that there are already many of these in operation in different parts of the country, why not simply proceed and commission them?

With regard to the permanent closure of those beds, which have already been closed, allegedly temporarily, research from The Kings Fund states that to reduce the number of beds without prior investment in community services is not credible. In view of the fact that the provision of Community services of all categories, is not scheduled to take place until Part two of the OCCG's consultation, is it not irrelevant to raise this during part one of the Consultation?

There is a strongly held belief that Care Beds are not being fully used at the Chipping Norton Hospital (locally still referred to as 'Chipping Norton Community Hospital'), and that this may well affect the implementation of the proposals. There is a need for an urgent appraisal, outside of the Consultation, to establish whether the contract for the 14 Intermediate Care beds is being fulfilled.

There needs to be a very specific series of strategic proposals with regard to transport to and from the Horton, in relation to Banbury town centre, Banbury bus station, Banbury rail station, and from Brackley, Cropredy, Mollington, etc., including all the surrounding villages, to the south and to the south west, to Chipping Norton, et al, given the totally inadequate car parking availability on the Horton site, for staff, patients and their visitors/carers. This is not adequately referred to on page 24.

In addition, the services provided by SCAS (South Central Ambulance Service), are wholly inadequate for many patients for the current hospital provision, especially those in rural areas, and can only worsen as services become more remote - whatever happened to "care closer to home"? Response times to 999 calls are routinely reported as 40-60 minutes or more, with particular issues in Chipping Norton and villages throughout the north of the county.

Page 25 offers extremely positive proposals with regard to Dialysis, Chemotherapy, and the significant increase in various treatment and diagnostic provision. Will these be, however, a 'trade off' for the loss of those other services which undermine the public's confidence and have created enormous anxiety?

Obstetrics:

NOLF is not content to see the obstetric service withdrawn from the Horton. The group is not convinced about the capacity of the JR to absorb the extra work from the Horton, and is most concerned about the issue of patient safety, based on the transport requirements of patients to the JR. The group felt that more work must be done to explore options to provide an obstetric service in two centres (Oxford and Horton), rather than one. NOLF is also disappointed with the perceived lack of clinical evidence to pursue the withdrawal of the obstetric service from the Horton.

The removal of the provision of obstetrician led maternity services will not only affect pregnant mothers and their babies; in the event of cases where gynaecological day surgery at the Horton, unexpectedly requires an overnight stay, this will inevitably lead to great anxiety, as well as to family difficulty, where a woman has necessarily to be transferred to the JR in an emergency. Can the JR cope with this?


STROKE:

NOLF seeks a definite guarantee that the 'Early Supported Discharge Service' will be extended to the North Oxfordshire locality as soon as possible, and noted that local clinicians had been requesting this for many years.

It strongly supported the need for stroke patients to be admitted to the Hyper Acute Stroke Unit (HASU) at the JR, and for the Stroke unit at the Horton to be closed.

Horton Site:

NOLF members are concerned with the *lack of information about*, and the *lack of well-founded evidence for*, the planning, timescale and funding of physical improvements to the site and query whether a major redevelopment is feasible in the three year timescale mentioned, with this perceived lack of evidence/plans to make this happen. NOLF members query whether Dr Bruno Holthof, the CEO of the OUHFT, is intimately familiar with the full range of health sites in the county, including the Community Hospitals' sites, so as fully to grasp and to understand the significant implications of the wide variety of change options and how these proposals will inevitably affect patients and their carers.



Anita Higham. Chair of NOLF, April 8th, 2017.