

1. In line with the BOB communications and engagement principles (Page 101).
Open and transparent - we will be clear from the start what our plans are, what is and what is not in scope negotiable and the reasons why

What is not in scope negotiable?

Paper 16.76b outlines the proposed scope of the two phases of our proposed consultations. We will clearly identify in our consultation document what the scope of the consultation is and what questions we are asking.

- 2 With reference to the 'BOB STP Plan on a Page', how can the patient experience be "improved" if consultant led maternity and other acute services are removed from the Horton Hospital?

The consultation being planned for early next year will propose changes to services at the Horton where there are concerns about safety. For maternity, changes being proposed are largely because staffing has proved so difficult to maintain across two obstetric units in Oxfordshire. For stroke, it is more about improvements in care that need to be concentrated in a hyper acute stroke unit where patients will have the best chances of survival and the best chances of recovery. Patients' experience of services is important and having the right staff to care for them and their potential for the best outcome is very much part of this.

- 3 How many contracts are expected to be signed before completion of the STP consultation?

The CCG will enter into contracts with all current providers for services for 2017/18. However these contracts will not be for the changes based on proposals contained in the STP, prior to engaging with the public in respect of those proposals

- 4 As "the best bed is (supposedly) your own bed" why did my neighbour have a hospital bed installed to dominate the living room of her bungalow?
How many patients have hospital beds shoehorned into their homes as a result of the DTOC exercise?

In how many of these cases has the nursing support failed to catch up with them being sent home?

The phrase 'the best bed is your own bed' is used in many parts of the NHS. There is plenty of evidence to show that people feel better and recover quicker when they are at home. Of course there are times when a hospital is the place we need to be to get the right treatment or care but as soon as we are medically fit to leave, the best bed is certainly our own bed (in some case this may need to be a specialised bed but it can still be better for this to be in our own home).

There is evidence about the impact of being in hospital that demonstrates this. For anyone over the age of 80 this is particularly important as **10 days in a hospital bed can lead to the equivalent of 10 years loss of muscle strength and aerobic capacity**. Staying independent is something we all want to do for as long as possible and being in hospital when we don't need to be is not just an inconvenience, it is a health risk in itself. You can read more about this in the report published in May 2016 by the National Audit Office here: <http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/12/NAO-report-Discharging-older-patients-from-hospital.pdf>

5 In its response to question 2 at the September Board Meeting the CCG doggedly refused to accept that it is out of step with local GP opinion.

How many of the GPs (that the CCG claimed 'that at the NOLG meeting were happy with the closure of consultant led maternity at the Horton') were signatories to the letter of 15th November which shows very clearly that they are not?

Returning to the original question, why is the CCG so out of step with local GP opinion on maternity at the Horton?

The North Oxfordshire Locality Group, which consists mainly of GP and practice manager representatives from all twelve practices in north Oxfordshire, which are the practices whose patients make up the vast majority of those who have attended and do attend the maternity unit at the Horton, have met regularly to discuss the issues around the temporary change to a midwife-led unit. Those GPs have thoroughly discussed the difficulties that OUH have had in recruiting to the middle grade rota, and the unavoidable and painful series of events that have led to the current change; collectively, they have expressed deep disappointment with events and with the situation, but accept the temporary change as necessary. As previously mentioned, several local GPs have also met with consultants and other OUH staff and agreed that temporarily changing the unit to midwife-led rather than closing it was the safer and better option for patients.

The letter to the Banbury Guardian of 15th November expresses some of the above views, but is not clear what it means by downgrading, whether the temporary change to maternity or any other possible future developments. It was also signed by a minority of local GPs - about a fifth of the GPs in Banbury, or about a quarter of the GPs in north Oxfordshire. Many of the GPs who signed send relatively few patients to the Horton for maternity care. It is also worth noting that the fragility of the middle grade rota in maternity has been highlighted by both OUH and OCCG at the Community Partnership Network since the arrangement began in 2014, unfortunately this long term concern has not been reported by media representatives and may have better assisted the public in understanding the pressure being felt in the maternity service.

The letter from the GPs highlights the need for us to provide greater information via the surrounding CCGs to support their GPs in understanding the difficulties being faced in maternity provision at the Horton.

