



**Oxfordshire
Clinical Commissioning Group**

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Dear Yvonne

Re: Phase 1 - Big Health and Care Consultation

Thank you for your letter of 13 March 2017 and we look forward to discussing these matters further with the Joint Health Overview and Scrutiny Committee (JHOSC) in due course. Naturally, we think it imperative that health and social care bodies work together to deliver the integrated services which our communities need, although we are mindful of the care we need to take not to prejudice other processes you have started. Specifically, your decision to refer Oxford University Hospitals NHS Foundation Trust's (OUHFT) decision to temporarily close consultant led maternity services at the Horton, see more below.

In specifically responding to each point raised using your lettering system and on which we will expand at the next meeting, our comments are:

- a) We set out the reasons for moving to a two phase approach in our note prepared for the JHOSC meeting on 17 November 2016 and discussed this during the actual meeting. Specifically you will recall that we thought it important to move forward with *'those areas where there are the most pressing concerns about workforce, patient safety and healthcare'*. However, we were *'clear that our proposals for community based care would benefit from continued development with a wide range of stakeholders prior to us launching a public consultation on any service change'*.

In response to this paper recorded in the minutes of the JHOSC meeting on 17 November 2016 *'Members of the Committee then, in discussion with Diane Hedges and Andrew Stevens AGREED to approve the consultation Plan as presented and to AGREE that the OCCG should proceed with Phase 1 of the consultation in January and requested that:*

- *With regard to options relating to obstetric/midwife-led units in the north of the county – if any proposal impacts on any surrounding services, then information on this should be included in the consultation;*
- *Options around the closure of any other service at the Horton Hospital be included and considered together, for example emergency abdominal, viability of paediatric care, Accident & Emergency – and if they are not included in the first phase, then nothing in the first phase would prejudice the second phase;*
- *Proposed delivery of planned care at the Horton would be included in the consultation paper and the impact of changes in GP delivery would be made clear;*
- *That the geographical detail be easily identifiable so that the public can be clear about proposed changes to be made to services in their locality; and*
- *Clarity on the meaning of ‘ambulatory care’.*

Given the information provided, which includes the paper provided to the JHOSC for the 17 November 2016 meeting and other documents provided for public consideration during the Phase 1 Consultation, which includes the PCBC, then we do think we have set out the overall vision for the provision of health services in Oxfordshire. However, we do think more needs to be done to explain the integrated health and social care provision on community based care for Phase 2.

In the Phase 1 Consultation document we clearly seek views on proposed changes with regard to:

- How we use hospital beds
- Planned care at the Horton General Hospital
- Acute stroke services
- Critical care at the Horton General Hospital
- Maternity services at the Horton General Hospital

In consulting the public we are mindful of the need to put forward realistic options which we believe, on the basis of the process undertaken to date, are viable to implement. Further, we will consider alternative solutions and options which are put forward during the process we are undertaking, which includes the public consultation.

- b) We have provided a ‘Glossary of Definitions’ with the Consultation document and will look at that again, but think technical language has been avoided as far as possible.

As to case studies, you will note that the consultation document concentrates on giving the public the information we believe they need to understand what we are proposing. Where possible during events and conversations with consultees we have used case studies of patients and how the proposals will affect them. However listening to the feedback from consultees we will, for Phase 2 provide case studies to illustrate the proposals / options.

Not all current services at the Horton Hospital are impacted on by these proposals. Therefore the consultation document concentrates on those on which we want the public’s view.

- c) As you are aware we are working with the County Council through the STP process. Further, NHS England has recently announced an assurance process to address prior to closing beds. This will be worked into our implementation programme and no beds will close until we are assured it is safe to do so.

In addition OCCG is considering establishing an independent advisory assurance panel to support implementation of all the decisions we make following this consultation which we hope will provide both the JHOSC and the public with additional confidence. We would welcome your views on this and will be happy to expand on the role of that Panel when we meet.

- d) Given the decision of the JHOSC to refer temporary maternity decisions taken by OUHFT to the Secretary of State then we think we need to be careful not to prejudice that on-going process. Naturally, we will carefully consider the views of the Secretary of State and IRP in due course. Further, we are very aware of the views expressed by MPs and fully appreciate the emotive nature of changes to maternity services. However, you will appreciate that the safety and welfare of patients and staff are of paramount importance to the CCG in commissioning services. To support our understanding on these issues we also have an independent view from the Clinical Senate, and the view of local clinicians to develop the options on which we are consulting.
- The current proposals on maternity are clearly set out in the Big Consultation document, see pages 33 to 41, and will be further expanded on across Oxfordshire during Phase 2. However, as you will appreciate, we must keep an open mind as to realistic options which could be viable and consider the views of the Secretary of State and IRP in due course.
 - As requested:
 - At the end of January 2017, which is the current point we have validated data for, 25 mothers transferred from the Horton General Hospital to John Radcliffe
 - The travel time, as set out in the validation session with the Community Partnership Network on the 28 November was defined as being thirty nine minutes (Off Peak) between the Horton General Hospital and the John Radcliffe
 - Future ambulance provision is currently a static ambulance stationed outside of the maternity unit, but cannot be finally modelled till a decision is taken.
- e) We are clear on the need to maintain an open mind and not predetermine decisions, given the two phases of consultation we are undertaking. This, in our opinion, is evident from our approach. This approach will be overseen by your Committee and our regulator, NHS England.
- f) As to plans on investment, I hope you will appreciate that we must make a clear decision first and then a Full Business Case will be prepared by the provider.
- g) It is OUHFT's intention to develop multi-story car parks across all its sites. This will reduce the overall footprint of the car parks across the sites, and improve traffic flow within the site and allow new technologies to be implemented. Further discussions will be required with the local planning departments in scoping these proposals.

- h) We do fully appreciate our statutory obligations, which clearly require us to assess equalities and inequalities, as is set out in:
- s.149 Equality Act 2010 – which relates to the public sector equality duty
 - s.14T NHS Act – the duty to reduce inequalities of access and outcomes.

These are on-going duties and we have undertaken analysis throughout this process to inform our views. Following analysis of the responses to the consultation then we will further consider how these views inform the decisions which we have to take. Naturally the CCG Board will be provided with detailed information on the equality and inequality issues and will also consider what further actions need to be taken as we move to implementation of decisions made.

- i) We have appropriately engaged with our neighbouring areas.

The CCG intends to make a decision on the options set out in Phase 1 early summer 2017.

Yours sincerely



David Smith
Chief Executive



Dr Joe McManners
Clinical Chair