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Dear David

I am conscious that on 10 August, you will be considering a number of proposals which are likely to have an extremely serious impact on the future of the Horton General Hospital as a provider of acute services in north Oxfordshire.

You will be familiar with my concerns about the way in which the Transformation Programme Phase One consultation has been conducted. Many of these were also reflected in the over 10,000 responses you received from members of the public and key stakeholders. The fact that five councils have submitted a judicial review application simply underlines how unhappy we feel about this entire exercise.

It has become quite clear to me since reading the consultation report that despite the discontent, decisions will be taken on the basis of "clinical" evidence. It is an argument I have heard consistently throughout this process, and one which I understand. However, I am extremely concerned that the consultation falls short, and is not based on sufficiently robust evidence.

In 2008, the Independent Reconfiguration Panel (IRP) made it very clear that any change in service provision at the Horton General Hospital would be "unsafe and unsustainable". Almost a decade later, our area is growing at five times the national average and our infrastructure is at breaking point. It is with deep regret that we have had to revisit this conversation so soon after the IRP's conclusions.

The safety of patients is of paramount importance. The proposal to downgrade maternity services at the Horton General Hospital has been justified on the basis that there are insufficient consultants to maintain a full rota. Yet I understand that the John Radcliffe regularly operates under the 160 hours of consultant cover required. Staffing is not just a problem for the Horton.

I am genuinely fearful for the safety of future patients at the Horton General Hospital should the proposals be taken forward. It has become apparent that there will be a clear domino effect on the provision of acute services at the hospital, specifically if the current suspension of obstetric services at the maternity unit is made permanent. In recent months in particular, Health Education England (HEE) and the Oxford University Hospitals NHS Foundation Trust (OUHFT) have been in ongoing discussions about how the anaesthetic training rota can be maintained given that a key part role has become obsolete following the removal of obstetricians from the site. Without a sustainable anaesthetic rota in place, A&E and paediatrics are under direct threat. We cannot ignore this, not least because the Horton General Hospital deals with nearly a third of Oxfordshire's A&E requirement. It presents a real crisis for our local general hospital. In avoiding any discussion about this serious knock-on effect, the Phase One consultation overlooks the true impact of reconfiguration in North Oxfordshire.

I recognise that it is in none of our interests for the suspension of obstetric services to continue any longer than necessary without public consultation. However, in the south of the county, Wantage Community Hospital was closed without consultation in July 2016. While local people were told that they would be asked for their views as part of the Transformation Programme, they will not have the opportunity to do so until Phase Two. The similarities between the Horton and Wantage are striking; yet the Clinical Commissioning Group's approach has been completely inconsistent.

Cherwell District Council and I have repeatedly offered our assistance with middle-grade recruitment to the Horton General Hospital, specifically in seeking to make the role as attractive as possible. Our offers have not been explored by the Trust. I feel very strongly that until they are, no decision should be taken regarding maternity services in Banbury. I accept that significant progress has been made towards filling the obstetric rota at the Horton; it would be an injustice to the people of North Oxfordshire to give up now. NHS Improvement have been made aware of my offers given their ongoing work in a number of areas within the OUHFT.

You will be meeting on 10 August to make decisions, but I urge you to pause any further discussion about the future of maternity services at the Horton General Hospital particularly until all recruitment ideas have been exhausted. We must all have a clearer picture of health provision in Oxfordshire before such major changes are made to our local hospital.

V/PWS

Victoria

Victoria Prentis MP