The ‘Big Health and Care Conversation’

Phase 2

Engagement Report

Update September 2016 – November 2016

Date: 14 November 2016

Version: Draft 1
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1. **Purpose of report**

   The purpose of this report is to outline the further public engagement undertaken from 22 August 2016 to 31 October 2016 as part of the Oxfordshire Transformation Programme’s Big Health and Care Conversation. It describes the engagement, outlines key themes and identifies concerns and issues expressed by members of the public. It then sets out the next steps building on the early feedback, through to public consultation planned for early January 2017.

   It should be noted that the Transformation Board continues to have a patient representative and Healthwatch, whose role is to ensure that the patient and public view is considered throughout the programme.

2. **Background**

   From June to December 2016 patients and the public are being invited to get involved in the development of proposals to transform the way health and care are delivered in the county. This period of engagement will help inform our thinking and help us to develop plans and inform our ideas for the way services might be best provided in the future.

   We want to hear people’s views as part of an on-going process that will lead to public consultation later in 2017 on proposals for how some services may be configured in the future.

   The ‘Health & Care’ Transformation stakeholder event held on 6 June signalled the start of this public conversation. It aimed to gather views on possible ways we can use resources to develop sustainable, high quality and affordable care both now and in the future.

   Following the initial stakeholder event at the Kassam Stadium on 6 June, a series of public roadshows around Oxfordshire were held and various stakeholder meetings were attended. The report of this engagement is available here: [https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/717186/22624517.1/PDF/-/Big_Health_and_Care_Conversation_Engagement_Report_Final.pdf](https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/717186/22624517.1/PDF/-/Big_Health_and_Care_Conversation_Engagement_Report_Final.pdf)

   A discreet period of engagement took place in July and August where a total of 359 people attended public roadshows. During this period 209 people responded to the survey of which 118 were online responses and 91 hard copy responses were received.

   **This report further outlines the additional engagement that has taken place since 22 August 2016 and details that we have directly spoken and met with approximately a further 550 people, since the summer roadshows and have reached through promotional activities (excluding newspaper readership and radio listeners) a further 27,256 people.**
3. **Purpose of the public engagement**

Following the first phase of public engagement, the programme timeline was adjusted with a consultation planned for January 2017 later than originally intended. This has enabled the Transformation Programme to hold further engagement activities across Oxfordshire to help inform its thinking and further develop options for change.

4. **Process and methodology**

Since September 2016 we have tried to approach our engagement in two ways. We have done some targeted engagement around specific workstreams for Transformation, together with broad awareness raising in the community for the case for change.

This report further outlines the additional engagement that has taken place since 22 August 2016 and details that we have directly spoken and met with approximately a further 550 people, since the summer roadshows and have reached through promotional activities (excluding newspaper readership and radio listeners) a further 27,256 people.

i. **Public road shows**

Two further roadshows were held: in Henley-on-Thames on 6 September where approx. 17 people attend together with local media; and Abingdon on 19 October where 50+ people attended.

ii. **Displays**

Displays from the roadshows were available for a week at a time at the following locations (these were unmanned displays so we do not know how many people visited them):

- w/c 5 August in Henley-on-Thames
- 22 August – 2 September in Thame
- 22 – 30 August in Didcot
- 8 – 15 September in Faringdon

These areas were identified as they had not hosted a roadshow in the summer (Oxford, Banbury, Wallingford, Witney, Bicester, Wantage).

iii. **Maternity Focus Groups**

Three focus groups were held in Banbury, Oxford and Abingdon. Twelve people attended the focus groups but a further 30 people have been asked to contribute their views electronically as they were unable to attend the dates offered, this will form a separate report.

iv. **Primary Care Focus Groups**
Focus groups were held with students from Abingdon and Witney College and Henley College, to discuss the needs of young people accessing primary care and to understand what awareness there is among young people on prevention, such as obesity, mental health, smoking and alcohol. The groups were as follows:

17 October (Abingdon):
- Motor Vehicle students, aged 16 – 19 yrs, approx. 10 students
- Health and Social Care students, aged 16 – 19 yrs, approx. 25 students

18 October (Witney):
- Hair and Beauty students, aged 16 – 19 yrs, approx. 25 students
- Sports students, aged 16 – 19 yrs, approx. 12 students

11 November (Henley):
- 12 Health and social care students, made up from the Politics course and Health and Social Care at Henley College, Henley-on-Thames.

v. The survey

The survey launched in the summer to support ‘The Big Health & Care Conversation’ roadshows has continued to be available and we have received a further 48 responses.

vi. Stakeholder meetings / discussion groups

We have also attended various stakeholder meetings since the summer to further raise awareness of the case for change. These meetings included:

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of attendees</th>
<th>Group / Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 7 September</td>
<td>Approx. 30</td>
<td>Age UK Voluntary Sector Partnership Didcot</td>
</tr>
<tr>
<td>Friday 9 September</td>
<td>20</td>
<td>Oxford Strategic Partnership Oxford</td>
</tr>
<tr>
<td>Wednesday 14 September</td>
<td>Approx. 30</td>
<td>Age UK Voluntary Sector Partnership Bicester</td>
</tr>
<tr>
<td>Monday 19 September</td>
<td>Representatives from PPGs – approx. 2 from each practice</td>
<td>North East Locality Forum Kidlington</td>
</tr>
<tr>
<td>Tuesday 20 September</td>
<td>representatives from PPGs – approx. 2 from each practice</td>
<td>South West Locality Forum Didcot</td>
</tr>
<tr>
<td>Wednesday 21 September</td>
<td>Approx. 30</td>
<td>Age UK Voluntary Sector Partnership Oxford City Centre</td>
</tr>
<tr>
<td>Thursday 22 September</td>
<td>26 stakeholders plus NHS facilitators</td>
<td>Community Hospitals Workshop</td>
</tr>
<tr>
<td>Friday 23 September</td>
<td>5</td>
<td>District Council Leaders and Councillor meeting</td>
</tr>
<tr>
<td>--------------------</td>
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<td>---------------------------------------------</td>
</tr>
<tr>
<td>Monday 26 September</td>
<td>7</td>
<td>Primary Care Patient Advisory Group</td>
</tr>
<tr>
<td>Tuesday 27 September</td>
<td>Approx. 30</td>
<td>Age UK Voluntary Sector Partnership Witney</td>
</tr>
<tr>
<td>Wednesday 28 September</td>
<td>Approx. 30</td>
<td>Age UK, Voluntary Sector Partnership Abingdon</td>
</tr>
<tr>
<td>Friday 30 September</td>
<td>Approx. 10</td>
<td>Older People's Day Bicester</td>
</tr>
<tr>
<td>Wednesday 5 October</td>
<td></td>
<td>Parkinson’s Group Oxford (Botley)</td>
</tr>
<tr>
<td>Tuesday 25 October</td>
<td>Approx 40</td>
<td>Community Partnership Network, Banbury</td>
</tr>
<tr>
<td>Thursday 27 October</td>
<td>Approx 15 - 20</td>
<td>Local Strategic Partnership Banbury</td>
</tr>
<tr>
<td>Wednesday 9 November</td>
<td>Variable numbers</td>
<td>Stand at the Parish Council Liaison Meeting at Cherwell District Council</td>
</tr>
</tbody>
</table>

These are in addition to formal scrutiny meetings such as the CCG Board meetings, Annual Public Meeting, Oxfordshire Health Overview and Scrutiny Committee (HOSC) and the Health and Wellbeing Board.

