



Big Health & Care Consultation

**(Oxfordshire Healthcare Transformation
Programme - phase one)**

For Oxfordshire Clinical Commissioning Group

June 2017

Contents

1. Executive Summary	3
2. Background and objectives.....	8
3. Promotion of the consultation	8
4. Process and methodology.....	10
4.1 Data sources	10
4.2 Data analysis and report structure	19
5. Key findings.....	20
5.1 Consultation survey sample profiles	20
5.2 Changing use of acute hospital beds across Oxfordshire; increasing care closer to home	22
5.3 Planned care services at the Horton General Hospital, Banbury	29
5.4 Stroke services across Oxfordshire	34
5.5 Critical (intensive) care services at the Horton General Hospital, Banbury	37
5.6 Obstetric services in North Oxfordshire	39
5.7 Cross-cutting themes	45
6. Next steps	53
7. Appendices	54
7.1 Consultation survey	54
7.2 Public event presentation	61
7.3 Overview of public consultation events	64
7.4 Promotion of 'The Big Health & Care Consultation'	67
7.5 Examples of campaign promotion material	69
7.6 Media coverage and advertising of the consultation	71
7.7 Social Media	79
7.8 Oxfordshire Transformation Plan summary of the costs of phase one consultation	90
7.9 Responses from stakeholders	91
7.10 Template letters received	91

NOTE:

This report was compiled with the support of Qa Research. All responses to the consultation including letters and emails from the public (names and addresses redacted), letters and emails from stakeholders, completed survey responses and details of meetings were shared with Qa Research who conducted an analysis of the data and all responses, identified the key themes and drafted this consultation report.

The research undertaken by Qa Research (included in this report) has been carried out in compliance with the International standard ISO 20252, (the International Standard for Market and Social Research), The Market Research Society's Code of Conduct and UK Data Protection law.



Mill House,
North Street,
York, YO1 6JD
01904 632039
Dephna House, 24-26 Arcadia Ave,
London, N3 2JU
0208 8191397
www.qaresearch.co.uk
Company registration: 3186539



1. Executive Summary

Introduction

Following a period of pre-engagement during summer/autumn 2016 including the Big Health and Care Conversation Roadshows, Oxfordshire Clinical Commissioning Group (OCCG) undertook a comprehensive 12 week public consultation between 16 January and 9 April 2017 to gather views from across Oxfordshire and surrounding areas about proposed changes to some acute hospital services in Oxfordshire. The Big Health and Care Consultation was run on behalf of the Oxfordshire Transformation Programme. This is the first phase of proposed changes which focus on improving quality of services and making permanent some temporary changes made in 2016.

This Phase One consultation was seeking views on:

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

It is important in any consultation to only include options for change that are viable. This means they each need to be affordable, there needs to be confidence that they can be staffed, that they are consistent with clinical guidance and are safe for patients. During the preparation for the consultation different options were looked for and were considered. However, they could not be included in the consultation because they were not viable. This meant that each proposal had just one option. The aim of the consultation was to share the approach taken to reach this conclusion, to share the rationale used, to test the thinking that had resulted in this conclusion and to hear from the public how they might be impacted by these changes. In addition, people were invited to suggest alternative models for consideration.

The full details of the proposals were outlined in the electronic and printed consultation document 'The Big Health and Care Consultation' which was available at www.oxonhealthcaretransformation.nhs.uk and distributed in paper format through a range of venues including libraries and GP practices. The consultation document set out the way in which the service areas could be affected. A summary of the document, including the survey, was also widely distributed.

The consultation was widely advertised using paid advertising in local papers, social media including Facebook and Twitter and with a leaflet that was distributed via GP practices, libraries and other public venues. The leaflet was also delivered to households in the Banbury area (including over the Oxfordshire border), recognising the impact of proposals being greater for people living in this area.

An Integrated Impact Assessment is being carried out which will assess the potential impact of the proposed changes. This consultation report and the report on the impact assessment will both be published on OCCG's website¹.

¹ www.oxfordshireccg.nhs.uk

This feedback (from the consultation and the impact assessment) 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.

Number of responses

More than 10,000 individual responses were received by OCCG and more than 1,400 people attended the public meetings:

- 646 surveys were completed, 509 online and 137 self-completion;
- 1,407 people attended the 15 public meetings held;
- 9,248 letters from the public were received;
- 43 submissions from stakeholders;
- Other engagement activity took place – please see the full consultation report for further detail on this.

Consultation Response

The full report provides a detailed analysis of the responses to the consultation. Below is a summary drawn from the survey, letters received, views expressed at public meetings and gathered from other meetings. Where percentages are given, they refer to the survey results.

Changing use of acute hospital beds across Oxfordshire; increasing care closer to home

- At least three-quarters of survey respondents (more in some cases) agreed with five out of each of the six statements relating to the way hospital beds are used and providing care closer to home.
- A majority agreed that care closer to home is best; that a hospital bed is not necessarily the best place for an elderly person to be cared for and that some hospital stays can be unnecessarily long due to care at home or in the community not being available. A majority also agreed that organisations don't always work together to find the right support for patients outside of hospital.
- The one statement which less than three-quarters of respondents agreed with related to whether too many people are admitted to hospital when assessment, treatment and support could have potentially have been provided elsewhere, including at home (67% agreement). This statement resulted in a greater neutral response than others (17%).
- Other public and stakeholder consultation responses show that although there is support for the principles behind these proposals there was significant concern that the impact on adult social care resourcing had not been fully explored within the proposals particularly in the context of the existing pressures on the social care workforce and the likely impact on carers.

OCCG proposal to permanently close the hospital beds and use the money and staff to avoid hospital admissions, support early discharge and care closer to home

- Half of survey respondents did not agree with the proposal to permanently close hospital beds and use the money and staff to avoid hospital admissions, support early discharge and care closer to home (50%). Those living in Banbury and surrounding areas were most likely to disagree with this proposal (61%).

- 29% of respondents did agree with this proposal. Across all areas, those living in South Oxfordshire were more likely to agree with this proposal than those in some other areas (43%).
- Other public and stakeholder consultation responses show clear concern about the reduction in the number of acute hospital beds. Many people felt that too many acute hospital beds had been lost already and that further closures would mean the John Radcliffe Hospital and Horton General Hospital would not be able to meet demand.
- A reasonable number of people did express their interest in and support for the alternative model of care whereby Oxford University Hospitals Foundation Trust were funding beds in the community and better supporting staff in residential and care homes. However it was felt that it was too early to close beds until the success of this approach could be demonstrated.
- Responses from the public frequently referred to an increasing population in Oxfordshire, Warwickshire and Northamptonshire and questioned how proposals to reduce the number of beds would be viable within this context.
- Specific objections were raised concerning the removal of 45 beds in Banbury and there was a view that this should have been a matter for consultation prior to their removal.
- Stakeholders highlighted the need for OCCG to work more closely with Oxfordshire County Council and the voluntary and community sector to fully articulate their roles within the proposed new format of services.

Planned care services at the Horton General Hospital, Banbury

- Survey respondents were overwhelmingly in favour of the investment in or expansion of services at the Horton General Hospital as follows:
 - 85% were in favour of a new diagnostic unit to be introduced at the Horton General Hospital;
 - 85% agreed with investing in an Assessment Unit for patients before operations, thus avoiding the need to travel to Oxford;
 - 84% agreed that there should be more chemotherapy, renal dialysis and day case surgery at the Horton General Hospital;
 - 78% agreed with introducing a new Outpatient Unit with a 'one stop shop' clinic for appointments.
- Data suggests that residents of North Oxfordshire, South Northamptonshire and South Warwickshire – the areas such investment and change is designed to benefit, were particularly in favour of these changes.
- Other public and stakeholder responses were generally in favour of an increase in planned care at the Horton General Hospital, however there was a very strong feeling that this should not be at the expense of other services, including A&E and obstetrics.
- Concerns were also raised around the adequacy of transport links and parking at the Horton General Hospital.

Stroke services in Oxfordshire

- Almost four-fifths of respondents agreed that all patients diagnosed with an acute stroke should immediately be taken to their nearest Hyper Acute Stroke Unit (79%); 10% disagreed with this.

- Residents in Banbury and surrounding areas were somewhat less in favour of this shift in stroke services with 66% agreement and 20% disagreement.
- Over four-fifths of respondents agreed that the Early Supported Discharge Service should be extended across the county (85%), with little disagreement expressed (4%).
- Some people expressed a concern that the increase in travel times may have an adverse effect on survival and recovery. There were concerns about the ability of the John Radcliffe Hospital to manage the additional flow of patients.
- It was noted that if, in the future, stroke patients would have to go to the John Radcliffe Hospital, then it was important that their carers and family would be able to visit them in Oxford; concerns about parking were emphasised.
- Some stakeholders felt that the issues around supported discharge/rehabilitation and community inpatient services and primary care would be better considered alongside the plans for acute stroke services.

Critical care services at the Horton General Hospital

- 60% of respondents were in favour of the proposal to treat all Level 3 critical care patients from Oxfordshire at the John Radcliffe Hospital in Oxford (unless a critical care unit outside of Oxfordshire would be closer).
- 18% were not in favour of this proposal. This rose to 25% of residents of Banbury and surrounding areas.
- A large number of public responses were received opposing changes to A&E services at the Horton General Hospital. The key objection in relation to the proposal to cease provision of Level 3 critical care is the perception that this is a precursor to the removal of the entire A&E service at the Horton General Hospital.
- Although there was some support amongst stakeholders for the lowering of the Horton General Hospital's Level 3 provision to Level 2, concerns were also expressed around the increased pressure on other Oxford hospitals and those further afield e.g. Northampton.

Maternity and obstetric services in North Oxfordshire

- Opinions on the proposal for the John Radcliffe Hospital to cater for high risk births whilst maintaining a Midwife Led Unit at the Horton General Hospital were quite split – with 38% of the respondents to the survey agreeing with the proposal and 34% disagreeing with it.
- The level of agreement with this proposal falls further for the areas of Oxfordshire that would be directly affected by such a shift in maternity and obstetric services. The largest proportions of residents in North Oxfordshire, South Northamptonshire and South Warwickshire were opposed to this proposal.
- The proposal to maintain a Midwife Led Unit at the Horton General Hospital attracted significant levels of opposition in written responses. Respondents considered the permanent removal of a Consultant led unit at the Horton General Hospital to pose a significant and unreasonable risk to the lives of mothers and babies, particularly in the light of the recommendations of the Independent Reconfiguration Panel in 2008 which deemed the travelling distance between the Horton General Hospital and the John Radcliffe Hospital too great.
- Significant concerns were also raised in relation to the (under) estimated travel times and ambulance response times cited in the consultation documents. The accuracy of the travel times have been questioned along with a perceived lack of information/evidence on ambulance service capacity/provision.

- The point was repeatedly made that although some women present with low risk pregnancies, problems in childbirth can quickly escalate to the point where urgent consultant intervention is required.
- Objections were also made on the basis that the proposals would have the knock-on effect of reducing the choice available to pregnant women across the wider area. Proposals overlook the issue of pain relief options and it is not made sufficiently clear that women requiring an epidural would / would not be able to access this at the Horton General Hospital.
- There was significant concern that the permanent removal of the Consultant led unit would mean that 24 hour anaesthetic provision for epidurals etc. would no longer be available and this would have a 'domino effect' eventually rendering the A&E unviable along with the special care baby unit and paediatric services.
- There was widespread disappointment expressed about the withdrawal of the Horton General Hospital training status by the Deanery, so preventing it from providing obstetric training for doctors not yet fully qualified as consultants. Questions were asked if additional steps could be taken for the Horton General Hospital to be able to have its training status re-instated.
- Another area of concern expressed by respondents was the issue of recruitment/availability of suitable staff for the Consultant led unit. Many respondents felt strongly that more could have been done to attract and recruit suitable staff. A number of suggestions were provided including whether a shared rota could be run with trained consultants at the John Radcliffe Hospital.

Conclusions

Reasonable levels of agreement exist for the proposals on stroke care and the introduction of more planned care at the Horton General Hospital. There is also agreement with the principles behind care closer to home, although there is significant concern that the social care infrastructure is not sufficiently developed in order to support this proposal (including the impact of reduced bed numbers) at this point in time.

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.

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 the resultant impact these are felt to have on women's and babies' safety.

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, the OCCG commitment to listening to people's views and using them to inform their decision-making and the clarity of the document.

2. Background and objectives

Following a period of pre-engagement during summer/autumn 2016 and the Big Health and Care Conversation Roadshows, Oxfordshire Clinical Commissioning Group (OCCG) undertook a comprehensive 12 week public consultation between 16 January and 9 April 2017 to gather views from across Oxfordshire and surrounding areas about proposed changes to some acute hospital services in Oxfordshire. The Big Health and Care Consultation was run on behalf of the Oxfordshire Transformation Programme. This is the first phase of proposed changes which focus 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 in at the Horton General Hospital, Banbury.

The full details of the proposals were outlined in the electronic and printed consultation document The Big Health and Care Consultation which was available at www.oxonhealthcaretransformation.nhs.uk and distributed in paper format through a range of venues including libraries and GP practices. The consultation document set out the way in which the service areas could be affected. A leaflet advertising the consultation and a summary of the document, including the survey were also widely distributed.

An Integrated Impact Assessment is being carried out which will assess the potential impact of the proposed changes. This consultation report and the report on the impact assessment will both be published on OCCG's website².

This feedback (from the consultation and the impact assessment) 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.

3. Promotion of the consultation

The consultation was widely advertised using paid advertising in local papers, social media including Facebook and Twitter and with a leaflet that was distributed via GP practices, libraries and other public venues. The leaflet was also delivered to households in the Banbury area (including over the Oxfordshire border), recognising the impact of proposals being greater for people living in this area.

The advertising campaign for the consultation directly reached through the royal mail leaflet drop and social media: **273,553 individuals/households**.

² www.oxfordshireccg.nhs.uk

Paid advertising was placed in a number of local newspapers which together reported a total weekly readership of 590,227 people. This includes, for example, the Oxford Mail which has a daily readership of 35,000, the Henley Standard with 40,000 unique users every month, Four Shires magazine reported a quarterly readership of 40,000 people and Chipping Norton News sells 2,100 copies monthly.

In addition to OCCG's advertising, the Keep the Horton General campaigners promoted the consultation on their own Facebook pages which have 16,751 and 4,746 members and they reported to have delivered 63,000 leaflets and letters. They encouraged people to respond to the consultation by writing to OCCG and provided a template letter and guidance. They also expressed their suspicion of the survey which may help to explain the comparatively large number of letters and smaller number of survey responses to the consultation.

Save Wantage Hospital campaigners also promoted the consultation widely on Facebook to 1,524 members and Chipping Norton Hospital campaigners created a leaflet which they circulated:

The consultation events and online/paper survey were promoted by OCCG in the following ways:

- Community websites (See Appendix 7.4 for details).
- Through all local media (TV, radio and print newspapers). Full details of the local media advertising and coverage can be seen in Appendix 7.6.
- Leaflets advertising the events were sent to 80,000 homes via the Royal Mail to the following postcodes GL56 (Moreton in Marsh and Bourton on the Water), GL7 (Fairford), NN13 (Brackley), OX15 (Banbury), OX16 (Banbury), OX17 (Middleton Cheney), OX18 (Burford), OX7 (Chipping Norton), OX25 (Bicester), OX26 (Bicester), OX27 (Bicester).
- Paper copies of the Consultation document and survey were circulated to:
 - all GP practices in Oxfordshire, South Northamptonshire, South Warwickshire;
 - libraries in Oxfordshire, South Warwickshire and South Northamptonshire;
 - all town and district councils;
 - all care homes and care home providers in Oxfordshire;
 - all children's centres in North Oxfordshire;
 - all community hospitals;
 - The John Radcliffe Hospital, the Churchill Hospital, the Nuffield Orthopaedic Centre and the Horton General Hospital.
- Included in schools' news to head teachers in Oxfordshire's primary and secondary schools.
- Voluntary sector organisations were notified of the events via Oxfordshire Community and Voluntary Action (OCVA).
- Outreach work to faith/church groups, Black and Minority Ethnic (BME) groups, gypsy and traveller communities, children's centres, refugee & asylum groups and health & wellbeing centres.
- A social media campaign was used to engage with more than 7,828 followers of OCCG's Twitter and Facebook sites. Full details of the social media activity which reached over 193,553 people can be seen in Appendix 7.7.
- All members of Healthwatch Oxfordshire and via their website and social media sites.
- OCCG staff, and staff and Foundation Trust members at Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust were notified via email and through the staff intranet.

- West Oxfordshire District Council, Royal Berkshire NHS Foundation Trust, Oxford Health NHS Foundation Trust, National Institute for Health Research, South Central and West Commissioning Support Unit, South Warwickshire NHS Foundation Trust, Buckinghamshire County Council, promoted the consultation through their communication channels.
- Voluntary organisations such as Autism Oxford, Carers Oxfordshire, Parent Voice, MIND, Restore, Age UK circulated the information to their service users, members and Carers
- Specific community and/or special interest groups were approached for their feedback, including My Life My Choice, Patient Participation Groups (PPGs), mother and baby groups and community associations
- Partner organisations including all the district councils, Oxfordshire County Council (OCC), and Oxford City Council were asked to promote the events to their staff (via meetings, intranet and newsletters) and on their websites
- Parish councils, town councils and county and district councillors were asked to promote the events in their communities
- Oxfordshire MPs and MEPs
- Groups such as 'Save Wantage Hospital', 'Keep the Horton General' and Townlands Steering Group were also notified of the events and encouraged to publicise in their local communities
- 1,100 members of Oxfordshire CCG's Talking Health engagement website were regularly informed throughout the consultation via the Talking Health Newsletter.
- GP practices across Oxfordshire were kept updated on a weekly basis via the OCCG's GP Bulletin.

4. Process and methodology

4.1 Data sources

A range of consultation opportunities were open to public and patients over a 12 week period.

Consultation survey

OCCG designed and circulated a consultation survey which people across Oxfordshire were encouraged to complete and return. The survey was also hosted on the Talking Health website³, with access to the survey enabled after registering and providing a postcode.

The survey was designed to gather views about the proposed changes. Because no options were presented in the consultation, the survey questions presented the reasoning used by OCCG to check understanding, level of support and to offer opportunities for people to share alternative solutions. Lay members of the Transformation Board reviewed the survey in draft form and it was tested with 15 members of the public before finalising the design.

An invitation was sent directly to all current members of Talking Health (2,917), to all Patient Participation Groups and community/stakeholder groups. Copies of the survey were taken to all consultation events and were widely circulated to GP practices, council offices, libraries and other community facilities.

³ Talking Health is OCCG's online consultation tool

Translations of all consultation documentation were available on request. No direct requests were received from people needing translations but copies of the consultation summary document and survey were translated into Urdu, Polish and Easy-Read to support engagement with specific community groups.

Qa Research Ltd, an independent social research agency, was commissioned by OCCG to boost responses to the consultation survey and ensure additional representation from young adults aged 16-24, people with a disability and people from minority ethnic groups other than white British or white Irish; these groups were believed by OCCG to be less likely than the general population to take part in any of the other consultation activities and could be more affected by the proposed changes. Therefore Qa Research undertook the following:

- a) Three days of research in Banbury Town Centre (4 March, 10 March, 11 March):
 - i. Experienced and trained recruiters operated according to the Market Research Society Code of Conduct
 - ii. An experienced and trained supervisor oversaw each day's activity
 - iii. Recruiters carried an authorisation letter from OCCG on OCCG letterhead
 - iv. The local police force had been notified in advance
 - v. Recruiters and supervisor were provided with a thorough briefing session, complemented by detailed written material providing context about the consultation
 - vi. An office-based fieldwork manager remained in close contact with the supervisor throughout the three days' interviewing, to respond to any queries or difficulties
 - vii. Using a short pre-agreed recruitment script, recruiters invited passers-by to take part; people who met the target profile (those from each of the three sub-groups of interest) were brought in to the town hall to view the showcards and complete the survey; in addition, to further boost under-represented groups, where possible, interviewers were asked to invite people with visual impairment, hearing impairment, people who were Chinese, East European or South Asian
 - viii. OCCG provided the same survey for use to ensure that respondents answered the identical set of questions as those posed via the online survey
 - ix. Respondents completed the surveys themselves; where respondents requested assistance to complete, this was provided
 - x. Showcards were provided including the same consultation material as was available when completing the online consultation survey
 - xi. Each respondent was provided with a £1 Health Lottery ticket as a thank you for their time
 - xii. 100% of the first shift was quality checked (surveys and recruitment scripts) and 10% thereafter, in line with Qa Research Ltd standard procedures
 - xiii. 137 completed surveys were achieved in total via this method; 60 of these were young adults; 35 were from minority ethnic groups (of which 1 was Chinese, 5 South Asian and 29 other ethnicities); 65 people had a disability; nine had a visual impairment; eight had a hearing impairment
- b) Contacting around 50 local community and voluntary groups whose membership was likely to include young adults, people with a disability, or people from minority ethnic groups:
 - i. The researcher explained the context of the consultation and invited the group to receive paper copies of the consultation survey in case their members / beneficiaries may be interested in doing so
 - ii. Seven groups elected to receive a total of 156 surveys.

- iii. Details were passed to OCCG who posted the required number of paper surveys to the groups, together with freepost envelopes for their return

Public consultation events

In support of the consultation, OCCG initially organised a series of 12 public meetings across the county and Brackley, where local people were given the opportunity to talk to clinicians and senior NHS leaders and share their views about the proposals. The events ran from 26 January to 23 March 2017. They were scheduled to take place at a variety of locations and at different times of the day, to enable as many people as possible to attend. During the early weeks of the consultation, an additional three dates were organised. In response to the significant interest in Brackley and Chipping Norton, a second meeting was organised for both towns. A meeting was also organised for Thame. In total, 15 public consultation meetings took place during the 12 week period.

The events were open access to everyone, and people were encouraged to attend any event convenient for them. People were asked to register in advance to allow the format of the event to be flexible depending on numbers expected. This could be done via email or telephone but was not necessary and people arriving at the meeting without having registered were admitted to the meeting.

All the venues were checked for disabled access in advance, however, two venues proved to be difficult for wheel-chair users. The venue in Bicester had disabled access to only part of the building and the venue used for the first Brackley meeting had building work restricting access to the area where the public meeting took place. These venues will not be used again. An audio loop was provided at all meetings except the first meeting in Banbury when the sound system was not compatible with the hearing loop already in place. At all other meetings, a hearing loop was brought in by the team providing the audio-visual.

Each event ran for two hours and it was led by an external chair. The format varied depending on the numbers attending and the size of the venue. For the busiest meetings, to ensure everyone who wanted to attend could be accommodated, the meeting comprised a 35-40 minute presentation from representatives of OCCG, followed by an 80-85 minute question and answer session with a panel made up of senior executives and senior clinicians. At other meetings, a shorter question and answer session was run and the attendees were then given the opportunity to discuss the proposals with NHS representatives in a smaller group setting.

The meetings in Chipping Norton, Banbury and Brackley were all expected to be well attended and it was only possible to run meetings based on presentation followed by questions to the panel. For all other meetings, the decision about the format was taken the day before the meeting depending on number of people registered.

The OCCG presentation (see Appendix 7.2) comprised an explanation of the consultation process including the proposals around which views were being sought; the case for change (the challenges facing the current healthcare system); the proposals for each of the clinical areas noted on page 3; the ways people can be involved and next steps. A short film was used for each clinical area with local clinicians describing what the changes would mean. The presentation and film clips were available via the transformation website⁴.

⁴ oxonhealthcaretransformation.nhs.uk

The panel comprised representatives (both clinician and managers) from OCCG and Oxford University Hospitals NHS Foundation Trust. At some meetings, representatives from Oxford Health NHS Foundation Trust also joined the panel.

Each event was audio recorded and the files have been made available via the transformation website. Summary notes were taken of the public discussion and the question cards completed by members of the public were collected.

A summary of the questions and main views expressed by the public at the consultation events was produced by Hood and Wolf who provided the external Chair and support for the public meetings. Where there were areas of specific or heightened concern from participants of particular events, these were indicated. Broadly speaking views were most strongly expressed at the events that took place closest to the Horton General Hospital, including Banbury, Bicester, Brackley and Chipping Norton. People attending the events in the south of the county were more likely to be either more supportive or less questioning as the impact on local residents was seen to be significantly less.

Other meetings

During February and March, OCCG attended a wide range of other meetings with organisations, partners and stakeholders. Minutes or notes were taken by the hosts and provided to OCCG. In some cases, formal responses were also provided to OCCG in letter form.

These meetings were an important part of the consultation and allowed OCCG to reach some specific community or demographic groups. The meetings included an event organised by Healthwatch Oxfordshire for Oxfordshire's voluntary organisations. This was a half day event attended by more than 60 people representing 36 voluntary organisations in Oxfordshire. Other events included meetings with My Life My Choice for adults with learning disability, University of the Third Age (U3A) meeting, Public Locality Forum⁵ meetings, Age UK Health and Social Care Panel and Oxfordshire Carers. Discussion was also timetabled on the agendas for the Community Partnership Network and the Health Overview and Scrutiny Committees of Oxfordshire and Stratford.

Other engagement

A programme of young people's engagement was carried out and began before the consultation was launched. The Young People's Executive (YiPpEe) is group of young people who work and meet with staff at the John Radcliffe Hospital, giving their thoughts about the hospital. In December 2016 a focus group was held with YiPpEe members and they gave their thoughts on what social media channels they use. Oxfordshire CCG also invited members of the group to say what they would do if they ran the NHS and for their photos to be taken to help launch a social media campaign.

It was agreed that a social media campaign with a visual element would be the best approach to reach out to young people (those aged approximately 12 -22 years). The campaign was based around the premise of young people filling in a blank piece of paper saying what they would do if

⁵ Each of OCCG's six localities has a Public Locality Forum made up of Patient Participation Groups and in some case a wider membership that includes carers, advocacy groups and district councillors. The Forums aim to ensure that the views and concerns of their patients and communities can be fed into plans at both a Locality (through the Clinical Locality Groups) and County wide level within OCCG.

they ran the NHS, using the hashtag #ifIrantheNHS. A photograph was then taken of these young people and shared on social media. The campaign itself was called #GenerationNHS. The #GenerationNHS campaign was launched in February 2017 on twitter, Instagram and Facebook using the photos from the YiPpEe focus group.

In February 2017 OCCG visited the Children's Ward at the John Radcliffe Hospital and got feedback from patients and their families on the NHS and what they would do if they ran the NHS.

OCCG undertook dialogue with community groups, key leaders and facilitators (from seldom heard groups in Banbury). Appointments were made to visit groups and discuss the proposals, answer questions and receive feedback. Not all groups accepted the invitation and they were sent information either as printed copies or via email with the link to the consultation and survey questions.

The following is a summary of this engagement activity:

- a) North Oxfordshire Children's Centre (The Cabin); Britannia Road Children's Centre; East Street Children's Centre – information sent via email.
- b) Park Road Mosque in Oxford – 10 copies of consultation document / questionnaire in Urdu were hand delivered.
- c) Banbury Mosque – three ad-hoc visits were made to the mosque - 20 copies of consultation document / questionnaire in Urdu were hand delivered and an Imam from the Mosque was spoken to about the consultation.
- d) Chinese Community – contact was made with the Oxford lunch club 'Happy Place'.
- e) Banbury Young Homeless Project (BYHP) – the consultation link was shared with the young people by staff.
- f) Polish Community – 30 copies of the consultation document and questionnaire in Polish were hand delivered to the Polish Community Association in Banbury.
- g) Sunshine Centre Children's Centre - A group meeting was arranged and 17 people attended. Their ethnicity profile included: Polish; Nigerian; Ghanaian; Chinese; Bulgarian; South African and English. Information about the consultation was shared at the meeting.
- h) Butterfly Meadows Children's Centre, Bloxham - A group meeting was arranged and 22 people attended. Their ethnicity profile included: Polish and English. Information about the consultation was shared at the meeting.
- i) Age UK Oxfordshire & APNA Group - A joint group meeting was arranged and 23 people attended. Their ethnicity profile included: Pakistani; Kashmiri; Sikh and Hindu. Information about the consultation was shared at the meeting.
- j) The Redeemed Christian Church of God, Banbury - A meeting was arranged. Six African and Caribbean women were present. All took the consultation document and 4 completed the survey at the meeting. Additional copies were left for them to distribute to others after the Sunday service. Some of the women were well informed as they worked at the Horton General Hospital as nursing staff.
- k) Multi-Faith Group - OCCG met the group at the Friend's Meeting Hall. Nine people were present representing Christian, Quaker, Church of England, Sikh, Buddhist and Baha'i faiths. The members of the group were well informed as some were local politicians and had information about the Horton General Hospital and the Transforming Health agenda. They were provided with consultation documents and asked to share with their respective groups and encourage people to take part in the consultation process.

