Responses from Primary Care

Chairman, Oxfordshire Local Medical Committee

The following is a personal view which has not discussed with others in the LMC:

"Overall Oxfordshire has workforce shortages and inadequate resources (like the NHS in general) that cannot deliver the perfect gold standard local NHS
Medical staffing is the key issue and despite the apparent belief (that OUH have not tried hard enough) amongst those against the maternity changes, I do believe that there are not enough staff of sufficient quality out there.

At a past HOSC, the medical lead for OUH was convincing in her evidence based belief that incurring travel time was a safer option than diluting maternity services in both Oxford and Banbury. I support this view which is in keeping with the joint OUH/ICCG position of looking at Oxon maternity services in general."

View of GP in Banbury, supplied by LMC:

"So far the GPs at my practice haven't noticed much negative feedback from patients about the change to maternity at the Horton, even against the background of OUH planned care being as bad as it is (as is much of the rest of the country). There has been the occasional horror story in the Banbury Guardian, but even those have been few and far between, which is saying something (the BG has been unremittingly hostile to the maternity change). I've even seen a primip planning to deliver there, which is somewhat new."

To answer the questions:

1. What has been the impact and experience for your services of the closure of an obstetric unit at the Horton General Hospital?

   Response: *Pretty minimal, really.*

2. Information on the experience of the patients and GPs involved in maternity care since the closure of the obstetric unit at the Horton General Hospital?

   Response: *Pretty minimal, really.*

3. The draft long-list options (dated 29th Nov 2018) for an obstetric unit at the Horton General Hospital?

   Response: *The draft list was too long and included options that should never have been publicly discussed, such as GPs doing C sections.*

4. Any examples you are aware of innovative practice from a GP perspective which allows small obstetric units to be run and staffed, safely and sustainably.

Response: *No. To be honest, the less maternity work GPs do, the happier I'll be. It's yet another set of clinical risks for which GPs are increasingly less prepared and trained.*

5. Summary of the clinical standards for GP's which would be most important in assessing the safety of an obstetric service? What weight should these standards be given when assessing options for provision of services in future?

   Response: *Clinical outcomes, including accessibility to regular maternity appointments, evidence of clearly planned and followed pathways for development of complications in pregnancy and delivery, robust assessment and learning from significant events, and good after care including breastfeeding support.*

6. What do you think would be the impact of a permanent closure?

   Response: *Assuming you mean permanent closure of consultant care and continuation as a midwife led unit, relatively little impact. Closure of the MLU would be catastrophic.*

GP Practice Manager (Warwickshire):

The only issue for us has been a reduction in choice for local women about where they have their baby.

British Medical Association, Industrial Relations Officer:

Nothing to add.