From these meetings we have met and discussed the case for change with further 250+ people.

vii. Emails and Correspondence

Further to the engagement methods above, the public were also encouraged to submit their views and ideas via correspondence. As of 22 August, OCCG received nearly 200 letters, including correspondence from OCCG’s Locality Forum Chairs, as well as via Banbury GP practices from residents and parish councillors in the North of the county opposing any proposed downgrade to the Horton General Hospital. A template letter is available, for the local community to use, on the ‘Keep the Horton General’ website: [http://www.keepthehortongeneral.org/](http://www.keepthehortongeneral.org/)

A further 70 letters have been received since 22 August.

Many of the letters include personal patient experiences of the Horton General Hospital and the good care received at the hospital.

viii. Horton General Hospital specific engagement

Oxford University Hospitals Foundation Trust (OUH) ran a survey between Friday 17 June and Saturday 30 July. 233 responses were received.
The survey remained open until 22 September: 6 further responses were received between 30 July and 22 September. These responses are not included in the summary shown in Appendix I.

The summary results are shown below, with the fuller analysis in Appendix I:

Which services at the Horton General Hospital do you use / have you used?

Top five

- ED 74%
- Outpatient (including children) 73%
- Diagnostics 51%
- Adult surgery 36%
- Maternity 29%

The lists below give the ‘weighted average’ – average resulting from the multiplication of each component by a factor reflecting its importance.

The smaller the number, the most important. This means that the largest number of higher rankings was received for this option.

Results in summary – issues ranked most important

- Issues impacting on emergency and urgent care:
  Speed of access to urgent care / minor injury unit
- Issues impacting on maternity services:
  High quality obstetric provision when required
- Issues impacting on children’s services:
  Access to consultant expertise
- Issues impacting on assessment and diagnostics:
  Access to tests and scans in local outpatient centres
- Criteria to evaluate potential options to develop services at the Horton General Hospital:
  Quality of care for all

The Table below lists the OUH engagement to date:
<table>
<thead>
<tr>
<th>Engagement events/activities</th>
<th>Internal communications</th>
<th>External communications</th>
<th>Internal communications</th>
<th>External/ stakeholder communications</th>
<th>Informal engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement events/activities</td>
<td>OUH strategic review</td>
<td>Horton Strategic review</td>
<td>Sustainability and Transformation Plan (STP) and Transformation</td>
<td></td>
<td></td>
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<tr>
<td>Channels</td>
<td>Internal communications</td>
<td>External communications</td>
<td>Internal communications</td>
<td>External/ stakeholder communications</td>
<td>Informal engagement</td>
</tr>
<tr>
<td>Engagement events/activities</td>
<td>Internal communications</td>
<td>External communications</td>
<td>Internal communications</td>
<td>External/ stakeholder communications</td>
<td>Informal engagement</td>
</tr>
<tr>
<td>OUH Strategic Review</td>
<td>OUH clinical workshops – 11 Feb and 24 Feb</td>
<td>Service user/stakeholder engagement event re OUH quality priorities- 19 April.</td>
<td>All Staff meeting at Horton – 3 March 2016</td>
<td>23 February – North Oxfordshire Locality Group (GPs)</td>
<td>6 June - Stakeholder / Patient and Public Involvement (PPI) engagement event at Kassam Stadium.</td>
</tr>
<tr>
<td>Horton Strategic Review</td>
<td>All staff briefing at John Radcliffe Hospital (JR) / Churchill/ Nuffield Orthopaedic Centre (NOC) – 8 June</td>
<td>Trust Annual General Meeting (AGM) – interactive displays on strategic themes – 28 Sept</td>
<td>Staff meeting with Midwives – 3 June.</td>
<td>8 March – Community Partnership Network (CPN)</td>
<td>30 June – HOSC</td>
</tr>
<tr>
<td>Internal/ stakeholder</td>
<td>Various OUH clinical reference group meetings.</td>
<td>HOSC meeting re rebalancing the system, and OUH strategic review/obstetrics issue – 15 Sept</td>
<td>All staff meeting at Horton – 28 June.</td>
<td>22 March – North Oxfordshire Locality Forum Public Meeting</td>
<td>12 July to 4 Aug – community engagement events x6.</td>
</tr>
<tr>
<td>Sustainability and Transformation Plan (STP) and Transformation</td>
<td>23 February – North Oxfordshire Locality Group (GPs)</td>
<td>23 February – North Oxfordshire Locality Group (GPs)</td>
<td>8 March – Community Partnership Network (CPN)</td>
<td>22 March – North Oxfordshire Locality Forum Public Meeting</td>
<td>22 Sept – stakeholder event at Kassam stadium.</td>
</tr>
<tr>
<td>Horton Strategic Review</td>
<td>23 February – North Oxfordshire Locality Group (GPs)</td>
<td>23 February – North Oxfordshire Locality Group (GPs)</td>
<td>8 March – Community Partnership Network (CPN)</td>
<td>22 March – North Oxfordshire Locality Forum Public Meeting</td>
<td>30 Sept – HOSC re bed realignment, and emergency suspension of Horton obstetric-led maternity services</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
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<td></td>
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</tr>
<tr>
<td>7 Sept</td>
<td>OUH update on Strategic Review</td>
<td></td>
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<tr>
<td>28 Sept</td>
<td>AGM and update on strategic review of obstetric-led maternity services</td>
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<tr>
<td>18 Oct</td>
<td>Senior Managers' briefing and emergency suspension of Horton obstetric-led maternity services – 30 Sept.</td>
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<tr>
<td>1 Oct</td>
<td>Chief Executive Officer (CEO) meeting with Andrew Smith</td>
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<tr>
<td>12 Sept</td>
<td>Horton all staff meeting</td>
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<tr>
<td>29 Sept</td>
<td>Horton all staff meeting</td>
<td></td>
<td></td>
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<tr>
<td>21 Oct</td>
<td>Meeting with Horton midwives and staff – Sept through Oct.</td>
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<td></td>
<td></td>
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<tr>
<td>11 July</td>
<td>CPN workshop</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>18 July</td>
<td>Cherwell District Council meeting re Horton emerging options</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 July</td>
<td>CPN/workshop on maternity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 July</td>
<td>Dr Holthof telephone conversation with Victoria Prentis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16 Aug</td>
<td>North Oxfordshire locality GPs workshop at Horton.</td>
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<td></td>
</tr>
<tr>
<td>22 Aug</td>
<td>Meeting with local MPs.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26 Sept</td>
<td>Meeting with Victoria Prentis</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>28 Sept</td>
<td>Victoria Prentis visits JR Maternity and Neonatal units.</td>
<td></td>
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</tr>
<tr>
<td>21 Oct</td>
<td>CPN meeting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Sept</td>
<td>Dame Fiona Caldicott meets Victoria Prentis to discuss HGH issues.</td>
<td></td>
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</tr>
</tbody>
</table>
5. Seldom Heard Groups