- l) The Redeemed Christian Church of God, Bicester - OCCG met with the Pastor. Four documents and surveys were left and the Pastor agreed to encourage his congregation to complete the survey.
- m) The Farming Community Network (FCN) - OCCG met with the Chair of the FCN to discuss the farming community and the concern regarding mental health. Rev. Evans sent the link of the consultation to all members in Oxfordshire.
- n) Sunrise Multicultural Project – OCCG attended a meeting, but due to other local events taking place on the same day, only three people attended (two Kashmiri and one Pakistani). Information was shared with them and left for wider circulation.
- o) University of the Third Age (U3A) Older People’s Group – OCCG attended a meeting to provide a short presentation and answer questions about the consultation. The meeting was attended by 53 people who were all encouraged to complete the survey either on-line or via hard copy.

In addition, the consultation documents were taken to the following strategic, stakeholder and community meetings:

- a) Barton Health & Wellbeing Partnership (link to consultation documents provided)
- b) Rose Hill Health & Wellbeing Partnership (advert with consultation web link and dates/venues of events)
- c) Leys Community Partnership (advert with consultation web link and dates/venues of events)
- d) Barton Older People’s Sub Group (advert with consultation web link and dates/venues of events)
- e) Cherwell Local Strategic Partnership (all documents provided)
- f) Leys Health & Wellbeing Partnership (all documents provided)
- g) Wood Farm Health & Wellbeing Partnership (all documents provided)

Additionally, five copies each of Polish and Urdu translated documents were sent to the office of Victoria Prentis, MP.

Letters, emails from individuals

Individual patients and members of the public sent postal and email responses to OCCG. In total, 9,248 letters and emails were received from individual members of the public. Of these, 8,036 were copies of template letters. (See appendix 7.10)

Letters, emails from organisations and stakeholders

All stakeholders were informed about the consultation and invited to respond. In total 42 responses were received by post and email from the following stakeholders:

Local MPs and political parties	<ul style="list-style-type: none"> • Robert Courts • Andrea Leadsom • David Mackintosh • Victoria Prentis • Green Party
Local Authorities	<ul style="list-style-type: none"> • Banbury Town Council • Bloxham Parish Council

	<ul style="list-style-type: none"> • Boddington Parish Council • The Bourtons Parish Council • Brackley Town Council • Cropredy Parish Council • Long Compton Parish Council • Milcombe Parish Council • Mollington Parish Council • Oxford City Council • Oxfordshire County Council • South Northamptonshire & Cherwell District Council • Stratford Upon Avon District Council • West Hendred Parish Council • West Oxfordshire District Council
Local councillors	<ul style="list-style-type: none"> • Rosie Herring (South Northants) • Christine Heath (Adderbury, Bloxham and Bodicote) • David Hughes (Bucks) • Councillor Shaida Hussain (Banbury Town Councillor for Grimsbury & Castle Ward, Cherwell District Councillor for Grimsbury & Hightown) • Anthony Ilot (Town & District Councillor - Hardwick, Banbury ward) • Kieron Mallon (Easington South, Calthorpe and Easington, Bloxham and Easington - town, district & County) • Andrew Mchugh (Adderbury, Bloxham & Bodicote) • Barry Wood (Cherwell District Council)
Providers	<ul style="list-style-type: none"> • Buckinghamshire Healthcare Foundation Trust • Katherine House Hospice • Nene CCG • Northampton General Hospital • Oxfed • Oxford University Hospitals Foundation Trust
Other stakeholders	<ul style="list-style-type: none"> • Banbury Guardian • Chipping Norton and District Hospital Action Group • Healthwatch Oxfordshire • Keep our NHS Public • North Patient Locality Forum • Royal College of Nursing • South West Public Locality Forum • Oxfordshire Health Overview and Scrutiny Committee

The formal responses from stakeholders are published as a separate appendix (Appendix 7.9) to this report and can be found [here](#).

Campaign group participation in the consultation

The local campaign group 'Keep the Horton General' participated in the consultation in a number of ways. Members of the group attended every public consultation meeting and distributed material about the consultation and their campaign to those attending and to households across the area. They provided information via their website and Facebook page. They expressed their concern about the consultation survey and encouraged people to seek advice from them before completing it. They also provided a template letter that people concerned about the proposals could use to respond to the consultation.

The campaign group also encouraged people to complete a different survey organised by them with different questions from those in the OCCG consultation questionnaire. They were supported by the local newspaper, the Banbury Guardian, and together raised the profile of the consultation with the local public.

Their survey was concluded before the first public meeting of the consultation. It was completed by 4,900 people and the report of this survey was presented to OCCG at the first public meeting in Banbury on 26 January (this report is published alongside this document on OCCG's website [here](#))

Summary of the consultation activity

The table below summarises the consultation activity (**Figure 1: Summary of consultation activity**)

Consultation Activity	Notes
15 OCCG public consultation events at the following locations	1,407 people attended - some people went to more than one meeting: Banbury Chipping Norton Grove Oxford Didcot Witney Bicester Brackley Henley Wallingford Chipping Norton Thame Banbury Brackley Abingdon
Other meetings	Age UK Panel Barton Older People Carers Voice Community Partnership Network (February and March) Health Overview & Scrutiny Committee (Oxford) (February and March) Health Overview & Scrutiny Committee (Stratford) Health & Social Care Panel Healthwatch Board Meeting Health & Wellbeing Board Locality Forum chairs Local MPs' briefing meetings (February and March) North East Public & Patient Forum North Oxfordshire Locality Public & Patient Forum Steering Group Oxford City Locality Forum Oxford 50+ Network Public & Patient Partnership for West Oxfordshire Steering Group (February and March) South West Oxfordshire Locality Forum University of the Third Age, U3A Group

	Voluntary Sector Forum (hosted Healthwatch)
Engaging young people	Focus group with Young People's Executive - YiPpEe #GenerationNHS social media campaign Feedback from patients & families on Children's Ward, John Radcliffe Hospital
Engagement with 'seldom heard groups in Banbury' – meetings & / or documents provided to community / stakeholder groups	North Oxfordshire Children's Centre (The Cabin) Britannia Road Children's Centre East Street Children's Centre Park Road Mosque Banbury Mosque Banbury Young Homeless Project Polish Community Association Sunshine Children's Centre Butterfly Meadows Children's Centre Age UK Oxford & APNA Group The Redeemed Christian Church of God, Banbury Multi-Faith Group The Redeemed Christian Church of God, Bicester The Farming Community Network Sunrise Multicultural Project University of 3 rd Age, U3A Barton Health & Wellbeing Partnership Rose Hill Health & Wellbeing Partnership Leys Community Partnership Barton Older People's Sub Group Cherwell LSP Leys Health & Wellbeing Partnership Wood Farm Health & Wellbeing Partnership My Life My Choice – Banbury and Chipping Norton Office of Victoria Prentis, MP
Consultation survey (online, paper, self-completion)	646 responses
Submissions by letter / email from individuals	9,248 individualised responses including 8,036 'template letter' responses
Submissions by letter/email from organisations / partners	43 responses
Campaign group questionnaire	4,900 responses

Consultation data was received by OCCG and passed in anonymised format to Qa Research for collation, processing and analysis prior to the production of this report.

The consultation has used mixed methods over the 12 week consultation period. The public and patients of Oxfordshire have been able to contribute their feedback in a variety of ways. There were no limits on how many people could contribute, the methods by which they could contribute and the number of times they could contribute. Therefore, it is possible that some instances of feedback are duplicates, i.e. the same feedback content provided by the same person. It is not

possible to know how many unique individuals contributed to the consultation. No sampling took place, therefore the findings cannot be generalised to the whole Oxfordshire population.

4.2 Data analysis and report structure

This report is divided into broad sections which align with key themes raised in responses to the consultation.

Each section starts by examining the **consultation survey responses**. Responses are analysed quantitatively and illustrated by tables or charts. Please note that when interpreting results throughout this report not all percentages will equal 100% due to rounding (with any figures of 0.5 or higher being rounded up). Where respondents had the option of giving more than one response, the percentages may be higher than 100%. Where the figure is shown as 0% at least one respondent gave this answer but the total count makes up <0.5% of the overall total; a blank shows no-one has given this answer. Where NET figures are referred to this is where scale responses have been netted into one response to show overall levels of agreement and disagreement. Open ended verbatim questions (i.e. with no predefined responses) have been coded, with responses grouped together and shown as percentages. Due to this consultation largely being undertaken via self-completion the base size (that is the number of valid responses to each question) will vary as not every respondent answered every question; the base size can be found at the bottom of each chart/table. Sub-group analysis has been undertaken by examining differences in survey responses from the following groups:

- Where people live
- Parenthood status / interest in maternity services
- Male/female
- Age groups
- Ethnicity
- Disability
- Means of travel to hospital appointments

Where sub-group analysis has been performed, findings and commentary on any **statistically significant differences** follow the initial survey findings commentary.

Sections of the report describing the issues raised at **public consultation events** are clearly indicated within a shaded box (a full audio recording of each meeting is available on the OCCG website).

Other data sources have been analysed thematically. These qualitative findings have been included in the appropriate sections to provide depth to the analysis. They are clearly indicated by their presentation within a shaded box.

The **appendices** contain:

- Consultation survey
- Public event presentation
- Overview of public consultation events
- Promotion of 'The Big Health & Care Consultation'
- Examples of campaign promotion material
- Media coverage and advertising of the consultation

- Social media
- Costs of Phase One consultation
- Responses from stakeholders

5. Key findings

5.1 Consultation survey sample profiles

In total 646 surveys were completed, 509 were completed online or posted to OCCG who then added them to the online surveys. 137 completed as self-completion paper surveys via the 'hall test' method facilitated by Qa Research. The following tables show the profile of all those who took part in the consultation survey for context.

Figure 2: Gender

Gender	Count	Percentage
Male	227	35%
Female	388	60%
Transsexual	0	-
Prefer not to say	31	5%
Base	646	100%

Figure 4: Age Range

Age range	Count	Percentage
16-24	68	11%
25-34	44	7%
35-44	63	10%
45-54	84	13%
55-64	108	17%
65-74	241	37%
Above 75	38	6%
Base	646	100%

Figure 3: Ethnicity

Ethnicity	Count	Percentage
White	427	66%
White British	96	15%
Asian or Asian British	17	3%
Black or Black British	12	2%
Other	13	2%
White Irish	5	1%
Polish	4	1%
Mixed Race	3	0%
Chinese	2	0%
Mixed	3	0%
Prefer not to say	64	10%
Base	646	100%

Figure 5: Whether respondents have a disability

Disability	Count	Percentage
Yes	85	20%
No	307	72%
Not stated	33	8%
Base	425*	100%

*(137 from face to face survey; 288 from Talking Health profile data)

Figure 6: Parental status

Parental status	Count	Percentage
I am a parent of a child aged 3 years or over	147	23%
I am a parent of a child under 3 years	23	4%
I do not have children but am interested in maternity services in Oxfordshire	98	15%
I/we are currently expecting, or planning to have a baby in the near future	19	3%
Other	191	30%
Prefer not to say	66	10%
Don't know	4	1%
I'm not interested in maternity services	104	16%
Base⁶	646	

Figure 7: Where respondents live

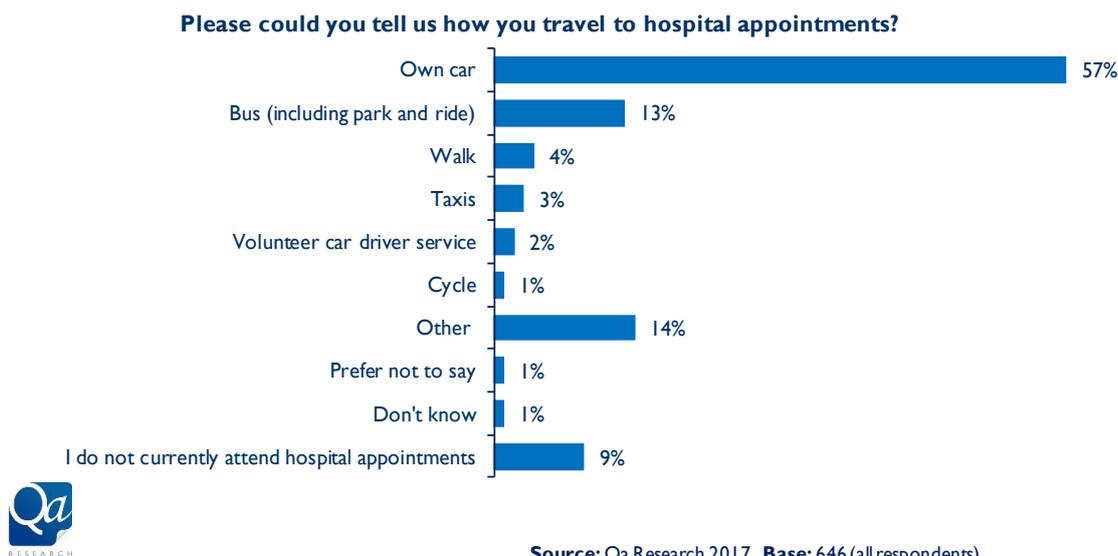
Q2. Place of residence	Count	Percentage
Banbury and surrounding areas	236	37%
Bicester and surrounding areas	38	6%
Chipping Norton and surrounding areas	62	10%
South Northamptonshire	43	7%
South Warwickshire	11	2%
South Oxfordshire	118	18%
West Oxfordshire	51	8%
Oxford City (including Botley, Kidlington and Kennington)	62	10%
Other	25	4%
	646	100%

Figure 8: Interest in NHS services

Q1. Interest in NHS services	Count	Percentage
I am a patient that has used/is using the John Radcliffe/Churchill or the Nuffield	448	69%
I am a patient who has used/is using Horton General	333	52%
I have a general interest in health matters	267	41%
I am a carer for a patient who has used/is using the John Radcliffe/Churchill or the Nuffield	115	18%
I work for/volunteer for a voluntary or charity organisation	79	12%
I am a member of NHS staff	70	11%
I am a carer for a patient who has used/is using the Horton General	55	9%
I am an elected official, representing the views of my constituents	18	3%
I work at a GP practice	12	2%
I work in social care	13	2%
I work in a nursing home	8	1%
Other	140	22%
	646	Multiple response

⁶ Via the online survey, respondents were only able to provide one single coded response to this question; although, in practice more than one code could apply to an individual. Via the self-completion, paper survey method a handful of respondents gave more than one answer. Therefore, percentages exceed 100%.

Figure 9: Means of travel to hospital



'Other' means of travelling to hospital appointments included getting a lift with a family member/friend as well as using the non-emergency patient transport service.⁷

5.2 Changing use of acute hospital beds across Oxfordshire; increasing care closer to home

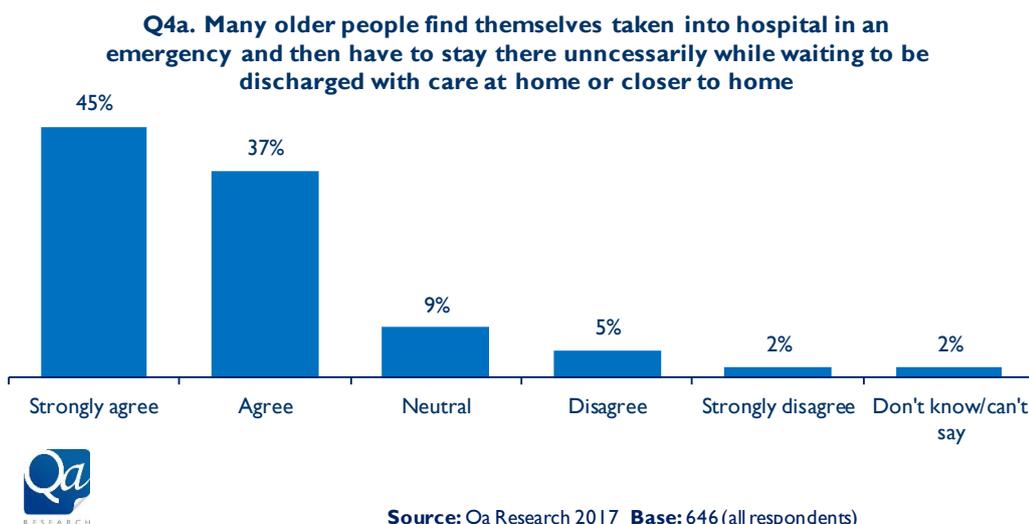
5.2.1 Reasons for OCCG proposing to provide care differently

As part of the consultation the reasons for proposing to provide care differently in Oxfordshire were outlined. Respondents were given supporting information outlining what OCCG and Oxfordshire County Council have been doing to date to try to provide care differently which resulted in a reduction in the number of hospital beds needed. A number of acute hospital beds were also closed on a temporary basis. After being given a chance to read this contextual information, survey respondents were asked to indicate the extent to which they agreed with a series of reasons for providing care differently, the findings of which are discussed below.

⁷ Via the online survey, respondents were only able to provide one single coded response to this question; although, in practice more than one code could apply to an individual. Via the self-completion, paper survey method a handful of respondents gave more than one answer. Therefore, percentages exceed 100%.

A: Many older people find themselves taken into hospital in an emergency and then have to stay there unnecessarily while waiting to be discharged with care at home or closer to home

Figure 10: Level of agreement with Q4a



Four-fifths (82%) of survey respondents agreed that many older people find themselves taken to hospital and have to stay there unnecessarily while awaiting discharge with suitable care at home or closer to home in place.

Whilst the proportion of 16-24 year olds who strongly agreed with this was significantly lower than many other age groups (at 25% vs. 45%) there were no other significant differences in results by age group.

B: A hospital bed is often not the best place for frail elderly people

Figure 11: Level of agreement with Q4b



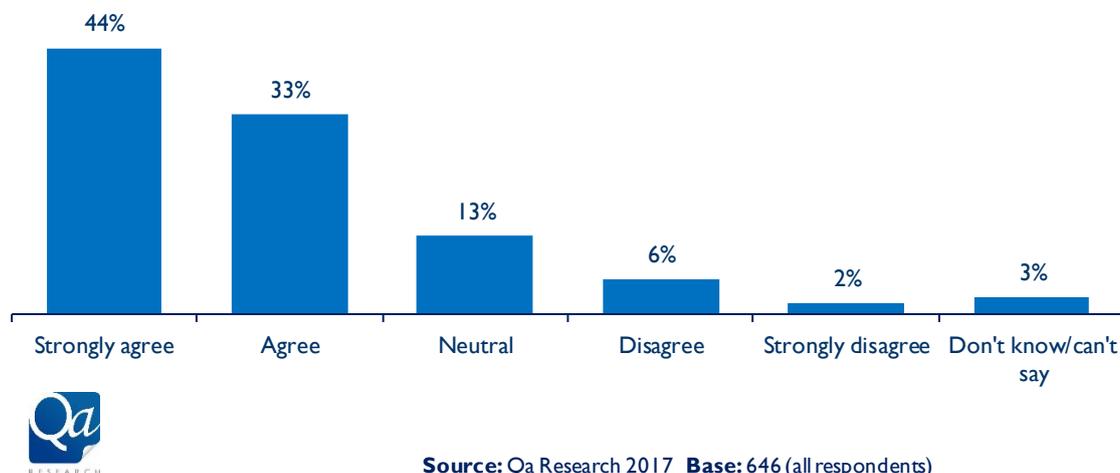
Almost four-fifths of survey respondents also agreed that a hospital bed is often not the best place for frail elderly people (78%), with 43% strongly agreeing this was so.

Those aged 45+ were more likely to agree with this statement compared to younger respondents (e.g. 52% of 45-54 year olds strongly agreed with this versus 31% of 16-24 year olds).

C: The longer a person stays in hospital, the harder it is for them to recover and the risk of infection and death increases

Figure 12: Level of agreement with Q4c

Q4c. The longer a person stays in hospital, the harder it is for them to recover and the risk of infection and death increases

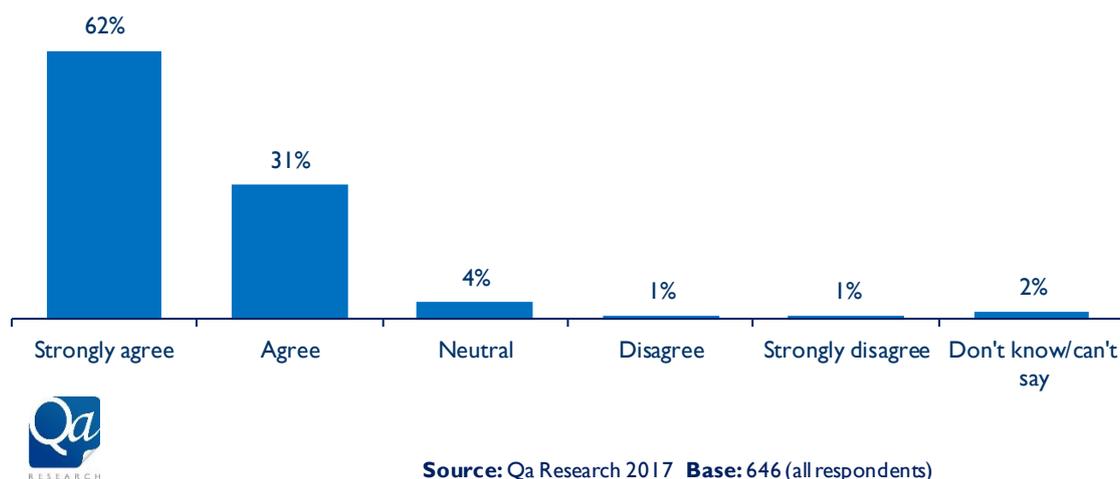


Over three-quarters of respondents also agreed that the longer a hospital stay is, the longer the recovery will be as well as facing a risk of infection or death (77%). Again it is the younger age group of 16-24 that were least likely to express agreement with this (51%).

D: People want to be treated closer to home, where appropriate

Figure 13: Level of agreement with Q4d

Q4d. People want to be treated closer to home, where appropriate

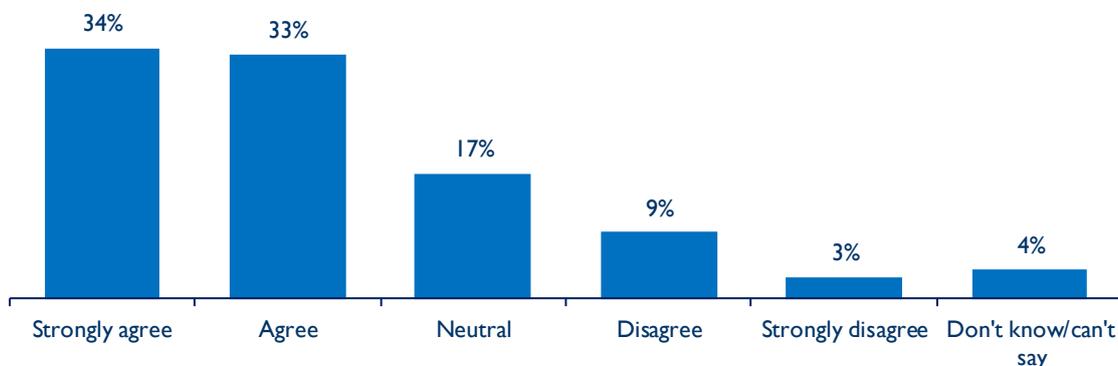


An overwhelming majority of respondents (93%) also agreed with the idea that people would always want to be treated closer to home, when appropriate.

E: Too many people are admitted to hospital in the first place when they could have been assessed, treated and supported at home or in community settings such as a community hospital, care home or at home

Figure 14: Level of agreement with Q4e

Q4e. Too many people are admitted to hospital in the first place when they could have been assessed, treated and supported at home or in community settings such as a community hospital, care home or at home



Source: Qa Research 2017 Base: 646 (all respondents)

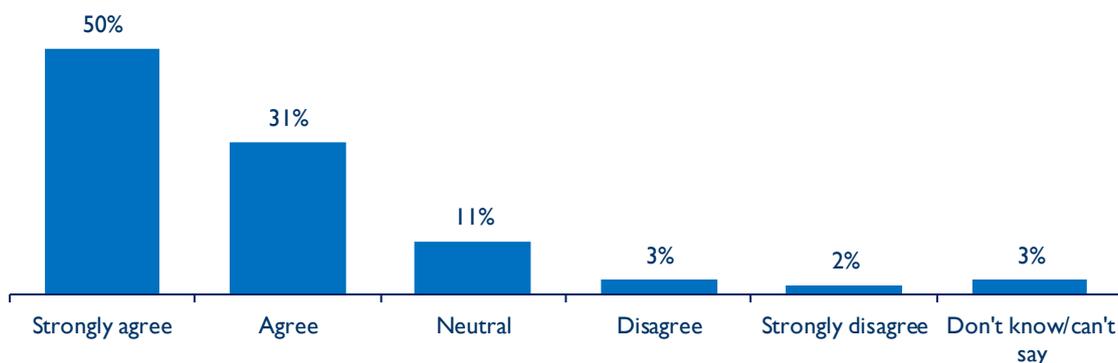
Around two-thirds (67%) of respondents agreed that too many people are admitted to hospital when assessment, treatment and support could have potentially have been provided elsewhere, including at home.

Females were significantly more likely to strongly agree this was the case compared to males (39% compared to 26%).

F: Organisations don't always work together to find the right support for patients out of hospital

Figure 15: Level of agreement with Q4f

Q4f. Organisations don't always work together to find the right support for patients out of hospital



Source: Qa Research 2017 Base: 646 (all respondents)

Four-fifths of respondents (81%) agreed that organisations don't always work together to find the right support for patients outside of hospital.

Residents in West Oxfordshire showed high levels of strong agreement with this statement (63%) compared with 44% of those in Chipping Norton and surrounding areas.

Feedback from public consultation events

Support was given for efforts to prevent people being admitted to an acute hospital unnecessarily and for discharged patients to be supported more effectively, provided that appropriate home or community based care is available.

It was noted that it is important to ensure appropriate use of language, with a strong distaste for the term 'bed blockers'.

Concern was expressed about the fact that carers are already heavily burdened and it is important that their needs are considered and supported effectively. This included considering the impact of additional travel for the services which are proposed to be moved from the Horton General Hospital to the John Radcliffe Hospital. The valued role of the voluntary sector was also noted and it was suggested that this could grow with more and better working partnerships.

Feedback from other data sources

Responses from members of the **public** show that there is some agreement with the principle that providing care closer to home is beneficial in terms of patient outcomes, particularly for the elderly. However, the overriding concern expressed was that the social care infrastructure was not sufficiently developed to support this.

This view was shared by many professional **stakeholders** who, although feeling that the case for change was strong, felt that the impact on adult social care resourcing had not been fully explored within the proposals particularly in the context of the existing pressures on the social care workforce and the likely impact on carers. There was a view that plans on the integration of health and social care were not clear and the development of integrated locality teams was still in the relatively early stages of development.

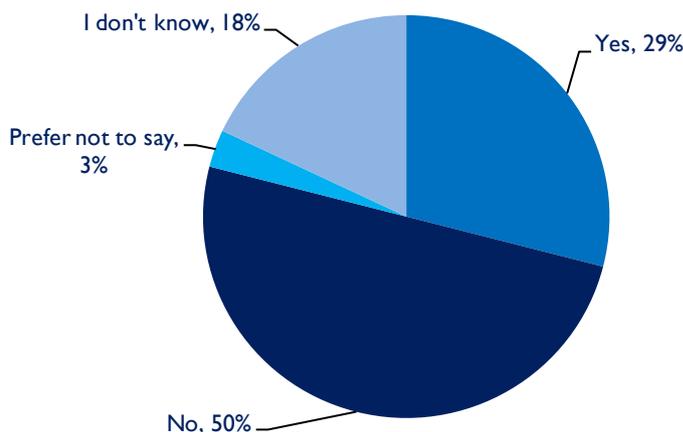
5.2.2 OCCG proposal to permanently close the hospital beds and use the money and staff to avoid hospital admissions, support early discharge and care closer to home

Again before asking for an opinion on the closure of hospital beds respondents were given contextual information, about what the temporary closure of some beds has enabled to happen in the way of more joined-up care by health and care services out of hospital; and also about plans to close further beds during 2017-2018.

With this in mind, respondents were asked whether they agreed with the proposal to permanently close the hospital beds and use the money and staff to avoid hospital admissions, through supporting early discharge and providing care closer to home.

