

Questions to the OCCG Board Meeting – 29 September 2018

Julie Maberley Councillor and member of Wantage and Grove Campaign Group

Thank you for an opportunity to speak at this meeting. As you will have seen from recent publicity more than a 1000 people demonstrated their concerns about the temporary closure of Wantage Community Hospital in July.

We went to speak to HOSC before the temporary closure of the in-patient facilities in 2016 because of a risk of legionella. We hear that the Churchill has had similar problems but has not closed so why did our Hospital?

Our Minor Injuries Unit was also temporarily closed in 2002 and our physiotherapy services removed from the Hospital and from Wantage in 2017.

We understand that all changes of services should be subject to a statutory consultation and that has not taken place for the removal of any of these services. We are also informed that an engagement exercise is not the same as a statutory consultation.

Until such a statutory consultation has taken place ALL of these services must be reopened. Since 2011 an additional 6,500 homes have been planned for the Wantage area. Over 1000 of those homes have already been built and the population of the area continues to grow. A significant percentage of the people in the area are over 65 and live on their own. Many of these people go into acute hospitals for treatment and would in the past have been returned to the Community Hospital for rehabilitation and confidence building prior to returning to their own home. A LOCAL community hospital allows friends and family to contribute to the rehabilitation process in a way which is simply not possible when patients remain in acute hospitals, in community hospitals more than an hour from home or in care homes. Our NHS are not making the most of these FAMILY resources.

Acute beds are different from beds in community hospitals where patients are encouraged to get out of bed and gain independence so that when they go home they don't stay in bed through lack of confidence.

We have been told that Oxfordshire NHS Health Trust are only contracted for an average of 142 community beds in Oxfordshire and has that capacity without our hospital. We don't understand where this requirement of 142 beds comes from (given the amount of bed-blocking in acute hospitals) but welcome the presentation on the Winter Plan in which it states (on page 54 of the reports pack) that additional community hospital capacity of 134-150 beds is required. Our Community Hospital should provide more than 24 of those beds and we shouldn't have to wait until some "Wantage Gateway" plan takes effect.

I'm sure that the Friends of Wantage Hospital (who have always funded additional equipment for use in the hospital) and the people of Wantage would help to re-open in-patients facilities in time for the winter.

Why can't our hospital be re-opened immediately?

Oxford Health NHS Foundation Trust (OHFT) run the site and had been clear the Hospital needed to remain closed temporarily because of the legionella risk. This had been looked at in some detail at the Health Overview and Scrutiny Committee (HOSC) meeting. OCCG recognised the Wantage population were not happy with the decision as it had been approximately two and a half years without progress. There was a planning process by which OCCG looked at the local population health and care needs identifying gaps and taking into account future needs, growth,

service gaps and where services could be delivered. This process would look at the general area and not just Wantage as it would be about networking services. A task and finish group was being formed to help move towards a decision. There were statutory timescales around formal processes and OCCG could not be seen to side track these. The question concerning why the Churchill Hospital remained open whilst Wantage was closed would be followed up outside of the OCCG Board meeting. The frustration of the local community had been heard and the uncertainty around the situation acknowledged. OCCG was looking at the needs for the population in and around Wantage and would work with all groups to take forward.

Barry Finch retired health service worker and pensioner

I am concerned about access to information for people who do not have access to a computer. There is a half hour limit at the local library and the cost to print the papers prohibitive. A request had been made a couple of years ago for OCCG Board papers to be available in public libraries. The papers should be in libraries, the reception area of County Hall and at each and every District Council office. Confirmation was requested the Board papers would be available at least in libraries and Council offices.

OCCG was trying to go paperless for environmental reasons but there would always be exceptional circumstances and hard copies of the papers would continue to be made available in these cases. OCCG would look at how to organise hard copies of the papers being available elsewhere.