Various ‘seldom heard’ groups were visited and feedback was gathered at both group and individual level between 1-18 August 2016. In total we spoke with 145 individuals. The engagement followed a proforma format, seeking experiences of NHS services, both positive and negative. A positive key word search of the feedback showed the following:

<table>
<thead>
<tr>
<th>Friendly</th>
<th>Helpful Kind</th>
<th>Caring</th>
<th>Good service</th>
<th>Clean</th>
<th>Quick</th>
</tr>
</thead>
</table>

Overall there was praise for a lot of services, including community paediatrics; maternity services at the JR and maternity services at the Horton hospital. However, the after-care by midwives in Banbury, once discharged, had negative feedback.

**Issues**
The following is a summary of the key themes emerging from the ‘negative’ feedback, documented by service.

**GP Surgeries**
The overarching issue reported is the long wait or inability to get an appointment with a GP. Other comments included the receptionist being a barrier; a long wait in the surgery for the appointment slot; where Practices use a call back system, this sometimes didn’t happen effectively; GPs not reading patients’ notes and not fully knowing the patient and understanding any specific issues such as a disability. There were also comments on the language barrier for some patients and a perceived negative attitude towards patients from Black and Minority Ethnic communities.

**Mental Health Services**
Key issues reported were not receiving sufficient support, even when feeling suicidal; no continuity of service and no availability of beds for older mental health patients in Banbury.

**Horton Hospital**
A&E- long waits to be triaged.
Ear, Nose and Throat (ENT)- if no appointments are available, patients are given an appointment at the JR.

**Physiotherapy**- long waits for referrals.

**Dental services**- long wait for appointments; turnover of dentists so lack of continuity; high cost.

**Care Home Support Services**- inconsistent visits; quick staff turnover so no continuity and racist approach by some staff.

Other general comments were long waits for referrals into secondary care and appointments for referrals into secondary care being changed several times; lack of support for treating addictions. Another key issue raised was the distance from Banbury to Oxford (JR) for services such as paediatrics and if a child needs to be admitted, the distance from home.
Some people were reluctant to express their views where they were from a vulnerable group and didn’t necessarily have a rapport with the staff member conducting the questionnaire. In this and instances where it was not possible to interact with people face to face, the relevant leaflets on the transformation programme were disseminated.

Appendix G, shows all the groups that either met with us face to face or had the case for change and survey sent to them.

6. Promotion

Newsletter

Since the initial promotion of the case for change document in the summer, Oxfordshire CCG has continued to send updates to people registered on its ‘Talking Health’ engagement website which has a membership of 2,560, of whom 1,114 receive a fortnightly newsletter.

Media

We have also had the following media enquiries which we have responded to:

<table>
<thead>
<tr>
<th>Date</th>
<th>Request</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/09/16</td>
<td>Attendees at Henley Big Conversation event</td>
<td>Henley Standard</td>
</tr>
<tr>
<td>08/09/16</td>
<td>Inquiry re charging at Horton for out of county patients</td>
<td>Banbury Guardian</td>
</tr>
<tr>
<td>08/09/16</td>
<td>Transformation programme</td>
<td>BBC Radio Oxford</td>
</tr>
<tr>
<td>13/09/16</td>
<td>Horton closure</td>
<td>Banbury Guardian</td>
</tr>
<tr>
<td>14/09/16</td>
<td>Recruitments at the Horton Hospital</td>
<td>The Guardian (national)</td>
</tr>
<tr>
<td>19/09/16</td>
<td>Hi Sarah/team, Please see attached a letter sent to DH from John Bercow MP</td>
<td>NHS England</td>
</tr>
<tr>
<td>19/09/16</td>
<td>Query re. STP</td>
<td>Pulse</td>
</tr>
<tr>
<td>27/09/16</td>
<td>STP and claims O CCCG too ‘secret’ about them by NHS campaigners</td>
<td>Oxfordshire Guardian</td>
</tr>
<tr>
<td>30/09/16</td>
<td>Signing of provider contracts and impact on transforamtion consultation</td>
<td>Oxford Mail</td>
</tr>
<tr>
<td>07/10/16</td>
<td>STP in relation to Horton Hospital plans</td>
<td>Sunday Times</td>
</tr>
<tr>
<td>07/10/16</td>
<td>Oxfordshire Transformation Programme</td>
<td>Oxford Mail</td>
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<tr>
<td>07/10/16</td>
<td>Transformation</td>
<td>Oxfordshire Guardian</td>
</tr>
<tr>
<td>10/10/16</td>
<td>Request for statement about Abingdon roadshow</td>
<td>Oxfordshire Guardian</td>
</tr>
<tr>
<td>11/10/16</td>
<td>Request for information about the closure of Oak Ward at the Horton</td>
<td>Banbury Guardian</td>
</tr>
<tr>
<td>21/10/16</td>
<td>Request for interview with Dr Joe McManners</td>
<td>BBC Radio Oxford</td>
</tr>
<tr>
<td>24/10/16</td>
<td>Hi Richard, I am writing a story about the commissioning executive that is to be set up across the</td>
<td>HSJ</td>
</tr>
<tr>
<td>24/10/16</td>
<td>Request for information about the numbers of responses to Transformation engagement</td>
<td>Banbury Guardian</td>
</tr>
<tr>
<td>25/10/16</td>
<td>Follow up to STP stats inquiry</td>
<td>Banbury Guardian</td>
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<tr>
<td>31/10/16</td>
<td>Request for dates of publication of BOB STP</td>
<td>Banbury Guardian</td>
</tr>
<tr>
<td>21/10/16</td>
<td>Request for statement on BOB STP following FOI rebuttal</td>
<td>Banbury Sound</td>
</tr>
<tr>
<td>21/10/16</td>
<td>Request for statement on BOB STP following Healthwatch Press Release</td>
<td>Oxford Mail</td>
</tr>
<tr>
<td>01/11/16</td>
<td>More queries re. STP</td>
<td>Banbury Guardian</td>
</tr>
</tbody>
</table>

This has resulted in the significant coverage in the local media. Please see appendix A:

Social Media

We have also continued to promote through our social media networks as follows:

Twitter:

- 9 Tweets on transformation
- 13,640 impressions (number of times seen in people’s Twitter feeds)
- 42 active engagements (clicking on links to surveys etc)
Facebook:

- 13 Facebook posts
- Reach = 12,502 (number of people who see it in their Facebook feed)
- 9 Likes
- 51 Shares

7. Key themes

A number of common themes emerged from the engagement:

Community Hospitals

- Concern about the future of Wantage Community Hospital and The Horton Hospital were both raised at the maternity workshops. Specifically this relates to:
  
  o The impact on support available to mothers not just in pregnancy and birth but also with aftercare and breastfeeding.
  o The domino effect of whether other services will close as a result
  o The impact on support in the community when children’s centres are also closing
  o Accessibility to Oxford and other Midwife Led Units (MLUs) for those who rely on public transport as they can’t drive.

