

## Guide: Consultation/engagement

The Oxfordshire Clinical Commissioning Group (OCCG) has become enmeshed in a convoluted PR exercise obliging it to be open and honest but also to persuade the public and stakeholders of a downgrading exercise that will never be accepted in Banbury.

Their business case suggests 'challenges' in persuading the public (and local clinicians) of the impact of downgrading of at the Horton. A decision has been made to push the 'case for permanent location to be described in terms of patient and clinician benefits' with Oxford clinicians who believe in centralisation 'providing support'. **The benefits to the public of downgrading the Horton are clearly false** but insistence is part of the agreed promotion, believed by KTHG to be misleading.

The 84-page summary document was advertised in the Banbury Guardian to be available as from January 16<sup>th</sup>. By post it needed two days at least to reach anyone: leaving 8 days to digest it before the first planned meeting on January 26<sup>th</sup>.

The Big Consultation document insisted that if you want to know more than their wishful summary, people must refer to the website. This directed people not to clear information, but straight to a slanted response page which guided the reader through questions that would result in their acquiescence of downgrading. The actual 'Big Consultation' paper was on page 3 of the website, and within that a plethora of links to supporting information. This was not clear, easy reading. The Pre Consultation Business Case (PCBC) was 238 pages long and tortuous, providing none of numerous important appendices, including the 144-page Horton Strategic Report (finally released on February 23). Banbury was expected to respond to all that and more in 8 days leading up to the first public meeting.

The meetings themselves gave innocent and largely ignorant ordinary people no sense of the reality of life after downgrading of the Horton; only a picture of how much better results would be for them. Probing questions were met with rehearsed avoidance and use of jargon that could not be argued; most did not understand it.

Consultation meetings for all of the north Oxfordshire population (those most affected by the 'Phase 1') were originally planned as 'cabaret' style and limited on a first-come, first-served basis of 100 maximum. The 'cabaret' style was designed to move small groups of people around tables staffed by selected promoters of the changes, including clinicians. Angry public opinion forced a change to a more traditional audience-style public meeting packed with CCG-picked staff and dominated by

videos, filmed at the John Radcliffe with no crowds, no lines of waiting patients; in quiet, peaceful offices or wards, belying the overstretched, crowded nature of that hospital.

On January 31<sup>st</sup> – Royal Mail delivered leaflets mentioning the consultation would be starting - two weeks after the press announced everything and 9 days after the first meeting. The CCG has paid scant attention even to High Court (Mr Justice Mann) rulings as to adequacy of process in public consultation.

One member of the public wrote to the local media: “This is not proper consultation process. It rides roughshod over anything remotely definable as decent or even proper process. Many DOH requirements/advice are simply being ignored. CCG/Oxford University Hospitals Trust (OUHT) are plainly indifferent to any concept of formal standards. There is an unseemly rush to impose their model, regardless.”

OCCG’s consultation is being done in two phases, yet asking for views on phase 1 depends on what is proposed in Phase 2. It includes desired outcomes **already put in place** yet DOH consultation guidance forbids such ‘done deals’.

At the public meeting the OUHT would not reveal how many people it could realistically expect to die by having to travel to Oxford instead of Banbury. The public believes the CCG and OUH are determined to get their way and impose the changes, believing consultation is ‘a sham and a shambles’. At the public meeting the Trust said clearly the motivation was money but this has not been honestly discussed in the OTP.

The OTP suggests a considerable number of clinicians has been consulted but does not say what proportion is Horton staff, many of whom are dismayed at the way services have been surreptitiously removed. Many feel very pessimistic. It would appear those working at the Horton have been very happy here; some have chosen to move here from Oxford. However the plan paints a picture of the Horton being almost unstaffable because clinicians do not approve its limitations or want to live here.

OCCG believes ‘inadequate information causes undue concern’ but KTHG believes the information has been selected and skewed throughout to suggest a solution that does not benefit Banburyshire but achieves the goals of the OTP/STP.

OCCG believes issues ‘most likely to excite local opinion’ among Banburyshire public are money and transport (in their case for change and communications material). They do not realise the public is **not concerned with finance** (many would be willing to pay a local tax to retain Horton acute services)

– therefore **public fears for life** and **specialist help close to home** have been left out of the consultation points for this crucial planning.

Claims that ‘patients and the public have been involved in shaping proposals to develop and improve local Healthcare and been given the opportunity to have their say. Our Big Health and Care Conversation’ are erroneous. **There have been no ‘conversations’ in which local people have been warned about such major changes to their local NHS. From current interest, if they had known there would have been a very different outcome to the ‘proposal shaping’.**

OCCG claims feedback from ‘a wide range of people’ during the Big Conversation in summer 2016. A tiny proportion of the general public was involved. Few had any idea what OCCG was tasked to do and how it might impact on the Horton/local services. **They were being asked opinion without any context which is unacceptable.**

Results show the ‘distilled views’ (collected via Post-It notes stuck on to general posters) of some 360 people, the vast majority of whom were already involved in Oxfordshire NHS matters, with only a minuscule number of members of the public, at a few badly timed, dishonestly-promoted events which advertised ‘wanting to hear what you want from your future health services’ rather than being open about the savage cuts ahead – all planned in obsessive secrecy which has prevented any realism, honesty or openness about the fate of local NHS services.

Survey results of the 900 Oxford University Hospitals Trust (OUHT) resulted, even in that ‘interested’ cohort in responses of 200, less than a quarter. Many do not live in the catchment and have every reason to dismiss the effects on the area with which they have no connection or loyalty. These cannot be used to constitute public consultation, neither can general reports to the Community Partnership Network (CPN) which was also denied clear information about the drastic consequences for the area.

