



Dr Bruno Holthof
 Chief Executive
 Oxford University Hospitals NHS Foundation Trust
 John Radcliffe Hospital
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Dear Bruno

I write to you with considerable concern as to the immediate future of the Horton General Hospital, and request that you take urgent action to ensure that the provision of acute services for the patients of North Oxfordshire continues at the Horton site. There is an immediate risk that maternity services could be withdrawn in September, and considerable concern as to the future stability of the trauma unit.

As you know, we were engaged in a consultation process in which the future of the provision of Accident and Emergency, trauma, maternity and paediatric services at the Horton General Hospital, was being considered. This consultation process has not formally started, and we had been told it would come to an end in spring 2017. There is concern that staff who are supportive of services in Banbury are specifically being excluded from these discussions.

In addition, there is also real concern that services will be removed, or disintegrated or fatally destabilised, before the consultation process has started, let alone before it is finished. To an outside observer, it would seem that the Horton is being set up to fail and that the downgrading of the maternity unit will act as a catalyst and excuse to remove the remaining acute services.

On 20th July the OUHFT announced that staffing numbers could fall below a safe level in September. We are now in limbo, with the situation far from clear. What is apparent is that we are not being consulted on the changes which are taking place on the ground. I would ask you to clarify what steps have been taken to ensure that there is adequate medical staff for the maternity unit at the Horton Hospital.

In recent days I have had several conversations with senior consultants at the Horton General, who have said that recruitment is not just a problem for maternity, but that all acute services are now at risk. It becomes increasingly difficult to recruit junior staff when the immediate future of any service is difficult to predict.

The domino effect is particularly strong in a small hospital; for example, if anaesthetic cover is no longer needed in maternity then anaesthetists – who also cover accident and emergency and trauma services – may be moved to work at another site. They feel, bluntly, that posts are being made deliberately unattractive because of the desire of the OUHFT to reduce acute services at the Horton site, and that generally services are being run down and posts not filled. There are concerns that problems with recruitment are being used as an excuse to consider a service to be unsafe and therefore reduce or close the service.

The Trust has a duty to provide safe services across all of its sites. There is no clear reason why medical staff could not be asked to work in Banbury while the future of any vulnerable services is discussed without the pressure of imminent closure. If the OUHFT were genuinely committed to keeping acute services at the hospital, I would have expected some creative thinking. Could not a way be found to encourage staff to work in Banbury? Can they not be asked to do so in their contractual terms? Of course an on call of one in four, with minimal junior assistance, is less attractive to a surgeon than an on call 1/14 with considerable junior back up.

I understand that in trauma, a consultant has proposed a solution which would involve the building up of services at the Horton General, and which would potentially save the Trust some £750,000 per annum. Apparently this has not been given serious consideration, though the trauma unit at the Horton General achieves excellent results. This expansion would be impossible if the trauma ward is moved into the medical unit with a reduced number of beds. I would be interested to know your reaction to this suggestion.

It seems to me that the model that is working well with the trauma service should be looked at more closely. In Banbury there are only five consultants but the middle grade juniors are experienced; this means that although on-call is frequent the volume of activity is acceptable. There are close working relationships with the trauma service in Oxford which allows patients to be transferred between both sites. Complex cases are dealt with in Oxford, and the more routine patients are transferred for management in Banbury when there is limited capacity in Oxford. This two-way transfer of trauma patients could be expanded with considerable cost savings for the Trust and a better service for patients. There is no obvious reason why this model should not be adapted to use in all the acute services at the Horton Hospital. It requires consultant staff who work (almost) exclusively at the Horton, and is likely to be substantially cheaper for the Trust. It also has the benefit of being preferred by patients.

If the problems are related to national shortages of medical staff, then I am happy to assist in any way I can with discussions with the Department of Health. Meanwhile, if there are specific immigration issues – I am aware that some Ugandan doctors have been found who would like to come to work in maternity – then please do let me know if I can help. If the goal is to keep acute services functioning then we will pull together as a town with the Trust to help achieve this.

If we do not keep consultant-led accident and emergency, trauma, maternity and paediatrics at the Horton General I am deeply concerned that lives will be lost in transit. The transfer to the John Radcliffe site is particularly difficult in times of heavy traffic. Real worries have been voiced, not least from consultants working at the John Radcliffe, that there is insufficient capacity to receive the extra numbers of patients from the north; some 1,200 extra births per annum for example. Patient safety must be paramount, and we need real evidence that the health of my constituents will not be put at risk by changes to services. I would be grateful if you would share with me any risk assessments which have been prepared as part of the contingency planning. It is not appropriate to make major changes of policy without a full evaluation, and on the basis of staffing issues alone.



Of course safety issues are the greatest concern, but it is fair to say that the removal of acute services from the Horton General site would **cause** considerable inconvenience and distress to those living in the north of the county, including the second greatest area of deprivation after Blackbird Leys. A model of service provision which suits urban areas, is not appropriate for rural north Oxfordshire, where there is little or no public transport, and parking at the John Radcliffe site is extremely difficult, and journeys often take more than an hour at peak times. I am worried that the fathers of babies transferred during birth will not be allowed to travel in the ambulance with the labouring mother. It is well known that contact with family is significant in patient recovery, and this will be much more difficult, especially for the elderly who make up such a significant part of the patient group.

I have for many years been a vociferous supporter of the OUHFT, and have, together with other volunteers, raised many hundreds of thousands of pounds for Children's services. The Horton General can benefit enormously from being part of such a Trust, but only if it is treated as a serious part of the solution to meeting patient needs. We must not forget that the Horton General Hospital was given to the people of Banbury by Mary Ann Horton and her family almost 150 years ago. I believe we should bear the spirit of that gift in mind when making plans for the hospital's future.

I ask that you now take action to ensure that sufficient staff are provided while we engage in a proper consultation process about the future of maternity. This consultation cannot take place under the threat of closure. I would also ask that the reduction in the trauma service in Banbury should be suspended whilst the potential to move patients from Oxford is properly explored.

Without this, the consultation process is meaningless. I look forward to receiving your reply or meeting with you shortly.

Yours,
Victoria

Victoria Prentis MP

Cc:

David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group

✓ Councillor Yvonne Constance OBE, Chairman, Oxfordshire Joint Health Overview & Scrutiny Committee

Councillor Barry Wood, Leader, Cherwell District Council

All Oxfordshire MPs

Rt Hon Andrea Leadsom MP

Nadhim Zahawi MP