Responding to Part One of the consultation on the Horton's future

Oxfordshire County Council and three district councils have reflected public opinion by rejecting the Oxfordshire Transformation Plan (OTP) consultation because the split format on the Horton's future has introduced fatal flaws.

What is being consulted on in Phase One is impossible to consider without further information of what is in Phase Two. This means we are being asked to comment on **matters that are not clearly defined, using information that is non-existent**. Therefore we are recommending two things:

1) At this stage it's wiser to **ignore the questionnaire** on the Oxfordshire Transformation website. Not only does the split format make the questions meaningless, but also **the questionnaire itself is dishonestly worded and our responses could be interpreted as supportive of a downgrade**.
2) Instead of answering these skewed questions, we recommend you to **write directly to the CCG**, setting out your views in a way that can't be misrepresented.

Below is a template for a response letter you can use as a short guide or to copy as your own email or letter as you prefer.
The KTHG Guide consists of longer 'chapters' on the major consultation elements to show where the deficiencies are in the plan and give you evidence you may wish to add to your own response. These chapters come under the headings Maternity, Split Consultation, Consultation/Engagement, General Points (A&E, GP/Primary Care, Ambulance Service etc). If you need any further help or would like to make any useful suggestions, please contact us at keepthehortongeneral@hotmail.co.uk

Proposed letter in response to the Oxfordshire Transformation Plan

Dear OCCG,

In response to Phase One of your consultation on the proposed Oxfordshire Transformation Plan (OTP), I would like you to take the following points as my response in rejecting the proposals:

1 Splitting the consultation has rendered it invalid. Intelligent response to Phase One proposals is impossible without information to make a judgment, while Phase Two will depend on the successful rubber-stamping of all proposals in Phase One. The most glaring example of this is the consideration of Midwife-Only and Consultant-Led Units in separate consultations.

Another major case is GP provision and Primary Care which is the intended support framework to take place of inpatient beds that have already been closed, and indeed the whole downgrading of the Horton. The proposal is to confirm these bed closures before the un-evidenced, un-proven new system is in place. OCCG January minutes suggest provision of this care may not prove possible. **This is unacceptable. The level of danger to patients and responsibility on innocent health professionals is unreasonable and entirely impermissible.**

The OTP itself makes repeated references to staff being difficult, or impossible to recruit, e.g. that 800 domiciliary staff posts are vacant, without any ideas on how these might be filled.

There is nothing to confirm that 30,000-50,000-patient 'GP federation' surgeries mentioned could be safely run and managed.

The OTP plan is full of irrational, unreasoned statement. The 'ambulatory' model proposed for the Horton is consulted on in Phase One, with the all-important practical details in Phase Two. The proposed Hyper-Acute Stroke Unit model will also not be fleshed out with vital facts until Phase Two.

Statistics to justify losing Level 3 CCU (ventilation) are distorted in favour of the JR while the Horton medical service needs Level 3 support not only for very sick local patients but to

enable A&E (Phase Two consultation) to continue, fully enabled. Almost all the proposals for service losses and downgrades in Phase One will have huge repercussions for Primary Care and Social Care services – again to be considered in Phase Two.

The increasingly cash-strapped Oxfordshire County Council – responsible for Social Care – has rejected the proposals' format because it cannot plan without information to judge what is possible in terms of ever-diminishing infrastructure, staffing and finance; possibly available in Phase Two. In addition, hospital staff, essential to moving hospital care to the community, have largely rejected entreaties to transfer to that visiting workforce.

2 I oppose absolutely the changes in Maternity and SCBU. Not only will permanent removal of these will eventually render other 24-hour services such as Paediatrics, Anaesthetics and A&E unviable but they will also create truly dangerous conditions for mothers giving birth in Banbury or travelling to Oxford, Warwick or Northampton.

As the Independent Reconfiguration Panel (IRP) stated in its 2008 recommendation for retention of Horton acute services, Oxford is too distant for expectant mothers to travel for obstetric delivery. The proposed midwife-only service (MLU) in Banbury for 200 – 500 births is an horrendous prospect since we know 40% of babies born during the 'temporary' Horton MLU have had to be transferred during delivery or because of post-delivery complications. There has also been one tragedy with a baby left with life-limiting damage. This, as the IRP stated, is not a better service for the catchment of the Horton.