Figure 16: Level of agreement with Q6

Q6. Do you agree with our proposal to permanently close these hospital beds and use the money and staff to avoid hospital admissions, support early discharge and care closer to home?



Source: Qa Research 2017 Base: 646 (all respondents)

As shown the largest proportion of respondents did not agree with this proposal (50%), whilst around three in ten (29%) did agree with the proposal.

Further analysis shows no statistically significant differences in the responses by different age groups.

A higher than average proportion of those who said they do not currently need to attend any hospital appointments answered yes to this question (45%).

Those who tend to travel to hospital, when needed, by car were more likely to be opposed to any closures than those travelling by bus (55% of car users answered no compared to 39% of bus users).

Those living in South Oxfordshire were more likely to agree with this proposal than those in some other areas (43%). Those living in Banbury and surrounding areas were most likely to disagree with this proposal (61%).

Reasons for agreeing with the proposal tended to revolve around hopes for better care at home or in the community. It was emphasised that resources needed to be re-directed appropriately if this does happen. Others agreed with the argument for this proposal but added that they would expect there still to be the appropriate number of beds at the hospital as required.

Reasons for disagreeing with the proposal focused on a belief that the hospital was already stretched, with more beds needed not less. There was also a concern about the knock on effect of closing beds: which other services would it have an impact on? Some felt closing the beds simply wouldn't solve 'the problem' and that the 'alternative' model of care needs to be in place and fine-tuned before any beds are closed. Others commented that it was too difficult or took too long to get to Oxford.

Many of those that responded with a 'don't know' response felt that in theory the proposal makes sense, although there was some scepticism that care would in fact be provided at home/in the community instead.

Feedback from public consultation events

There was clear concern about the reduction in the number of acute hospital beds. It was apparent that people strongly identify the number of beds with the size, value and future worth of a hospital. As a result, any reduction is seen to be a cut in hospital based services, regardless of whether the investment is being diverted to an alternative model of care.

Many people felt that too many acute hospital beds had been lost already and that further closures would mean the John Radcliffe Hospital and Horton General Hospital would not be able to meet demand.

A reasonable number of people did express their interest in and support for the alternative model of care that has been piloted by Oxford University Hospitals Foundation Trust and which would see more provision of community based care. There was particular support for this when it was explained that there had been no overall de-investment, but rather funds had been diverted into taking an alternative approach whereby Oxford University Hospitals Foundation Trust were funding beds in the community and better supporting patients and staff in residential and care homes.

Uncertainty and a lack of confidence was expressed as to whether the new model of provision of out of hospital support would actually work and some people suggested it was high risk to close hospital beds until it had been further proven.

It was requested that supported discharge therapy and care should be provided to a wider cohort of people, including the frail and elderly and those with multiple disabilities. The suggestion is that it is too narrowly supplied, for instance to stroke patients.

There was significant interest in ensuring the adequate provision of intermediate care beds. People were concerned about the numbers reducing and having to travel further to receive this type of care.

People offered compliments and gave positive examples of the quality of care received at units such as the Townlands Memorial Hospital in Henley. It was clearly stated that people strongly value their local community hospital and that they would not want to see any of their services being removed. This was a particular concern for people in Chipping Norton, Henley, Wallingford and Witney. Some people wanted reassurance that their local healthcare services would not be withdrawn.

Alongside the loss of acute hospital beds there is a worry that too many intermediate care beds have also already been lost and people do not want any further reductions. As noted elsewhere, there is a fear that Midwife Led Units could be under threat in Phase 2.

Where people knew of ambulatory care units, rapid access care units or liaison centres, as was the case in Henley, Witney and Abingdon, they expressed strong support and acknowledged that a hospital is not always the best place for people to be and complications can arise from being admitted. People noted the value of having a multi-disciplinary team of professionals available to address a range of needs and stated that they felt this model offered potential.

There is solid support for rehabilitation beds and other local hospital beds to be provided in NHS facilities run by NHS staff. There was concern about the future of the Ramsay Centre with some people expecting it to be closed. There was strong endorsement for it to be returned to the day to day management of the NHS.

In Henley, it was suggested that the NHS develops alternative measures of activity rather than bed numbers, in order that the public do not perceive overall services to have declined if these numbers are reduced.

Feedback from other data sources

Responses from the **public** frequently referred to an increasing population in Oxfordshire, Warwickshire and Northants and questioned how proposals to reduce the number of beds would be viable within this context.

There was also a view that insufficient detail had been included within the proposals on how this proposal would be delivered in practice along with the evidence base for the costs savings likely to be generated by care at home.

Specific objections were raised concerning the removal of 45 beds in Banbury and there was a view that this should have been a matter for consultation prior to their removal. Linked to this, objections were raised on the basis that hospital beds were already in short supply with examples of trolley waits being given.

Again, although many **stakeholders** supported the ideas behind the principle of care closer to home, there was also a view that re-ablement and integrated care services were not yet sufficiently developed to be able to support a reduction in beds at this point in time. It was suggested that new services closer to home should run alongside existing services to demonstrate their viability, before removing existing hospital services. Without a successful transition stage, it was feared that there would be an impact on GPs.

Stakeholders highlighted the need for the OCCG to work more closely with Oxfordshire County Council and the voluntary and community sector to fully articulate their roles within the proposed new format of services. An important element of this from the perspective of the voluntary and community sector was increased investment in social care to ensure a large enough workforce and to upskill the workforce to deal with increasing complexity of needs. It was seen that the availability of longer term contracts could enable greater continuity of care for service users and better retention of voluntary sector staff. Increased support would also need to be in place for those caring for loved ones at home.

5.3 Planned care services at the Horton General Hospital, Banbury

5.3.1 OCCG proposal to expand some health services available at the Horton General Hospital

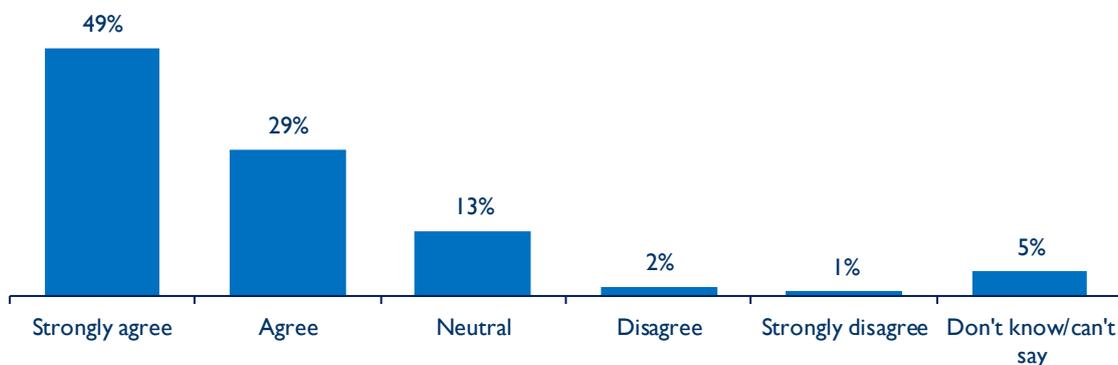
The topic of planned care was then raised in the survey. Respondents were again provided with some contextual information before any questions were asked. This detailed how planned care usually takes place in Oxford but waiting times can be long and cancellations can occur due to emergencies, with the added issue of travel to contend with for those outside of Oxford. With this in mind, information explained how it is hoped more of the planned care services can operate from Horton General Hospital in Banbury.

Respondents were asked the extent to which they agreed with proposals to invest in expanding and introducing certain services at the Horton General Hospital.

A: New Outpatient Unit at the Horton General Hospital with 'one stop shop' clinics for appointments

Figure 17: Level of agreement with Q8a

Q8a. New Outpatient Unit at the Horton with 'one stop shop' clinics for appointments



Source: Qa Research 2017 Base: 646 (all respondents)

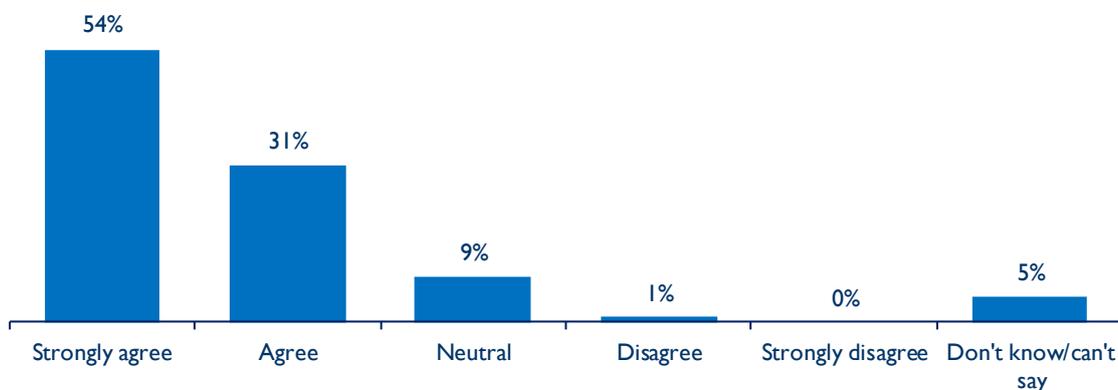
Almost four-fifths of respondents (78%) agreed with introducing a new Outpatient Unit with 'one stop shop' clinics for appointments.

Levels of net agreement amongst the areas changes are designed to benefit were as follows: Banbury and surrounding areas (83%); Bicester and surrounding areas (89%); Chipping Norton and surrounding areas (79%); South Northamptonshire (86%) and South Warwickshire (100%).

B: New diagnostic unit with MRI and CT scanners and ultrasound equipment

Figure 18: Level of agreement with Q8b

Q8b. New diagnostic unit with MRI and CT scanners and ultrasound equipment



Source: Qa Research 2017 Base: 646 (all respondents)

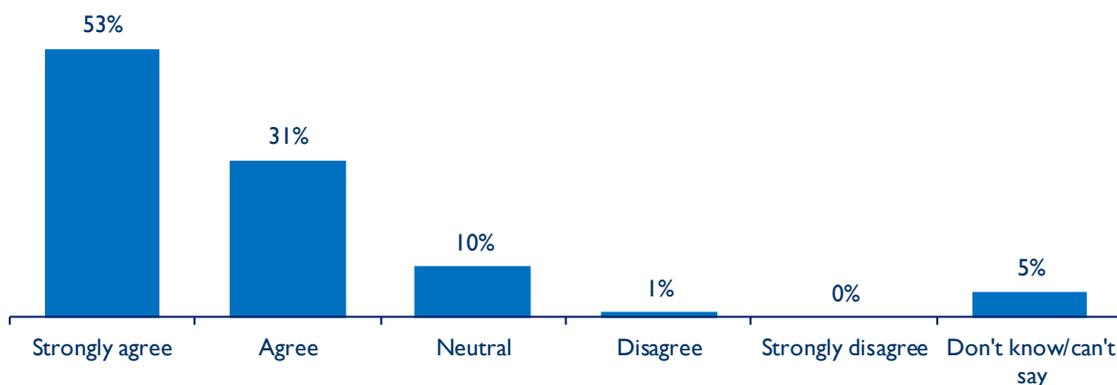
A large majority of respondents were in agreement for a new diagnostic unit to be introduced at the Horton General Hospital (85%).

All respondents in South Warwickshire were in favour of this (100%); as were 95% of those in both South Northamptonshire and Banbury and the surrounding areas; 92% of those in Bicester and the surrounding areas also agreed with this investment as did 84% of those in the Chipping Norton and surrounding areas. This again shows that the residents in the areas such an investment is designed to benefit, would welcome this.

C: More chemotherapy, renal dialysis and day case surgery

Figure 19: Level of agreement with Q8c

Q8c. More chemotherapy, renal dialysis and day case surgery



Source: Qa Research 2017 Base: 646 (all respondents)

There was widespread agreement that more chemotherapy, renal dialysis and day case surgery could be provided at the Horton General Hospital (84%), with just 1% disagreement with this proposal.

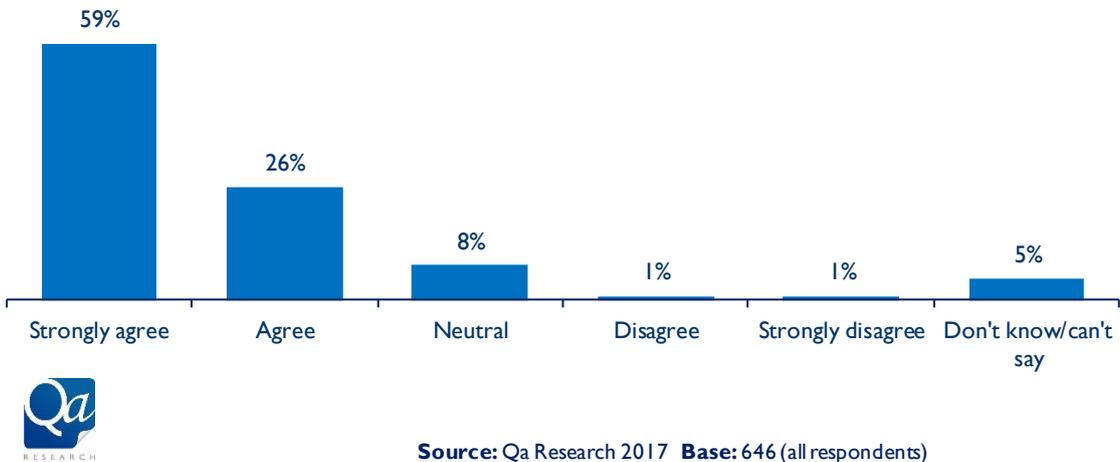
As might be expected, those in the areas closest to Banbury were more likely to be in agreement with this proposition, and less likely to provide a neutral or 'don't know' response.

The levels of agreement in the areas changes are designed to benefit were as follows: Banbury and the surrounding areas: 95%; South Northamptonshire: 93%; South Warwickshire: 91%; Bicester and the surrounding areas: 87%; Chipping Norton and the surrounding areas: 81%.

E: Assessment Unit for patients to be assessed locally before their operation, avoiding the need to travel to Oxford

Figure 20: Level of agreement with Q8e

Q8e. Assessment Unit for patients to be assessed locally before their operation, avoiding the need to travel to Oxford



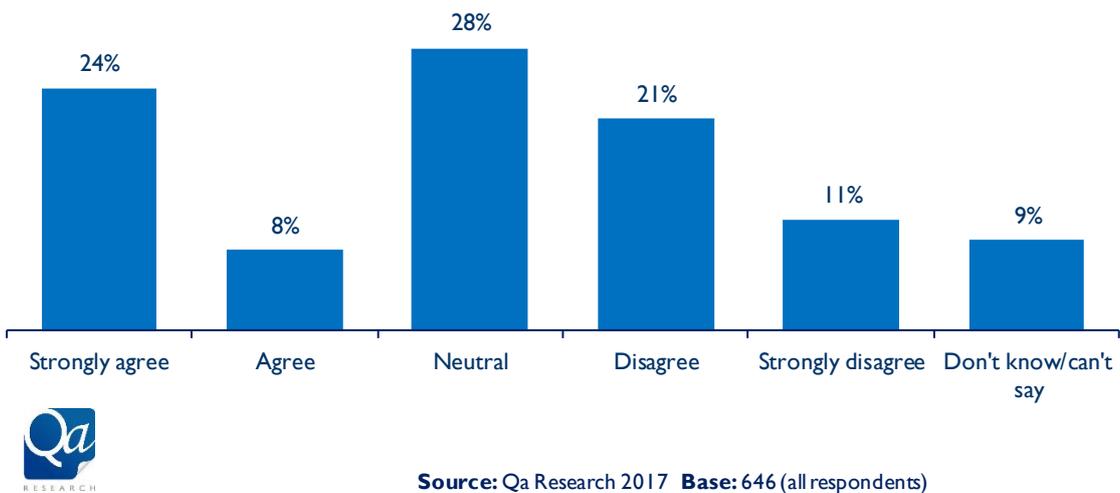
Over four-fifths of respondents agreed with investing in an Assessment Unit for patients before operations, thus avoiding the need to travel to Oxford (85%).

Of the areas proposed changes to services at the Horton General Hospital are designed to benefit there were once again very high levels of agreement, as follows: South Warwickshire: 100%; South Northamptonshire: 96%; Banbury and surrounding areas: 91%; Bicester and surrounding areas: 89% and Chipping Norton and surrounding areas (85%).

D: None of these services should change at the Horton General Hospital

Figure 21: Level of agreement with Q8d

Q8d. None of these services should change at the Horton General Hospital



Just less than a third of respondents (32%) agreed that none of these services should change at the Horton General Hospital whilst just over a quarter gave a neutral response to this question

(28%). This seems somewhat at odds with the overwhelmingly favourable response found for the proposals to invest in expanding and introducing certain services at the Horton General Hospital – as indicated above.

It is worth noting that despite the large majority of respondents in the Banbury and surrounding areas being in favour of proposed changes at the hospital (as above), data for this question shows that 44% of these residents (from Banbury and the surrounding areas) agreed that none of these services should change. This suggests either some confusion over the question or that data should be treated with caution when making decisions.

Supporting comments provided in the survey tended to revolve around the positive aspects of investing in services at the Horton General Hospital, such as making the John Radcliffe Hospital less busy and having less need to travel for some residents. There were, however, some concerns raised about whether extensions to or improving some services would have a negative impact on existing services. Some called for improved car parking facilities at the Horton General Hospital.

Feedback from public consultation events

Attendees welcomed the proposals to deliver significantly more planned care at the Horton General Hospital, such as an expansion of diagnostics and rehabilitation. People stated it would be more convenient and would avoid the need to travel to Oxford. There was support for having more care being delivered as close to their homes as possible. Some patients provided their personal experiences of, for example, chemotherapy treatment and ophthalmology appointments and explained how they would value having these services closer to home, thereby reducing the need for what to date had been multiple and lengthy journeys to Oxford.

Across the consultation events, it was apparent that people who live in north Oxfordshire and surrounding area welcomed the reduction in their journey times from the proposal and that people attending the events in other parts of Oxfordshire, including Oxford, Abingdon and Wallingford were pleased at the prospect of the shift in numbers to the Horton General Hospital thereby freeing up capacity at the John Radcliffe Hospital where they would continue to receive services. People emphasised that they value the services at the Horton General Hospital and that they want to see the hospital have a vibrant long-term future providing a wide range of healthcare services. Given this, it was generally seen as a sign of positive intent that the OCCG proposal is to provide increased investment for planned care services at the hospital.

Some people asked for evidence of how Oxford University Hospitals Foundation Trust has invested in the Horton General Hospital and there was support for the details regarding recently introduced new CT scanner, endoscopy unit, ultra sound unit and renal dialysis.

There was a desire for the new planned care services to be introduced as quickly as possible. Some people felt it was likely to take too long, and in the meantime the Horton General Hospital would have lost too many other services (e.g. acute stroke services, critical care and maternity).

There were some who questioned why the expansion of planned care was part of the consultation.

Feedback from other data sources

Public responses were generally in favour of an increase in planned care at the Horton General Hospital, however, there was a very strong feeling that this should not be at the expense of other services, including A&E and obstetrics.

Responses also referred to concerns about the capacity for parking at the Horton General Hospital given the proposals to increase the numbers accessing services.

The message from **stakeholders** was very similar. In general stakeholders welcomed the increase in planned care at the Horton General Hospital but required further detail on the exact range of services and who would be expected to attend appointments at the Horton General Hospital, e.g. would there be an expectation that people in the south of the county would have to travel to the north to access services?

Concerns were also raised around the adequacy of transport links and parking at the Horton General Hospital. Although there was support for an increased in planned care there was also a strong feeling that this shouldn't be at the expense of the other services at the Horton General Hospital. Other stakeholders were keen to know more about the planning timescale and funding for physical developments to the site.

5.4 Stroke services across Oxfordshire

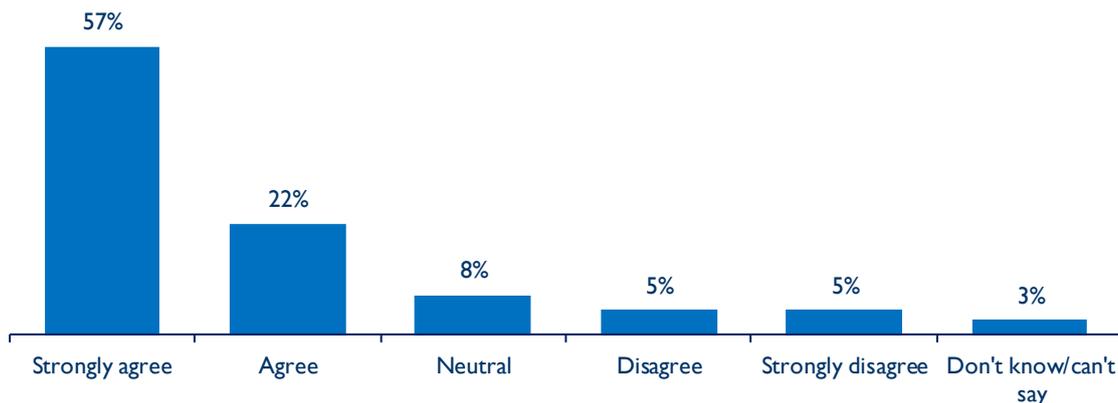
Survey respondents were provided with some contextual information regarding stroke services in Oxfordshire before being asked for their opinions on proposed changes. Information outlined the current situation that a proportion of patients experiencing an acute stroke are still admitted to the Horton General Hospital, despite it being the John Radcliffe Hospital in Oxford which has a specialist Hyper Acute Stroke Unit. This specialist unit is able to provide patients with a high level of specialist care and diagnostics are available around the clock that are not available at the Horton General Hospital. Information also outlined how at the moment patients in Oxford and Bicester also benefit from an 'Early Supported Discharge Service' which helps them leave hospital sooner and go home so they can regain their independence as quickly as possible. It was explained that in order to be more in line with national best practice guidelines, Oxfordshire CCG was proposing two key changes to stroke services in Oxfordshire.

5.4.1 Hyper Acute Stroke Unit

Firstly, in order to ensure those diagnosed with an acute stroke receive the best possible care it has been proposed that all patients diagnosed with an acute stroke should be taken immediately to their nearest Hyper Acute Stroke Unit, which in Oxfordshire would be at the John Radcliffe Hospital.

Figure 22: Level of agreement with Q10a

Q10a. All patients diagnosed with an acute stroke should be taken immediately to their nearest Hyper Acute Stroke Unit



Source: Qa Research 2017 Base: 646 (all respondents)

Over half of respondents strongly agreed with this proposition (57%) whilst a further 22% agreed with it (79% net agreeing). One in 10 respondents disagreed with this proposition (10%).

Two-thirds of respondents in Banbury and surrounding areas (who would perhaps be most affected by this change) net agreed that all patients should be taken to their nearest Hyper Acute Stroke Unit (66%), although respondents in this area were more likely to disagree with this change than those in other areas (20% versus the average of 10%).

Those aged 45 and above were more likely to strongly agree this shift in stroke services should occur than those under the age of 45.

Open comments provided in the surveys included concern about the estimated travel time to the John Radcliffe Hospital with some feeling the estimate of 45 minutes in the contextual information is unrealistic. Some emphasised that ensuring a patient is taken to the nearest hospital is key. Other comments centred on the importance of family/friends being able to visit and that this could prove problematic if there is additional travel time involved. Some also called for specialist services to be available at the Horton General Hospital thus negating this need to travel.

Feedback from public consultation events

There was broad support for the proposal to change the way services are provided for acute stroke patients, with patients taken directly to the Hyper Acute Stroke Unit at the John Radcliffe Hospital. It was seen to be important to be providing the highest quality of services that make the most of medical knowledge and technology. Generally, people acknowledged that they could see there would be improved health outcomes for stroke patients. Some people expressed a concern that the increase in travel times may have an adverse effect on survival and recovery.

It was noted that if, in the future, stroke patients would have to go to the John Radcliffe Hospital then it was important that their carers and family would be able to visit them in Oxford; and access and parking (see 3.8) were highlighted.

There were concerns about the ability of the John Radcliffe Hospital to manage the additional flow of patients.

Feedback from other data sources

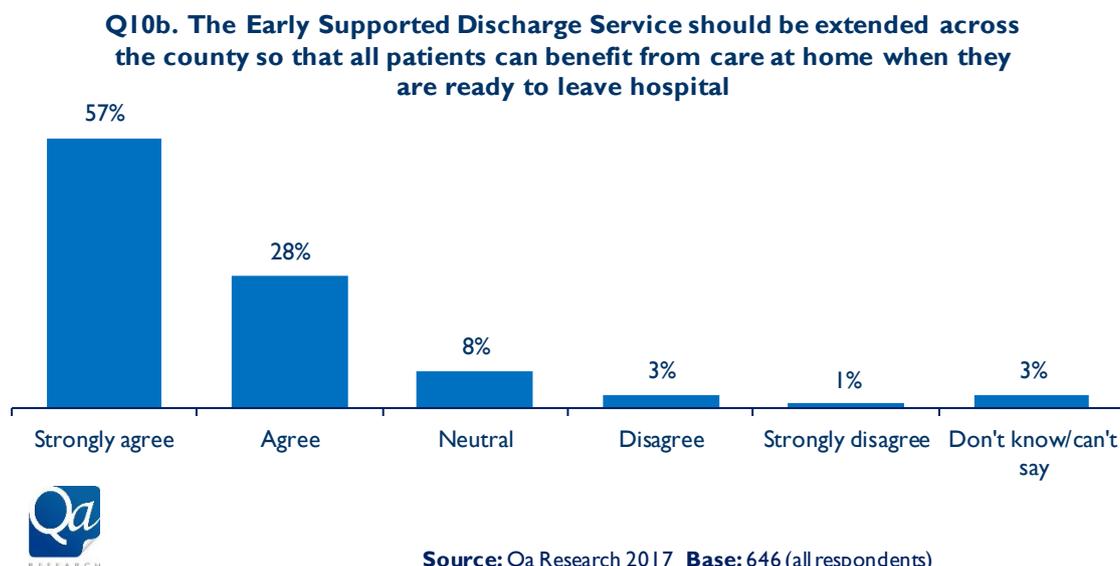
Generally, responses from the **public** were in favour of all patients thought to have suffered a stroke being taken to the Hyper Acute Stroke Unit in Oxford and understood the likely benefits for patient outcomes; however, concerns were expressed in relation to the provision of rehabilitation along with the fact that further detail on the stroke rehabilitation proposals will not be available until phase two of the consultation. Those who were concerned about the proposals to cease Level 3 critical care at the Horton General Hospital were also concerned about the implications of this for stroke patients including the increased journey time to the John Radcliffe Hospital.

Stakeholders held similar views. There was general agreement with the proposals around acute stroke services and a recognition that the changes proposed would be likely to deliver better outcomes for patients. However, some stakeholders felt that the issues around supported discharge/rehabilitation and community inpatient services and primary care would be better considered alongside the plans for acute stroke services.

5.4.2 Early Supported Discharge Services

Those completing a survey were asked whether they agreed or disagreed that the Early Supported Discharge Service should be extended across the county so that all patients can benefit from care at home when they are ready to leave hospital.

Figure 23: Level of agreement with Q10b



As shown over half of respondents strongly agreed this extension should occur (57%) whilst a further 28% agreed. Just 4% disagreed with this.

Those living in South Oxfordshire and West Oxfordshire were most likely to strongly agree with this proposition (74% and 73% respectively). Those aged over 55 were also more likely to strongly agree with this extension compared to those in younger age groups.

Respondents were able to provide open comments in the surveys. Feedback on this question tended to centre on the idea of early discharge being good in theory, so long as it has the right resources and funding allocated to it. There was concern amongst some respondents that patients could be discharged prematurely.

Feedback from public consultation events

There was also backing for the proposal to extend the Early Supported Discharge Service and make it available to all patients in Oxfordshire. People felt that it was positive for stroke patients ready to leave hospital to be able to then receive rehabilitation in a more local hospital bed away from the Hyper Acute Stroke Unit.

Feedback from other data sources

Very few responses from the **public** made reference to the Early Supported Discharge Service, but the importance of the availability of local rehabilitation for stroke patients was emphasised by some. A similar view was expressed by **stakeholders**.

