

## Questions to the September OCCG Board Meeting:

1. The total disregard of the views of the public, including the refusal to enter into dialogue on the analysis of Phase 1 of 'The Big Health Care Consultation' perfectly demonstrates that it was purely a tick box exercise. What are the criteria for successfully ticking the box and what financial reward did the CCG receive for doing so?

The public consultation followed a plan agreed with Oxfordshire Health Overview and Scrutiny Committee in November 2016. During the consultation, additional meetings were offered to allow as many people as possible to participate and in total more than 10,000 individual responses were received. The results of the consultation were analysed and presented in a report that is available on the CCG website. The key issues raised during the consultation were then also included in the Business Case with description for how they have influenced the final proposals. The costs of the consultation were also published and there has been no financial payment to the CCG in relation to the consultation.

2. The opposition of the GPs in the Banbury area to the closure of consultant led maternity at the Horton was well publicised in letters sent both before the CCG Board meeting last September when it was downplayed by Dr Hayles, and again since that meeting. What written proof is there that they changed their minds?

GPs across Oxfordshire have been involved in discussions about the Transformation Plan and the proposals in the Phase 1 consultation. Every meeting of the North Oxfordshire Locality in the months leading up to and during the consultation included time for discussion about these issues. At their meeting on 18 July 2017 they agreed to a ballot to ensure the collective view of all practices was accurately recorded at the decision-making Board meeting on 10 August 2017. This ballot demonstrated a majority of practices supported the proposal and this is recorded in the minutes of the Board.

3. The supposed solving of the DTOC problem has resulted in patients being dumped at home before any care package has been established. In these circumstances it is questionable whether the best bed is their own bed. What are the figures for these instances both within the county and within the Horton catchment, but over the county border and therefore outside the footprint? If there are none why not?

In July the Oxfordshire Health & Social Care System agreed a trajectory to reduce the numbers of patients delayed in hospital on any one day. Our plan was to reduce the number of delays from an average of 151 in July 2017 to 99 in November and 83 by March 2018. The partners in the system agreed to take individual responsibility for different pathways out of hospital and agreed specific trajectories. We achieved our system trajectory in August and September and after an increase in October our latest performance indicates that we are 94. Whilst this remains a large number of people unnecessarily delayed in hospital, it does represent a significant improvement.

This improvement has been achieved through recruitment of more staff into the HART reablement service, and commissioning extra packages of care and interim nursing home beds to mitigate pressure on the HART service. So more people are leaving hospital with a care package and that is driving the reduction we have seen, together with tightening up and streamlining assessment and other internal processes.

We work hard to avoid the risk that people might be returned home without appropriate support through assessment and care planning approaches both in the hospital and in the community. We have been working with Northamptonshire County Council to improve the flow of their patients out of the Horton General Hospital.

We believe the reduction in delays has been achieved by getting the right resources to those patients who need them to return home, and not due to people going home without the support they need.

4. At the CPN on the 26<sup>th</sup> Victoria Prentis MP suggested to Dr Walsh that the CCG should change its mind and revert to a single consultation. Is the CCG prepared to do this before it goes to court?

A wide and thorough consultation took place at the beginning of the year on proposals in Phase 1 of the Transformation Programme and they were also thoroughly discussed at Board meetings on 20 June 2017 and at the decision-making Board meeting on 10 August. There is no plan to reconsider this decision.

5. Can the members of the Board say that, in all conscience, they would stand by their decision to permanently downgrade maternity at the Horton in the light of recent events, such as the breakdown of an ambulance on the A34 while transferring a woman in advanced labour, and the woman who almost bled to death in front of her 11 year old daughter while her husband was parking the car?

The proposals for making permanent the temporary changes to maternity services at the Horton were made because the long standing workforce issues could not be

resolved. Without training recognition, the unit would rely on having sufficient numbers of fully trained obstetric doctors to be on site 24/7. Attempts to recruit sufficient numbers of doctors have been consistently unsuccessful and there is no realistic likelihood that the situation would change. The Board took the decision that it would not be safe to allow the unit to remain open with insufficient staff.

6. How are the patient stories sourced?

Patient stories are opportunistically collected by the Patient Services team who ask people who have called about a complaint or issue if they would be happy to share their stories. We are always happy to have stories from people who have been through the health care system locally to report at Board.