To: All members of the SWOL PRG

Copies: Dr Julie Anderson. Jean Nunn-Price Chair HealthWatch Oxfordshire.

**From: Martin Tarran-Jones** 

Date: October 9th 2014

For many of us the first we knew of plans to close beds at the Didcot Community Hospital was the Oxford Mail article, published on March 26<sup>th</sup> 2014. (See end of this memo).

When I raised the issue at our April SWOL PRG meeting it was clear that Nick Elwig (representing the SWO CCG) didn't have much information to add.

#### **Background Information:**

The community hospitals in our County are run by the Oxford Health NHS Foundation Trust, not the Oxford University Hospital Trust.

Their stated reasons for closing 12 out of 26 beds at the hospital were:

- ❖ 8 beds were temporary, to help relieve "winter pressures."
- ❖ 4 of the permanent beds were being closed due to their inability to recruit staff and the lack of medical support from GP's.

It's of course the 4 permanent beds (a reduction from 16 to 12) that we must be most concerned about.

With regard to GP medical ward support: Until the end of March 2014 Principal Medical Ltd (PML) were contracted by the Oxford Health NHS Foundation Trust to provide medical support to the County's community hospitals. Even prior to their contract ending, GP's had made it known that the pay they were receiving for supporting community hospital patients was insufficient to cover their costs. As a result, PML requested Oxford Health NHS Trust to provide more cash, which they refused to do. (NB: The NHS England GP contract does not cover the work that GP's undertake of this nature and therefore they are paid separately for it).

Once the PML contract for medical support ended, Oxford Health NHS Foundation Trust took over the role. The reasons that the GP's in Didcot have subsequently pulled out of providing the medical support are these, as I understand them:

- Too much pressure from their own patients for GP appointments to be able to afford half day sessions at the hospital
- Insufficient cash to cover costs for replacement cover, etc.
- ❖ But, the straw that broke the proverbial camel's back was a new demand from the Oxford Health NHS Foundation Trust: that GP's should provide assessments for all patients on arrival at the hospital whenever that might be in the 24 hour cycle. This was unacceptable and indeed unworkable.

At a meeting with Oxford Health management in September, attended by the Locality Forum Chairs, they did confirm that my understanding, as above, was correct and also agreed that the same sorts of pressures were impacting their other community hospitals. They also provided further information, as follows:

- They work to a block contract from the Oxfordshire Clinical Commissioning Group to provide: "episodes of care," not numbers of beds.
- ❖ They explained that as they have habitually over-performed in the past (for which they do not get paid) the reduction of beds at Didcot had not impacted their overall contract compliance.
- ❖ Their strategy to deal with the GP medical support issue is to recruit their own GP's, with geriatric experience. They reported that thus far they had recruited 5 or 6 and were trying to find more. This will over time reduce their reliance upon Practice GP's.
- They confirmed that finding suitably qualified nursing staff for their community hospitals was an increasing and ongoing problem for them. Simply, without adequate staffing, beds have to be closed. (They said the same applied to finding qualified nurses for any jobs including their duties to supply district nursing care).

#### Areas of public concern:

- ❖ Our first intimation of these changes came from the newspaper article reproduced below which was not helpful. With the CCG Forum consultation structure in place it would be useful if these problems and changes could have been communicated with full explanations prior to the event. This would have enabled us to deal with public concerns much better. (Bear in mind that the Community Hospitals are a county-wide resource for clinicians and their patients so that what happens in Didcot in fact affects the whole county).
- ❖ Do the current 9 Oxfordshire Community Hospitals feature in the long term plans of both the CCG/OUHT and the Oxford Health NHS Foundation Trust? If not, what is the long term plan for them and will they remain as part of Oxford Health or, be transferred to the Oxford University Hospital Trust?
- ❖ At the CCG's recent AGM on September 26<sup>th</sup> we learned again of considerable management concerns over the recruitment of Doctors and Nurses. We were told that despite the high costs of living in both the City and the County, that Oxfordshire NHS staff does not enjoy "London Weighting" with regard to their pay. This is however available to them over the border in Reading, which is proving an attraction to Oxfordshire based NHS staff. Is this matter being dealt with and on what timescale?
- So, apart from what we learn of NHS staff shortages in the National Media, we now have this confirmed by both the CCG and the Oxford Health management. As most incoming GP's are wishing to work part time there is the added challenge that the UK needs to train nearly twice as many doctors as historical demands would suggest. With many GP's reportedly leaving or planning to leave practice, how are these management and public concerns to be dealt with?

Kind regards

**Martin Tarran-Jones** 

**Chair, Woodlands Medical Centre Patient Group** 

For Oxford Mail article, please read below:

### Community hospital bed numbers halved

8:00am Wednesday 26th March 2014 in News



Community hospital bed

numbers halved

THE number of beds at Didcot Community Hospital are to be halved in a move described as "dreadful" by a town leader.

Health bosses are to axe eight extra beds brought in last November to deal with demand over the winter. A further four will be closed temporarily over a lack of doctor cover, they said.

The moves – to take effect from Tuesday – will reduce total beds at the Wantage Road hospital from 24 to 12.

The hospital has one ward, plus dental, physiotherapy and podiatry services.

Didcot Town Council leader Margaret Davies said: "Didcot deserves better than this.

"Our access to medical facilities is totally inadequate. We are hoping for them to be improved in the very near future, not reduced.

"We have a high percentage of elderly in deprived areas and to cut their access to this care is dreadful."

Patient Voice chairman Jacquie Pearce-Gervis said it would hit efforts to tackle bed-blocking problems.

The hospital and similar sites take patients from major hospitals such as Oxford's John Radcliffe, to stop beds there being "blocked".

Ms Pearce-Gervis said: "It is very worrying, especially at this time when bed-blocking is so poor.

"That means 12 extra people won't be able to leave other hospitals to move closer to their local hospital."

Alistair Duncan, spokesman for Oxford Health NHS Foundation Trust, which runs Didcot hospital, said: "We are temporarily closing four beds, from 16 to 12, as we have insufficient medical cover to have 16 open safely.

"Local GPs who provide medical cover at Didcot hospital are managing increasingly complex patients within the community. They cannot safely commit to managing more than 12 patients currently."

The winter beds were only planned to last to April, said Mr Duncan, who could not estimate when they would re-open.