

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 20 June 2017

Paper No: 17/43

Title of Paper: Report on Phase 1 of the Oxfordshire Transformation Programme public consultation

Paper is for:

(please delete tick as appropriate)

Discussion

✓

Decision

Information

Purpose and Executive Summary:

The public consultation on proposed changes to some health services in Oxfordshire took place between 16 January and 9 April 2017. The detailed consultation report published alongside this paper describes the process of the consultation and provides an analysis of the responses. An introductory paper that follows sets out the status of the detailed consultation report and other work being undertaken to support the Board in being prepared for the decision-making meeting on 10 August 2017.

Financial Implications of Paper:

This paper is presenting the outcome of the consultation. The Board is not being asked to take any decisions that have financial implications.

Action Required:

The Board is asked to:

- Agree it is assured about the process for the consultation.
- Receive the report on the consultation and note its findings.
- Note the work that has been commissioned to ensure sufficient information will be available for the decision-making meeting on 10 August 2017.
- Identify if there are any further areas where additional information will be required prior to decision-making

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OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome: An Integrated Impact Assessment is in progress.

Link to Risk:

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Date of Paper: 8 June 2017

Overview of the public consultation and further work being undertaken

1. Introduction

The public consultation on proposed changes to some health services in Oxfordshire took place between 16 January and 9 April 2017. It focussed on improving quality of services and making permanent some temporary changes made in 2016. This Phase One consultation was seeking views on:

- Changing the use of acute hospital beds across Oxfordshire
- Planned care services at the Horton General Hospital, Banbury
- Stroke services across Oxfordshire
- Critical (intensive) care services at the Horton General Hospital, Banbury
- Maternity services, including obstetrics, special care baby unit and emergency gynaecology services at the Horton General Hospital, Banbury

This consultation was phase one of a two phase process. The plan for a split consultation and the plan for delivering the consultation were agreed with Oxfordshire Health Overview and Scrutiny Committee (HOSC) in November 2016.

The consultation plan was delivered in full. More than 10,000 individual responses were received by Oxfordshire Clinical Commissioning Group (OCCG) and more than 1,400 people attended public events to hear about the proposals and to share their views.

2. Consultation report

OCCG commissioned Qa Research to review and analyse the responses received and to draft a report summarising the consultation process and the responses received.

The report describes the approach to the consultation and the significant efforts made to raise awareness of the various ways that members of the public could respond. The combination of paid advertising, media coverage, leaflets, posters and social media ensured people living across Oxfordshire and across the border into neighbouring counties could participate in the consultation.

It was recognised that in addition to people living in Oxfordshire, people living across the border in south Northamptonshire and south Warwickshire would be affected by the proposals. Efforts were made to ensure they were aware of and had opportunities to take part in the consultation. Media advertising and press releases included the newspapers in these areas, two public meetings took place in Brackley and information was made available in community settings including in GP practices.

Initially, 12 public meetings were planned, including two in Banbury and one in Brackley. In response to requests three additional meetings were arranged so that in total 15 public meetings took place between 26 January and 23 March. This meant that two public meetings took place most weeks during this time in venues across Oxfordshire and Brackley. These varied for days of the week and time of day. The slide presentation and supporting videos were made available via the transformation website¹. The meetings were all recorded and the audio recordings were posted on the OCCG YouTube channel linked to the website. This allowed those who were unable to attend meetings to listen to the presentation and discussion.

Every public meeting was hosted by a panel made up of clinicians and executive managers from OCCG, Oxford University Hospitals NHS Foundation Trust (OUHFT) and, at some meetings, Oxford Health NHS Foundation Trust (OHFT). In addition, other Board members (both clinical and non-clinical) from these organisations attended all meetings to listen to the views being expressed and the questions being asked.

Many other meetings were attended by OCCG to share information about the consultation and to gather views. These are detailed in the report and included attending HOSC; linking with community groups, key leaders and facilitators from seldom heard groups in Banbury; presenting the consultation at Local Strategic Partnerships and in various voluntary sector organisations. Together, they illustrate the scale of the engagement achieved.

A survey was provided to support people responding to the consultation. This was hosted on OCCG website and was translated into Polish, Urdu and Easy Read. Although 646 people completed the survey, many more decided to share their views by writing to OCCG instead; 9,248 letters and emails were received as a result. The majority of these were template letters provided to local people by Keep the Horton General (KTHG) campaign group.

Every letter received by the CCG was read and included in the analysis. Not all of the emails and letters from members of the public included an address or other demographic details and so analysis was restricted to be about the content of the response.

A report summarising the results of a survey run by KTHG was presented to OCCG at its first public meeting in Banbury and this was included in the consultation analysis.

The consultation report provides a summary of the response to the consultation and key themes were identified:

¹ www.oxonhealthtransformation.nhs.uk

- Largely, people want to maintain as many healthcare services as possible close to where they live. In North Oxfordshire, there is strong support for maintaining the Horton General Hospital as a district general hospital with full provision of urgent and emergency care. Although there is support for increased planned care there is a strong feeling that this should not be at the expense of other current hospital services.
- Reasonable levels of agreement exist for the proposals on stroke care. There is also agreement with the principles behind care closer to home, although there is significant concern that the health and social care infrastructure is not sufficiently developed in order to support this proposal at this point in time.
- There are almost universal concerns and a lack of support for the proposal to close the obstetric unit at the Horton General Hospital and replace it with a Midwife Led Unit, because of travel times and safety concerns.
- It was suggested by the public that if the population growth and housing growth expected in the Banbury area was taken into account, the reduction or removal of services would not be necessary. Current, as well as future, capacity at the John Radcliffe Hospital was also questioned, and there was widespread frustration about public transport access to Oxford and hospital parking at both the John Radcliffe Hospital and Horton General Hospital.
- There was considerable criticism of the consultation process and consultation document, including concerns about it being split into two phases, the timing and location of the consultation events. Concerns were raised over OCCG's commitment to listening to people's views and using them to inform their decision-making.