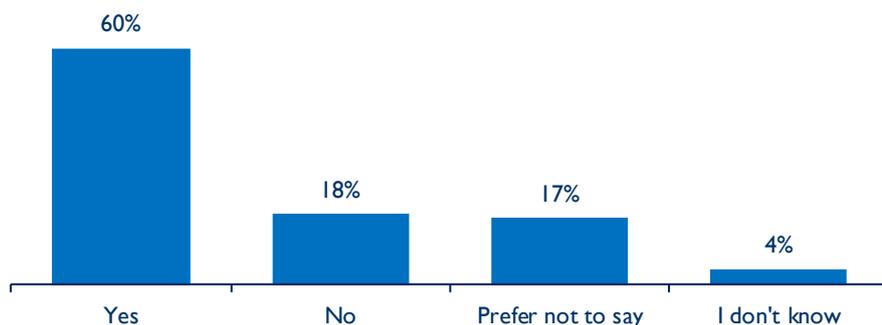
5.5 Critical (intensive) care services at the Horton General Hospital, Banbury

Respondents were provided with some contextual information regarding critical care services at the Horton General Hospital. This outlined that whilst the Horton General Hospital has a small critical care unit (CCU), the number of patients requiring Level 3 critical care (required for the very sickest patients) has fallen over the past few years. This has meant that staff have less and less contact with Level 3 patients resulting in doctors and nurses perhaps not maintaining their skills in caring for such patients.

It was explained that OCCG proposes that patients requiring Level 3 critical care should be treated at the John Radcliffe Hospital (or nearest hospital with a CCU outside of Oxfordshire) whilst the Horton General Hospital would maintain a CCU for level 2 patients only.

Figure 24: Agreement with proposal regarding critical care service, Q12

Q12. Thinking about this proposal and the rationale behind it, please tell us if you agree?



Source: Qa Research 2017 Base: 646

As shown, six in ten respondents agreed with this proposal (60%) whilst just less than a fifth disagreed with this (18%).

Whilst a majority of residents in each area of Oxfordshire agreed with this proposal, this did vary by area. Whilst 18% overall disagreed with the proposal, this rose to 25% of residents of Banbury and surrounding areas.

Supporting comments tended to relate to concerns regarding travel time and also the capacity of the John Radcliffe Hospital to cope with this change. Other comments related to an increasing population in Banbury which the local hospital needs to cater for and with this comments regarding the need to expand such services at the Horton General Hospital were expressed. Many respondents simply stated that they believed Level 3 patients should continue to be cared for at the Horton General Hospital.

Feedback from public consultation events

There was concern about the potential impact on other services at the Horton General Hospital if Level 3 critical care were no-longer provided.

Once patients' health no longer required Level 3 support and medical intervention it was requested that they should be able to be transferred back to the Horton General Hospital so they would be closer to home.

The proposals to take patients needing critical care (Level 3) directly to the John Radcliffe Hospital had a reasonable level of support. People acknowledged that it offered the opportunity for improved health outcomes for patients. Some participants agreed it was important for care to be provided by medical staff with appropriate skills.

However, some people interpreted this change as being 'the thin end of the wedge' and indicative of plans to continue to 'downgrade' acute medical provision at the Horton General Hospital. It was made clear that people are committed to ensuring A&E services continue to be provided, including provision for Level 2 critical care patients.

There were concerns about the ability of the John Radcliffe Hospital to manage the additional flow of patients.

Feedback from other data sources

A large number of **public** responses were received opposing changes to A&E services at the Horton General Hospital. The key objection in relation to the proposal to cease provision of Level 3 critical care is the perception that this is a precursor to the removal of the entire A&E service at the Horton General Hospital. There is a strong feeling that a fully functional A&E should remain at the Horton General Hospital to serve the people of Banbury and surrounding areas. Questions were also raised about the capacity of the other Oxford hospitals to cope with increased demand given current missed targets on A&E waiting times. Frequent reference was also made to parking difficulties at the John Radcliffe Hospital and the difficult car journey (traffic and accidents) and the long journey by public transport.

Significant concerns were also expressed around the potential for increased risk to life in the event of lengthy transfers to the John Radcliffe Hospital and Churchill Hospital, and the capacity of an

already overstretched ambulance service to meet this need, especially given the rural nature of Oxfordshire and heavy traffic on the route.

Although there was some support amongst **stakeholders** for the lowering of the Horton General Hospital's Level 3 provision to Level 2, concerns were also expressed around the increased pressure on other Oxford hospitals and those further afield e.g. Northampton. Several stakeholders questioned how hospitals who were already not meeting A&E targets would manage a potential increase in demand. The difficulty of travelling to Oxford from more rural locations of the county was highlighted.

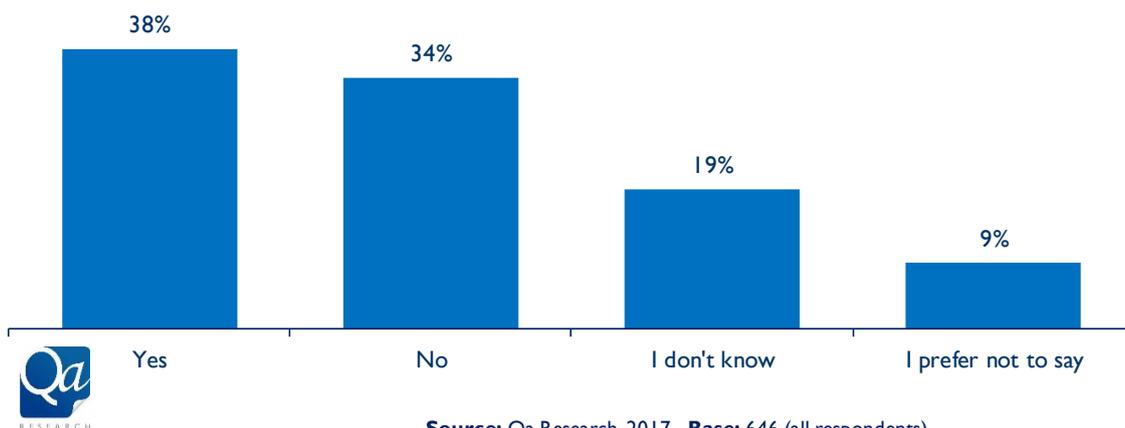
5.6 Obstetric services in North Oxfordshire

5.6.1 Obstetric care for high risk births at John Radcliffe Hospital, with Midwife Led Unit retained at Horton General Hospital

Respondents were provided with some contextual information regarding maternity and obstetric services in North Oxfordshire. This outlined how the number of births at the Horton General Hospital is categorised as low and as such has repercussions for staffing skills and supply. The hospital can only run an obstetric service with fully qualified doctors and there is a shortage of obstetricians which then has an impact on patient safety. Information outlined a range of possible solutions that have been considered along with accounting for why these are not viable. A new proposal was then tested with respondents.

Figure 25: Agreement with proposal regarding Maternity and Obstetric services, Q14

Q14. Please tell us whether you agree with the proposal that all obstetric care for high risk births in Oxfordshire should be provided by 1 obstetric unit at the John Radcliffe in Oxford & that a Midwife Led Unit should be retained at the Horton General?

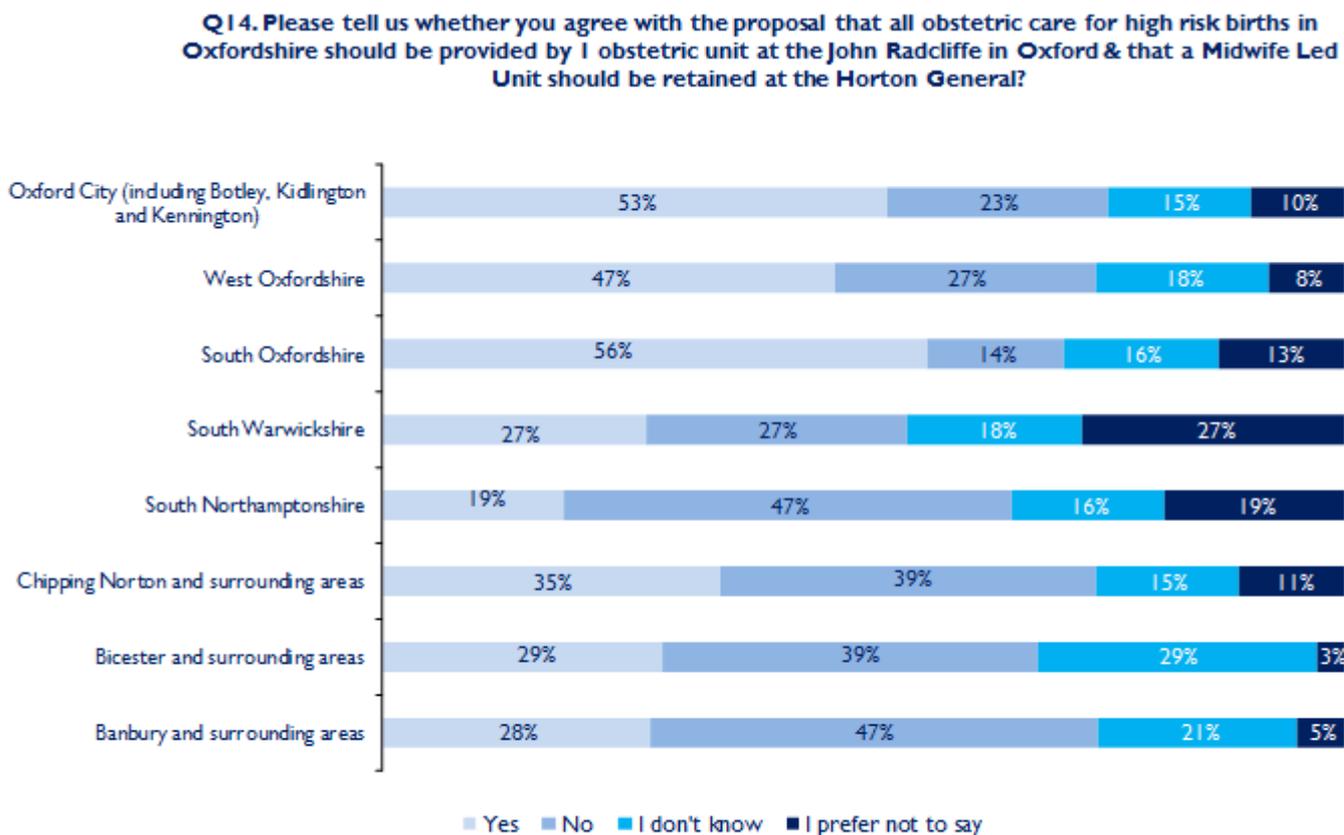


Respondents were split on this proposal. As shown over a third of respondents overall agreed with the proposal for the John Radcliffe Hospital to cater for high risk births whilst maintaining a Midwife

Led Unit at the Horton General Hospital (38%). A similar proportion did not agree with this proposal (34%).

Levels of agreement fall for the areas of Oxfordshire that would be directly affected by such a shift in maternity and obstetric services, as demonstrated in the following chart. As shown the largest proportions of residents in North Oxfordshire, South Northamptonshire and South Warwickshire were opposed to this proposal.

Figure 26: Agreement with proposal regarding Maternity and Obstetric services by area, Q14



Source: Qa Research 2017 Base varies from 11 - 236 by area

Parents and those hoping to have children in the future were also more likely to disagree with this proposal compared with other respondents. As an example 57% of parents with a child under the age of three were against this proposal compared with 10% of those who specifically stated that they do not have an interest in maternity services. Half of those aged 25-34 were against this proposal (52%) as were 48% of 35-44 year olds.

It was clear through supporting comments, however, that even if residents didn't have young children themselves and were unlikely to need maternity services themselves, they often still had strong opinions on the services they felt should be there for their family members or wider community going forward.

Feedback from public consultation events

Strong opposition was voiced about the potential changes to maternity services by people living in North Oxfordshire and surrounding areas and discussion about these proposals dominated the majority of the meetings that took place in the north of the county and Brackley. There was clear support for a return to the provision of an obstetric led unit at the Horton General Hospital.

There was significant concern that the proposals would negatively affect the safety of women and children. Some people expressed their views that there would be poor outcomes for mothers and babies, including deaths and disabilities, as a result of having to make the journey to Oxford.

People stated that the travel times to an obstetric unit at the John Radcliffe Hospital are too long for women in or after labour to be safely transferred for more specialist medical intervention.

Many participants were especially worried about the difficulty of assessing women's risk accurately, and this was accentuated by the fact that any pre-determined status can then change quickly before, during and post-labour.

There were questions about the number of women who had been transferred during labour since the temporary closure of the obstetric unit in October 2016, and there were some disputes about the Oxford University Hospitals Foundation Trust figures being quoted.

There was upset and disappointment expressed about the withdrawal of the Horton General Hospital training status by the Deanery, so preventing it from providing obstetric training for doctors not yet fully qualified as consultants. Questions were asked if additional steps could be taken for the Horton General Hospital to be able to have its training status re-instated.

It was questioned as to whether sufficient effort had been placed by Oxford University Hospitals Foundation Trust on trying to recruit additional obstetricians. Some people noted the high cost of living in Oxfordshire and felt that this could be a barrier for new staff. A few suggestions about how to attract and incentivise more people to apply for the vacant positions were provided. This included noting that some local businesses had offered enticements.

There were questions asked about the number of obstetricians required to run a rota, with some people questioning the numbers supplied. A number of suggestions were provided including whether a shared rota could be run with trained consultants at the John Radcliffe Hospital and if the rota could be managed by middle grade obstetric doctors not in training.

OCCG was asked to look at other obstetric units in the UK that are classified like the Horton General Hospital as being a small unit (fewer than 2,500 births) and to review how they have managed their rotas and how they managed to retain training accreditation.

In order to help increase the number of births at the Horton General Hospital obstetric unit, and given that it is classified as a small unit which is likely to have less appeal to new staff, it was suggested by some attendees that more women from other areas could be encouraged to give birth at the Horton General Hospital, in order to increase the number of births taking place there.

People noted that the expanding local population would include households with women of child-bearing age and that it was expected that this would help to drive up numbers.

There were serious concerns about the ability of the John Radcliffe Hospital to cope with the increase in demand because they would have to receive more women. Some people said there would need to be a significant expansion and upgrading of facilities.

A number of people said they did not feel it was appropriate for women in north Oxfordshire to have to go to obstetric units outside of Oxfordshire, such as those in Warwick or the Royal Berkshire.

Anxiety was expressed about the longer-term sustainability of Oxfordshire's free standing Midwife Led Units and people expressed their fear that closures may be proposed as part of Phase 2 of the consultation exercise. There was a worry that there is not sufficient transparency about the impact of Phase 1 decisions on Phase 2 proposals. People wanted reassurance that there were no clinical interdependencies that would impact on this.

People asked for further information about the long-term plans for the dedicated ambulance, with some saying that this needed to become a permanent arrangement. There were questions about the feasibility of transferring patients by helicopter.

Some people stated that they felt it was important for antenatal and postnatal care to continue to be provided at the Horton General Hospital, as it would be too far and a resultant inconvenience for people to have to travel to the John Radcliffe Hospital.

Feedback from other data sources

This proposal attracted significant levels of **public** opposition. Respondents considered the permanent removal of a Consultant led unit at the Horton General Hospital to pose a significant and unreasonable risk to the lives of mothers and babies, particularly in light of the recommendations of the Independent Reconfiguration Panel in 2008 (frequently referred to in responses) which deemed the travelling distance between the Horton General Hospital and the John Radcliffe Hospital too great. The point was repeatedly made that although some women present with low risk pregnancies problems in childbirth can quickly escalate to the point where urgent consultant intervention is required.

Objections to this proposal were closely linked with those on the proposal to cease providing Level 3 care at the Horton General Hospital. The view expressed was that permanent removal of the Consultant led unit would mean that 24 hour anaesthetic provision for epidurals etc. would no longer be available and this would have a 'domino effect' eventually rendering the A&E unviable along with the special care baby unit and paediatric services.

Along with the risk posed to mothers and babies the journey to the John Radcliffe Hospital was perceived as unreasonably arduous for women in labour (whether travelling by ambulance or by car) and the parking facilities at the John Radcliffe Hospital were also deemed as inadequate by respondents. There was also a strong view that estimated travel times provided within the consultation documents were inaccurate.

Several responses also referred to confusion around ambulance provision at the unit e.g. would a static ambulance be made available at the unit or not? Concerns were also expressed that this proposal would undermine the choices available to pregnant women and it was felt that many would be unaware that they would be required to deliver at the John Radcliffe Hospital if they required an epidural during labour.

Respondents also questioned whether the John Radcliffe Hospital would have sufficient capacity to accept the increased numbers of births whilst at the same time delivering a high standard of care to women and babies. Frequent references were made to population growth and the number of new-build housing developments which would bring young families to the area and respondents were unsure how the proposals could work within this context.

Another area of concern expressed by respondents was the issue of recruitment/availability of suitable staff for the Consultant led unit. Many respondents felt strongly that more could have been done to attract and recruit suitable staff and that these difficulties were largely due to staff not wanting to work at a hospital where services were deemed to be under threat. The historical removal of the units training accreditation was also criticised and there was a view that steps should be taken to reverse this, believing this would allow the obstetric unit to be reinstated. Respondents suggested that staff could work on rotation across the Oxford hospitals to address these staffing issues.

Stakeholders voiced similar levels of concern about this proposal. Again, the area of most concern appears to be the potential for increased risk to mothers and babies who need to be transferred to the John Radcliffe Hospital in the event of unforeseen complications – again numerous references were made to the report produced by the Independent Reconfiguration Panel in 2008 which indicated that the panel would not support changes such as those proposed as it did not consider that they will provide an accessible or improved service to the people of north Oxfordshire and surrounding areas. Stakeholders felt there was a need for clinical evidence for the proposal to be demonstrated, alongside a commitment to measuring the outcomes of any change in services. Some GPs regretted the proposals but acknowledged that staffing difficulties left no other options.

Significant concerns have also been raised in relation to the (under) estimated travel times and ambulance response times cited in the consultation documents. The accuracy of the travel times have been questioned along with a perceived lack of information/evidence on ambulance service capacity/provision. The availability of parking at the John Radcliffe Hospital was a concern for many stakeholders who felt that the current arrangements were insufficient and the proposals did not contain a clear plan for managing these implications.

Objections were also made on the basis that the proposals would have the knock on effect of reducing the choices available to pregnant women across the wider area. Proposals overlook the issue of pain relief options and it was not made sufficiently clear that women requiring an epidural would not be able to access this at the Horton General Hospital.

Stakeholders also raised concerns around training and recruitment and felt that training accreditation should be reinstated at the Horton General Hospital and further steps should be taken to attract obstetric doctors to the unit using a wider range of recruitment methods. The option of increased staff rotation was also raised as a potential solution to staffing shortages.

5.6.2 Priorities for community maternity services

In order to help Oxfordshire CCG plan community maternity services respondents were asked for feedback on how important different aspects of community maternity services were to them. The following two tables show the results, with one displaying online survey results and the other the self-completion survey results due to slightly different scales being used on each survey.

Figure 27: Importance of community maternity services Q15, online results

	0 - not important	1	2	3	4	5 - very important	No opinion	Don't Know
A designated midwife throughout my pregnancy	2%	1%	3%	7%	13%	42%	19%	14%
Continuity of care throughout my pregnancy	1%	1%	1%	4%	12%	50%	18%	14%
Ease of access to care	0%	0%	0%	4%	13%	52%	15%	15%
Travel time	1%	-	2%	9%	12%	48%	15%	14%
Quality of care	1%	-	-	1%	6%	63%	14%	14%
Parking	2%	1%	2%	11%	17%	38%	16%	15%
Quality of the environment	1%	1%	2%	11%	21%	33%	16%	15%
Choice of place of birth	1%	1%	2%	9%	17%	39%	16%	15%
Opportunity to familiarise yourself with the place you will give birth	2%	2%	3%	10%	14%	36%	18%	15%

Base: 509 (online respondents)

Figure 28: Importance of community maternity services Q15, self-completion results

	Not at all important	Slightly important	Important	Fairly important	Very important	No opinion
A designated midwife throughout my pregnancy	2%	4%	14%	10%	47%	23%
Continuity of care throughout my pregnancy	1%	3%	14%	6%	53%	23%
Ease of access to care	1%	2%	13%	12%	49%	23%
Travel time	1%	2%	15%	11%	49%	22%
Quality of care	1%	1%	9%	7%	58%	22%
Parking	2%	6%	15%	10%	45%	21%
Quality of the environment	1%	4%	11%	12%	50%	22%
Choice of place of birth	2%	4%	12%	12%	46%	23%
Opportunity to familiarise yourself with the place you will give birth	3%	5%	11%	9%	48%	23%

Base: 137 (self-completion respondents)

As shown quality of care is deemed to be very important as is the quality of the environment, ease of access to care and continuity of care throughout pregnancy. Whilst still important to many, the opportunity to familiarise yourself with the place you would give birth was considered less important to residents compared with the other options.

There were some differences in results by demographics. Residents in Banbury and the surrounding areas, who also tended to be younger respondents, were more likely to deem each factor as very important to them compared with those in some other areas of Oxfordshire, for example Oxford City, where a greater proportion of the respondents were older residents.

As might be expected, females were also significantly more likely to give firm rankings and deem different things to be important to them for this question compared with males.

Amongst the 19 respondents who stated they were either currently expecting a child or planned to have a child in the near future 12 of them said the choice of place of birth was very important to them (63%). However, this was not the most important factor to them; the most important factors once again this mirrored the general findings, namely quality of care, continuity of care and ease of access.

Supporting comments provided by respondents on this topic included that travel and parking worries could cause unnecessary stress to expectant mothers. Others added that care close to home should be a priority whilst others mentioned that John Radcliffe Hospital could be too far to travel for some people.

Feedback from public consultation events

Most public meetings did not feature this strongly with the exception of Chipping Norton where concern was expressed about the suggestion that the future of the Midwife Led Unit would be threatened in phase 2.

Feedback from other data sources

Feedback from the **public** on this issue focused on the concerns noted earlier on the proposals to offer only a Midwife Led Unit at the Horton General Hospital. Issues of safety were paramount with a strong preference for delivery close to home without the need to travel to access consultant care if this became necessary.

Stakeholders expressed similar views with emphasis on the importance of safety, ease of access to care and choice.

5.7 Cross-cutting themes

5.7.1 Healthcare services at the John Radcliffe Hospital

Feedback from public consultation events

There was serious concern expressed about the capacity of the John Radcliffe Hospital to manage the existing demand for its services, let alone in the event of a growth of patients from north Oxfordshire area. Some people provided examples of overcrowding, delays and poor outcomes.

People noted that some facilities require upgrading and investment. People in Oxford also stated their worries about levels of cleanliness.

Feedback from other data sources

Feedback from the **public** and **stakeholders** also questioned whether the John Radcliffe Hospital would have sufficient capacity to deal with the likely increase in the number of people accessing its services. Parking in particular was a concern which was considered by many to be inadequate.

5.7.2 Social care

Feedback from public consultation events

There was strong concern for patients that are delayed in hospital when social care packages cannot be found in a timely manner. The delays are seen to be unacceptable and there is a desire for service improvements.

Some people stated that they felt there were insufficient care home beds and that demand was not keeping pace with the needs of a growing population. Participants also explained that they are worried about the difficulties of recruiting people to work in social care.

The absence of joined up working between health and social care services and the sustainability of social care in the face of severe funding cuts and recruitment issues was consistently raised and was a clear cause for concern. Several people provided personal stories where there was an apparent lack of communication and collaboration. It was emphasised by many as being an important priority to see significant improvements in this area.

It is felt that this was especially difficult where county boundaries mean patients may be receiving their acute care in Oxfordshire but were residents in surrounding counties, or where the acute care was provided at out-of-county hospitals such as the Royal Berkshire or Milton Keynes University Hospital. There was support for closer collaboration to enable patients to move between health and social care to include easier shared arrangements across county boundaries.

Feedback from other data sources

Feedback from the **public** and **stakeholders** also made reference to concerns about the ability/capacity of the social care sector to meet the needs of people within the community. Difficulties in recruiting and retaining care staff were mentioned along with the increase pressure on carers, especially elderly carers.

5.7.3 Primary care

Feedback from public consultation events

There was some concern expressed about the capacity of GP services to manage the increase in demand, especially in light of a growing population. People in Bicester and Brackley particularly put across their worries about the local provision of these services.

The suggestion was made that more money should be focused on primary care in order for more people to be cared for in the community and outside of hospital.

It was noted that GP recruitment and retention is also under pressure and people wanted reassurance that there is sufficient capacity within local primary care services.

Other suggestions were for more occupational therapists and other health and social care professionals based at GP practices in order to reduce the load on GPs; that there is the need for better support of people with social and occupational problems; to direct patients to other sources of appropriate help and to set up strategies to maintain and improve independence.

Feedback from other data sources

Many **public** responses referred to the existing pressures on GPs and difficulties getting appointments.

Stakeholders echoed these concerns but also made reference to a need to ensure that primary care staff are fully engaged in the next phase of consultation.

5.7.4 Travel times

Feedback from public consultation events

There was significant concern about the journey times, particularly from the Banbury area to the John Radcliffe Hospital as opposed to the nearer Horton General Hospital. The travel times being used by OCCG and in the consultation document were disputed by many. There was reference made to the findings of the Independent Review Panel and its conclusions that it would not be safe for the people of Banbury to travel to Oxford and, given that the geography has not changed, patient safety was in jeopardy.

Attendees at Chipping Norton particularly stressed the rurality of the north and north-west part of the county and emphasised that travel times can be exacerbated during the winter.

Worries about travel times are felt to be of particular concern for women during labour and in an emergency if something goes wrong during the birth.

Feedback from other data sources

Public and **stakeholder** responses frequently mentioned concerns around travel times, especially in the context of the proposals to permanently remove consultant led obstetric care from the Horton General Hospital. Members of the public who felt that the A&E at the Horton General Hospital was at risk were also very worried about having access to local emergency services. Many respondents felt that the travel times provided within the consultation document were inaccurate and that journey times are longer than the estimates suggested.

5.7.5 Transport and parking

Feedback from public consultation events

Many people highlighted problems and frustrations with reaching Oxford hospitals by public transport. Scheduled timetables and routes were said to be inadequate and there were concerns that public transport services continued to be cut, so impacting on people known to be at a heightened risk of health problems, including frail older people and families with young children. Yet, no travel alternatives were available. People in Brackley were especially concerned by the absence of direct public transport routes. It was felt that these existing difficulties would be exacerbated should some people have to travel more to the John Radcliffe Hospital because of the proposed changes.

It was requested that OCCG works closely with transport providers and local authority transport planners to ensure the provision of appropriate bus routes that would enable timely travel to/from the John Radcliffe Hospital.

Private car journey times were said to be lengthy both due to the distances involved but predominantly because of the consequence of severe congestion, especially at peak times of the day.

There were widespread and serious concerns expressed about the parking capacity at the John Radcliffe Hospital and there is strong support for a significant expansion of this. It was suggested that multi-storey car parking facilities needed to be provided at both the John Radcliffe Hospital and Horton General Hospital.

It was suggested that, from every Park and Ride, there should be services to all the Oxford hospital sites for both staff and patients and with uptake to be encouraged by offering discounted rates.

The impact of increasing planned care at the Horton General Hospital also raised concerns. Although people accepted that the impact on parking at Oxford hospitals might be positive, the increased pressure on car parking at the Horton General Hospital would be problematic for patients.

Feedback from other data sources

Public feedback made frequent reference to long and difficult journeys on public transport to attend appointments or visit family members in Oxford hospitals. This was an issue particularly for older people and families with children. The cost of public transport and taxi fares were also a concern for some if frequent journeys were necessary.

Stakeholders agreed that there were likely to be pressures on parking at both the Horton General Hospital and John Radcliffe Hospital, based on the proposals.

5.7.6 The changing population

Feedback from public consultation events

Some attendees wanted confirmation that the forecast growth in the local population was being accounted for when projecting demand and planning future healthcare changes. Many people noted there are significant house building projects taking place, including around Banbury and Bicester. It was felt to be important to ensure that any proposals take both the changes in absolute numbers and the expected population composition into account (e.g. proportion of young families, retired people etc.). People anticipated that there would be a rising birth rate and there was surprise that the figures provided by the local authorities to the OCCG note only a minor future increase in birth rate.

Feedback from other data sources

Responses from the **public** frequently expressed concerns about or questioned whether the growing population and the scale of housebuilding had been fully factored into the proposals. People found it very difficult to equate an apparent reduction in maternity services and bed numbers within this context.

Stakeholders shared similar concerns but also emphasised the need to be mindful of the health/economic profile of the communities likely to be affected by the proposals, for example Banbury was identified as a poorer community with higher levels of poor health/higher levels of need. Furthermore, some stakeholders felt that cross boundary issues had not been fully considered, e.g. the effects for patients in South Northamptonshire and South Warwickshire.