The longer term future for the provision of maternity services in Oxfordshire will be part of the consultation that will commence in January. The CCG wishes to ensure that service provision will be safe, clinically effective and sustainable and cost effective.

6 In response to the question "How much notice will you take of Transformation Consultation answers?" at the AGM, the answer given on that evening is not the one posted on the website. Please can this be corrected?

We have reviewed the notes taken on the evening and these match the answer on the website.

During the past few months, there has been on-going engagement about the challenges and opportunities for the Horton General Hospital. Every effort has been, and continues to be taken by the trust to resolve the issue relating to staffing but this remains a significant challenge with the obstetric unit being temporarily closed. It is important that options offered in the formal public consultation need to be deliverable and so it is anticipated that there will not be a list of options. However, during the consultation we will be open to hearing any new ideas for doing things differently that have not been explored previously and it is important that we also hear from people about the potential impact on them and how this could be mitigated.

7 I would like to ask the Board whether it fully understands and will take fully into account the view of the majority of GPs in the Banbury area and the Horton General Hospital catchment?

That view is expressed unequivocally in the recent letter sent to you by Dr Emma Haskew on November 15 on behalf of 45 signatories from GP surgeries in the catchment - that they are unremittingly against any downgrading of the Horton.

This flies in the face of the impression, given by Shelley Hayles, as documented in the minutes of the September meeting, that GPs were broadly in support of removal of obstetrics which seems to have been extrapolated into support for OCCG's plans for the future of the Horton General as a diagnostic and outpatient clinic, as outlined in the OUHT's emerging options and the STP (see copy below).

GPs were not given any opportunity to have a say in the unconsulted removal of Oak Ward or trauma beds at the Horton which they do not support either. Ignoring their opinion is unwise and counter productive.

As the letter reprinted here shows, the GPs are distinctly and most definitely against any downgrading of the Horton. Indeed Ms Hayles has been left in no doubt that avoiding downgrading is the most important thing in GPs current priorities.

Does the Board understand and accept that Banburyshire GPs do not agree with its plans for downgrade and that the agreement of GPs should be one of the essential prerequisites for such an enormous change? And will it take fully into account the view of the majority of GPs in the Banbury area and the Horton General Hospital catchment before signing off its STP?

I would like this question and its answer minuted in the papers for this meeting.
With thanks and best wishes

[See answer to Question 5 above.](#)

8 Where did the slogan "The best bed is your own bed" come from, and how much did it cost?

[See answer the Question 4 above.](#)

9 Please tell me, for each of the last three years, how many Primary, Secondary and Tertiary treatments were provided to your clients and where these treatments were performed.

In the case of the Primary treatments how many of these were performed inside/outside the county.

In the case of the Secondary and Tertiary treatments please show at which specific sites these were performed.

I expect you will have these figures to hand in order to manage the system.

[Below is the hospital activity which has been delivered for OCCG residents and this is what we would refer to as secondary care services. We have provided data for two years because the method for analysing the data has changed and, therefore, is not comparable to earlier years. We do not regularly collect primary care data because that is not how they are funded but it is approximately 4 million consultations. We do not commission specialised services; this is the responsibility of NHS England.](#)

Activity summary

Activity/POD	All activity 2015/16	All Activity for Oxfordshire providers 2015/16	All Activity for Non Oxfordshire providers 2015/16	All Activity M01-M07 2016/17	All Activity for Non Oxfordshire providers 2016/17	All Activity for Non Oxfordshire providers 2016/17
A&E	119,849	111,597	8,252	77,544	72,386	5,158
NELs	58,467	54,485	3,982	37,052	34,333	2,719
EL	58,808	53,386	5,422	35,386	31,946	3,440
OP 1st	190,647	175,469	15,178	120,056	110,417	9,639
OPFU	312,188	285,235	26,953	198,923	182,439	16,484
OPPROC	79,012	74,151	4,861	48,225	44,497	3,728

Activities by Providers and financial years

A&E: Accident & Emergency

Financial year	Oxford University Hospitals NHS Trust	Frimley Park Hospital NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust	Heatherwood and Wexham Park NHS Foundation Trust	Royal Berkshire NHS Foundation Trust	Grand Total	Activity of Oxfordshire Providers	Activity of Non Oxfordshire Providers
2015/16	111,597	122	288	1,586	320	5,936	119,849	111,597	8,252
2016/17	72,386	64	194	1,016	194	3,690	77,544	72,386	5,158