The report on the consultation was shared with all members of OCCG Board in May plus the responses from stakeholders and a wide selection of letters from members of the public.

3. New Patient Care Test

On the 3rd March 2017, Simon Stevens (Chief Executive of NHS England) announced a new 'Patient Care Test for Hospital Bed Closures' for service reconfiguration plans. This test will apply to all future proposals for NHS reconfiguration that involve NHS bed closures.

Given that the assurance process for Phase One had already been completed when this new test was introduced, Phase 1 of the Transformation Programme was not formally subject to the new test. However, the Programme chose to prepare a retrospective assurance document outlining how the proposals comply with the new requirement. This document has been submitted to the Thames Valley Clinical Senate² for retrospective assurance against this new 'Patient Care Test' and it was

² A role of the Thames Valley Clinical Senate is to provide support and help to commissioners and to carry out clinical assurance reviews of reconfiguration proposals. To do this they identify a team of

considered at their meeting on the 6 June 2017. Feedback and retrospective assurance is expected before the decision-making meeting of OCCG on 10 August.

4. Integrated Impact Assessment

OCCG has also commissioned an Integrated Impact Assessment (IIA) from an external company (Mott MacDonald) for both Phase One and Phase Two of the Transformation Programme. The purpose of the IIA is to analyse the potential impact of the proposed changes. The report will enable Oxfordshire's Transformation Programme and the OCCG Board to think through the consequences of transformation proposals on health outcomes and health inequalities and where appropriate revise plans and/or ensure mitigations are in place.

The aim of the Phase One IIA is explore the positive and negative consequences of the Phase One proposals and provide advice on a set of evidence-based practical recommendations that will be used by the clinical workstreams to review and improve the proposed pathways of care. It will also guide the OCCG Board in its decision making by providing better information about how the proposals will promote and protect the wellbeing of the local communities involved. This report will be made available for the decision-making Board meeting in August.

5. Responding to public views

Three significant concerns highlighted during the consultation related to travel, parking and to the lack of options offered for obstetric services at the Horton General Hospital. Rather than delay any further work in these areas, OCCG initiated some additional work to support the Board for its decision-making meeting in August.

5.1 Travel

Concerns relating to journey times from the Banbury area, Chipping Norton area and over the county border to one of the Headington hospitals in Oxford were raised during the consultation. Estimates of the time it would take to make this journey varied and were widely debated. The journey time would inevitably vary depending on time of day, day of the week and traffic conditions. The IIA will include an analysis of the impact of the proposals on travel. In addition to this, OCCG commissioned Healthwatch Oxfordshire to conduct a survey of patients and visitors attending each hospital site in Oxford and Banbury, asking people about their journey, what form of transport they used (including public transport) and how long the journey took. This report will be shared with Board members and will be published so the findings can help support the decision-making meeting in August.

5.2 Parking

clinical experts to assess whether the proposal is safe, sustainable and based on sound clinical evidence.

Concerns about parking related to facilities at both the Horton General and the John Radcliffe Hospitals. Specifically, the time taken by patients and visitors to park vehicles at the sites during busy times, and therefore the impact the reconfiguration of services might have on patients needing to travel to different hospitals. There are times of the day and week when queues build up and it can take extra time to park. This impacts on patients and visitors and causes concern for those trying to meet appointment times.

Following the qualitative exercise undertaken by Healthwatch, OCCG have commissioned Mott McDonald to undertake a specific quantitative exercise to determine the actual time taken to park cars at different times of the day and on each day of the week.

The aim of this exercise is to capture the data by means of deploying video cameras at each site to record and measure the actual time taken. The data will be collected for a 5 day period at the John Radcliffe and Horton Hospital sites and will demonstrate the peak periods and the expected delay to parking vehicles across a given week.

The cameras are portable and will only be installed for the period of the surveys. The survey will start on 12 June, to avoid school half term, Bank Holiday weekends and also the general election.

5.3 Obstetrics

The Maternity workstream is considering the comments received during the course of the public consultation and will set out mitigations or alternative proposals. It was clear during the course of the consultation (and this is highlighted in the report on the consultation), that there was a widely-held view that insufficient consideration had been given to the expected growth in population in the catchment area of the Horton or of alternative options for Maternity services in Banbury.

In order to address this concern, the workstream members are reviewing the options for Obstetric services, taking into account all the options which were considered in 2016 and any alternative options put forward during the consultation. They will re-evaluate the options and provide feedback to OCCG's Board on this work before the decision-making meeting in August.

6. OCCG Board receiving the consultation report

The public consultation is a very important part of the decision-making process; however it is not a referendum. Its purpose is to seek views from the public, answer questions and allow other suggestions to come forward that may not have been considered. This feedback will be considered alongside other relevant information

such as patient-safety factors and clinical best practice; OCCG Board will use this to help them make decisions about the proposed changes.

The principles set out in the consultation plan have been met and every effort has been made to encourage and enable people to take part in the consultation.

However, there are challenges being pursued through judicial review and referral to Secretary of State for Health. These challenges will need to be addressed through the proper processes and this may take time. OCCG will continue to progress with the process of considering the outcome of the consultation and preparing for the decision-making meeting planned in August.

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