5.7.7 Workforce

Feedback from public consultation events

Many people acknowledged that there are difficulties in recruiting and keeping NHS staff and some people expressed their awareness of this also being a national problem.

Participants indicated their concern that the high cost of living in Oxfordshire may be a barrier to recruiting healthcare staff. It was suggested that incentives should be offered to enable the local area to compete appropriately, including preferential housing rates and other entitlements. Some people questioned whether Oxford University Hospitals Foundation Trust had done enough to attract suitable candidates.

Feedback from other data sources

Many **public** responses offered personal positive examples of care received from NHS staff and it is clear that they are held in high regard. There was also a view that staff were already working at capacity and under pressure.

Stakeholders emphasised that more needed to be done to ensure that sufficient staff could be recruited with frequent references to job rotation across the Oxford Hospitals as a potential way to meet this need. The lack of affordable housing was also perceived as a barrier to recruiting staff.

5.7.8 Finances

Feedback from public consultation events

There were some attendees who felt strongly that the proposals are being driven by cost cutting and money saving requirements. A few participants referenced the required cost improvement plans and the financial savings set out in the Sustainability and Transformation Plan for Buckinghamshire, Oxfordshire and Berkshire West.

It was asked, if additional investments were made available, whether OCCG would not be required to make these proposed changes. The suggestion being that the proposals were driven by a lack

of adequate funding. People emphasised that they felt there is insufficient money being provided for the NHS in Oxfordshire and some expressed a desire to see an increase in government funding.

It was apparent there is a strong dislike of privatisation and a few participants expressed their belief that the proposals would lead to an increase in private companies providing healthcare services.

Feedback from other data sources

Feedback from the **public** and **stakeholders** also made reference to underfunding from government and there was a strong view that the proposals were driven primarily by the need to make financial savings. Some stakeholders emphasised a need to request additional funding from the government for the transitional period and for adult social care.

5.7.9 Consultation process

Feedback from public consultation events

Many people stated that they would have preferred a single consultation and explained that it is difficult to gauge if and what the impact of the proposals for Phase 1 may be on the proposals in Phase 2, as many services are seen to be interlinked. As a result, having a split consultation is of significant concern, as people fear it may inadvertently jeopardise the long-term future of services such as A&E. This was described by participants as an unintended 'domino effect'. There were some suggestions that this was a deliberate strategy designed to 'hoodwink' local people.

OCCG was asked to confirm whether the necessary risk and impact assessments had been undertaken and it was requested that these be made publicly available.

There was some scepticism regarding the consultation outcome with a belief that the decisions had already been pre-determined and that it was not a genuine consultation in which local people have the potential to influence the outcome. There was some disbelief regarding whether OCCG was really listening to what people were saying.

There were several questions of clarification about the process to be used to arrive at a decision regarding the proposals.

The timing of the public events was criticised with the suggestion that daytime obligations did not allow working people to attend.

Some people were unhappy about being asked to register in advance of public meetings and believed this would mean anyone who did not register would be refused entry.

On leaving public meetings, many people expressed their thanks and support to the external chair. Several positive comments were made about the format of the meetings.

Some people expressed concern that the themes from the Big Conversation were not reflected in the proposals. In Chipping Norton, it was noted that no Big Conversation engagement activity was undertaken.

OCCG was questioned regarding how much had been spent on the consultation and hiring an external chair and why security services were being used.

Feedback from other data sources

A majority of **public** and **stakeholder** responses expressed significant concerns about the split consultation. There was a strong preference for being consulted on the 'whole picture' as many of the affected services are inherently interlinked.

Public responses were also critical of the consultation process itself, including the availability/timing of public meetings, late arrival of publicity (e.g. after the event), and the late uploading of Appendices to the consultation website.

Dissatisfaction with the consultation process was also widespread amongst **stakeholders**. This was particularly in relation to the split consultation. Stakeholders felt that there is a risk in approving phase one changes, that there will be limited options or even pre-determined changes in phase two, especially the split re maternity/obstetric issues over the two phases and the interdependent relationships between primary community and acute services. A lack of alternative options has also been highlighted as a flaw within the consultation process. Some stakeholders were also critical of the Big Conversation which took place in the summer of 2016 in particular it was felt that opinions were gathered without the necessary context and the number of responses was too low to meaningfully inform any subsequent action.

5.7.10 Consultation document

Feedback from public consultation events

The consultation document was seen to be unhelpful and confusing in various places. In particular, it was noted that it was not clear why a consultation split into two phases was necessary.

A few people suggested that the downsides of the proposals had not been sufficiently outlined and that, as a result, the public were at risk of being misled.

In Chipping Norton, there was concern about the way in which the example models for Midwife Led Units was explained in the consultation document. Some people expressed that pages 40/41 suggested their local unit would be going, and people were frustrated that no further details could be given as part of this phase of the consultation.

There was some concern noted around the use of unclear and non-accessible language in the consultation document and presentations, and a request for jargon to be avoided, such as ambulatory care and phlebotomy.

There was general concern about the consultation not offering any options and whether this meant the consultation was flawed.

In Banbury, OCCG was questioned about why the appendices to the pre-consultation business case had not been published at the start of the consultation.

Feedback from other data sources

Public and **stakeholder** respondents were concerned that the proposals did not present alternative options for consideration and some perceived the consultation survey questions to be 'leading'. The language was also overly technical for some of the respondents.

5.7.11 Other themes

Feedback from public consultation events

Participants were not asked directly at each event about whether they supported an overall case for changing local healthcare provision, except at those events where there were table discussions. At those, there was an understanding of the need for, and cautious support given to modernise and innovate because of population growth, advancing medical practice and changing technology and sustainability of the workforce and finances. People wanted reassurance that the new models of change would be viable, realistic, safe and deliver better outcomes.

Alongside the main themes noted above a smaller numbers of participants also gave their views about other services including access to GPs, GP recruitment, the capacity of GP practices in light of population increases, A&E capacity and capability, ambulance response times, the capacity of 111, and lack of funding for mental health services, and the quality of mental health, cancer and children's services. People expressed their support for more emphasis on education and the prevention of ill-health. It was not clear to people how the Oxfordshire proposals fitted in with the wider Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan.

At most meetings one or two attendees provided specific personal examples of where they felt they, or people they knew, had received inadequate care. Praise for local services and the staff working in the NHS was also given by some attendees with direct experience.

Feedback from other data sources

Stakeholders raised a number of concerns/points that they would like to see addressed as part of the phase two consultation. There was a view that more input will be needed from primary care GPs and representatives from district councils and full involvement from Oxfordshire County Council regarding social care and third sector social care provision, or, in other words, a joint health and social care transformation document. It was also felt that some stakeholders had not been fully engaged in phase one and this would need to be rectified for stage two, e.g. the ambulance service and bordering health trusts.

It was acknowledged by some stakeholders that there was a rationale for delivering specialist services in Oxford; but that this was in tension with a widespread preference for local treatment.

6. Next steps

This report will be published on the OCCG website and will be presented at the OCCG Board meeting on Tuesday 20 June 2017. Board members will not make any decisions about this consultation at that meeting. The OCCG Board meeting planned for 10 August 2017 will be the decision-making meeting.

This report will also be shared with all those involved in the Oxfordshire Transformation Programme including workstream leads and members of the Transformation Board. All findings will be reviewed by workstreams for feedback directly relevant to their areas and used to help shape final proposals to be considered by OCCG Board on 10 August 2017.

Any feedback relevant to the work in Phase 2 will be used by the workstreams and the Clinical Working Group and will help to further develop the models of care and future service options which will be subject to a public consultation for Phase 2.

The report will be made available to the public via the Oxfordshire Transformation website and via Talking Health, OCCG's online consultation tool at <https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome>

On-going engagement for phase 2, including briefing and feedback sessions with stakeholders; focus groups on specific services areas; meetings in public and events will continue over the summer of 2017. This will include engagement around the developing options for the proposed service reconfiguration and further work with seldom heard people and groups in the county.

7. Appendices

7.1 Consultation survey

Oxfordshire Consultation STP Oxfordshire's Health & Care Services – The Big Consultation

Interviewer	Date of Interview DD/MM/YY _____DD _____MM _____YY
Time (Duration)	Survey Number (internal use)
Inputted (internal use)	Q-C (internal use)

Introduction:

Good morning/afternoon, my name is.....I am working for an independent research company called Qa Research on behalf of Oxfordshire CCG to conduct research with people who live in Oxfordshire, South Northamptonshire or South Warwickshire about proposals for the future delivery of healthcare services in Oxfordshire.

The research findings will be used to produce a report, which will be widely circulated and publicised. The findings will inform the final decisions around the service changes to be implemented.

We would be grateful if you could spare 10 minutes to answer some questions?

Before we begin, I'd like to reassure you that this interview will be carried out according to the Market Research Society's Code of Conduct. Your answers will be treated in confidence and the findings of this survey will be reported anonymously. If there are any questions that you do not wish to answer, then please let me know.

Profile questions

ASK ALL

Q1. Please tell us about your interest in NHS services

- | | |
|---|----|
| I am a patient that has used/is using the John Radcliffe/Churchill or the Nuffield | 1 |
| I am a patient who has used / is using the Horton General | 2 |
| I am a carer for a patient who has used/is using the John Radcliffe/Churchill or the Nuffield | 3 |
| I am a carer for a patient who has used / is using the Horton General | 4 |
| I am a member of NHS staff | 5 |
| I work at a GP practice | 6 |
| I work in a nursing home | 7 |
| I work in social care | 8 |
| I am an elected official, representing the views of my constituents | 9 |
| I work for / volunteer for a voluntary or charity organization | 10 |
| ←------(please state) | |
| I have a general interest in health matters | 11 |
| Other | 12 |
| ←------(please state) | |

Q2. Where do you live?

Banbury and surrounding areas	1
Bicester and surrounding areas	2
Chipping Norton and surrounding areas	3
South Northamptonshire	4
South Warwickshire	5
South Oxfordshire	6
West Oxfordshire	7
Oxford City (including Botley, Kidlington and Kennington)	8
Other	9

Q3. I am giving a response on behalf of:

Myself	1
The person I care for	2
My organisation	3
My constituents	4
<-----Please state which organisation	
Other	5
<-----Please state	

Changing the way we use our hospital beds and increasing care closer to home

Q4. Our reasons for proposing to provide care differently in Oxfordshire are below, please indicate how much you agree or disagree with the following statements. (s)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know / can't say
a. Many older people find themselves taken into hospital in an emergency and then have to stay there unnecessarily while waiting to be discharged with care at home or closer to home.						
b. A hospital bed is often not the best place for frail elderly people.						
c. The longer a person stays in hospital, the harder it is for them to recover and the risk of infection and death increases.						
d. People want to be treated closer to home, where appropriate.						
e. Too many people are admitted to hospital in the first place when they could have been assessed, treated and supported at home or in community settings such as a community hospital, care home or at home.						
f. Organisations don't always work together to find the right support for patients out of hospital.						

Q5. I you want to tell us more about your answers, please do so here?

No comment

Q6.

Do you agree with our proposal to permanently close these hospital beds and use the money and staff to avoid hospital admissions, support early discharge and care closer to home?

Yes	1
No	2
Prefer not to say	3
I don't know	4

Q7. Please tell us why you have chosen the answer you have?

No comment

Planned care at the Horton General Hospital

Q8. We are looking at investing in expanding some of the health services available at the Horton General Hospital in Banbury. How much do you agree or disagree with investing in expanding the following? (s) *NB: Examples of services offered in an outpatient department include clinics with visiting consultants from Oxford in dermatology, neurology, physical medicine, rheumatology, ophthalmology, radiotherapy, oral surgery and paediatric cardiology.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know / can't say
----------------	-------	---------	----------	-------------------	------------------------

a. New Outpatient* Unit at the Horton with 'one stop shop' clinics for appointments

b. New diagnostic unit with MRI and CT scanners and ultrasound equipment

c. More chemotherapy, renal dialysis and day case surgery

d. None of these services should change at the Horton General Hospital

e. Assessment Unit for patients to be assessed locally before their operation, avoiding the need to travel to Oxford

Q9. Do you have any further comments about the proposals?

No comment

Stroke services in Oxfordshire

Q10. Please tell us how much you agree or disagree with the statements below (s)

Strongly agree Agree Neutral Disagree Strongly disagree Don't know / can't say

a. All patients diagnosed with an acute stroke should be taken immediately to their nearest Hyper Acute Stroke Unit (which in Oxfordshire is at the John Radcliffe Hospital)

b. The Early Supported Discharge Service should be extended across the county so that all patients can benefit from care at home when they are ready to leave hospital

Q11. If you want to tell us more about your answers please do so here?

No comment

Critical care services at the Horton General Hospital

For critical care, our preferred option is:

Option	What this means
<p>All Level 3 (the most serious) critical care patients would be treated at the John Radcliffe Hospital in Oxford.</p> <p>Level 2 critical care would be retained at the Horton General Hospital.</p>	<p>The view of doctors and nurses is that the Horton General Hospital should continue to have a critical care unit, caring for Level 2 patients, as this is the safest option.</p> <p>This means that all Level 3 critical care patients (approximately 40 per year from North Oxfordshire) would be treated at the John Radcliffe Hospital in Oxford. Patients living in south Northamptonshire and south Warwickshire may find the critical care units in hospitals in Warwick, Northampton and Milton Keynes closer.</p> <p>Keeping a Level 2 critical care unit would help support the A&E department and help support the increase in planned surgery at the Horton General Hospital, with two teams of anaesthetists supporting the services.</p>

Q12. Thinking about this proposal and the rationale behind it, please tell us if you agree?

Yes 1
 No 2
 I don't know 3
 I prefer not to say 4

Q13. Do you have any further comments about the proposal for critical care at the Horton General Hospital?

No comment

Maternity and obstetric services in North Oxfordshire

Q14. Please tell us whether you agree with the proposal that all obstetric care for high risk births in Oxfordshire should be provided by one obstetric unit at the John Radcliffe in Oxford (with patients in the North Oxfordshire also having the option to travel to Northamptonshire, Warwickshire or Milton Keynes) and that a Midwife Led Unit should be retained at the Horton General?

Yes	1
No	2
I don't know	3
I prefer not to say	4

Q15. At this stage, we are not consulting on community maternity services in Oxfordshire but we would welcome your views to help us plan how we approach this. To help us in our planning, please indicate below how important the following areas are to you (S)

Not at all important	Slightly important	Important	Fairly important	Very important	No opinion
----------------------	--------------------	-----------	------------------	----------------	------------

a. A designated midwife throughout my pregnancy

b. Continuity of care throughout my pregnancy

c. Ease of access to care

d. Travel time

e. Quality of care

f. Parking

g. Quality of the environment

h. Choice of place of birth

i. Opportunity to familiarise yourself with the place you will give birth

Q16. Please tell us why you have chosen the rankings you have? Are there other important factors?

No comment

Q17. Do you have any further comments to share about any of the proposals in this questionnaire, or any other part of this consultation?

No comment

Thank you for taking the time to share your views with us.

Please now take the time to tell us a bit about yourself.

We would be grateful if you would provide the following information – it will help us know if we have received responses from a representative group of people across Oxfordshire and the surrounding areas.

About you

- I am a parent of a child aged 3 years or over 1
- I am a parent of a child under 3 years 2
- I do not have children but am interested in maternity services in Oxfordshire 3
- I/we are currently expecting, or planning to have a baby in the near future 4
- Other 5
- ←-----Please state Prefer not to say 6

Gender (s)

- Male
- Female
- Transsexual
- Prefer not to say

Age range (s)

- Under 16 (do not use)
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- Above 75

Ethnicity

- White British 1
- White Irish 2
- Mixed race 3
- Asian or Asian British 4
- Black or Black British 5
- Chinese 6
- Other 7
- ←-----Please state Prefer not to say 8

Do you consider yourself to have a disability?

- Yes 1
- No 2
- Not stated 3

Please could you tell us how you travel to hospital appointments?

- Own car 1
- Bus (including park and ride) 2
- Taxis 3
- Volunteer car driver service 4
- Walk 5
- Prefer not to say 6
- Cycle 7
- I do not currently attend hospital appointments 8
- Other 9
- ←-----Please state

Would you like to receive the consultation report?

Name	Telephone number
Email	Address 1
Address 2	Postcode

Your Personal Information

Oxfordshire Clinical Commissioning Group (OCCG) will respect your personal information. Personal information held within the consultation system will not be passed to, or shared with any third party.

Responses to this consultation will be collected and processed appropriately, and used internally to the extent that is needed to fulfil operational needs or to comply with any legal requirements. OCCG ensures that only staff that have a business reason to look at your information or data can do so, they cannot look at your information or data for personal reasons or out of curiosity

Should you have any concern regarding collection, processing, storage or disclosure of information submitted via this consultation survey please contact OCCG at cscsu.talkinghealth@nhs.net or see our privacy notice on our website: <http://www.oxfordshireccg.nhs.uk/about-us/privacy-notice>

As part of our quality control procedure, a research supervisor may contact you in order to confirm the accuracy of the interview and to ensure you were happy with the interview. If not given above, would you be prepared to give your contact details for this purpose?

- Yes* capture name and telephone number below 1
- No 2

If no, please can you (interviewee) sign to say that you have refused:

Interviewee signature:

7.2 Public event presentation



The BIG health and care consultation

The Big Consultation
Health and Care Transformation in Oxfordshire Public Consultation

NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE TRANSFORMATION PROGRAMME
Improving your local health and care services

About this consultation

- First phase runs for three months from 16 January 2017
- We are consulting on:
 - Use of our hospital beds
 - Planned care at the Horton General Hospital
 - Acute stroke services in Oxfordshire
 - Critical care at the Horton General Hospital
 - Maternity services at the Horton General Hospital
- Second phase is planned for later this year

NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE TRANSFORMATION PROGRAMME
Improving your local health and care services

The BIG health and care consultation

1

Why we are consulting

NHS Oxfordshire Clinical Commissioning Group

Case for change

THIS DIAGRAM describes the different pressures we are facing and the need for change.

The BIG health and care consultation

2

Why are we doing this in 2 parts?

NHS Oxfordshire Clinical Commissioning Group

- Large number of services that we intend to consult on.
- Focusing in phase 1 on services that need urgent change:
 - Acute hospital beds as advised by Health Overview and Scrutiny Committee
 - Maternity services at the Horton General Hospital
 - Critical care and acute stroke services
- Investing in planned care at the Horton General Hospital.



The BIG health and care consultation

3

Vision for the future

NHS Oxfordshire Clinical Commissioning Group



Local access to diagnostics and expert advice

Prevent unnecessary admission to hospital or A&E

Using technology to support high quality services

Best bed is your own bed when you no longer need hospital care

10 days in a hospital bed is equivalent to 10 years loss of muscle strength for over 80s

The BIG health and care consultation

4

Short film explaining the proposals for changing the way acute hospital beds are used: click [here](#).

Our preferred option and why

NHS Oxfordshire Clinical Commissioning Group

- Patients spend less time in hospital and more care is delivered closer to home.
- More investment in 'out-of-hospital' care.
- Patients cared for in the right environments.



OXFORDSHIRE TRANSFORMATION PROGRAMME
improving your local health and care services

The BIG health and care consultation 7

Short film explaining the proposal for increasing planned care at the Horton General Hospital [click here](#).

Our preferred option and why

NHS Oxfordshire Clinical Commissioning Group

- Many more patients assessed and treated locally - up to 60,000 outpatients and up to 30,000 day case and diagnostic appointments (per year) at the Horton General Hospital.
- Significantly more planned appointments, tests, treatment and surgery at the Horton General Hospital.
- Increase in local provision of modern diagnostics.
- Major investment in facilities.



Up to 60,000 more appointments at the Horton General Hospital means at least 60,000 fewer journeys to Oxford

OXFORDSHIRE TRANSFORMATION PROGRAMME
improving your local health and care services

The BIG health and care consultation 10

Short film explaining the proposals for changing the care provided to patients who have a stroke: [click here](#).

Our preferred option and why

NHS Oxfordshire Clinical Commissioning Group

- All stroke patients should be taken to the Hyper Acute Stroke Unit at the John Radcliffe Hospital.
- Short term rehabilitation would be provided at the Horton.
- The Early Supported Discharge Service would be extended to be available for all stroke patients in Oxfordshire.



OXFORDSHIRE TRANSFORMATION PROGRAMME
improving your local health and care services

The BIG health and care consultation 12

Short film explaining the changes proposed for critical care: [click here](#).

Our preferred option and why

- The small number of the sickest patients from north Oxfordshire requiring Level 3 critical care would be treated at the highly specialised Intensive Care Units in Oxford.
- The Horton would continue to have a Critical Care Unit for a Level 2.
- This would provide appropriate care for the sickest patients and support better outcomes for all patients requiring critical care.
- Specialist teams of doctors and nurses to bring patients to Oxford.



Short film explaining the proposed changes to maternity services at the Horton General Hospital: [click here.](#)

Our preferred option and why

- Provision of a high quality, safe and sustainable maternity service.
- Choice maintained which would include:
 - Women continue to have a choice of a midwife-led birth in a unit where appropriate or at home.
 - All obstetric care would be provided by the obstetric unit at the John Radcliffe.
 - Patients in north Oxfordshire will also have the option to travel to Northampton or Warwick hospitals.
- The Special Care Baby Unit for Oxfordshire would be provided at the John Radcliffe.
- Some women who need emergency surgery for a gynaecological problem would transfer to the John Radcliffe.
- A single obstetric unit would mean always enough staff available and enough births to maintain skills and run a safe service for all Oxfordshire women.



Find out more and have your say

- All consultation documents available on website: www.oxonhealthcaretransformation.nhs.uk/
- Write to us via the freepost address
- Complete the questionnaire on the website or on paper copy
- Attend a public meeting



15 Public meetings are being held. 13 are in Oxfordshire and two are in south Northamptonshire:

Thursday 26 January	7-9pm in Banbury
Thursday 2 February	2pm – 4pm in Chipping Norton
Tuesday 7 February	3pm – 5pm in Grove
Thursday 9 February	7pm – 9pm in Oxford
Monday 13 February	10am – 12pm in Didcot
Thursday 16 February	6pm – 8pm in Witney
Tuesday 21 February	3pm – 5pm in Bicester
Monday 27 February	10.30am -12.30pm in Brackley
Thursday 2 March	8pm – 10pm in Henley
Monday 6 March	8pm – 10pm in Wallingford
Thursday 9 March	6pm-8pm in Chipping Norton
Tuesday 14 March	3pm-5pm in Thame
Thursday 16 March	7pm – 9pm in Banbury
Tuesday 21 March	6pm – 8pm in Brackley
Thursday 23 March	6.30pm – 8.30pm in Abingdon

Northamptonshire:

Any questions?



7.3 Overview of public consultation events

OCCG: Oxfordshire Clinical Commissioning Group
 OUHFT – Oxford University Hospitals NHS Foundation Trust
 OHFT – Oxford Health NHS Foundation Trust

Event	Date	Venue	Timing	Panel	Event format	Number Attended
Banbury	Thurs 26 Jan 2017	St Mary's Church Horsefair Banbury OX16 0AA	19.00 – 21.00	OCCG: Dr Kiren Collinson – Deputy Locality Clinical Director (West) Dr Joe McManners – Clinical Chair David Smith – Chief Executive Sula Wiltshire – Director of Quality (& Nurse lead on Board) OUHFT: Tony Berendt – Medical Director Paul Brennan – Director of Clinical Services	Panel presentation Q&A	471
Chipping Norton	Thurs 2 Feb 2017	The Guildhall Chipping Norton OX7 5NJ	14.00 – 16.00	OCCG: Dr Shelley Hayles – Deputy Locality Clinical Director (North) Diane Hedges – Chief Operating Officer Dr Paul Park – Locality Clinical Director (North) OUHFT: Paul Brennan - Director of Clinical Services Catherine Stoddart – Chief Nurse	Panel presentation Q&A	104
Grove	Tues 7 Feb 2017	Grove Village Hall Main Street Grove Wantage OX12 7JY	15.00 – 17.00	OCCG: Dr Julie Anderson (Locality Clinical Director (South West) Diane Hedges – Chief Operating Officer OUHFT: Dr Tony Berendt – Medical Director Peter Knight OHFT: Peter McGrane	Panel presentation Q&A Round table discussions	40
Oxford	Thurs 9 Feb 2017	Rose Hill Comm- unity Centre Carole's Way Oxford OX4 4HF	19.00 – 21.00	OCCG: Dr David Chapman – Locality Clinical Director (Oxford City) Catherine Mountford – Director of Governance OUHFT: Dr Tony Berendt – Medical Director Andrew Stevens – Director of Strategy and Planning	Panel presentation Q&A Round table discussions	27
Didcot	Mon 13 Feb 2017	Didcot Leisure Centre Mereland Road Didcot OX11 8AY	10.00 – 12.00	OCCG: Dr Julie Anderson – Locality Clinical Director (South West) Gareth Kenworthy – Director of Finance OUHFT: Dr Tony Berendt – Medical Director Peter Knight	Panel presentation Q&A Round table discussions	19

Witney	Thurs 16 Feb 2017	Witney Corn Exch- ange 19 Market Square Witney OX28 6AB	18.00 – 20.00	OCCG: Dr Miles Carter – Locality Clinical Director (West) Dr Kiren Collison – Deputy Locality Clinical Director (West) David Smith – Chief Executive OUHFT: Catherine Stoddart – Chief Nurse Mark Power – Director of Organisational Development and Workforce	Panel presentation Q&A	71
Bicester	Tues 21 Feb 2017	Weyland Hall North Street Bicester OX26 6ND	15.00 – 17.00	OCCG: Dr Stephen Attwood – Locality Clinical Director (North East) Catherine Mountford – Director of Governance OUHFT: Dr Tony Berendt – Medical Director Catherine Stoddart – Chief Nurse	Panel presentation Q&A	54
Brackley	Mon 27 Feb 2017	Crown Hotel, 20 Market Place Brackley NN13 7DP	10.30 – 12.30	OCCG: Dr Kiren Collison – Deputy Locality Clinical Director (West) Dr Joe Manners – Clinical Chair David Smith – Chief Executive Sula Wiltshire – Director of Quality (& Nurse lead on Board) OUHFT: Catherine Stoddart – Chief Nurse Andrew Stevens – Director of Strategy and Planning	Panel presentation Q&A	88
Henley	Thurs 2 March 2017	River and Rowing Museum Mill Lane Henley- on- Thames RG9 1BF	20.00 – 22.00	OCCG: Dr Andrew Burnett – Locality Clinical Director (South East) Sula Wiltshire – Director of Quality (& Nurse lead on Board) OUHFT: Andrew Stevens – Director of Strategy and Planning	Panel presentation Q&A Round table discussions	10
Walling- ford	Mon 6 March 2017	Wallingfo rd Sports Park Hithercro ft Road Wallingfo rd OX10 9RB	20.00 – 22.00	OCCG: Dr Andrew Burnett – Locality Clinical Director (South East) Sula Wiltshire – Director of Quality (& Nurse lead on Board) OUHFT: Andrew Stevens – Director of Strategy and Planning Catherine Stoddart – Chief Nurse	Panel presentation Q&A Round table discussions	21
Chipping Norton	Thurs 9 March 2017	St Mary's Church, Church Street Chipping Norton OX7 5NT	18.00 – 20.00	OCCG: Dr Kiren Collison – Deputy Locality Clinical Director (West) Dr Paul Park – Locality Clinical Director (North) Catherine Mountford – Director of Governance OUHFT: Dr Tony Berendt – Medical Director Andrew Stevens – Director of Strategy and Planning	Panel presentation Q&A	129

Thame	Tues 14 March 2017	Thame Barns Centre Church Rd Thame OX9 3AJ	15.00 – 17.00	OCCG: Dr Andrew Burnett – Locality Clinical Director (South East) Catherine Mountford – Director of Governance OUH: Catherine Stoddart – Chief Nurse Andrew Stevens – Director of Strategy and Planning	Panel presentation Q&A	70
Banbury	Thurs 16 March 2017	St Mary's Church Horsefair Banbury OX16 0AA	19.00 – 21.00	OCCG: Dr Kiren Collison – Deputy Locality Clinical Director (West) Dr Paul Park – Locality Clinical Director (North) David Smith – Chief Executive OUHFT: Dr Tony Berendt – Medical Director Paul Brennan – Director of Clinical Services Catherine Stoddart – Chief Nurse	Panel presentation Q&A	207
Brackley	Tues 21 March 2017	Brackley Town Football Club St James Park Churchill Way Brackley NN13 7EJ	18.00 – 20.00	OCCG: Diane Hedges – Chief Operating Officer Dr Paul Park – Locality Clinical Director (North) OUHFT: Dr Tony Berendt – Medical Director Andrew Stevens – Director of Strategy and Planning	Panel presentation Q&A	57
Abingdon	Thurs 23 March 2017	The Crown and Thistle 18 Bridge Street Abingdon OX14 3HS	18.30 – 20.30	OCCG: Dr Julie Anderson – Locality Clinical Director (South West) Gareth Kenworthy – Director of Finance OUHFT: Dr Tony Berendt – Medical Director Andrew Stevens – Director of Strategy and Planning	Panel presentation Q&A Round table discussions	29

7.4 Promotion of 'The Big Health & Care Consultation'

Some of the websites that publicised The Big Health & Care Consultation are shown below:

Adderbury

Oxfordshire Clinical Commissioning Group

Home / Adderbury News / Oxfordshire Clinical Commissioning Group

WHAT'S ON
Full Calendar of Village Events and Activities

ADDERBURY NEIGHBOURHOOD PLAN

- Adderbury Neighbourhood Plan
- Map
- Map1
- Map2
- Map3
- Appendix A

NEWS CATEGORIES

- Adderbury News
- Clubs & Societies

Oxfordshire's health and care services – The Big Consultation – Phase 1

You've been invited to participate in the Oxfordshire's health and care services – The Big Consultation – Phase 1 consultation by the consultation manager, Julia Stackhouse.