- The workshop held on 22 September 2016 was a follow up to an event on 28 July focusing on options for community hospitals in Oxfordshire. Its discussions around rehabilitation services in fewer centres and good quality home care is feeding into the Transformation Programme’s Integrated Care for Frail Older People and Urgent and Emergency Care for the General Population workstream.

The key themes which emerged from the workshop included:

  o problems of access to fewer community hospital facilities in relation to public transport shortages and lack of convenient parking.
  o The recruitment and retention of well trained, well qualified staff to provide care in people’s homes and the impact of workforce shortages on timely rehabilitation were also strong themes. Collaboration between services, patients and unpaid carers was the key theme around discussion of care at home. Key agencies and families need to be more joined up with better communication and information; patients need continuity of care at home.

Continuity of Care

- Continuity of care was a strong theme for the Maternity focus groups, where it was felt that continuity of midwife throughout pregnancy was important. Whilst seeing the family GP was also important it was felt that the GP didn’t provide any added value and that continuity
with a midwife was more important. In addition to this it was also felt that having a ‘risk assessment’ appointment at 10 weeks would be beneficial but that GP receptionists would need to be trained to offer this to ensure that all mothers take it up.

- The students across all four groups felt that it was important that they saw their named family GP, and for some of the girls their preference was that this should be a female GP.

Transport and accessibility

Problems with transport were highlighted again at the two roadshows and in the Maternity focus groups. Concern about parking at the main hospital sites for labouring mothers was a significant concern along with the travel times and distances from the north of the county.

More funding

At the two roadshows, there was overall acceptance that change is necessary and that the main reason for this is due to a lack of sufficient funding. At the Abingdon roadshow people felt strongly that there needed to be greater funding for mental health services and better diagnostics. However, they felt that the funding issue had been exasperated by ‘hidden’ privatisation. This also led to comments about the national government agenda and concern that money was being spent on activities like such as cosmetic such surgery (which is not currently funded) and smoking cessation, which is offered available on the NHS. People felt that these are areas that are considered life choices and people perceived that these of these should be funded by the NHS.

A focus on prevention and education on leading a healthy lifestyle

A strong message from the public throughout all engagement activities was for more preventative activity and education for all ages on how to lead a healthy life.

This included:

- Appropriate messaging for young people, who once they leave school do not appear to receive messaging around healthy eating, smoking, alcohol awareness etc.
- Mental Health awareness and breaking the stigma. Again for 16 – 19 year olds at college it was not clear where they can access information on mental health services and some of the groups we spoke to were uncertain of the role of the college nurse.
- The Primary Care patient advisory group explored further the role of encouraging people to self-care and again it was felt that ‘information’ was not readily available to enable people to self-care. It was also felt the NHS needed to be clear on what was appropriate to self-care.
- The wider engagement events felt that better education in schools was important but this was contradicted by the student groups, who felt that information was available and easy to access at school. Once they leave school it becomes harder.
- Mental health was also a strong area for maternity, with concern that maternal mental health not being addressed appropriately post-delivery.
- Students felt that other social media such as snapchat could be effective for messaging.
Access to GPs

Across the focus groups, people did not feel that there was a problem in accessing their named GP when they want too but acknowledged that on some occasions, depending on the problem they would be happy to see ‘any’ GP. The challenge appeared to be with the receptionist, and being required to explain their need to see a GP.

Staff and recruitment

Many people recognised the lack of NHS staff in certain areas of health services and highlighted the need for recruiting more front line staff. In particular, it was felt that more GPs are needed, in addition to more specialists or training in certain health specialties e.g. mental health. Concern around Deerpark Health Centre in Witney and Horsefair Surgery in Banbury highlighted the public awareness of GP recruitment challenges.

Support for Mental Health

Mental health came up in all the focus groups and both the roadshows as areas where greater investment was needed and more support groups, especially for people with Learning Disabilities. Other suggestions included:

- increase budget to match other NHS budgets
- more mindfulness classes and quicker appointments for mental health patients
- more support for vulnerable people to access exercise schemes
- early diagnosis of mental health issues
- signpost patients to good care, mental health targets should be as important as cancer targets

Integration of health and social care services

The Henley roadshow had specific feedback relating to the new Rapid Access Care Unit (RACU) at Townlands Hospital and the need to better integrate health and social care to provide community services to support Townlands Hospital.

Use of technology

In contrast to the feedback received from the first phase of engagement, when we tested technology with the students, it was clear they would prefer to have face to face consultations with their GPs. They felt that technology was more appropriate for awareness campaigns. Some comments included:

- mixed views on using social media to book appointments
- most agreed sending texts to remind people of appointments ok
- some not ok with GPs using Skype for appointments
• some agreement on email consultations  
• posters were not rated as effective for communicating messages  
• texts were viewed as better that letters  
• suggestion of exploiting more social media such as the snap chat video function for health promotion messages

The maternity focus groups highlighted:

• blue notes could be electronic, supported by an app, this was welcomed  
• use of local websites and social media to share information to expectant mothers about new services  
• GP booking systems could have prompts and flags on them to remind mothers to book certain appointments

**Improving communications**

Some criticisms were made of the communications and engagement process for Transformation and doubts were raised that patient views across Oxfordshire will truly be listened to and acted on as the proposals are developed. Significant feedback was received from the Abingdon roadshow about the lack of promotion of the event.

The need to improve communications between health professionals and across all departments associated with an individual’s care was also highlighted, alongside the need to take time to properly listen to patients, families and carers.

**8. Next steps:**

This report further outlines the additional engagement that has taken place since 22 August 2016 and details that we have directly spoken and met with approximately a further 550 people, since the summer roadshows and have reached through promotional activities (excluding newspaper readership and radio listeners) a further 27,256 people.

This report has now been shared with all those involved in the Oxfordshire Transformation Programme and was used to help further develop the models of care and future service options which will be subject to a public consultation in early 2017.