Early reports evident in OCCG minutes show the take-up of use of the MLU are below expectations and unacceptable damage (perineal tears) to mothers are occurring. The minutes also declare the stand-alone midwife unit to be 'an outlier, due to distance' – your own admission that this is not a suitable arrangement for a very large population.

I reject the argument that Banbury's obstetric unit is unsustainable because of the loss of training accreditation. There is nothing in the plan to persuade us the JR can accommodate the extra deliveries. JR staffing has been supplemented by the Horton's obstetricians but recruitment in Oxford is notoriously difficult because of its high cost of living and OCCG January minutes show there are unacceptable gaps. ***Professionals do however want to move to Banbury – providing it is without a downgrade hanging over the Horton – as the 50 applications for middle grade doctor posts indicate***. A JR unit delivering up to 8,500 births, predicted in the plan, is the height of folly. For real improvement, the quota could and should be split to allow the Horton's training accreditation to be restored to allow full, safe, easily-filled obstetric staffing for Banburyshire's community - whose increase by a fifth in the coming decade will add crucial numbers to the quota rules.

3 The loss of 46 medical and trauma beds is catastrophic. Cutting beds does not reduce disease or trauma. Oxfordshire is desperately short of beds. Closing beds will not prevent health crises. The CCG knows, without doubt, that it is the lack of Social Care funding at local authority level that has caused Delayed Transfers of Care (bed-blocking), not a failure of hospitals. This is like demolishing a home because the cooker needs more fuel. The district hospital must not be disabled before the alternative has been fully established and proven.

4 Consultation and engagement: Before this secret plan was published, engagement was lamentable, inadequate and in some places against Department of Health guidelines. The OCCG appears to have based this wholesale change from hospital to untested, un-staffable community care on the Post It notes of 360 already-aware members of the public from a county of nearly 700,000 individuals. There was apparently a survey of 900 members of the trust itself, of whom only 200 replied. This cannot be said to be representative.
The majority of Horton staff are dismayed at the attack on this successful, popular District General Hospital. If they had been truly consulted, there should be some direct evidence of it in the plan. Instead it appears Oxford medics have succumbed to fashionable centralization and the political pressure of the cost-cutting Sustainability and Transformation project.

The plan admits it has pushed the case for permanent loss of obstetrics using the words '*to be described in terms of benefit to patients and clinicians*' – knowing well it will not be of benefit to patients, however much it might be desirable in managerial and financial terms.

Public consultation has been utterly inadequate. The style of public meeting has been skewed entirely towards indoctrinating the public towards the intended outcome. Meetings and the response sheet have included one-sided propaganda exercise to effect centralisation, limiting numbers of attendees to minimal representation and using meeting time with slanted, 'persuasive' videos. Vital information has been manipulated to diminish the work and accomplishment of the Horton in favour of the large numbers treated at the JR.

The Transformation website is designed to make it almost impossible to find honest information; anyone wanting genuine information must navigate dislocated links, many hundreds of pages of unintelligible text and many appendices that are not published. Instead the visitor is immediately faced with a full page link to the response form, contorted to make it almost impossible to make a determined challenge to the plans, especially to those who are inexperience in these 'public consultation' processes. GP surgeries were not furnished with plan copies as promised. There has been no admission anywhere of the majority of GPs' outright, unequivocal opposition to downgrading the Horton.
Language used in the consultation paper/pre-consultation business case/appendices has been reviewed by NHS England and doctored to ensure it psychologically appeals to readers, leaving the reality of the changes unspoken.

5. There is no evidence of adequate, essential prior consultation between the CCG and the ambulance services of how this plan can work in practical terms. Swapping a fully operational district general hospital for a day centre with acute cases and emergencies transferred to Oxford cannot work without sufficient blue-light ambulance cover that clearly has not been shown as possible.

Mr. Justice Mann in the High Court ruled that for public service consultation to be legal it required "***adequate and sufficient information to enable intelligent considered response***". It also ruled those consulted should see something of what they contributed in eventual decisions. The drift of CCG behaviour is to avoid opinion other than its own plans and desired outcome, which flow smoothly on paper but reflect recent British Medical Association claims of being ***unworkable***. High Court decisions not only reflect proper process. They evaluate rationality and reasonableness. Elements of the plan are in breach of proper process and an unreasonable proposition to put out to consultation.

I would ask the CCG to consider all these points carefully and reject these proposals which will inevitably lead to a diminution in the quality and quantity of all NHS care in Oxfordshire.