This consultation is open from 16 January at 9.00 am to 9 April at 11.59 pm.

You are invited to participate in the Oxfordshire health and care services – Big Consultation, Phase 1. You can access all the consultation documents, survey and event bookings at the following link.

<https://consult.oxfordshireccg.nhs.uk/consult/BigconsultationPhase1/consultationHome>

If you have any queries or would like to receive paper copies of the documents, please contact us on 01865 334638 or by email at ccsu.takinghealth@nhs.net.

Participate in this consultation

healthwatch Your voice on health and social care
Oxfordshire

Welcome to Healthwatch Oxfordshire About Us News A to Z guide to services Reports and Pub

Campaigns and Correspondence Volunteer for us This month we heard Forthcoming events Blog An

Useful information

Transformation: Consultation goes live

16/01/2017

The first phase of public consultation on proposals for changes to health services in Oxfordshire has begun.

In June 2016, NHS organisations across Oxfordshire launched 'The Big Health and Care Conversation'. This was an opportunity for NHS leaders, doctors, nurses and other staff to discuss with the public, the voluntary sector and patient representatives the opportunities to improve health care for patients, the challenges the NHS is facing, and what we are doing about this.

The need to help people develop healthier lifestyles to prevent some of these illnesses is becoming urgent. The health service is facing increased pressures on GP and hospital services. Some buildings and equipment are old, expensive to maintain safely and do not provide good quality care for patients. It is a struggle to recruit and keep the NHS staff needed to ensure that services are safe and high quality. Current budgets for NHS services will not cover the demand for them without changes over the next few years. All of this affects how the NHS can provide patient care and increases the pressures on its finances.

The Oxfordshire Transformation Programme has considered how it wants to develop and improve health services in Oxfordshire, including some immediate changes we propose to make.

This work has also been fed into an over-arching five year plan (called a Sustainability and Transformation Plan or STP) across Buckinghamshire, Oxfordshire and Berkshire West (referred to as the BOB STP) which sets out how we plan to bring about the changes we all need to make.

A number of the proposals will be of more interest to people living in the north of the county and neighbouring areas. Some of the proposals have a wider impact and so the Clinical Commissioning Group is keen to encourage people from across Oxfordshire and surrounding areas to give their views. It also welcomes the views of our voluntary sector partners, groups representing particular communities, other public bodies and staff in health and care organisations.

You can read and download all of the consultation documents at [this link](#)

OALC Oxfordshire Association of Local Councils

Home Services Members Area National News Local News Funding News Consultations Events Publications Links Contact

Latest Local News

For National News please click here

****For Vacancies scroll down to the bottom of this page****

The BIG health and care conversation

Oxfordshire's health and care services – The Big Conversation

We all benefit from new medicines and improvements to treatments and surgery which can help to prevent ill health and help us recover quickly when we are ill. They can also mean changing the way we do things. We want to make sure high quality care is at the heart of healthcare in Oxfordshire and this means being prepared to do things differently for the benefit of everyone.

We are launching a public consultation on Monday, 16 January 2017 and we need to know what you think of proposed changes to:

- The way we use our hospital beds and bring more care closer to home in Oxfordshire
- Planned care at the Horton General Hospital in Buryton planned care includes tests and treatment planned in advance and not urgent or emergency care
- Acute stroke services in Oxfordshire
- Critical care at the Horton General Hospital (critical care helps people with life-threatening or very serious injuries and illnesses)
- Maternity services including obstetrics, Special Care Baby Units (this also affects emergency gynaecology surgery)

How you can get involved

The full details of our proposals are in our consultation document at <https://consult.oxfordshireccg.nhs.uk/consult/BigconsultationPhase1/consultationHome> or you can ask for a printed copy. Call 01865 334638 or email ccsu.takinghealth@nhs.net.

You can also pick up a copy of the consultation document from any Oxfordshire library.

BECKLEY
Please drive carefully

Home A
Gallery

BIG HEALTH CONSULTATION

Attachments: Big Health Leaflet PRESS.pdf
 Big Health Poster PRESS.pdf

Wednesday, January 18, 2017

Oak Tree Health Centre

Tyne Avenue, Didcot, Oxon, OX11 7GD

Home News Information Staff PPG Local Services Contact Us Order Repeat Prescription Sign in

Home / News / Oxfordshire's health and care services – The Big Consultation – Phase 1

Oxfordshire's health and care services – The Big Consultation – Phase 1

News Posted on January 16, 2017

The Oxfordshire Transformation Programme has considered the development and improvement of health services in Oxfordshire, including some proposed immediate changes.

The work has also been fed into an over-arching five year plan (called a Sustainability and Transformation Plan or STP) across Buckinghamshire, Oxfordshire and Berkshire West (referred to as the BOB STP) which sets out the planning of how these changes will be made.

A number of the proposals will be of more interest to people living in the north of the county and neighbouring areas. Some of the proposals have a wider impact and so Oxfordshire Clinical Commissioning Group (OCCG) are keen to encourage people from across Oxfordshire and surrounding areas to give their views. OCCG also welcomes the views of the voluntary sector partners, groups representing particular communities, other public bodies and staff in health and care organisations.

For further information and to participate in the consultation please [click here](#).

News Posted on News

Contact

Reception: 01235 810 099
Health Visitors: 01235 816 325
Midwives: 01235 814 627
Fax: 01235 815 181

Pages

News Information
The Health Centre
Our Services
Health by Patient.co.uk
UserA Links

Oxfordshire's Health and Care Services Big Consultation: Have Your Say on Changes

January 16, 2017 / in Home - Other Stories, News / by Editor



The NHS in Oxfordshire is today (16 January 2017) launching Phase 1 of the 'Big Health and Care Consultation' to ask patients and the public what they think about possible changes to some healthcare services in the county.

Since summer 2016, the Oxfordshire Transformation Programme has been listening and talking to a wide range of people across the county about how best to develop and improve health services.

The 'big health and care conversation' was an opportunity for doctors, nurses and other NHS leaders to discuss with the public, volunteers, charities and patient representatives how to improve health care and tackle the challenges the NHS is facing as demand grows and budgets are limited.

The feedback from all the groups has been considered and the proposals for change have been developed using this feedback together with the opinions and expertise of clinicians and senior NHS leaders.

David Smith, chief executive of Oxfordshire Clinical Commissioning Group, said: "We are now launching a public consultation for three months and would like you to share your views on these proposed changes."

News sponsored by



Popular Recent Comments

- Hotel du Vin's Chef Wins Best Chef of the Year
- Car Drives Into River
- Former Town Centre Manager Cheats Deadly Stingray Attack
- Rapid Access Care Unit to Open in Henley on Monday
- Barbara Easton to Retire and Close Her Shop After 25 Years Trading

Jobs

- Situations Vacant – Deputy Manager and Nursery Practitioner
- Situation Vacant – Recruitment Talent Assistant

Featured Events

- Henley Choir Festival Programme Announced
- Sue Ryder to Host Matters of Life and Death Open Day
- Calling All Parents – Building Sound Self Esteem Talk

Subscribe to the Herald

Enter your email address to receive a daily digest

Deddington OnLine



Home

Welcome to the Parish of Deddington, Oxfordshire

Three villages in one parish

On the edge of the Cotswolds is the Parish of Deddington, Clifton and Hempton. Easily accessible from the M40, it's ideal for a cultural visit, shopping or sports - Oxford, Stratford, Blenheim Palace, Bicester Village and Silverstone are all within easy reach. With its picturesque honey-coloured houses, history dating from Saxon times, plenty of social activity, a thriving business community and places to stay, it's a great place to live, work or visit.

Latest news:

The Pantomime is still on!! - contrary to rumours following the very sad death of **Jim Flux, MBE** who was a key member of Deddington Players, the Panto is still on. Tickets can be obtained from The Flower Shop, www.madeinchervell.org or by phone from 01869 338442.



Oxfordshire's Health and Care Services - The Big Consultation, Phase 1

You are invited to participate in the Oxfordshire health and care services - Big Consultation, Phase 1 from 16 Jan to 9 Apr 2017. The consultation documents, survey and event bookings are available [here](#). If you have any queries or would like to receive paper copies of the documents, please contact us on 01865 334638 or by [email](#). Click [here](#) to participate in the consultation.



Pulse

Oxfordshire's Non-profit Heartbeat

< Home

We also run training. See our programme.

OCVA is not responsible for any third-party content posted on this site.

Browse all OCVA communications
Post a job ad through **Pulse**. Do advertising through **Pulse**.
Post your own story to **Pulse**

PULSE CATEGORIES

announcement comment contract
event free help funders funding jobs



OCCG – Oxfordshire's health and care services – The Big Consultation – Phase 1

Posted on **JANUARY 17, 2017** by OCVA

Oxfordshire Clinical Commissioning

Group: Oxfordshire's health and care services – The Big Consultation – Phase 1

You've been invited to participate in the consultation by the consultation manager, Julia Stackhouse.

This consultation is open from 16 Jan 2017 at 09:00 to 9 Apr 2017 at 23:59.

You are invited to participate in the Oxfordshire health and care services - Big Consultation, Phase 1. You can access all the consultation documents, survey and event bookings at the following link.

7.5 Examples of campaign promotion material

WHAT YOU CAN DO TO HELP

Respond to the consultation **BY LETTER** (template attached for guidance or for you to send if you prefer, just add name and address.)

Deadline for responses is the 7th April 2017

Regard the consultation questionnaire with suspicion. It appears slanted to give the Oxfordshire Clinical Commissioning Group the answers that it is seeking. Voting for care closer to home, translates to the 'hospital at home' service and outpatient appointments **NOT ACUTE INPATIENT BEDS**

Letters can be sent to

Oxfordshire Clinical Commissioning Group,
Communications & Engagement
FREEPOST RRRKBZBTASXU
Jubilee House
5510 John Smith Drive
Oxford Business Park South
OXFORD OX4 2LH

To find out more attend the
**Keep the Horton General Awareness Meeting
at St Mary's Church, Banbury on
Thursday 2nd March from 7.30 to 9.00 pm**

For further details: Join Save our Horton Facebook
email: keepthehortongeneral@hotmail.co.uk
phone: 07740 599736



THIS IS THE CCG's VISION FOR OUR GENERAL HOSPITAL



UNLESS WE DO SOMETHING ABOUT IT

THE HORTON CLINIC

The Oxfordshire Clinical Commissioning Group (CCG) has a vision to turn the Horton into a clinic with just day case surgery and diagnostic and outpatient appointments.

It means **NO ACUTE SERVICES**, such as Accident & Emergency, Consultant led Maternity, Special Care Baby Unit, Children's Ward, Trauma and all other services where an overnight stay is required.

Work is already under way to bring this to fruition:

Consultation has begun on:

- **Permanently closing Consultant Led Maternity**
- **Permanently closing the Special Care Baby Unit**
- **Permanent removal of the 45 beds which were removed in September without consultation**
- **Removal of the Intensive Care Unit**
- **Removal of the Acute Stroke Service**
- **A promise of 60,000 more outpatient and diagnostic appointments**

THE REMOVAL OF SUCH KEY ACUTE SERVICES IS TOO HIGH A PRICE TO PAY FOR MORE OUTPATIENT APPOINTMENTS

THIS IS NOT ALL

Later in the year the second phase of the consultation will take place. It is expected to cover:

- **The closure of Accident and Emergency**
- **The closure of the Children's Ward**
- **The closure of the Trauma Service**

All this while the population is rapidly expanding as tens of thousands of new homes are being built in Banbury and the surrounding area.

The GPs are expected to supervise the 'acute hospital at home' service, but they are already under such pressure that many are leaving the profession and replacements cannot be recruited.

It is all part of the Oxfordshire Transformation Programme which is part of the Sustainability and Transformation Plan (STP).

STP for Oxfordshire is not all bad, it should bring health and social care working more closely together and should provide many efficiencies.

BUT

It is going too far too fast and with the primary aim to cut costs there is potential for many elements to fall through the cracks.

CHIPPING NORTON HOSPITAL UNDER THREAT

'We need a proper Hospital not a dressed up Care Home'

Meeting St Mary's Church Chipping Norton Thursday March 9th 2017 6pm

The Oxford Clinical Commissioning Group is restructuring Healthcare in Oxfordshire. It is promising to provide better care closer to home which should be good news **but beware**.

The proposals indicate some services far from being local will be centralised and that people will be expected to receive treatment in their own homes when little infrastructure for such care exists and we think it is unlikely it will be properly provided. We believe people could have some critical local services taken away and patients and their families will have to fend for themselves.

It is ridiculous to suggest downgrading services at the Horton General Hospital when the area has such a large and growing population. People in Chipping Norton and District use the Horton. Transferring more services to the JR is crazy when the JR barely copes now and patients are being told to allow up to one hour just to find a parking space.

It is not only the Horton that may be affected by the Phase 1 consultation. It says Chipping Norton Maternity could close and that the way hospital beds are used will change.

Fight to save the **Chipping Norton Maternity Unit** (for present and future generations).

- It is new & well equipped
- It is a beacon site for breast feeding and is UNICEF accredited
- It has brilliant, well-trained midwives
- It treats mothers and babies as human beings
- It responds to the individual needs of mums and babies
- It serves our rural and isolated communities

Chipping Norton Intermediate Care Beds

These beds were secretly downgraded by the County Council causing our present problems

The Orders of St John appear incapable of running the hospital beds the way the NHS can.

A study by our group showed that the NHS running our Intermediate Care Beds saves money because under the NHS patients get more of things like physiotherapy and leave hospital faster which reduces bed blocking in the Horton and JR. Our study calculated that under the NHS the reduced bed blocking saves £750,000 per year and of course it is much better for patients.

Proper Hospital Healthcare needs the NHS running our Intermediate Care Beds

The Chief Operating Officer of Oxford Health (NHS) Foundation Trust said there is a viable NHS option for Chipping Norton's Intermediate Care Beds.

We think the sooner Chipping Norton's Intermediate Care Beds are put back under NHS staffing and management the better it will be for the NHS, the tax payer and most importantly the patients.

Clinics we have an excellently run and thriving NHS Day Hospital this must be retained and enhanced to keep pace with our growing population.

X-Ray currently runs three half days per week and sessions are generally fully booked.

We think extending the service to five days would save patient travel and speed treatment

Physiotherapy This clinic is essential for local out-patients. It aids recovery and helps keep hospital stays as short as possible. It will be more effective if our beds are run by the NHS.

First Aid Unit This has been a truly wonderful success. Despite only being open evenings, weekends and Bank Holidays it is treating 2500 patients a year relieving pressure on the A&E departments at the Horton and JR. These A&E departments continue to be totally over stretched.

Our community needs the FAU open through day and evening hours 7 days a week.

Imagine what an extended FAU service at Chipping Norton could do in treating patients and relieving the pressures on the A&E departments at the Horton and JR

We are a long way from another hospital. We do not have the fast road links others enjoy.

The Primary Care Trust recognised this and declared that Chipping Norton and District was a special case and needed a Community Hospital level of service. That situation has not changed.

Chipping Norton needs its own proper Hospital with: Maternity, Full range of Clinics, X-Ray (5 days a week), A First Aid Unit operating 7 days (day and evening hours) and 14 Intermediate Care Beds put back under NHS staffing and management.

WHAT DO YOU NEED TO DO?? Come to the meeting

St Mary's Church, Chipping Norton, Thursday March 9th starting at 6pm

Make sure you tell the OCCG we must keep Maternity and our full range of clinics and have our Intermediate Care Beds put back under NHS staffing and management control.

Fill in and return the Consultation Questionnaire. **BUT beware** the options have been carefully worded maybe to get the answer OCCG is looking for. **So if none of the options are acceptable do not choose one of the choices offered by OCCG instead say 'None Suitable' and tell them what you think is needed in a separate comment.**

Various groups are hoping to issue leaflets or publish articles to help you understand what the OCCG proposals really mean. Wait and fill in your reply after you have read them.

The more people who object to the OCCG cuts the more powerful the message will be.

Let OCCG know how strongly you feel it will make a difference.

You can email comments to: cscsu.talkinghealth@nhs.net Consultation reply forms are available from Libraries or call 01865 334638 or on-line at <https://consult.oxfordshireccg.nhs.uk>

You can also register your complaints by writing to: OCCG, Freepost RRRKBZTASXU, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, Oxford. OX4 2LH

Thank you. Issued by: **Chipping Norton Hospital Action Group**

7.6 Media coverage and advertising of the consultation

Date (2017)	Channel	Subject
9 January	MEDIA ENQUIRIES Jack FM, Oxford Mail	Victoria Prentis' MP travel survey
11 January	MEDIA ENQUIRY Banbury Sound OCCG ADVERTS Abingdon Herald, Witney Gazette	Public consultation dates The Big Consultation
12 January	MEDIA ENQUIRIES Oxford Mail, Banbury Guardian, BBC Radio Oxford, Banbury Sound BBC Radio Northampton MEDIA COVERAGE Bicester Advertiser, Banbury Guardian, Oxford Times OCCG ADVERTS Banbury Guardian, Bicester Advertiser, Oxford Times, Oxfordshire Guardian, Oxford Paper, Oxfordshire Star, Banbury Cake, Abingdon Herald, Witney Gazette	Consultation launch date Consultation events in Banbury Interviews on consultation Victoria Prentis' MP travel survey The Big Consultation
13 January	MEDIA ENQUIRIES Jack FM, Oxfordshire Guardian, BBC South, Banbury Guardian, ITV Median OCCG ADVERTS Abingdon Herald, Witney Gazette, Banbury Guardian, Bicester Advertiser, Oxford Times, Oxfordshire Guardian, Oxford Paper, Oxfordshire Star, Banbury Cake	Interview requests Details on the launch Information on proposals
14 January	OCCG ADVERTS Abingdon Herald, Witney Gazette, Banbury Guardian, Bicester Advertiser, Oxford Times, Oxfordshire Guardian, Oxford Paper, Oxfordshire Star, Banbury Cake	The Big Consultation
15 January	OCCG ADVERTS Abingdon Herald, Witney Gazette, Banbury Guardian, Bicester Advertiser, Oxford Times, Oxfordshire Guardian, Oxford Paper, Oxfordshire Star, Banbury Cake	The Big Consultation
16 January	MEDIA ENQUIRIES BBC South, BBC Radio Oxford PRESS RELEASE 'NHS Oxfordshire health consultation goes live' MEDIA COVERAGE Oxford Times (online), Herald Series, Oxford Mail, BBC South Today OCCG ADVERTS Brackley and Towcester Advertiser, Oxford Mail	Details of press briefing Info on proposal Announcing the launch of the three month long public consultation All media coverage highlighted launch of public consultation
17 January	MEDIA ENQUIRIES ITV Meridian, Banbury Guardian, Oxford Mail MEDIA COVERAGE ITV Meridian news online, BBC Oxford Online, BBC Radio Oxford, Oxford Mail (x2), BBC South Today, Banbury Sound, About my Area OCCG ADVERTS Abingdon Herald, Witney Gazette, Banbury Guardian, Bicester Advertiser, Oxford Times, Oxfordshire Guardian, Oxford Paper, Oxfordshire Star, Banbury Cake, Brackley and Towcester Advertiser, Oxford Mail	More info on consultation proposals All media coverage highlighted launch of the consultation Public meeting in Banbury The Big Consultation

18 JANUARY	MEDIA ENQUIRIES That's Oxford TV OCCG PRESS RELEASE <i>'We need to hear your views'</i> MEDIA COVERAGE Herald Series, Witney Gazette OCCG ADVERTS Banbury Guardian, Bicester Advertiser, Oxford Times, Oxfordshire Guardian, Oxford Paper, Oxfordshire Star, Banbury Cake, Brackley and Towcester Advertiser, Oxford Mail	Consultation interview request Public survey promoted Launch of public consultation The Big Consultation
19 JANUARY	MEDIA COVERAGE Oxford Mail, Banbury Guardian, Bicester Advertiser, Oxford Times OCCG ADVERTS Brackley and Towcester Advertiser, Oxford Mail	Launch of public consultation The Big Consultation
20 January	MEDIA ENQUIRIES Banbury Guardian MEDIA COVERAGE Oxford Mail, Banbury Guardian OCCG ADVERTS Brackley and Towcester Advertiser, Oxford Mail, Bicester Review	Create a consultation guide Launch of public consultation The Big Consultation
21 January	MEDIA COVERAGE Oxford Mail OCCG ADVERTS Brackley and Towcester Advertiser, Oxford Mail, Bicester Review	Take part in the public survey The Big Consultation
22 January	OCCG ADVERTS Brackley and Towcester Advertiser, Oxford Mail, Bicester Review	The Big Consultation
23 January	MEDIA ENQUIRIES Banbury Guardian MEDIA COVERAGE That's Oxfordshire TV, Oxford Mail, Banbury Guardian OCCG ADVERTS Brackley and Towcester Advertiser, Oxford Mail, Bicester Review	Consultation questions and venues for public events Consultation proposals and public event venues The Big Consultation
24 January	MEDIA ENQUIRY That's Oxford TV PRESS RELEASE <i>'Consultation correction in the Banbury Guardian'</i> OCCG ADVERTS Bicester Review	Interview request on public consultation Press release highlighting how the newspaper had corrected information on the proposals The Big Consultation
25 January	MEDIA COVERAGE Abingdon Herald OCCG ADVERTS Bicester Review	Launch of public consultation The Big Consultation
26 January	MEDIA COVERAGE Banbury Guardian, Bicester Advertiser , Oxford Times, Oxford Mail PRESS RELEASES (2) <i>'March 7 meeting will scrutinise Phase 1 of NHS Transformation plans'</i> <i>'Banbury consultation event 26 January 2017'</i> OCCG ADVERTS Bicester Review	Banbury public event and proposals Press release highlighting the Health, Overview and Scrutiny meeting Press release promoting the Banbury public event The Big Consultation
27 January	MEDIA COVERAGE Oxford Mail OCCG ADVERTS Henley Standard	Public consultation timetable The Big Consultation

28 January	MEDIA COVERAGE Banbury Guardian, Oxford Mail OCCG ADVERTS Henley Standard	Reaction to Banbury public event The Big Consultation
29 January	OCCG ADVERTS Henley Standard	The Big Consultation
30 January	MEDIA ENQUIRIES BBC Radio Northamptonshire, BBC South, Oxford Mail, Banbury Guardian MEDIA COVERAGE Oxford Mail, Oxford Times PRESS RELEASE <i>Banbury Guardian statement</i> OCCG ADVERTS Henley Standard	Brackley meeting interview Healthwatch Oxfordshire FOI Tony Baldry comments Chipping Norton birth unit Press release highlighting OCCG reaction to Banbury public event The Big Consultation
31 January	MEDIA ENQUIRIES Oxfordshire Guardian MEDIA COVERAGE BBC Radio Northants, BBC Northants online, Banbury Guardian, Oxford Mail OCCG ADVERTS Henley Standard	Healthwatch Oxfordshire FOI Brackley meeting report and how proposals affect area, Cross border healthcare, Healthwatch Oxfordshire FOI The Big Consultation
1 February	MEDIA ENQUIRIES Banbury Sound MEDIA COVERAGE Abingdon Herald, Witney Gazette PRESS RELEASE <i>'Have your say at NHS consultation event'</i> OCCG ADVERTS Henley Standard, Henley Standard online	Interview request on consultation List consultation events Chipping Norton maternity unit Press release listing public events The Big Consultation
2 February	MEDIA ENQUIRIES Banbury Guardian MEDIA COVERAGE Banbury Guardian, Oxford Times, Oxford Mail PRESS RELEASE <i>'Have your say on health service changes'</i> OCCG ADVERTS Henley Standard, Henley Standard online	Impact on consultation due to Horton General Hospital maternity unit referral to government Report on Horton General Hospital public event Press release promoting public events for the South Warwickshire press The Big Consultation
3 February	MEDIA ENQUIRIES Health Service Journal, Cowley News MEDIA COVERAGE Brackley and Towcester News, Bicester Review, Banbury Guardian OCCG ADVERTS Henley Standard online	Horton General Hospital maternity unit referral to Secretary of State Horton General Hospital maternity unit referral to Secretary of State & Brackley meeting report The Big Consultation
4 February	MEDIA COVERAGE Oxford Mail OCCG ADVERTS Henley Standard online	Public concerns on proposals The Big Consultation
5 February	OCCG ADVERTS Henley Standard online	The Big Consultation
6 February	MEDIA ENQUIRIES BBC Radio Northamptonshire MEDIA COVERAGE Oxford Mail, Health Service Journal PR ESS RELEASES <i>'The Local Digital Roadmap for Buckinghamshire, Oxfordshire and Berkshire West'</i> <i>'Have your say on proposed health services changes'</i> OCCG ADVERTS Henley Standard online	Interview request on Brackley public event Wantage Community Hospital Impact on consultation due to referral of Banbury's maternity unit Press release to promote new IT initiative as part of local STP Press release to promote public events The Big Consultation

7 February	MEDIA COVERAGE Oxford Mail	Letter on referral of Horton General Hospital maternity unit to Secretary of State
8 February	MEDIA ENQUIRIES Banbury Guardian, Oxford Mail	SCAS response to consultation, and patient journey times from Banbury to Oxford
9 February	MEDIA COVERAGE Oxford Mail, Banbury Guardian, This is Oxfordshire	Splitting consultation in two parts, and format of public events and campaigners guide
10 February	MEDIA ENQUIRIES Banbury Guardian PRESS RELEASE <i>'More chances to have your say on health services in Oxfordshire'</i>	Press release on further public events
12 February	MEDIA COVERAGE Banbury Guardian	Timing of public event
13 February	MEDIA COVERAGE Banbury Guardian	Public consultation and Brackley event
14 February	MEDIA ENQUIRIES Banbury Guardian MEDIA COVERAGE Banbury Guardian	Market research company details Consultation impact on house prices
15 February	MEDIA ENQUIRIES Oxford Mail MEDIA COVERAGE Witney Gazette, Herald Series	Oxfordshire County Council response to consultation, and transformation savings Grove public consultation event, and Horton General Hospital downgrade proposals
16 February	MEDIA COVERAGE Oxford Mail, Banbury Guardian PRESS RELEASE <i>'Have your say on NHS changes at more public events'</i> OCCG ADVERT Bicester Advertiser	Witney public event, and Cherwell council view on consultation Press release promoting more public events Advert promoting Bicester's public event/survey
17 February	MEDIA ENQUIRIES Radio Horton OCCG ADVERTS Bicester Advertiser, Four Shires Magazine	Request for an interview on transformation programme Adverts promoting public events/survey
18 February	OCCG ADVERTS Bicester Advertiser, Four Shires Magazine	Adverts promoting public events/survey
19 February	OCCG ADVERTS Bicester Advertiser, Four Shires Magazine	Adverts promoting public events/survey
20 February	MEDIA ENQUIRIES Banbury Guardian OCCG ADVERTS Bicester Advertiser, Four Shires Magazine	Public consultation business case Adverts promoting public events/survey
21 February	MEDIA ENQUIRIES Banbury Guardian, BBC Radio Oxford, Stratford Herald OCCG ADVERTS Bicester Advertiser, Four Shires Magazine	Oxfordshire County Council response to proposals, and consultation in south Warwickshire. Adverts promoting public events/survey
22 February	MEDIA COVERAGE Oxford Mail, Witney Gazette, BBC News online, BBC Radio Oxford PRESS RELEASE <i>'Look and listen to Big Consultation events'</i> OCCG ADVERTS Four Shires Magazine	Oxfordshire County Council response to proposals, and Witney public event Press release promoting audio recording of public events Advert promoting public events/survey

