

GUIDE – SPLIT CONSULTATION

OCCG has split consultation on proposed changes in Oxfordshire health services into two sections, giving the public no opportunity to see how decisions taken now on the Horton General Hospital might be affected by matters (some still not finalised) that will not be consulted on until November at the earliest (according to January CCG minutes). This makes the current consultation devoid of essential information, imperfect, unbalanced and unfair.

The split consultation can be seen on almost all pages of the OTP. Readers will see references to ‘we will be considering this in Phase 2’.

Phase 1 (current consultation) includes:

- 1) CCU (critical care unit) to exclude ventilation for very ill patients
- 2) Stroke care – new protocols
- 3) Consultant-led maternity and emergency gynaecology permanent removal
- 4) Special Care Baby Unit permanent removal
- 5) Adult medicine (36 beds closed)
- 6) Trauma (loss of 10 of 28 beds)

2) Phase 2 includes

- 1) 24-hour consultant-led Horton Children’s Ward to become ‘ambulatory’
- 2) Horton General Hospital’s Accident and Emergency Department to be downgraded
- 3) Access to GPs
- 4) Joining up Health and Social Care services (a major element since most social care is in the private sector, not the NHS)
- 5) Use of technology – in which patients will be consulted via tablets/smart technology instead of in person
- 6) Mental Health services which are worryingly inadequate
- 7) Primary care – the cornerstone for the entire plan to move care out of hospitals to home or care homes
- 8) Replacement of consultant-led maternity units for midwife-only units (home birth in hospital);
- 9) Future of midwife-only maternity units
- 10) The future of community hospitals
- 11) ‘Other ideas’ being developed.

The Bucks, Oxon and Berks STP (BOB STP), of which the Oxfordshire Transformation Plan is a major part, was designed with a single consultation on **all of the Horton’s acute services** (See p89 of the BOB STP). This has been changed between October - January. It seems the OUHT/OCCG felt this

would cause an intense outcry, calls for re-involvement of the Independent Reconfiguration Panel that rejected Horton downgrading in 2008 and a long delay to the nationwide STP project. Deputy CEO of the CCG, Diane Hedges, told CPN this intervention would cause a year's delay which could not be afforded by the deadlines. Campaigners believe division of the consultation is designed to make it easier to achieve downgrading of the Horton piecemeal.

The paper describes A&E and paediatric services still being 'worked up'. This is unacceptable. Splitting consultations about consultant-led and midwife-only maternity units is extraordinary; impractical and unworkable. The two MUST be done together. Mothers, residents, GPs and other stakeholders must know what service will be in place before they can give an informed opinion about consultant-led units.

The OTP denies patients and the public any knowledge, information or discussion about future service provision which is directly affected by the services in consultation now that directly and indirectly affect 'phase 2' proposals. Details of proposals in phase 2 are essential to inform any meaningful consideration or response to this document. Lack of this information renders this consultation unworkable and it must be considered invalid.

The document is fatally flawed because it relies on people having no, insufficient, unknown, or distorted information on the proposals by dividing consultations.

The PCBC (p90) demonstrates the two phase consultation is inadequate when it admits the ambulatory model will be 'more coherent' when people see the proposals in Phase 2 – "Conversely, some of the options being considered are more clearly described in the context of the Transformation Programme's new models of care in community settings (Phase 2... For some options it would therefore be more clinically coherent and explicable to the public to consult during the Phase Two process."

More evidence: p92 - There is a clinical interdependency (for CCU) with Accident and Emergency Services, and the clinical model for this service will be consulted upon in Phase 2 of the Programme.

p 94 Availability of beds in the Hyper Acute Stroke Unit at the John Radcliffe... is linked to the Delayed Transfer of Care initiative described... If this is unsuccessful it will become difficult to move patients through the pathway as the community rehabilitation beds become over-subscribed.

This risk will be considered during the development work on the future of Community Hospitals in Phase Two. The Transformation documents admit that much of the theory cannot be considered properly without access to information from Phase 2 which is now being touted as impossible before November 2017 (OCCG minutes January 27, 2017).