NELs: Inpatients Non-elective admissions

Financial year	Frimley Park Hospital NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	Heatherwood and Wexham Park NHS Foundation Trust	Oxford University Hospitals NHS Trust	Royal Berkshire NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust	Buckinghamshire Hospitals NHS Trust	Grand Total	Activity of Oxfordshire Providers	Activity of Non Oxfordshire Providers
2015/16	21	85	95	54,485	3,316	465		58,467	54,485	3,982
2016/17	16	52	37	34,333	1,987	439	188	37,052	34,333	2,719

EL: Inpatients Elective (day cases and ordinary) admissions

Financial year	Frimley Park Hospital NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	Heatherwood and Wexham Park NHS Foundation Trust	Oxford University Hospitals NHS Trust	Royal Berkshire NHS Foundation Trust	Foscote Court (Banbury) Trust Ltd	Nuffield Hospital Oxford (The Manor)	Spire Dunedin Hospital	Circle Reading	Ramsay Berkshire Independent Hospital	Horton NHS Treatment Centre	Great Western Hospitals NHS Foundation Trust	Buckinghamshire Hospitals NHS Trust	Grand Total	Activity of Oxfordshire Providers	Activity of Non Oxfordshire Providers
2015/16	23	108	35	50,985	3,657	494	363	194	523	239	1,544	643		58,808	53,386	5,422
2016/17	17	61	14	30,607	2,054	167	166	134	368	155	1,006	421	216	35,386	31,946	3,440

OP 1st: Outpatient - 1st appointments

Financial year	Frimley Park Hospital NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust	Heatherwood and Wexham Park NHS Foundation Trust	Oxford University Hospitals NHS Trust	Royal Berkshire NHS Foundation Trust	Foscote Court (Banbury) Trust Ltd	Nuffield Hospital Oxford (The Manor)	Spire Dunedin Hospital	Circle Reading	Ramsay Berkshire Independent Hospital	Horton NHS Treatment Centre	Buckinghamshire Hospitals NHS Trust	Grand Total	Activity of Oxfordshire Providers	Activity of Non Oxfordshire Providers
2015/16	26	269	1,715	77	171,519	11,724	674	536	245	719	403	2,740		190,647	175,469	15,178
2016/17	21	164	1,230	56	107,751	6,525	295	283	194	559	274	2,088	616	120,056	110,417	9,639

OPFU: Outpatient - follow up appointments

Financial year	Frimley Park Hospital NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust	Heatherwood and Wexham Park NHS Foundation Trust	Oxford University Hospitals NHS Trust	Royal Berkshire NHS Foundation Trust	Foscote Court (Banbury) Trust Ltd	Nuffield Hospital Oxford (The Manor)	Spire Dunedin Hospital	Circle Reading	Ramsay Berkshire Independent Hospital	Horton NHS Treatment Centre	Buckinghamshire Hospitals NHS Trust	Grand Total	Activity of Oxfordshire Providers	Activity of Non Oxfordshire Providers
2015/16	74	427	2,466	226	277,044	21,664	1,063	932	729	909	458	6,196		312,188	285,235	26,953
2016/17	57	247	1,738	128	177,954	11,849	602	289	502	658	296	3,594	1,009	198,923	182,439	16,484

OPPROC: Outpatient - procedures

Financial year	Frimley Park Hospital NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust	Heatherwood and Wexham Park NHS Foundation Trust	Oxford University Hospitals NHS Trust	Royal Berkshire NHS Foundation Trust	Nuffield Hospital Oxford (The Manor)	Spire Dunedin Hospital	Circle Reading	Ramsay Berkshire Independent Hospital	Horton NHS Treatment Centre	Buckinghamshire Hospitals NHS Trust	Grand Total	Activity of Oxfordshire Providers	Activity of Non Oxfordshire Providers
2015/16	12	141	1,043	18	73,274	3,252	0	38	263	94	877		79,012	74,151	4,861
2016/17	12	79	592	7	43,752	2,329	3	22	158	50	742	479	48,225	44,497	3,728