



Mr David Smith
Chief Executive
Oxfordshire Clinical Commissioning Group
Jubilee House
5510 John Smith Drive
Oxford Business Park
Cowley
Oxford OX4 2LH

9 August 2017

Dear David,

I welcome the opportunity to address the meeting tomorrow. In addition to my remarks then, please see below the questions I have for the Board.

1. Mott Macdonald's post-consultation report states that "four interviews were undertaken with clinicians. Access to additional clinicians involved in the programme was requested but further contacts were not made available by the CCG."

Against this background, what consideration has been given to the specific responses to the consultation from local clinicians whose views on the five proposals are extremely important?

2. The Clinical Commissioning Group's Decision-Making Business Case paper refers to the maternity workstream, who reviewed the options for obstetric services:
 - a. Who are the members of the workstream?
 - b. How are members appointed to the group?
 - c. Are the minutes of its meeting publicly accessible?
3. Options 3a, 3b, 3c and 3d of the obstetrics analysis involve different configurations of two obstetric units in the county. Has there been a critical examination of the mixed rota options?
4. The removal of middle grade training accreditation for obstetricians at the Horton General Hospital is a key reason for the proposed changes to maternity provision. What evidence can the Clinical Commissioning Group provide to show that there has been a full and thorough discussion with Dr Bannon at Health Education England about the accreditation issue, and that all avenues have been exhausted?
5. Mott Macdonald's post-consultation report that "staff may experience negative impacts if they are required to change their permanent place of employment. Associated



impacts may include some staff having to travel further to their place of work, which is likely to have an impact in terms of personal costs of travel and the inconvenience associated with additional journey times. Ultimately, this may have an impact on the retention of staff”

Given these observations, and the extent of the proposed changes, has the Clinical Commissioning Group sought to undertake, or does it intend to commission, an independent review of the workforce?

6. Can the Board demonstrate it is aware of, and has had a clear discussion with Cherwell District Council about its ‘Banbury Health Campus’ concept?
7. Does the Board feel that the consultation was a useful exercise, when no alternatives were provided and the Clinical Commissioning Group’s position has not changed in the six months since the recommendations were first made?
8. The Clinical Commissioning Group’s Decision-Making Business Case identifies transport for pregnant women as a key issue raised during the consultation exercise. The programme response in the DMBC states that:

“Most midwifery care will be provided, as at present, by community midwifery teams in the North Oxfordshire locality. For those women who choose to give birth at South Warwickshire NHS Foundation Trust Hospital, the option of receiving antenatal care at HGH with Warwickshire staff is being explored.

“Higher-risk women will continue to receive obstetric care at JRH as has been the case for many years. In future, ante-natal clinics for women requiring higher risk obstetric care will be provided at the HGH site in addition to JRH which will reduce some journeys for residents of North Oxfordshire and surrounding counties.”

Is the Board satisfied that this is an adequate response to this issue?

9. Mott Macdonald’s Post-Consultation Report lists the following negative impacts associated with the proposals: increased stress and anxiety; increased costs associated with travel; lack of viable alternative transport methods; access difficulties for visitors and carers, and; unfamiliarity of hospital. It goes on to state that:

“To mitigate the impact of increased and long journey times on patients and their families due to the poor connectivity and congestion between the north of Oxfordshire and Oxford, the CCG can seek to engage with local transport operators to investigate options to improve access to the JRH from the north of the county.”



What discussions have the CCG had with these operators? Is the Board confident that enough has been done to ensure that these issues have been addressed and patients and their families will receive the support they require should the Board approve the proposals?

Yours,

Victoria

Victoria Prentis MP