23 February	MEDIA ENQUIRIES Banbury Guardian MEDIA COVERAGE Oxford Mail, Banbury Guardian PRESS RELEASE ' <i>Listen out for questions at public consultation events</i> ' OCCG ADVERTS Four Shires Magazine	Timing of public event in Banbury Oxfordshire County Council and transformation programme, and shortage of GPs and effect on proposals Press release promoting availability of audio of public events Advert promoting public events/survey
24 February	MEDIA COVERAGE Bicester Review OCCG ADVERT Henley Standard	Timing of public meeting Advert promoting public events/survey
25 February	OCCG ADVERT Henley Standard	Advert promoting public events/survey
26 February	OCCG ADVERT Henley Standard, Chipping Norton news	Advert promoting public events/survey
27 February	MEDIA ENQUIRIES Banbury Sound MEDIA COVERAGE Oxford Mail, BBC Radio Northants OCCG ADVERTS Henley Standard, Chipping Norton news	Public consultation process Cost of transformation and sustainability programme, and interview on Brackley public event Advert promoting public events/survey
28 February	MEDIA ENQUIRIES BBC Radio Oxford, Oxford Mail OCCG ADVERT Henley Standard, Chipping Norton news	Cost of transformation and sustainability programme, and public consultation process Adverts promoting public events/survey
1 March	MEDIA ENQUIRIES NHS England, Cotswold Journal, Oxfordshire Guardian MEDIA COVERAGE Oxford Mail, Witney Gazette, Abingdon Herald OCCG ADVERT Chipping Norton News, Wallingford Herald	MP request for information on Horton General Hospital proposals, and Proposals for Wantage and Chipping Norton Community hospitals Cost of sustainability and transformation plans, and plans for Horton General Hospital Adverts promoting public events/survey
2 March	MEDIA COVERAGE Oxford Mail, Banbury Guardian, Oxford Mail, Bicester Advertiser, Oxford Times OCCG ADVERT Chipping Norton news, Wallingford Herald	Campaigners meeting on Horton General Hospital and guide to consultation, effect of proposals on Bicester, and cost of sustainability and transformation plan Adverts promoting public events/survey
3 March	MEDIA ENQUIRIES Oxfordshire Guardian MEDIA COVERAGE Oxford Mail OCCG ADVERT Wallingford Herald	MP calling for halt to public consultation Effect on Bicester through proposals Advert promoting public events/survey
4 March	OCCG ADVERT Wallingford Herald	Advert promoting public events/survey
5 March	OCCG ADVERT Wallingford Herald	Advert promoting public events/survey
6 March	MEDIA ENQUIRIES BBC Radio Oxford, Banbury Guardian MEDIA COVERAGE Oxford Mail OCCG ADVERT Wallingford Herald	Market research in Banbury, and transformation and sustainability funding shortfall Health Overview and Scrutiny Committee to discuss transformation proposals, national health march Advert promoting public events

7 March	MEDIA ENQUIRIES BBC Radio Oxford, Health Service Journal MEDIA COVERAGE Oxford Mail, Tewkesbury Admag, Cotswold Journal OCCG ADVERTS Midweek Herald	Changes to dates of public events, and sustainability and transformation spend on mental health Health Overview and Scrutiny Committee to look at proposals Proposals for Cotswold Community hospital Advert promoting public events/survey
8 March	MEDIA ENQUIRIES Oxford Mail MEDIA COVERAGE Oxford Mail OCCG ADVERTS Midweek Herald	Capital funding as part of the transformation programme Public consultation proposals Advert promoting public events/survey
9 March	MEDIA COVERAGE Banbury Guardian, Oxford Mail, Bicester Advertiser OCCG ADVERTS Midweek Herald, Stratford upon Avon Herald	Market research in Banbury, and outcome of the Health Overview and Scrutiny Committee Advert promoting public events/survey
10 March	OCCG ADVERTS Thame Gazette, Midweek Herald, Stratford upon Avon Herald, Warwick Courier	Advert promoting public events/survey
11 March	MEDIA COVERAGE Horton Radio OCCG ADVERTS Thame Gazette, Midweek Herald, Stratford upon Avon Herald, Warwick Courier	Live interview with Oxford University Hospitals NHS Trust on consultation proposals Advert promoting public events/survey
12 March	OCCG ADVERTS Thame Gazette	Advert promoting public events/survey
13 March	MEDIA ENQUIRIES Banbury Guardian OCCG ADVERTS Thame Gazette, Midweek Herald, Stratford upon Avon Herald, Warwick Courier	Use of market research company in Banbury Adverts promoting public events/survey
14 March	OCCG ADVERTS Thame Gazette, Midweek Herald, Stratford upon Avon Herald, Warwick Courier	Adverts promoting public events/survey
15 March	MEDIA ENQUIRIES Oxford Mail MEDIA COVERAGE Oxford Mail OCCG ADVERTS Thame Gazette, Stratford upon Avon Herald, Warwick Courier, Abingdon Herald	Market research company in Banbury West Oxfordshire council response to proposals Adverts promoting public events/survey
16 March	MEDIA COVERAGE Oxford Mail, Banbury Guardian, Bicester Advertiser, Oxford Times OCCG ADVERTS Thame Gazette, Stratford upon Avon Herald, Warwick Courier, Abingdon Herald, Northamptonshire Chronicle	Market research company, council claim lack of involvement in proposals, hospital bed proposals Adverts promoting public events/survey
17 March	MEDIA COVERAGE Oxford Mail OCCG ADVERTS Thame Gazette, Warwick Courier, Abingdon Herald, Brackley Review/Bucks Winslow Advertiser	Market research company in Banbury Adverts promoting public events/survey
18 March	OCCG ADVERTS Abingdon Herald, Brackley Review & Bucks Winslow Advertiser, Northamptonshire Chronicle	Adverts promoting public events/survey
19 March	OCCG ADVERTS Abingdon Herald, Brackley Review & Bucks Winslow Advertiser, Northamptonshire Chronicle	Adverts promoting public events/survey

20 March	MEDIA ENQUIRIES Banbury Guardian MEDIA COVERAGE Oxford Mail OCCG ADVERTS Abingdon Herald, Brackley Review & Bucks, Winslow Advertiser, Northamptonshire Chronicle	Future of district hospitals Promotion of the transformation programme consultation Adverts promoting public events/survey
21 March	MEDIA ENQUIRIES Oxford Mail, BBC Radio Oxford, Oxfordshire Guardian OCCG ADVERTS Abingdon Herald, Brackley Review & Bucks, Winslow Advertiser, Northamptonshire Chronicle	Oxfordshire County Council and transformation programme proposals Adverts promoting public events/survey
22 March	MEDIA ENQUIRIES BBC Radio Oxford, Banbury Guardian MEDIA COVERAGE Stratford upon Avon Herald OCCG ADVERTS Abingdon Herald, Brackley Review & Bucks, Winslow Advertiser, Northamptonshire Chronicle	Patient travel times from Banbury to Oxford, and OCCG meeting with Health Overview and Scrutiny Committee Meeting between district councillors and OCCG Adverts promoting public events/survey
23 March	MEDIA ENQUIRIES BBC Radio Oxford, Banbury Guardian MEDIA COVERAGE Banbury Guardian, Oxfordshire Guardian PRESS RELEASE <i>'Invitation to Oxfordshire health consultation public event'</i> OCCG ADVERTS Brackley Review & Bucks Winslow Advertiser	Business case for transformation programme, and patient travel times Banbury to Oxford Oxfordshire County Council response to proposals, motorway traffic and travel times, publication of business case Press release promoting the Abingdon public event Adverts promoting public events/survey
24 March	MEDIA ENQUIRIES BBC Radio Oxford	Patient travel times Banbury to Oxford
27 March	MEDIA ENQUIRIES Oxford Mail, Banbury Guardian, Oxfordshire Guardian, Jack FM MEDIA COVERAGE BBC Radio Oxford, Banbury Guardian, Oxford Mail, BBC Oxford online PRESS RELEASE <i>'Still time to have your say on Oxfordshire health changes'</i>	Patient travel times Banbury to Oxford, and Chipping Norton Community hospital Patient travel times Banbury to Oxford Press release promoting public survey on proposals
28 March	MEDIA COVERAGE Oxford Mail	People thanked for taking part in public events, and Chipping Norton maternity unit
29 March	MEDIA ENQUIRIES BBC Radio Oxford, That's Oxford TV MEDIA COVERAGE Abingdon Herald, Witney Gazette	Market research company in Banbury, and patient travel times Wantage community hospital
30 March	MEDIA ENQUIRIES Oxford Mail, BBC News online MEDIA COVERAGE Banbury Cake, Stratford Herald, Oxford Mail, Banbury Guardian, Bicester Advertiser, AboutMyArea	Timescale for transformation programme, market research company in Banbury, application for judicial review Councillors comments on Horton General Hospital proposals, application for judicial review, travel times
31 March	MEDIA ENQUIRIES Jack FM, Oxfordshire Guardian, Banbury Guardian, BBC South Today, Oxford Mail MEDIA COVERAGE BBC news online, BBC Radio Oxford, Banbury Guardian	Application for judicial review Application for judicial review
1 April	MEDIA COVERAGE Oxford Mail	Application for judicial review

3 April	MEDIA ENQUIRIES Oxfordshire Guardian, Banbury Guardian, BBC South Today	Patient travel survey, district hospitals, public consultation survey details
4 April	MEDIA ENQUIRIES BBC South Today, BBC Radio Oxford, BBC News online MEDIA COVERAGE BBC Radio Oxford, BBC news online	Market research company in Banbury, and HOSC meeting Market research company in Banbury
5 April	MEDIA ENQUIRIES Stratford Herald MEDIA COVERAGE Abingdon Herald	Application for judicial review Public consultation proposals
6 April	MEDIA ENQUIRIES Banbury Sound MEDIA COVERAGE Banbury Guardian, Oxford Mail, Bicester Advertiser, BBC Radio Oxford, Oxford Times	Public consultation to finish Public consultation process, application for judicial review, and HOSC decision not to refer consultation to Government
7 April	MEDIA ENQUIRIES Oxford Mail MEDIA COVERAGE Oxford Mail Stratford Observer	Public consultation Public consultation coming to an end, and application for a judicial review
10 April	MEDIA ENQUIRIES That's Oxford TV MEDIA COVERAGE Oxford Mail, Stratford Herald, BBC news online MEDIA RELEASE <i>'First phase of Oxfordshire's Big health and Care consultation is closed'</i>	Request for interview on public consultation End of consultation, and application for a judicial review Press release around end of consultation and next steps
11 April	MEDIA ENQUIRIES Oxfordshire Guardian	Comments made to Health Overview and Scrutiny Committee
12 April	MEDIA ENQUIRIES BBC South Today MEDIA COVERAGE Abingdon Herald, Oxfordshire Guardian	Transformation programme proposals Opposition to consultation proposals
13 April	MEDIA ENQUIRIES Health Service Journal, Oxford Mail MEDIA COVERAGE Oxford Times, Banbury Guardian, Bicester Advertiser	Interview request on consultation proposals, and response to RCN End of consultation, and opposition to proposals for Horton Hospital
14 April	MEDIA COVERAGE Oxford Mail	Royal College of Nursing response to consultation

7.7 Social Media

Twitter and Facebook promotion of the consultation – including the public events and signposting people to the online survey – took place from January 2017 onwards. **93** Tweets were made on Twitter and **40** posts on Facebook. The total number impressions (number of people that have seen the Tweets) for the Twitter promotions was **162,958** and the total number of engagements (including retweets, clicks and likes) was **664**. The total number of people reached in the Facebook promotion was **30,595**.

Twitter (7,458 people follow OCCG’s Twitter page)

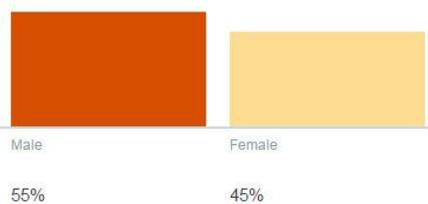
- Total number of Tweets throughout the consultation = 93
- Total reach/impressions = 162,958 (number of times users saw the Tweets on Twitter)
- Total number of engagements = 664 (number of times a user interacted with a Tweet)
- Total number of Retweets = 115
- Total likes = 55
- Total URL clicks = 128
- Total hashtag clicks = 33

Profile of OCCG Twitter followers:

Age



Gender



Tweet text	Date/time	Impressions	Engagements	Retweets	Likes	URL clicks	Hashtag clicks
Have your say in Oxfordshire's Big Health and Care Consultation You can find all the details here https://t.co/4oCyNQBpHB	16/01/20 17 16:23	9590	65	19	3	22	0
Have your say on proposals to change Stroke services in #Banbury. Info about the Big Health and Care #Consultation https://t.co/4oCyNQBpHB	20/01/20 17 14:18	514	1	1	0	0	0
Have your say in #Oxfordshire's Big Health and Care #Consultation. Attend an event, complete a survey https://t.co/4oCyNQjOj1	20/01/20 17 14:35	2132	11	3	0	6	0
Have your say on proposals for Maternity services in #Banbury. More info about the Big Health and Care #Consultation https://t.co/4oCyNQBpHB	21/01/20 17 14:36	869	17	2	1	5	3
Have your say on proposals to change Critical care services in #Banbury in the Big Health and Care #Consultation https://t.co/4oCyNQBpHB	22/01/20 17 14:38	1234	16	2	1	3	3
Have your say in #Oxfordshire's Big Health and Care #Consultation. Attend an event, complete a survey https://t.co/4oCyNQjOj1	23/01/20 17 14:39	420	7	0	0	3	2
For a place at the health consultation event in Banbury on Thurs 26 Jan email cscsu.talkinghealth@nhs.net or call 01865 334638	23/01/20 17 15:13	666	7	0	0	0	0
For a place at the health consultation event in Banbury on Thurs 26 January email cscsu.talkinghealth@nhs.net or call 01865 334638	24/01/20 17 12:27	2513	5	1	0	0	0
Have your say on proposals to improve outpatient services in #Banbury. Big Health and Care #Consultation https://t.co/4oCyNQjOj1	24/01/20 17 14:39	2362	11	2	2	4	2
Have your say on proposals for how we use hospital beds in #Oxfordshire in the Big Health and Care #Consultation https://t.co/4oCyNQjOj1	25/01/20 17 14:40	4691	16	4	2	2	3
Public debate on possible changes to some North Oxon health services starts in Banbury at 7pm	26/01/20 17 11:07	1097	2	1	0	0	0
Public debate on possible changes to some Oxon health services starts in Banbury at 7pm. To book your space go to https://t.co/4oCyNQjOj1	26/01/20 17 11:44	917	5	0	0	1	0
If you can't make tonight's NHS event in Banbury there are other ways and places to have your say https://t.co/4oCyNQBpHB	26/01/20 17 12:01	483	3	0	0	1	0
Lots of spaces left at tonight's #Oxfordshire Big Health and Care #Consultation in Banbury. Call 01865 334638 or cscsu.talkinghealth@nhs.net	26/01/20 17 13:21	3023	3	2	0	0	0
Have your say on proposals to improve stroke services in #Oxfordshire in the Big Health and Care #Consultation https://t.co/4oCyNQBpHB	26/01/20 17 14:40	958	3	1	0	1	0
Have your say on possible changes to some North #Oxfordshire health services at St Mary's Church, Banbury, at 7pm https://t.co/4oCyNQjOj1	26/01/20 17 17:00	452	2	0	0	1	0
Banbury health consultation event is about to begin. https://t.co/Vj2kHYCUZu	26/01/20 17 18:58	4016	23	0	2	0	0
Question and answer session at #Consultation event in Banbury is underway. https://t.co/XlaUHWFG0a	26/01/20 17 19:43	4413	34	1	0	1	1
If you couldn't make tonight's NHS event in Banbury, there other places and ways to have your say	26/01/20 17 21:00	1827	22	3	1	10	0
If you couldn't make last night's #Consultation event in Banbury, there other places and ways to have your say https://t.co/4oCyNQBpHB https://t.co/EqrLLZ6EKz	27/01/20 17 11:06	582	37	0	1	14	6

Book a spot at tomorrow's #Oxfordshire Big Health and Care #Consultation in Chipping Norton on 01865 334638 or cscsu.talkinghealth@nhs.net	01/02/20 17 09:52	730	2	0	0	0	1
Public event in Chipping Norton on possible changes to some Oxon health services 2pm Thurs 2 Feb. To book go to https://t.co/4oCyNQBPbHB	01/02/20 17 09:54	1048	2	0	0	2	0
Still time to book a spot at Chipping Norton NHS #Consultation event. Email cscsu.talkinghealth@nhs.net or call 01865 334638	02/02/20 17 10:18	1283	0	0	0	0	0
Have your say on proposals to improve stroke services in #Oxfordshire in the Big Health and Care #Consultation https://t.co/4oCyNQJQj1	02/02/20 17 12:01	336	3	0	0	2	1
A lively discussion at Chipping Norton health #Consultation event. Thanks to everyone who has taken part. https://t.co/WyzL9a2fPX	02/02/20 17 15:46	1209	6	0	0	1	0
If you couldn't make today's health #Consultation event in Chippy there are other places and ways to have your say https://t.co/4oCyNQBPbHB https://t.co/3VnegB38Bo	02/02/20 17 19:02	3739	25	3	7	3	0
Have your say on proposals to improve stroke services in #Oxfordshire in the Big Health and Care #Consultation https://t.co/4oCyNQBPbHB	03/02/20 17 09:24	541	2	0	0	0	2
Want to see the presentation again from the #ChippingNorton or #Banbury consultation event? See https://t.co/nhBsxGs05C https://t.co/w0dYdO54fv	03/02/20 17 09:37	1014	7	0	0	3	0
@OxfordshireCC also have a consultation at the moment on their plans for #oneoxon Have your say... https://t.co/GOgfgHvxbW	03/02/20 17 09:50	152	8	0	0	0	0
Public event in Wantage on possible changes to Oxon health services 3pm Tues 7 Feb. To book call 01865 334638 or cscsu.talkinghealth@nhs.net	03/02/20 17 10:23	783	0	0	0	0	0
Book a spot at #Oxfordshire Big Health and Care #Consultation event in Wantage on 7 Feb. Call 01865 334638 or cscsu.talkinghealth@nhs.net	03/02/20 17 12:30	517	0	0	0	0	0
Book a spot at #Oxfordshire Big Health and Care #Consultation event in Wantage on 7 Feb. Call 01865 334638 or cscsu.talkinghealth@nhs.net	04/02/20 17 12:42	458	6	0	0	0	1
Book a spot at #Oxfordshire Big Health and Care #Consultation event in Wantage on 7 Feb. Call 01865 334638 or cscsu.talkinghealth@nhs.net	05/02/20 17 16:43	491	1	0	0	0	0
Book a spot at #Oxfordshire Big Health and Care #Consultation event in Wantage on 7 Feb. Call 01865 334638 or cscsu.talkinghealth@nhs.net	06/02/20 17 09:43	688	2	0	1	0	1
Public event in Oxford on possible changes to local health services 7pm Thurs 9 Feb. Book on 01865 334638 or cscsu.talkinghealth@nhs.net	06/02/20 17 10:29	5970	13	7	4	0	0
Book a spot at #Oxfordshire Big Health and Care #Consultation event in Wantage tomorrow. Call 01865 334638 or cscsu.talkinghealth@nhs.net	06/02/20 17 15:36	700	5	1	0	0	0
@zoeapatrik Hi yes that is correct 3pm to 5pm look forward to seeing you there - to book a place call 01865 334638	06/02/20 17 15:40	2356	1	0	1	0	0
We're @HealthwatchOxon's event in Rose Hill today to listen to the views of #Oxfordshire's voluntary sector on #Transformation	07/02/20 17 09:34	1349	3	1	0	0	0
Spaces at #Oxfordshire Big Health and Care #Consultation event in Wantage today 3pm-5pm. Call 01865 334638 or cscsu.talkinghealth@nhs.net	07/02/20 17 10:28	567	0	0	0	0	0
Public event in Oxford on possible changes to Oxon health services 7pm Thur 9 Feb. To book call 01865 334638 or cscsu.talkinghealth@nhs.net	07/02/20 17 10:30	755	7	2	1	0	0
We're at Healthwatch Oxfordshire's great event in Rose Hill today to hear the views of #Oxfordshire's voluntary sector on #Transformation https://t.co/LEUKb3yLOT	07/02/20 17 13:01	3168	10	1	1	2	0
We are at a great event in #Wantage this afternoon to	07/02/20	4518	33	0	2	1	1

listen to your views on proposals for NHS services locally #Transformation https://t.co/vjtCdI5Rp4	17 15:57						
Places still free at the Big Health & Care consultation in Rose Hill, #Oxford tomorrow at 7pm. To book email cscsu.talkinghealth@nhs.net https://t.co/FzGyJGZWMH	08/02/20 17 13:14	5729	18	4	1	0	0
Book a spot at #Oxfordshire Big Health and Care #Consultation event in Oxford tomorrow pm. Call 01865 334638 or cscsu.talkinghealth@nhs.net	08/02/20 17 15:15	6474	12	5	4	0	0
Still time to book for NHS Big Health and Care #Consultation event in Oxford tonight. Call 01865 334638 or cscsu.talkinghealth@nhs.net https://t.co/Osl8bhzhfx	09/02/20 17 11:05	5564	17	3	1	1	1
Book your place at the Big Health & Care consultation in Didcot on Monday. Email cscsu.talkinghealth@nhs.net or call 01865 334638. https://t.co/8NLTJObBEo	10/02/20 17 10:01	3427	3	2	0	0	0
More public events added to #Consultation on Oxfordshire health services https://t.co/gZf3LJ5Pd9	10/02/20 17 11:53	1295	4	1	1	2	0
Still time to book for NHS Big Health and Care #Consultation event in Witney on 16 Feb. Call 01865 334638 or cscsu.talkinghealth@nhs.net	13/02/20 17 13:27	1324	5	2	1	0	0
Still time to book for NHS Big Health and Care #Consultation event in Witney on 16 Feb. Call 01865 334638 or cscsu.talkinghealth@nhs.net	15/02/20 17 09:57	1488	7	1	1	0	0
Extra Oxon NHS #Consultation event added in Brackley on 21 March 6pm-8pm. Call 01865 334638 or cscsu.talkinghealth@nhs.net to book a place.	16/02/20 17 14:01	1326	0	0	0	0	0
Still time to book for NHS Big Health and Care #Consultation event in Bicester on 21 Feb. Call 01865 334638 or cscsu.talkinghealth@nhs.net	17/02/20 17 15:28	598	1	0	0	0	0
What would you change if you ran the NHS? Send us a pic or Tweet with hashtag #IfirantheNHS & we'll include your ideas in our consultation https://t.co/5lzRF5agJf	21/02/20 17 09:39	1796	5	0	0	0	0
If you've booked for the #Bicester consultation event today but now won't be coming, please let us know so we can free up space for others	21/02/20 17 11:00	3477	2	1	0	0	0
Video and Q&A Audio from the Big Health & Care Consultation event in Banbury available here: https://t.co/8gNhGdW3N7	22/02/20 17 16:08	482	3	0	0	1	0
Video and Q&A Audio from the Big Health & Care Consultation event in Banbury available here: https://t.co/8gNhGdW3N7 #Banbury #Consultation https://t.co/cBiLvVRDHx	22/02/20 17 16:15	516	4	0	0	0	2
Video and Q&A Audio of the Big Health & Care Consultation event in Banbury available here: https://t.co/8gNhGdW3N7 @saveourhorton #Banbury https://t.co/eCKBigy7rJ	22/02/20 17 16:17	3805	5	2	1	0	0
Still time to book for NHS Big Health and Care #Consultation event in Henley on 2 March. Call 01865 334638 or cscsu.talkinghealth@nhs.net https://t.co/GoygdsyoTM	24/02/20 17 15:41	545	1	0	0	0	0
Listen to Q&A audio recordings of our Big Health & Care Consultation events here https://t.co/8gNhGdW3N7 https://t.co/sphXwGvGq9	24/02/20 17 15:46	1549	5	0	0	3	0
Check out answers to Banbury #Consultation event audience questions https://t.co/CRJRtQdd43 https://t.co/dNXyothnBq	27/02/20 17 13:53	3488	8	1	0	5	0
Still time to book for NHS Big Health and Care #Consultation event in Henley on 2 March. Call 01865 334638 or cscsu.talkinghealth@nhs.net	28/02/20 17 16:02	788	2	2	0	0	0
Come to the Big Health & Care consultation #Henleyonthames tomorrow at 8pm. Book your place by cscsu.talkinghealth@nhs.net or 01865 334638	01/03/20 17 14:13	493	2	0	0	0	0
Come to the Big Health & Care consultation #Wallingford on Monday at 8pm. Book your place by	01/03/20 17 14:15	2992	4	2	0	0	0

cscsu.talkinghealth@nhs.net or 01865 334638 https://t.co/cNGYUkXb3							
Still time to book for NHS Big Health and Care #Consultation event in Henley tonight. Call 01865 334638 or cscsu.talkinghealth@nhs.net https://t.co/z9J8auYCiS	02/03/20 17 10:30	485	2	0	0	0	0
Have your say at the NHS Big Health & Care #Consultation event in #Wallingford on Monday. Call 01865 334638 or cscsu.talkinghealth@nhs.net https://t.co/9sS3UjkM0d	02/03/20 17 11:41	498	3	0	0	0	0
Still time to book for NHS Big Health and Care #Consultation event in #Henley tonight. Call 01865 334638 or cscsu.talkinghealth@nhs.net	02/03/20 17 15:58	1085	4	0	2	0	0
Have your say tonight on plans for #Oxfordshire #health services. #Wallingford 8pm: call 01865 334638 / cscsu.talkinghealth@nhs.net https://t.co/rGkeCfshcW	06/03/20 17 10:33	4051	7	2	0	0	0
Have your say at the NHS #Consultation event in Chipping Norton on Thursday. To book call 01865 334638 or email cscsu.talkinghealth@nhs.net https://t.co/b6j435n3um	06/03/20 17 11:12	3622	4	2	0	0	1
Still time to book your space at NHS Consultation event in Chipping Norton on Thursday. Call 01865 334638 or cscsu.talkinghealth@nhs.net	07/03/20 17 17:35	605	2	1	0	0	0
Still time to book your space at NHS Consultation event in Chipping Norton on Thursday. Call 01865 334638 or cscsu.talkinghealth@nhs.net	08/03/20 17 17:36	2980	4	2	2	0	0
Still time to book your space at NHS Consultation event in Chipping Norton tonight. Call 01865 334638 or cscsu.talkinghealth@nhs.net	09/03/20 17 10:00	760	1	1	0	0	0
Still time to book your space at NHS Consultation event in Chipping Norton on Thursday. Call 01865 334638 or cscsu.talkinghealth@nhs.net	09/03/20 17 10:39	465	0	0	0	0	0
The #consultation event in Chipping Norton is underway. Thanks to everyone who is attending. https://t.co/duNBtznPLj	09/03/20 17 18:41	3335	6	1	0	2	0
Chipping Norton NHS consultation event is at St Mary's Church this evening. https://t.co/wUwuR27GQx	09/03/20 17 18:43	2705	6	1	0	4	0
Still time to book your space at NHS Consultation event in Thame - Tuesday 14 March @ 3pm. Call 01865 334638 or cscsu.talkinghealth@nhs.net	10/03/20 17 16:43	537	1	0	0	0	0
Still time to attend NHS #consultation, St Mary's Church #Banbury, Thurs @ 7pm. Book by: cscsu.talkinghealth@nhs.net or call 01865 334638	13/03/20 17 13:22	941	3	2	0	0	0
Still time to book your space at NHS Consultation event in Thame - Tuesday 14 March @ 3pm. Call 01865 334638 or cscsu.talkinghealth@nhs.net	13/03/20 17 13:22	1377	5	4	0	0	0
Still time to attend NHS #consultation, St Mary's Church #Banbury, Thurs @ 7pm. Book at cscsu.talkinghealth@nhs.net or call 01865 334638	14/03/20 17 10:31	2894	4	1	3	0	0
Still time to attend NHS #consultation, St Mary's Church #Banbury, Thurs @ 7pm. Book at cscsu.talkinghealth@nhs.net or call 01865 334638	15/03/20 17 15:17	565	9	0	1	0	2
Still time to book a place at tonight's Brackley NHS #consultation event, Email cscsu.talkinghealth@nhs.net or call 01865 334638.	21/03/20 17 12:11	1673	2	0	1	0	0
Still time to book a place at tomorrow's #Abingdon NHS #consultation event, Email cscsu.talkinghealth@nhs.net or call 01865 334638.	22/03/20 17 11:19	1041	6	0	2	0	0
@KatKinLee please do tell others about this event, we want to hear from as many people as possible!	22/03/20 17 11:30	757	0	0	0	0	0
Still time to book a place at tonight's #Abingdon NHS #consultation event. Email cscsu.talkinghealth@nhs.net or call 01865 334638.	23/03/20 17 11:58	465	0	0	0	0	0
If you're on your way to #Abingdon consultation event	23/03/20	1162	1	0	0	0	0

tonight at Crown&Thistle, we recommend parking near the Guildhall/Waitrose.	17 17:44						
There's still plenty of time to have your say on changes to some Oxon health services https://t.co/gZf3LJ5Pd9	27/03/20 17 12:41	630	3	1	0	1	0
There's still plenty of time to have your say on changes to some Oxon health services https://t.co/gZf3LJ5Pd9	28/03/20 17 10:15	1764	6	2	0	3	0
OCCG is at the Healthwatch Information Fair in Witney to promote the Big Health and Care Consultation. Please drop in. https://t.co/aZjgz6Ekky	30/03/20 17 09:18	2056	15	4	1	0	0
There's still plenty of time to have your say on changes to some Oxon health services https://t.co/gZf3LJ5Pd9	04/04/20 17 15:52	552	2	0	0	1	0
Consultation on changes to some Oxon health services closes on Sun 9 April. Make sure you have your say https://t.co/gZf3LJ5Pd9	05/04/20 17 11:35	582	3	2	0	0	0
Consultation on changes to some Oxon health services open till midnight on Sun 9 April. Make sure you have your say https://t.co/gZf3LJ5Pd9	06/04/20 17 12:37	1108	15	1	1	8	0
Consultation on changes to some Oxon health services open till midnight on Sun 9 April. Make sure you have your say https://t.co/gZf3LJ5Pd9	08/04/20 17 10:45	442	5	1	1	3	0
Consultation on changes to some Oxon health services open till midnight tonight. Make sure you have your say https://t.co/gZf3LJ5Pd9	09/04/20 17 08:00	288	1	0	0	1	0
Consultation on changes to some Oxon health services open till midnight on Sun 9 April. Make sure you have your say https://t.co/gZf3LI0dOz	09/04/20 17 17:00	646	4	3	0	1	0
Thanks to everyone who's responded to the Big Health and Care Consultation. Find out about next steps here https://t.co/gZf3LI0dOz	10/04/20 17 08:00	600	6	1	1	4	0