The report is now published via the Oxfordshire Transformation website and via Talking Health, OCCG’s online consultation tool at https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome
# Appendix A – Media Coverage

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<th>Subject</th>
<th>Outlet</th>
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<tr>
<td><strong>September 2016</strong></td>
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<tr>
<td>Transformation - website launch</td>
<td>Oxford Mail</td>
<td>01/09/2016</td>
<td>New website launched ahead of sweeping healthcare changes in Oxfordshire</td>
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<td>Transformation - The Big Conversation</td>
<td>Henley Standard</td>
<td>02/09/2016</td>
<td>Meeting on NHS future</td>
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<tr>
<td>Transformation - website launch</td>
<td>Oxford Mail</td>
<td>03/09/2016</td>
<td>Website to explain health care plans</td>
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<td>Oxfordshire’s public services under pressure - public health annual report by Dr Jonathan McWilliam</td>
<td>Oxford Mail</td>
<td>07/09/2016</td>
<td>Mixture of health concerns in county brings call for reforms Fears: Health chief warns that services will bear brunt of failure to implement change</td>
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<td>Our View - Oxfordshire’s public services under pressure - public health annual report by Dr Jonathan McWilliam</td>
<td>Oxford Mail</td>
<td>07/09/2016</td>
<td>Take note of plan to improve healthcare (Our View)</td>
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<tr>
<td>Oxfordshire’s public services under pressure - public health annual report by Dr Jonathan McWilliam</td>
<td>Bicester Advertiser</td>
<td>08/09/2016</td>
<td>Services under pressure County’s director of public health says urgent reforms needed to ease the strain</td>
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<td>Transformation - The Big Conversation</td>
<td>Henley Standard</td>
<td>09/09/2016</td>
<td>Only 18 attend roadshow with health chiefs</td>
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| Oxfordshire's public services under pressure - public health annual report by Dr Jonathan McWilliam | Abingdon Herald            | 14/09/2016 | Health boss appeals for major reforms  
Alarm: Services will be hit with a 'cocktail' of issues unless widespread action is taken |
<p>| Transformation - delay of consultation announced at HOSC              | Oxford Mail                | 15/09/2016 | Plan for major NHS shake-up in Oxfordshire 'could be delayed until 2017'                                                               |
| Transformation                                                        | Oxford Mail                | 20/09/2016 | NHS reforms plan to miss 2016 deadline                                                                                                 |
| Transformation - maternity focus group                                | Oxford Mail                | 20/09/2016 | Views sought by Oxfordshire Clinical Commissioning Group on county-wide maternity services                                              |
| Transformation - maternity focus group                                | Oxford Mail                | 21/09/2016 | Maternity focus group plea to women in area                                                                                             |
| Oxfordshire's public services under pressure - public health annual report by Dr Jonathan McWilliam | Witney Gazette             | 21/09/2016 | Call for reforms over health concerns                                                                                                   |
| Transformation - maternity focus group                                | Bicester Advertiser        | 22/09/2016 | Women's views on maternity service needed                                                                                               |
| Transformation - maternity focus group                                | Oxford Times               | 22/09/2016 | Sign up to have voice heard on midwifery and paediatric care                                                                             |
| Transformation - maternity focus group                                | Henley Standard            | 23/09/2016 | Views sought on local maternity services                                                                                              |
| Transformation                                                        | Oxford Mail                | 28/09/2016 | Wantage MP Ed Vaizey warns that residents will pay the price for health consultation delay                                             |</p>
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<td>Give your views on maternity units</td>
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<td>People to be quizzed on maternity service</td>
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<td>January cut-off for consultation on NHS revamp</td>
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<td>Draft plan for reshaping of health services</td>
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<td>Have a say in future of health services</td>
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<td>NHS roadshow visits town Chance for residents to air opinion on cuts to budget</td>
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<td>Healthwatch Oxfordshire - article by Eddie Duller on the new model of NHS care</td>
<td>Oxford Mail</td>
<td>06/10/2016</td>
<td>Home-based treatment is new model of NHS care</td>
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<td>Oxford Mail</td>
<td>22/10/2016</td>
<td>Watchdog is denied access to NHS plans</td>
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<tr>
<td>Healthwatch Oxfordshire - article by Eddie Duller on the new model of NHS care</td>
<td>Oxford Mail</td>
<td>01/11/2016</td>
<td>Bed-based hospital care switches to homes... but where's the consultation?</td>
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<td>Banbury Guardian</td>
<td>03/11/2016</td>
<td>New Oxon group to help fight for Horton County campaign emerges in bid to preserve local care</td>
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<td>Henley Standard</td>
<td>04/11/2016</td>
<td>Health watchdog angry at 'secret' care plans</td>
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Appendix B – ‘The Big Health & Care Conversation’ Roadshows: Event feedback from Henley-on-Thames and Abingdon

Feedback from Henley-on-Thames:

The countywide Transformation Programme will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population, coverage). Are these the right criteria which are most important to you?
Availability, cost
Delivery of local services as well.
Accessibility of service.

What do you think we need to do to provide the best care?
Social care and health care to link up.
More qualified resources in Minor Injuries.
We need to ensure good social care.
We need RACU and hospital fully staffed.
We need a top notch home system for the future which is monitored.

Do you understand why change is needed?
Yes. NHS will never work to optimum capacity without changes.
Yes. NHS is underfunded.
Yes, we understand NHS funding pressures.

How can we keep people healthy in Oxfordshire?
Education involving pts in appropriate ways.
Resources to help PPEs go active etc.
The powers that be to listen to the people on all matters.
Need better support to organisations to support health and wellbeing.

Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?
Improve media - use attitude, change techniques - behavioural insight.
All support to work together - currently not joined up.
Lifestyle -> exercise -> diet -> wellbeing
Lifestyle’ should be on the school curriculum e.g. healthy eating, exercise, impact on later years.

Have we missed anything?
Better transport for hospital visits for those in need.
Resources - attracting them important - can we offer incentives?
Staff shortages seem to be an issue in the NHS and addressing the training and salary structures, plus working hours, to make a career in the NHS more attractive.
Engage with primary care PPEs.
Need health education room/resources on site at Townlands - focus on prevention e.g. diabetes.
Will there be a transport service for Henley and surrounding areas to assist people visiting? Parking will be challenging.

