



Jennifer Howells  
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*Dear Jennifer*

I understand that NHS England has introduced a new patient care test which must be considered when changes to service provision are proposed.

You will be aware of my ongoing concerns about Oxfordshire Clinical Commissioning Group's approach to their Transformation Programme Phase One consultation which I will not repeat here.

However, I note that one of the three conditions of the new test involves demonstrating that "sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it."

One of the key proposals in the Transformation Programme Phase One consultation involves making "permanent an 'acute hospital at home' (AHAH) service, which is currently running on a pilot basis in Oxford." So far, 146 acute hospital beds have been closed on a temporary basis. The consultation document goes on to state that

"we would like to keep these beds closed permanently, as they are no longer needed. By closing these beds we would be able to use our resources differently to help ensure that patients are cared for in an environment right for them, often closer to their home in community settings."

Given these plans, I would welcome assurances that you will be reviewing Oxfordshire Clinical Commissioning Group's consultation document to ensure that it still passes NHS England's tests of service reconfiguration. In doing so, I trust that you will consider some of the stakeholder responses to the consultation, including that submitted by Oxfordshire County Council as the local adult social care provider (enclosed for ease). As you will see, the Council "has indicated their strong opposition to the proposals and rejected the proposals". It may also be helpful for you to be aware of the comments made by the Cabinet Member for Adult Social Services at a meeting of the Joint Health & Overview Scrutiny Committee in March, specifically her point that:

"the proposals are very concerning as they do not contain detail for us to understand the full impact on adult social care – no modelling has been done that reflects the assumptions have

been made with regard to patients' length of stay, or their acuity – so there is no ability to translate bed numbers into estimates of patient flow.”

For transparency, I am copying this letter to the Chief Executive of Oxfordshire Clinical Commissioning Group and the Chief Executive of Oxfordshire County Council.

Yours

Victoria

**Victoria Prentis MP**