Repeated claims in the plan that ‘You told us/you said/people who responded said’ are not backed up by numbers. It is disingenuous to suggest the evidence on which aspects of this plan have been created were demanded by the public. A few dozen people is not ‘the public’. **Nothing could be further from the truth.**

Staff engagement – Staff we have spoken to are dismayed at what has faced them and, threatened, are too frightened to speak out because of relentless relocation to the JR of staff who have objected. **The current collective grievance brought against the OUHT for bullying in the run up to removal of obstetrics is a good indication of this. The exodus of maternity staff about to happen in March will further endorse it.**

A&E staff have also begged campaigners not to identify them for fear of threats – this team has been decimated by clinicians leaving in despair. All are ‘gagged’ by contracts and practical consequences of speaking out. **We need to see consultation returns for Horton staff to believe claims of decent staff engagement.**

CPN 'engagement' has been poor – members have shown their opposition to the plan and the stealthy way services have been removed, by voting against the split consultation. Indeed Horton consultants have voiced their total disapproval at how this has been done.

Claims of meetings with MPs, councillors and other stakeholders are not clear – **MPs and councillors are all for improving care and ending bed blocking, but unanimously against downgrading the Horton, so any suggestion they have been positively engaged is misleading.**

Claims of engagement with young people – One hates to think how young people with no education of the political pressures involved have been subjected to subtle promotion by the CCG. Who was there to provide balance? So few know the truth behind these secret STPs, uninformed children's views cannot be taken and practically used against their own interests and real needs for the future.

More local services – Yet again, the paper disallows adequate or proper consultation by putting the future of community hospitals (which the 'engagement' suggest people are concerned about) – in phase 2. This simply is not a proper consultation when you disallow discussion continuity of planning for interlinking services. **That renders this consultation invalid as does the entire split consultation.**

Horton General Hospital – In the same way, discussion of A&E is delayed. **Yet again the consideration of this will be in Phase 2.** It is impossible to have had proper engagement when you are talking about safety and ignoring the future of interdependent Horton services and selecting bits you need to get acquiescence in this section. **People want safe services at the Horton, not the JR. That has been possible, and still is - with the will of the OUH.** The plan is trying to say they are not possible.

The 'engagement' on which this plan is based is lamentable, deliberately based on keeping relevant people ignorant of the obligatory STP, secret design. OCCG has denied this OTP s part of STP – an exercise in obfuscation that **renders this exercise in consultation totally unacceptable.**

"Patient feedback about the Horton General Hospital included an emphasis on the need to keep services local and the problems associated with transport for those needing to travel to Oxford" Patients mean what they say, they do not understand that to have some services local means removing acute services from the Horton, and their fears about transport are relevant, as the OUH has proved by providing a dedicated ambulance for maternity on removal of the consultant-led service.

P 35 Which were the 'focus groups' in October 2016?

**"We recognise that we do not routinely listen and engage with parents and families who use maternity services and we will be considering how we can improve this"** is a damning self-critique by the CCG in its own plan.

"What You Said" (about maternity services): Who/how many/in what context can OCCG pretend people in Banbury felt the obstetric unit was 'unsafe'? It would be easy to put words in their mouths however, as has been done repeatedly. The spin in this consultation is unacceptable. Statistics must be given before OCCG can state that anyone in Banbury does not want obstetrics at the Horton.

"There is overall acceptance that change is necessary" claims the CCG but it fails to say who, where and when. Evidence and justification is missing. OCCG has failed to stress to the public, honestly, that while adaptations in managing care might be economical, the issue at stake for this plan is funding, a long-held desire to centralise along with current government policy to end district hospital

acute care. "People said there was not enough funding". No, the government and CCG have said it. People would like more but they are denied it. There is a lack of honesty. This is not consultation - it is leading questions to get the answers necessary to tick the box about public consultation. Has anyone asked the public about cuts in funding?

The Four Tests:

- Test One: Strong public and patient engagement
- Test Two: Consistency with current and prospective need for patient choice
- Test Three: A clear clinical evidence base; and
- Test Four: Support for proposals from clinical commissioners.

The tests are designed to demonstrate there has been a 'consistent approach to both managing change and liaising with patients and the public. Meeting the four tests should build confidence with the service proposals." Banbury should be asked if it agrees that these have been met.

P107 PCBC – Our Approach – to be honest and transparent – **this is not patient experience.**

- To be open and clear from the start what our plans are – **this is not patient experience.**
- To communicate in plain language which people understand, avoiding the use of jargon – **this is not patient experience.**

P112. Definitions of choice promoting better outcomes, confidence and recovery, equality and encouraging providers to tailor services to what people want. **This is a sad travesty of the truth. 'However there is a balance to be struck' is always the get out allowing OCCG to discount public wishes and opinion.**

Consultation in S Northants and S Warwickshire has been dire, considering these patients form one third of the Horton catchment. These patients stand to have to make equally unacceptable journeys to their county town hospitals, destroying the traditional Banbury-facing community this area has enjoyed for many generations – passing the 'savings' over to the public as travel and health access expenses. This is a really nasty aspect of the break up of the NHS into footprints.

In S Northants, 'consultation' was limited to a single, two hour, Monday morning meeting when people would be at work. A second is planned but without a venue and possibly limited to 100 for a cabaret style event. In S Warwickshire there have been leaflets and direction to the website but no public consultation meetings.

Finally, and importantly, comes the response sheet which visitors to the Oxfordshire Transformation Plan website are directed without easy access to the 'Big Consultation' 43-page plan, or, much more hidden, the 238 page Pre Consultation Business Plan (numerous appendices denied to the local media).

The response sheet is full of suggestive interrogation with passages suggesting answers the CCG requires. If it came to law, it would be manifest that the 'consultation' is tainted and inadmissible.