14/11/16
Feedback from Abingdon:

1. Do you understand why change is needed?
   • Yes - you need to save money
   • Do you understand that the STPs are killing the NHS
   • How will primary and secondary care be integrated
   • How much are they paying you to ask that question?
   • How will money be save in secondary care
   • Change requires investment e.g. diagnostics in the community
   • Nursing homes are privately run - should they be financed by the taxpayer?
   • Where is our £350 billion
   • Population needs the services of NHS now more than ever as population living so much longer
   • More staff should be recruited and trained in the UK
   • Don’t defund the NHS
   • The UK population is ageing, is living longer but with increased health issues - which will cost more - much, much more. The entire budget needs review
   • Population growth; lack of funds; growing elderly population; increase in mental health issues and other health issues; correct buildings not fit for purpose and current business model for this clearly not working
   • Because the continual hidden privatisation has been defunding the NHS for years. Stop it!
   • Yes. The government wants to cut NHS spending. In fact they should be spending more. Moving care from hospital to community, preventing and increasing use of smart technology are good. But demand is increasing so funding should increase.

2. Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?
   • Train more physician assistants and burse practitioners to deliver cost effective community care
   • Re-open cottage hospital
   • Where is the funding promised by the Brexiteers? We need it.
   • Make sure that people with health issues are not used in witch hunt in media, it makes people feel more ill which does not help at all
   • Providing fun exercise options for people at affordable prices
   • Variable VAT on good/bad foods
   • Breast augmentation when implants go wrong. NHS should not pick up the bill if done overseas
   • Health and wellbeing education in school; promote healthy activity and sports for young people not just school PE; encourage take-up of health checks and screening
   • Attitude of doctors, not to be treated like a number. Explain what the patient needs
   • Good (not preachy) public health information. Appealing apps: stopping smoking; losing weight; exercising
   • Stop NHS cuts
   • Are you asking rich people who rob taxes to pay private the same question?
   • Invest in healthcare, don’t cut funding
   • Stop passing the buck to patients, people should not be blamed for being sick
   • Save our NHS from £22 billion cuts
   • Ask Brexiteers to pay this. They did promise funding increases to NHS.
3. **What do think we need to do to provide the best care?**

- More GPs, better chance of getting appointment and booking one rather than phoning on the day, which the appointments go quickly so you have to wait again
- Drunks in A&E should pay. Self caused by people who can’t control themselves
- End of EU membership will stop flow of new carers from Europe - a big problem
- Recruit massive numbers of GPs, nurses and carers - IMPOSSIBLE
- Stop the tax dodgers, invest in NHS
- More interaction between departments, local services and Oxford Hospitals. More interaction on appointment making - less wasted appointments
- NHS could also try and see person as whole person rather than parts as often the health issues are related but you need several appointments for each part to sort you out
- Free gym membership for senior citizens to promote wellbeing which the Government seems to encourage. But fees are too expensive. Ok if you’re working and earning.
- More routine treatment should be available at GP practices to free up hospitals for more serious problems
- Better cleaning staff, more beds, better equipment
- Invest in the NHS
- STP=closure of community hospitals and GP surgeries
- More connection between NHS and social care
- There are not enough GPs now - how will you recruit more? It takes many years to train GPs.
- What are STPs? £22bn cuts to our NHS
- Please quicker access for GP appointments (not 2 weeks away)
- Concerns about the health service making assumptions about the learning disability and not looking at the health condition
- Make general practice appealing careers - recruitment is a major issue and staff shortages could scupper your plans for hospital - community care
- Sort out admin via technology and make it so departments work efficiently and don’t lose appointments and patients and make sure hospitals share notes
- Better district nurse help and not be told that they will return on one day or just disappear with no further contact
- If you want more care into the community, ensure there is enough care provided - both building and personnel
- Car parking@ hospital appointments too expensive and often at peak times parking is very limited
- Adapt similar approach as AA for mental health issues - group meetings with facilitator to offer support on a regular basis
- Get someone who has gone through same issues to facilitate meetings as they understand the issues that are causing concerns
- Investment in primary and secondary care is key to achieving your aims
- Admin at Oxford hospitals is awful - must be costing a fortune
- Charge for folk using our NHS who are not domiciled in the UK Mental health is ignored - this is increasing due to loneliness
- Concerns about learning and disabilities and health and issues about how to support people with LDs in hospitals
- If a person has to go to hospital for several reasons, X-ray, MRI etc to coordinate it in one day
- Oxfordshire, one of the most expensive places to live - how will you recruit enough carers?
- NHS and social care should be integrated in order to save the NHS money on unnecessary hospital stays
- Scrap Trident, spend it on NHS

4. How can we keep more people healthy in Oxfordshire?
- Towns should be made more pedestrian friendly
- Value all staff even porter as they do as much hard work as everyone else
- MOT for adults at key points in life i.e. at 21, 30, 40 etc, check for heart, lung, diabetes, mental health, blood pressure etc.
- Encourage walking, cycling and public transport use to prevent more driving, congestion and pollution
- More support to children in schools, don’t save on school dinners
- Public health campaigns - weight management; alcohol use
- Physio/OT very important to keep people healthy in work, school and in homes - so need to get easier appointments to manage this
- Increase mental health budget to match other parts of NHS
- Patient transport from one site to the next
- Get older people back home so they don’t have to stay in hospital
- Increase the mental health budget on a par with physical health budget
- NHS and doctors need to lobby government to really tackle sugar consumption
- Scrap the STPs
- Keep health provision local
- Mental health waiting times need to be on a par with cancer targets
- Quicker mental health appointments more mindfulness classes
- Motivate people to do exercise. Have groups in surgeries to go for walks, swimming etc
- Stop the food industry producing cheap unhealthy food. These companies are interested in profit rather than improving health
- Invest in the NHS - don’t cut
- Prevention is an essential exercise e.g. weight loss programmes, diabetes information, - both how to prevent it and understand the consequences of gaining it
- Early diagnosis of mental health; patients - signpost them correctly; save money and people’s lives
- Do not privatise the NHS. I’m from America. I know this is a big mistake
- Tax the corporations and fund the NHS properly
- Patients did not cause £200m deficit
- Give patients a medical every three months
- Start at birth/school age encouraging message for health; sport; teach healthy eating courses, could be run at family centres for small cost, more family friendly; local disabled activities to encourage fitness; more support for vulnerable people
- Stop buy one get one free on unhealthy foods

5. The countywide transformation programme will need to use pre-agreed criteria to review the proposals; possibly: patient safety, cost, available site deliverability, population coverage. Are these the right criteria? Which are most important to you?
- Keep services as local as possible to make them accessible and encourage attendance
- Support maternity choice. Why close the Horton? 1000 new babies JR madness
- Where urgent care if not acute? Hospitals? Community hospitals?
- Stop cosmetic surgery if not medically essential
- Start with people’s needs
- Not everyone has skype. Costly, elderly would struggle
• Physio in community, better funded, more easy access, shorter times, growing population needs physio to remain healthy, keep young people healthy and in work if physio soon as well
• Think of effect on patients' mental/societal well-being. Loneliness causes ill health - machines don’t replace person/person contact
• STP = cuts. Fund the NHS. Don’t starve it and privatise
• Everyone (including mature people) must become computer literate. This will enable NHS to install monitoring devices in all homes to reduce cost and increase capacity
• Bring social care and the NHS closer together
• We need to defend the NHS, not destroy it
• Invest more in the NHS
• Don’t know what countywide transformation programme means? Same as sustainability and transformation plans? What about effectiveness

