

Healthwatch Oxfordshire chair, Professor George Smith, gave our response to the Oxfordshire Clinical Commissioning Group's proposed changes to health services after public consultations.

He told the Group's directors, who met in public last week, that Healthwatch Oxfordshire fully recognises the need for innovation and change within the health care system in Oxfordshire, and the requirement to make the most efficient use of available funds.

However, he said, we have reservations about a number of aspects of the current proposals. Our main concerns are as follows:

1. In view of official estimates of a population growth of 183,900 for Oxfordshire by 2031, the beginnings of which can already be seen in Banbury, Bicester, Didcot and Witney, any proposal to close a further 36 hospital beds must be viewed as unacceptable. The intention to make permanent the closure of another 110 beds is also highly questionable.

2. As far as maternity services are concerned, the proposal to downgrade maternity services in the north of the county, at the Horton General Hospital (HGH), to a midwife led unit (MLU) appears inadvisable. The projected population growth is linked to the planned creation of 85,000 new jobs and the building of approximately 100,000 new houses. Many of the new residents are likely to be highly-skilled young people. As well as building their careers here, a considerable number will be establishing families. Experience of such developments suggests that an increase in birth rate is likely.

3. While we accept the clinical evidence that stroke treatment is best carried out in highly specialised units, as proposed by the OCCG, we are concerned that the recent policy decision at national level to downgrade the target ambulance response time for stroke victims to 40 minutes is in potential conflict with this. In a county such as Oxfordshire, with long journey times from rural areas to the main hospitals in Oxford, some patients are likely to be put at additional risk. We think this situation requires further review.

4. The travel and parking problems already experienced in Oxford hospitals raise concerns that the expansion of planned care at the Horton General Hospital may create problems also. They will become worse if more activities are concentrated onto fewer sites. The current proposals fail to address these concerns adequately. The lack of any coherent strategy for the provision of alternative or additional transport methods represents a major deficiency in the overall plan.

5. As we have seen recently with the emergency evacuation of patients from the trauma unit at the John Radcliffe Hospital in Oxford, sudden and unexpected events can, and do, happen. The Integrated Impact Assessment rightly points out that a move towards fewer centres of operation is, almost by definition, a threat to overall system resilience. Operating hospitals at very high bed occupancy rates is also undesirable because overall system resilience requires at least a minimum of spare capacity.

6. The overwhelming view of respondents to the transformation plan's first phase consultation was that it should never have been split into two parts. We have consistently supported that view. Health and social care services in the county must be considered as a whole. Changes to one part of the system inevitably impact on other areas as well. Well-developed alternative plans need to be in place before major changes are introduced. At present, there is a lack of joined up planning, and this has fundamentally undermined public confidence in the transformation proposals put forward so far. The failure to solve the Delayed Transfer of Care (DToc) show that plans for alternative provision are not sufficiently sound or effective.

These concerns are significant, and public anxiety is substantial. In view of this, we recommend that the plan should not go ahead in its entirety without further consideration of the matters raised in this response. Fuller details are needed, to enable people to understand the impact of the changes for the wider health and social care system in the county. Better communication and consideration of the public's views are also needed.