Facebook

- 370 people like and follow OCCG's Facebook page
- Number of Facebook posts throughout the consultation = 40
- Total Reach = 30,595 (number of people that saw the Facebook posts)
- Total post clicks = 1,258
- Total reactions, comments and shares = 361

Date of Facebook Post	Content	Type of Post	Reach (organic)	Engagement
16/10/2017 4:20 pm	We have today launched the Big Health and Care #Consultation asking you to have your say on proposals to change some services in #Oxfordshire. There are lots of ways to get involved in the 12 week consultation, from completing a survey to attending events across the county. You can find all the details here, including the consultation documents http://bit.ly/2iu6qtk	Photo	1,695	117 Post clicks, 36 Reactions, Comments & Shares
20/01/2017 3:52 pm	The Big Health and Care #Consultation has launched asking you to have your say on proposals to change how we use hospital beds in #Oxfordshire. There are lots of ways to get involved in the 12 week consultation, from completing a survey to attending events across the county. You can find all the details here, including the consultation documents http://bit.ly/2iu6qtk	Link	138	4 Post clicks, 5 Reactions, Comments & Shares
23/01/2017 3:09 pm	If you want to know more about proposed changes to some health services in North Oxfordshire, make sure you book your place at the public consultation event in Banbury on Thursday 26 January starting at 7pm. Email cscsu.talkinghealth@nhs.net or call 01865 334638. You can find all the details here http://bit.ly/2iu6qtk	Link	31	0 Post clicks, 1 Reactions, Comments & Shares
26/01/2017 1:17 pm	The first of our Big Health and Care consultation events is taking place in Banbury this evening. Everyone who has booked has been given a place and we still have more places available. If you would like to come to the consultation event in Banbury, tonight, at 7pm, please call 01865 334638 or email cscsu.talkinghealth@nhs.net to guarantee your place.	Photo	305	23 Post clicks, 6 Reactions, Comments & Shares
01/02/2017 09:50	Our next consultation event is in #Chipping Norton tomorrow, 2pm - 4pm, if you would like to come along and share your views on proposals to health services in #Oxfordshire, please call 01865 334638 or email cscsu.talkinghealth@nhs.net	Status	162	7 Post clicks, 3 Reactions, Comments & Shares
03/02/2017 09:27	If you want to see presentations from the Big Health & Care #Transformation consultation events in #ChippingNorton and #Banbury, go to http://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents/145-consultpresent This includes links to the videos shown at the event.	Link	93	2 Post clicks, 1 Reactions, Comments & Shares
03/02/2017 09:32	Have your say on possible changes to some North #Oxfordshire health services at our Consultation event in Wantage on Tuesday 7 February. To book your space call 01865 or email cscsu.talkinghealth@nhs.net or find out about other ways to have your say bit.ly/2iu6qtk	Status	158	2 Post clicks, 3 Reactions, Comments & Shares
07/02/2017 09:36	We're at Healthwatch Oxfordshire's event in Rose Hill today to listen to the views of #Oxfordshire's voluntary sector on #Transformation	Status	49	1 Post clicks, 0 Reactions, Comments & Shares

07/02/2017 10:45	Voluntary sector sharing their views on #thebighealthandcareconsultation in #oxfordshire run by #healthwatch	Photo	86	33 Post clicks, 0 Reactions, Comments & Shares
07/02/2017 11:08	We're at Healthwatch Oxfordshire's event in Rose Hill today to listen to the views of #Oxfordshire's voluntary sector on #Transformation	Photo	171	15 Post clicks, 2 Reactions, comments & Shares
07/02/2017 15:24	We are in #Wantage today to listening to your views on proposals to NHS services locally #Transformation	Photo	66	12 Post clicks, 0 Reactions, Comments & Shares
08/02/2017 13:17	Places still free at the Big Health & Care consultation in Rose Hill, #Oxford tomorrow at 7pm. To book your place, email cscsu.talkinghealth@nhs.net or phone 01865 334638	Photo	154	18 Post clicks, 3 Reactions, Comments & Shares
10/02/2017 11:23	If you couldn't make last night's #Consultation event in Oxford, there are many other ways and places to have your say. The next public meeting is on Monday in Didcot. To book a space email cscsu.talkinghealth@nhs.net or call 01865 334638. For lots more information and other ways to share your views go to www.oxonhealthtransformation.nhs.uk	Link	212	4 Post clicks, 2 Reactions, Comments & Shares
10/02/2017 11:50	We have added two new public events to the Big Health and Care Consultation: • Thursday 9 March, 6pm - 8pm in Chipping Norton •Tuesday 14 March, 3pm - 5pm in Thame To book your place at an event and get venue details please call 01865 334638 or email cscsu.talkinghealth@nhs.net Other consultation events: •Monday 13 February, 10am – 12pm in Didcot •Thursday 16 February, 6pm – 8pm in Witney •Tuesday 21 February, 3pm – 5pm in Bicester •Monday 27 February, 10.30am – 12.30pm in Brackley •Thursday 2 March, 8pm – 10pm in Henley •Monday 6 March, 8pm – 10pm in Wallingford •Thursday 16 March, 7pm – 9pm in Banbury •Thursday 23 March, 6.30pm – 8.30pm in Abingdon	Status	113	8 Post clicks, 2 Reactions, Comments & Shares
14/02/2017 3:33 pm	If you couldn't make yesterday's #Consultation event in Didcot, there are many other ways and places to have your say. The next public meeting is on Thursday (16th Feb) in Witney. To book a space email cscsu.talkinghealth@nhs.net or call 01865 334638. For lots more information and other ways to share your views go to www.oxonhealthtransformation.nhs.uk	Photo	219	21 Post clicks, 3 Reactions, Comments & Shares
16/02/2017 2:17 pm	Oxfordshire Clinical Commissioning Group has added a second public event in Brackley, Northants, for local residents to have their say in the Big Health and Care Consultation: • Tuesday 21 March, 6pm - 8pm in Brackley You can book a place by calling 01865 334638 or via email cscsu.talkinghealth@nhs.net The first consultation event in the town, on 27 February, is now fully booked. Anyone on the 'waiting list' for a place will be contacted as soon as the venue is confirmed for 21st March. For more information about the Oxfordshire Big Health and Care Consultation and other ways to have a say on proposed changes go to www.oxonhealthcaretransformation.nhs.uk	Link	103	8 Post clicks, 11 Reactions, comments & Shares

21/02/2017 9:46 am	What would you change if you ran the NHS in #Oxfordshire? We're inviting young people to send us a pic or post on Facebook (you don't need to have yourself in the picture, just the message will do!) with hashtag #IfIrantheNHS & we'll include your ideas in our #consultation	Photo	98	11 Post clicks, 0 Reactions, Comments & Shares
22/02/2017 4:00 pm	The video films shown as part of the presentations during the Big Health and Care Consultation public events are now available to view online, together with the audio recording of the question and answer sessions at events in Banbury, Chipping Norton and Didcot. To watch the films and listen to the debate go to the Oxfordshire Clinical Commissioning Group YouTube channel: https://www.youtube.com/watch?v=Ml6wDwX0Zko . The audio recordings from other public consultation events will be available in the next few weeks.	Photo	1,242	32 Post clicks, 10 Reactions, Comments & Shares
22/02/2017 4:02 pm	Oxfordshire Clinical Commissioning Group - OCCG shared their photo.	Photo	73	3 Post clicks, 0 Reactions, Comments & Shares
01/03/2017 14:02	Places still free at the Big Health & Care consultation at the River and Rowing Museum, #HenleyonThames tomorrow at 8pm. To book your place, email cscsu.talkinghealth@nhs.net or phone 01865 334638	Photo	224	9 Post clicks, 2 Reactions, Comments & Shares
01/03/2017 14:11	Oxfordshire Clinical Commissioning Group - OCCG shared their photo.	Photo	57	0 Post clicks, 0 Reactions, Comments & Shares
04/03/2017 15:12	Places still available at the Big Health & Care consultation at the Rugby Club #Wallingford on Monday at 8pm. To book your place, email cscsu.talkinghealth@nhs.net or phone 01865 334638	Status	1,245	23 Post clicks, 9 Reactions, Comments & Shares
06/03/2017 10:36	Places still available at the Big Health & Care #consultation at the St Mary's Church #ChippingNorton on Thursday at 6pm. To book your place, email cscsu.talkinghealth@nhs.net or phone 01865 334638	Photo	584	7 Post clicks, 6 Reactions, Comments & Shares
09/03/2017 13:40	Some of the questions and answers submitted at public consultation events 26 January 2017 - 23 March 2017, but not responded to at the event because of time pressures or the information requested was not immediately available, are now online. (These will be added to.) For all other responses to questions you can listen to audio recordings of the events on the Oxfordshire Clinical Commissioning Group YouTube channel https://www.youtube.com/watch?v=Ml6wDwX0Zko	Link	89	16 Post clicks, 2 Reactions, Comments & Shares
13/03/2017 2:43 pm	Read the latest Talking Health newsletter and keep up to date with the public consultation on improving some health services in Oxfordshire. https://tinyurl.com/hqeuuag	Link	131	9 Post clicks, 3 Reactions, Comments & Shares
13/03/2017 2:44 pm	Read the Talking Health newsletter and stay up to date on the consultation on some health services in Oxfordshire https://tinyurl.com/hqeuuag	Photo	417	15 Post clicks, 3 Reactions, Comments & Shares

14/03/2017 10:12 am	The CCG has commissioned the support of Qa Research to support the Big Health and Care consultation. We are hosting a total of 15 public meetings, have circulated information widely, have attended other meetings to talk about the consultation and are welcoming views, comments and suggestions from everyone. We know that despite this effort there will be some sections of the community that might be missed and this is a concern shared by the local MP and is why Qa Research is involved. We are concerned to ensure we have heard the views of young people, disabled people and ethnic minorities who might be affected by the proposals. This is in addition to the work we are doing to link with community groups through our equality and access team. Qa Research has considerable experience and expertise in this area and has previously worked in Banbury town centre. They are offering a single Health Lottery ticket (worth £1) as a thank you to anyone prepared to complete the survey with them and this is a common and acceptable practice. The researchers are equipped with consultation documents to support their conversations. They are trained for this type of work and are all clear that they are conducting this work on behalf of the local NHS.	Status	3,471	264 Post clicks, 125 Reactions, Comments & Shares
15/03/2017 11:43 am	Join Oxfordshire CCG at its Board meeting in Bicester on 30 March (9/12.45pm). You can submit a question to the Board prior to the meeting - more details here: https://tinyurl.com/l4bko08	Link	107	5 Post clicks, 1 Reactions, Comments & Shares
15/03/2017 2:20 pm	Places still available at the Big Health & Care #consultation at the St Mary's Church #Banbury on Thursday at 7pm. To book your place, email cscsu.talkinghealth@nhs.net or phone 01865 334638	Photo	2,077	14 Post clicks, 38 Reactions, Comments & Shares
16/03/2017 9:26 am	The Big Health and Care #Consultation is asking you to have your say on proposals to change how we use hospital beds in #Oxfordshire. There are lots of ways to get involved, from completing a survey, writing to us or attending an event. You can find all the details here, including the consultation documents http://bit.ly/2iu6qtk	Link	6,282	104 Post clicks, 18 Reactions, Comments & Shares
17/03/2017 2:47 pm	The business case which sets out information supporting the transformation of health services in Oxfordshire is available online. It can be read together with its 70 appendices on the Transformation website here http://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents	Status	1,196	96 Post clicks, 6 Reactions, Comments & Shares
20/03/2017 10:06 am	The Big Health and Care #Consultation is coming to #Abingdon on Thursday at 6.30pm: Have your say on proposals to change how we use hospital beds in #Oxfordshire. You can find all the details here, including the consultation documents http://bit.ly/2iu6qtk	Link	73	4 Post clicks, 1 Reactions, Comments & Shares
22/03/2017 11:20 am	The Big Health and Care #Consultation is coming to #Abingdon tomorrow at 6.30pm: Have your say on proposals to change how we use hospital beds in #Oxfordshire. You can find all the details here, including the consultation documents http://bit.ly/2iu6qtk	Link	46	2 Post clicks, 1 Reactions, Comments & Shares

23/03/2017 11:20 am	Public invited to the next Townlands Stakeholder Reference Group meeting at Henley on Thames Town Hall on Tuesday 28 March (11am-1pm) to discuss developments at Townlands Memorial Hospital more info here http://www.oxfordshireccg.nhs.uk/news-and-media/news-articles/townlands-stakeholder-reference-group-meeting-in-public-28-march/	Link	86	0 Post clicks 1 Reactions, Comments & Shares
23/03/2017 11:30 am	Public invited to the Oxfordshire CCG Board meeting in Bicester on Thursday 30 March (9am-12.45pm) in Bicester more info here: http://www.oxfordshireccg.nhs.uk/news-and-media/news-articles/local-residents-encourage-to-attend-board-meeting-in-bicester/	Link	85	1 Post clicks 0 Reactions, Comments & Shares
23/03/2017 5:50 pm	If you're on your way to the #Abingdon Big Health & Care consultation event, we recommend parking near the Guildhall/ Waitrose	Status	64	2 Post clicks 0 Reactions, Comments & Shares
27/03/2017 12:00 pm	Don't forget Oxfordshire's 'Big Health and Care Consultation' on proposed changes to some healthcare services is open until 9 April 2017. Have your say via a survey questionnaire on the proposals for changes in the use of hospital beds and stroke services across Oxfordshire, and maternity services, critical and planned care at the Horton General Hospital in Banbury. Go to http://www.oxonhealthcaretransformation.nhs.uk/ or https://consult.oxfordshireccg.nhs.uk/consult.ti/BigconsultationPhase1/consultationHome You can also request a paper copy of both the consultation document and the survey on 01865 334638 or email cscsu.talkinghealth@nhs.net Video films shown at the events and live audio recordings can be found on OCCG's YouTube channel listen here or visit: https://www.youtube.com/channel/UCYIX04Pixmbo2oUN2gVAB-Q End	Status	169	9 Post clicks 3 Reactions, Comments & Shares
28/03/2017 3:06 pm	If you haven't responded to the Big Health & Care consultation survey, you can still take part here https://consult.oxfordshireccg.nhs.uk/consult.ti/BigconsultationPhase1/consultationHome until April 9th. The audio recordings from the consultation events can also be heard on our YouTube site here https://www.youtube.com/channel/UCYIX04Pixmbo2oUN2gVAB-Q	Video	7,018	107 Post clicks 31 Reactions, Comments & Shares
08/04/2017 09:00	Don't forget you still have time to respond to the Big Health & Care Consultation survey about proposed changes to some Oxfordshire health services. The consultation closes at midnight on Sunday 9 April. Find out more here bit.ly/2bLnJBR The audio recordings from the consultation public events can also be heard on our YouTube site here https://www.youtube.com/channel/UCYIX04Pixmbo2oUN2gVAB-Q	Link	1,639	111 Post clicks 9 Reactions, Comments & Shares
10/04/2017 09:00	Thanks to everyone who has taken the time to respond to the Big Health and Care Consultation about proposed changes to some healthcare services in Oxfordshire. The consultation closed at midnight on Sunday 9 April. You can find out more about the proposals and next steps here http://bit.ly/2bLnJBR	Status	367	59 Post clicks 14 Reactions, Comments & Shares

7.8 Oxfordshire Transformation Plan summary⁸ of the costs of phase one consultation

Production of the consultation documentation (main consultation document, summary document and survey, leaflet and poster).	£38,290
Translation of consultation documents	£9,681
Advertising	£11,684
Venue hire for public meetings	£4,391
Venue hire for market research ⁹	£300
Materials and catering	£1,500
External chairing of public meetings (15 meetings)	£11,470
External support in preparation and write-up for public meetings	£19,380
Audio Visual for public meetings (15 meetings)	£21,045
Security	£816
Postage	£3,000
Market research (includes 3 days of face to face interviews, 137 lottery tickets at £1 each and telephone research)	£6,158
Leaflet mail drop (for postcodes in Banbury area)	£4,687
Presentation	£1,125
Display boards	£169
Analysis, writing and production of consultation report	£9,745
Total	£143,441

⁸ The costs presented here are those known at 30 April 2017. They do not include the costs associated with staff time and resources used for day-to-day activities in OCCG. The staff resources needed for public meetings were significant but did not incur additional costs for OCCG.

⁹ Three days at Banbury Town Hall

7.9 Responses from stakeholders

The formal responses from stakeholders are published as a separate appendix (Appendix 7.9) to this report and can be found [here](#).

7.10 Template letters received

Template letter / email 1:

Big Health and Care Consultation Proposal

Firstly, I strongly object and reject the proposed split consultation as it is disingenuous to the people of Oxfordshire, the acute services at the Horton General Hospital are interdependent and to be considered piecemeal will be prejudicial to the overall outcome.

The proposal to permanently downgrade Consultant Led Maternity services at the Horton would mean the loss of SCBU, put 24 hour paediatrics in jeopardy and ultimately lead to the demise of all acute services. For example, the removal of the 24hr In House, Consultant Anaesthetist, a necessary post for emergency C -Sections and epidurals, would seriously affect the continuity of A&E.

Recent events with babies being born at the roadside is a consequence it appears of the temporary closure and illustrate that it is unsafe to continue this policy, we need to retain a consultant led maternity unit. Transport times for a mother with a complicated delivery/ birth could lead to fatal outcomes and is unnecessary if the Horton was to retain its maternity unit.

Warwickshire, Oxfordshire (especially Banbury and the neighbouring villages) and Northants are experiencing unprecedented levels of new build, with such rapid expansion we need enhanced services to meet the need not a reduction. To dispense with consultant led maternity at the Horton will put additional pressure on neighbouring hospitals such as the JR & Warwick hospital.

The pressure on beds, with one elderly lady waiting more than 14 hours in an overflowing A & E, also demonstrate that it was short sighted to remove the 45 beds in September 2016, and they should be reinstated as soon as possible. The alternative is untried, untested and as revealed this week in the National Press appears not to be working.

Additionally, it was proven in 2008 by the IRP that the changes were considered too dangerous due to the distance needed to be travelled by patients. As the geography has not changed, it was then and is still too far to travel to the JR.

The provision of additional outpatient and diagnostic appointments would be welcomed, but not as a trade-off for losing the above services. I therefore, implore the OCCG to reject the current proposals.

Yours faithfully

Template letter / email 2:

In response to Phase One of your consultation on the proposed Oxfordshire Transformation Plan (OTP), I would like you to take the following points as my response in rejecting the proposals:

- 1 Splitting the consultation has rendered it invalid. Intelligent response to Phase One proposals is impossible without information to make a judgment, while Phase Two will depend on the successful rubber-stamping of all proposals in Phase One. The most glaring example of this is the consideration of Midwife-Only and Consultant-Led Units in separate consultations.

Another major case is GP provision and Primary Care which is the intended support framework to take place of inpatient beds that have already been closed, and indeed the whole downgrading of

the Horton. The proposal is to confirm these bed closures before the un-evidenced, un-proven new system is in place. OCCG January minutes suggest provision of this care may not prove possible. **This is unacceptable. The level of danger to patients and responsibility on innocent health professionals is unreasonable and entirely impermissible.**

The OTP itself makes repeated references to staff being difficult, or impossible to recruit, e.g. that 800 domiciliary staff posts are vacant, without any ideas on how these might be filled.

There is nothing to confirm that 30,000-50,000-patient 'GP federation' surgeries mentioned could be safely run and managed.

The OTP plan is full of irrational, unreasoned statement. The 'ambulatory' model proposed for the Horton is consulted on in Phase One, with the all-important practical details in Phase Two. The proposed Hyper-Acute Stroke Unit model will also not be fleshed out with vital facts until Phase Two.

Statistics to justify losing Level 3 CCU (ventilation) are distorted in favour of the JR while the Horton medical service needs Level 3 support not only for very sick local patients but to enable A&E (Phase Two consultation) to continue, fully enabled. Almost all the proposals for service losses and downgrades in Phase One will have huge repercussions for Primary Care and Social Care services – again to be considered in Phase Two.

The increasingly cash-strapped Oxfordshire County Council – responsible for Social Care – has rejected the proposals' format because it cannot plan without information to judge what is possible in terms of ever-diminishing infrastructure, staffing and finance; possibly available in Phase Two. In addition, hospital staff, essential to moving hospital care to the community, have largely rejected entreaties to transfer to that visiting workforce.

- 2 I oppose absolutely the changes in Maternity and SCBU. Not only will permanent removal of these will eventually render other 24-hour services such as Paediatrics, Anaesthetics and A&E unviable but they will also create truly dangerous conditions for mothers giving birth in Banbury or travelling to Oxford, Warwick or Northampton.

As the Independent Reconfiguration Panel (IRP) stated in its 2008 recommendation for retention of Horton acute services, Oxford is too distant for expectant mothers to travel for obstetric delivery. The proposed midwife-only service (MLU) in Banbury for 200 – 500 births is an horrendous prospect since we know 40% of babies born during the 'temporary' Horton MLU have had to be transferred during delivery or because of post-delivery complications. There has also been one tragedy with a baby left with life-limiting damage. This, as the IRP stated, is not a better service for the catchment of the Horton.

Early reports evident in OCCG minutes show the take-up of use of the MLU are below expectations and unacceptable damage (perineal tears) to mothers are occurring. The minutes also declare the stand-alone midwife unit to be 'an outlier, due to distance' – your own admission that this is not a suitable arrangement for a very large population.

I reject the argument that Banbury's obstetric unit is unsustainable because of the loss of training accreditation. There is nothing in the plan to persuade us the JR can accommodate the extra deliveries. JR staffing has been supplemented by the Horton's obstetricians but recruitment in Oxford is notoriously difficult because of its high cost of living and OCCG January minutes show

there are unacceptable gaps. **Professionals do however want to move to Banbury – providing it is without a downgrade hanging over the Horton – as the 50 applications for middle grade doctor posts indicate.** A JR unit delivering up to 8,500 births, predicted in the plan, is the height of folly. For real improvement, the quota could and should be split to allow the Horton's training accreditation to be restored to allow full, safe, easily-filled obstetric staffing for Banburyshire's community - whose increase by a fifth in the coming decade will add crucial numbers to the quota rules.

- 3 The loss of 46 medical and trauma beds is catastrophic. Cutting beds does not reduce disease or trauma. Oxfordshire is desperately short of beds. Closing beds will not prevent health crises. The CCG knows, without doubt, that it is the lack of Social Care funding at local authority level that has caused Delayed Transfers of Care (bed-blocking), not a failure of hospitals. This is like demolishing a home because the cooker needs more fuel. The district hospital must not be disabled before the alternative has been fully established and proven.
- 4 Consultation and engagement: Before this secret plan was published, engagement was lamentable, inadequate and in some places against Department of Health guidelines. The OCCG appears to have based this wholesale change from hospital to untested, un-staffable community care on the Post It notes of 360 already-aware members of the public from a county of nearly 700,000 individuals. There was apparently a survey of 900 members of the trust itself, of whom only 200 replied. This cannot be said to be representative. The majority of Horton staff are dismayed at the attack on this successful, popular District General Hospital. If they had been truly consulted, there should be some direct evidence of it in the plan. Instead it appears Oxford medics have succumbed to fashionable centralization and the political pressure of the cost-cutting Sustainability and Transformation project.

The plan admits it has pushed the case for permanent loss of obstetrics using the words '*to be described in terms of benefit to patients and clinicians*' – knowing well it will not be of benefit to patients, however much it might be desirable in managerial and financial terms.

Public consultation has been utterly inadequate. The style of public meeting has been skewed entirely towards indoctrinating the public towards the intended outcome. Meetings and the response sheet have included one-sided propaganda exercise to effect centralisation, limiting numbers of attendees to minimal representation and using meeting time with slanted, 'persuasive' videos. Vital information has been manipulated to diminish the work and accomplishment of the Horton in favour of the large numbers treated at the JR.

The Transformation website is designed to make it almost impossible to find honest information; anyone wanting genuine information must navigate dislocated links, many hundreds of pages of unintelligible text and many appendices that are not published. Instead the visitor is immediately faced with a full page link to the response form, contorted to make it almost impossible to make a determined challenge to the plans, especially to those who are inexperienced in these 'public consultation' processes. GP surgeries were not furnished with plan copies as promised. There has been no admission anywhere of the majority of GPs' outright, unequivocal opposition to downgrading the Horton.

Language used in the consultation paper/pre-consultation business case/appendices has been reviewed by NHS England and doctored to ensure it psychologically appeals to readers, leaving the reality of the changes unspoken.

5. There is no evidence of adequate, essential prior consultation between the CCG and the ambulance services of how this plan can work in practical terms. Swapping a fully operational district general hospital

for a day centre with acute cases and emergencies transferred to Oxford cannot work without sufficient blue-light ambulance cover that clearly has not been shown as possible.

Mr. Justice Mann in the High Court ruled that for public service consultation to be legal it required "**adequate and sufficient information to enable intelligent considered response**". It also ruled those consulted should see something of what they contributed in eventual decisions. The drift of CCG behaviour is to avoid opinion other than its own plans and desired outcome, which flow smoothly on paper but reflect recent British Medical Association claims of being **unworkable**. High Court decisions not only reflect proper process. They evaluate rationality and reasonableness. Elements of the plan are in breach of proper process and an unreasonable proposition to put out to consultation.

I would ask the CCG to consider all these points carefully and reject these proposals which will inevitably lead to a diminution in the quality and quantity of all NHS care in Oxfordshire.

Template letter / email 3:

As a Banbury resident I am calling on the OCCG to do the right thing, if all the local authorities are considering Judicial Reviews against your flawed consultation, as a public body you are accountable to the public.

A public body should always seek best value for money and safeguard public funds on behalf of the people it represents. I, therefore, contend that if you are taken to court this money will it appears be coming out of the budget destined for the NHS provision in Oxfordshire.

If you lose then the costs will be awarded to the local authorities and that will mean even less money for health provision in this county. How could you win the trust back of the public, you have asked publicly?

Quite simply admit that you have got it wrong and call a halt to this farce, you would earn the respect of the people you represent, this is within your power Mr Stevens.

Prevent this dragging through the courts and using our funds in this manner, consult as a whole and do the right thing.