6. Have we missed anything? Are there any other areas we need to think about as we develop our plans?
• Planning for discharge not always good. GPs not keen to come out to visit if not coping.
• Navigating is complicated and getting to where you need to go is challenging
• No publicity for this event?!
• Practice nurses unaware, most people unaware that I’ve spoken to today in Abingdon marketplace
• Consult with more than 0.8% of Oxfordshire population
• Better communications in general, appalling lack of communications and publicity
• More timely feedback from the 'Big Conversation', feedback boards to local communities
• Explanation of impact of your 'speech bubble' points eg what does 'more focus on volunteers and carers' really mean
• Instead of NHS care?
• Voluntary sector expertise!
• Inclusion in Cllr Matthew’s Barber’s e-newsletter Vale of White Horse
Appendix C – ‘The Big Health & Care Conversation’ Survey

1. Method

The ‘Big Health & Care Conversation’ survey used the same six key questions that were posed at the Roadshows, as well as gathering some demographic information about respondents. The survey was made available online via Oxfordshire CCG’s Talking Health engagement system here [https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome](https://consult.oxfordshireccg.nhs.uk/consult.ti/Bighealthandcare/consultationHome) as well as printed and widely distributed in hard copy format.

2. Results

An additional 48 survey responses were received between September and 31 October 2016, however it is important to note that some people only answered a selection of the questions and so each question has a different total number of responses. The questions from the survey are shown in the following pages along with the key themes that emerged from the responses.

**Question 1: Do you understand why change is needed?**

This question was answered 48 times.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)

40 people felt that they understood why change was needed, and 13 comments sighted a lack of funding as the main reason. 5 comments specifically related to the increased demand on services.

Seven people did not understand and felt that this was only due to a cost cutting process. Other reasons given included:

- ‘Original 1948 NHS model is dead’
- ‘Yes but only because of Government spending cuts’
- ‘I understand the context and the rationale but do not always agree with the proposed solutions’.
- ‘Not completely. I think however the driving force is to give people a better experience and to save money’.

**Question 2: What do you think we need to do to provide the best care?**

This question has been answered 43 times.

There was a lot of varied feedback in this question with no particularly strong theme. Nine comments were about providing more GPs and protecting primary, seven comments expressed that by having services closer to home care would be improved. Five comments suggested that we should
look to improve our existing services before developing new services and that we should ask patients what currently works now.

‘put funding into general practice’

‘Invest in primary care including training physician-assistants and nurse-practitioners’.

‘I think that local care close to where people live is really important. I do not think that closing down or downgrading local hospitals is helpful’.

‘Look at the areas and population of the catchment area of each hospital and provide the services that are required for each area and not just centralise the services there is a need for local hospitals to provide high standards of care and for the growing population in the outskirts of the Oxfordshire area they need to provide services’.

In addition to this a small number of comments were received about:

- Maternity services and the Horton hospital provision (3).
- Patient safety
- Lack of training for staff
- Improve waiting times
- Offer more funding for public health initiatives
- Community hospital and bed provision

‘Cultural sensitivity to patients’ issues and needs’

‘Ensure that care providers are properly joined up and able to provide end to end services with no overlay and wastage. Public Health needs to be properly funded and integrated so that it is able to deliver an effective programme aimed at keeping the population healthy and thus reducing the drain on reactive services’.

‘Having less beds in wards, may sound good but sometimes patients are sent home too soon and have to be re-admitted’.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)
Question 3: The countywide Transformation Programme will need to use pre-agreed criteria to review the proposals (possibly patient safety, cost, available site, deliverability, population coverage). Are these the right criteria? Which are the most important you? This question has been answered 41 times.

12 people cited Patient Safety as a priority, then 10 comments for cost and location/access, and 9 people felt that deliverability was important. Other areas that people noted were:

- Improving performance in services
- Education, greater education in schools and information
- Population coverage, to take into account growing demographics and additional housing
- Investing in primary care, to have more GPs, better staff training

‘Quality of care must be the most important criteria followed by patient safety, population coverage and deliverability’.

‘Patient safety and deliverability are the main criteria which should be paramount in any reshaping of services. Cost considerations should be weighed against the additional costs of leaving a condition untreated or longer treatment being used instead of a proven more expensive drug/treatment. The availability of a site does not mean that the site is in the right place for maximum availability - a 'cheap site' that lacks access is wasting money rather than providing a service’.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)

Question 4: How can we keep more people healthy in Oxfordshire? This question has been answered 44 times.

Twenty-six people felt that investing in public health and prevention was the way to keep more people healthy. Sixteen people went on to highlight a healthy lifestyle and specifically exercise as the key to this. People also felt that awareness raising and promotion of public health messages would be beneficial, as well as some more specific suggestion such as:

- Working with the food industry to create healthier supermarkets
- Improving exercise on referral schemes so that they are longer
- Sharing relevant information with target groups
- Improving hospital food

‘Reduce costs for classes and gym membership’.

‘Promote exercise and healthy clinics. Tips and info’.

‘Education, on healthy eating and exercise’.

Other notable suggestions included:
• Having all age day centres, mix the elderly with the young
• Allow pharmacists to write prescriptions and therefore make the pharmacy the first port of call not a GP
• Keep services local with improved continuity of care

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)

Question 5: Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?
This question has been answered 40 times.

Twenty-seven people cited strategies in prevention and public health activities as a way to encourage people to take more responsibility. People felt strongly that this should start early in schools, and that education on healthy living should carry on throughout life, with appropriate guidance where necessary. Seven people felt that exercise was an important element to a healthy lifestyle.

‘More health education. Perhaps needs starting in school’.

‘The education can start at a young age, in schools. Parents should be encouraged to eat healthy which will help their children’.

Seven people also felt that it was not the responsibility of the NHS to encourage people to take more responsibility.

‘Warn the public that the NHS will discriminate against people with self-induced conditions caused by obesity, smoking and alcohol’.

‘Back off, and stop interfering! Just tell them that they are responsible for their own welfare, and if they are irresponsible and make themselves ill. then that is TOUGH!’

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)

Question 6: Have we missed anything? Are there any other areas we need to think about, as we develop our plans?
This question has been answered 25 times.

A number of individual comments were received to this question, which are shown below and include seven responses where people simply responses by saying they had nothing to add:

• Care at home 1
- District nurses 1
- Parking 1
- Unnecessary costs 1
- Equity of services in all areas 1
- Transparency 2
- Promote staff vacancies 1
- Maternity Services 2
- Keep the Horton 2
- Patient safety 1
- Provide local services 4
- Look at transport 1
- Reduce management costs 1
- Improve drug abuse services 1
- Better integration with social care 3
- ASD service 1
- Consider the role of pharmacy 1
- Show the evidence from other areas to support changes 1
- Improve support at home 1
- Train staff in equality and diversity 1
- Technology/Snapchat 1

Maternity provision and location of services were the strongest themes with four comments each.

