

Formal Submission to the Oxfordshire Clinical Commissioning Group regarding the Transformation Programme Phase One consultation – SUMMARY

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Background

- The Horton General Hospital was a gift to the people of Banbury in 1872, and since then it has grown to become a busy district general hospital with a catchment of over 150,000 people.
- Recent decades have seen a number of threats to its services. In 2008, the Independent Reconfiguration Panel (IRP) concluded that that the Horton was an integral part of local healthcare infrastructure that must be protected, developed, and integrated more closely with other nearby hospitals.

Process

- Throughout this process, I have made it clear that I feel very strongly that the public should have had the opportunity to respond to proposals in their entirety. From the very beginning, I have opposed splitting the consultation.
- I have also had concerns about the timing of the consultation, given that the final fortnight has overlapped with purdah ahead of local elections. This has impacted on the ability of the Joint Health and Overview Scrutiny Committee (HOSC) to fulfil its role.
- It is impossible to understand the full implications of the proposals without knowing what will be put forward in Phase Two. I am particularly concerned about the domino effect; I have been told that removing obstetrics from the Horton will have an impact on the future sustainability of the anaesthetic rota, as well as training accreditation. This would jeopardise all acute services provided at the site. I believe it is disingenuous not to raise this issue in the consultation documents.
- I remain unconvinced about the level of involvement from other health providers in surrounding counties. The proposals rely heavily on their services, and it is unclear what impact they will have in terms of both capacity and on the population they currently serve.

Content

- The consultation exercise and the accompanying documents are deeply confusing and inconsistent. The public has only been provided with one preferred option. This makes it impossible for my constituents to make an educated and informed contribution to the consultation exercise.
- There is no proper analysis of the growth figures for our area versus the number of beds needed, or the demographic moving into newly built properties.
- Geography and travel times are my principal concerns, particularly for those in the north of the county. The CCG's reliance on Google Maps and blue light transfer times to justify decision is misleading and, in my view, undermines patient safety.

- My own travel survey, which I undertook between January and March, attracted 390 responses from people undertaking real journeys between the constituency and local hospitals. The results indicated that it is taking those from the north of the county an average of 80 minutes to travel to an Oxford hospital, with around a further 20 minutes needed to park.

Proposal One: Changing the way we use our hospital beds and increasing care closer to home

- I understand that people are broadly better out of hospital but the consultation does not pay sufficient regard to the inevitable increase in pressure on GP services and community care providers.
- There will always be circumstances when frail older people need a hospital bed. It is essential that they receive any hospital care closer to home, where possible, not least because partners and close family members are often elderly themselves and find travelling difficult.

Proposal Two: Planned care at the Horton General Hospital

- I welcome increased outpatient services at the Horton, including chemotherapy and dialysis. However, I remain very concerned that these should not come at the cost of current services. This will not be addressed until Phase Two of the consultation. Until then, I cannot formulate a view on this proposal.

Proposal Three: Acute stroke services in Oxfordshire

- In principle, I support the proposal for all patients diagnosed with an acute stroke to be taken by ambulance to the nearest Hyper Acute Stroke Unit (HASU) at the John Radcliffe. However, I am concerned about what will happen to these patients when they are discharged from the HASU, and the lack of clarity on the role that community hospitals are expected to play.

Proposal Four: Critical care at the Horton General Hospital

- While I recognise that the sickest patients should be taken directly to the closest Intensive Care Unit, I am concerned about the effect that removing Level Three Critical Care from the Horton will have on anaesthetic training.

Proposal Five: Maternity and obstetric services at the Horton General Hospital

- I strongly oppose the suggested changes to maternity and obstetric services, and I have real safety concerns for those currently using the unit.
- It is really worrying that mothers are not given details of pain relief options, ambulance provision and transfer arrangements in the consultation document. From my own engagement exercises, I know that many women are not aware of the difference in services between an MLU and an obstetric unit, particularly the fact that an epidural cannot be given in an MLU.
- The CCG has not been clear about ambulance provision, or transport arrangements for birthing partners and family members in the event of a transfer.

- I have been really worried to hear of families who feel that harm has been caused to their babies as a result of the temporary downgrade, and I know that current arrangements are causing a great deal of distress and discomfort to women in labour and their families.
- Capacity at the John Radcliffe and other hospitals is a serious concern, even before projected population growth is taken into account. Personalised care is so important, and I fear this will be jeopardised.
- It is not clear what impact the proposals will have on the future of the Cotswold Birth Centre at Chipping Norton, or whether it should be commented on in Phase One or Phase Two of the consultation.
- I remain convinced that the Trust could do more in their search for obstetricians by making job advertisements more appealing, involving recruitment agencies, and addressing the training accreditation issue.

Engagement

- This consultation has fallen short of the 'strong public and patient engagement' health service commissioners must demonstrate when undertaking major service change.
- Oxfordshire County Council 'strongly object to the proposals'. Cherwell District Council and South Northamptonshire Council have filed a judicial review against the CCG, supported by Stratford-on-Avon District and Banbury Town Councils.
- Public meetings have been badly organised, often held during the working day. The information disseminated has been inconsistent and incomplete.
- Local GPs feel that they have not been able to gauge what will be expected of them should any of the Phase One proposals be taken forward. My survey of GPs tells me that they have serious concerns and do not feel that they have been properly consulted.
- Engagement with minority groups has been lacking, particularly when it comes to the large Kashmiri population in Banbury. I understand that many in this community are oblivious to the consultation exercise taking place.

Conclusion

- This consultation is fatally flawed. It does not meet appropriate standards of engagement; it restricts patient choice; the clinical evidence base does not provide accurate statistics; and it does not have the support of local healthcare providers.
- The people of north Oxfordshire feel that changes are being done 'to them' rather than 'with them'.
- True consultation involves offering options on which the consultees can comment having seen the evidence they need to make informed choices. This is not the case here.