

## **THIS COULD BE OUR BIGGEST FIGHT EVER**

Consultant-led maternity, 24/7 Childrens Ward, Special Care Baby Unit, A&E, medicine, surgery, orthopaedics, and the Critical Care Unit are all under threat. See the Oxford University Hospitals Foundation Trust's "emerging options" link:-  
[http://www.cherwell.gov.uk/media/pdf/n/s/CPN\\_Agenda\\_Meeting\\_doc\\_140616.pdf](http://www.cherwell.gov.uk/media/pdf/n/s/CPN_Agenda_Meeting_doc_140616.pdf)

The OUHFT presented their "emerging options" for the Horton General Hospital at the Community Partnership Network meeting held at Cherwell District Council on 14 June. They said all options will need to be assessed for activity, workforce, finance and estates (condition of existing buildings) and there will be a full consultation in October 2016.

### Option 1

Option 1 is what we currently have at the Horton General Hospital. The OUHFT stated "Option 1 is the status quo but if we thought that was adequate ..... we would not be doing this exercise".

### Option 2

Under Option 2, the Horton General Hospital would:

- Lose A&E – downgraded to GP urgent care and Minor Injuries Unit
- Lose Acute Stroke and Rehab – downgraded to Rehab and Early Supported Discharge
- Surgery (elective day cases) – would be limited to 8am to 3pm
- Lose Surgery – elective inpatients
- Lose elective orthopaedic inpatients
- Medicine – elective day cases – would be limited to 8am – 3pm
- Lose Medicine – elective inpatients
- Medicine – non-elective inpatients – inpatient ward would be downgraded to frail assessment unit
- Lose Critical adult care (Critical Care Unit)
- Lose consultant-led Maternity – downgraded to Midwife Led Unit (ie no consultants or anaesthetists allocated to maternity)
- Lose Special Care Baby Unit
- Paediatric inpatients downgraded to paediatric observation and assessment unit (8-10)  
(We think this means open 8am to 10pm, ie no overnight patients)

### Option 3

Under Option 3, Banbury's Horton General Hospital would see:

- A&E retained as an "integrated urgent care centre with ED function + out of hours + minor injury unit + walk in centre";
- Lose Acute Stroke and Rehab – downgraded to Rehab and Early Supported Discharge
- Adult Critical Care – retained but in the form of a High Dependency Unit on-site + "e-ICU"
- Lose consultant-led Maternity – downgraded to Midwife Led Unit (ie no consultants or anaesthetists allocated to maternity)
- Lose Special Care Baby Unit
- Paediatric inpatients downgraded to "paediatric observation and assessment unit, assessment and clinical decision unit (24/7)"

Keep the Horton General campaigners, midwives, SCBU staff and members of the public have publicly come out against the options. A survey of GPs in the area, by former practice manager Andrew McHugh, demonstrated that they were "overwhelmingly against the MLU on the grounds of safety".

“What can I do?”

The MOST IMPORTANT thing you can do is to write to the Oxfordshire Clinical Commissioning Group via your GP. This is because the OCCG / GPs are in charge of commissioning services.

Tell them how much we need the full services of a General Hospital that provides all the services currently under threat in Banbury, and explain why. You might consider safety, cost, travel difficulties, the growing population, and the effect on the lower income and disadvantaged families. If you can illustrate your email or letter with a personal experience, that will make it more powerful. We need THOUSANDS of you to write so PLEASE do this.

Copy your GP letter to your MP and to us at [keepthehortongeneral@hotmail.co.uk](mailto:keepthehortongeneral@hotmail.co.uk)

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See our website ([www.keepthehortongeneral.co.uk](http://www.keepthehortongeneral.co.uk)) and our Facebook group (Save Our Horton) for more ways you can help. You can also get regular updates by subscribing to our email list (send an email to [keepthehortongeneral@hotmail.co.uk](mailto:keepthehortongeneral@hotmail.co.uk) to join).

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