‘JR is a nightmare to get to so anything that can be done away from there should be’.

‘Take into account where population growth is happening and keep services local - the Horton has lost many services already and it’s a nightmare for some to go to the Oxford hospitals’

‘Keep local consultant led maternity services and listen to local communities who know what is most needed & valued in their area. Keep consultant led maternity at the Horton. The Horton services (not just maternity) are vitally important for residents of Banburyshire and its growing population. Patient safety will not be achieved by a focus on shifting services to the JR. The Horton should be supported not downgraded in order to deliver patient safety’.

(Please note that the numbers against the tag themes refer to the number of comments made under that theme. An individual often comments on more than one theme in their response.)
About You

1) Please tell us about your interest in NHS services

The majority of respondents to the survey indicated that they were local residents of Oxfordshire (90% or 43 people). 5 responses were received from elected officials.

2) Please could you tell us your age?

The majority of respondents to the survey were aged 65 or over (15 people). 14 respondents were aged 16 – 24 and 15 were aged 25 - 64.

3) Please could you tell us your gender?

An almost 50: 50 split was received with only a 2% margin between men and women
4) Please could you tell us your ethnicity?

The majority of responses were described their ethnicity as white. 2 people indicated they were of other ethnicities.

5) Do you consider yourself to have a disability?

The majority of people said that they did not have a disability with 3 people indicating that they did have a disability and the remainder preferred not to say.
Appendix D – Community Hospitals options development workshop – 22 September

Health & Care Transformation in Oxfordshire

Report from the Developing Community Hospital Options Stakeholder Workshop held on 22\textsuperscript{nd} September 2016

1. Purpose of report
The purpose of this report is to present the feedback drawn from the stakeholder workshop held on Thursday 22nd September 2016 at the Kassam Stadium in Oxford.

It describes the event, outlines key themes, and identifies concerns and issues expressed during discussions both following a presentation and during facilitated table discussions.

This report will be presented to the Transformation Board and considered by the project group which is developing a pre-consultation business case for any proposed changes to community hospitals.

2. Background
A wide ranging Health & Care Transformation stakeholder event held on 6th June in Oxford signalled the start of a public conversation about what health care could look like in 2020/21 - how it could improve health and wellbeing in Oxfordshire, and improve the quality of care people receive while being financially sustainable.

The conversation has extended across Oxfordshire through a series of drop-in roadshows, held in various localities. These events have provided an opportunity for people to find out more about the challenges being faced in Oxfordshire and ideas for possible new models of care. Public feedback gathered at these roadshows and through an online survey will be used to further inform and shape plans.

The workshop held on the 22nd September was part of this conversation. Its purpose was to further develop the themes explored at the previous stakeholder event on 28th July, which included presentations and discussions about ideas to bring care closer to home from integrated community hubs - a new way of thinking about community hospitals.

The 22\textsuperscript{nd} September workshop looked specifically at community hospital inpatient services and feedback how the Transformation programme’s Integrated Care for Frail Older People and Urgent and Emergency Care for the General Population Workstream has been developing the options for the future of community hospital inpatient services. There was particular regard to urgent care and rehabilitation services; the impact of travel and access for patients, families and carers; and thoughts and feedback on what further information is required for the formal public consultation scheduled to begin in January 2017.
3. Summary of Key Points Made By Stakeholders for Consideration by the Community Hospitals Business Case Project Group

a. Comments on the issues around delivering rehabilitation of high quality, though in fewer places
   - Problems of access and public transport to fewer centres
   - Shortages in workforce numbers to support more people in their own homes
   - The need for better discharge coordination
   - Support for unpaid carers

3.2 Comments around the characteristics of a good home care package
   - Access to good quality information about the care options available
   - Joined up working by the key agencies
   - Support for elderly carers
   - More local diagnostics

3.3 Other issues
   - Recruitment and retention of high quality staff especially to senior clinical roles such as geriatrics and specialist GPs
   - Need for more multi-skilled staff
   - Costs of larger rehabilitation centres
   - What will be the role of primary care in these services?
   - Need to ensure there is up to date information on voluntary/community networks in local communities
   - Where does palliative and end of life care fit into this model of care?
   - The process would benefit from getting people who have experienced the care to talk about their experiences (good and bad) as this is a powerful tool to help with the system redesign
   - Patient representatives should be on all workstreams.

4. Event
Stakeholders who had attended the stakeholder events on the 6th June and 28th July were invited to participate in the workshop on 22nd September. Those who attended included representatives from organisations across health, voluntary and community sectors as well as patient representatives from the Oxfordshire localities.

The workshop was led by a team comprising:
   - Pete McGrane, clinical director for Older People’s Services, Oxford Health NHS Foundation Trust
   - Lily O’Connor, divisional head of nursing, Oxford University Hospitals Foundations Trust Hospitals
Dr Barbara Batty, Oxfordshire Clinical Commissioning Group
Dominic Hardisty, chief operating officer Oxford Health NHS Foundation Trust

The event agenda started with a presentation about how best to provide care and support to support frail elderly patients, the role of community inpatient beds to help deliver this model and the options being explored for the number of sites where community inpatient beds could be located. At the heart of the options being explored is the need to prevent people being unnecessarily admitted to acute hospital or using A&E services because we can’t offer a better or more local alternative. A copy of the presentation is available in appendix b.

After the presentation, attendees were invited to ask questions for clarification before heading into table discussions.

The table discussions were each led and facilitated by the workshop team – so people on each table could discuss and debate the questions directly with clinical workstream representatives responsible for developing the model of care.

Each table was asked to discuss the following questions:

1. What do you think the issues might be in delivering rehabilitation of high quality, though in fewer places?

2. If we are delivering more care at home, what would the characteristics of a good home care package be?
1. Feedback from Table Discussions
This section describes the key themes and issues raised – it includes a brief general summary, along with detail of the comments provided.

Question 1:

What do you think the issues might be in delivering rehabilitation of high quality, though in fewer places?

The groups raised a number of points for consideration, from concerns with transport access and how care will be provided to people at home, to the staffing of services and the impact they may have on timely rehabilitation.

<table>
<thead>
<tr>
<th>Points raised</th>
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<tbody>
<tr>
<td>Opening times and transport access. Not all people can drive and/or pay expensive parking charges.</td>
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<tr>
<td>If beds are concentrated in one place, parking will be an issue. There is already an issue getting volunteer drivers because of problems parking and waiting at acute sites.</td>
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<td>Time in rehabilitation, and timely rehabilitation e.g. timely physio available following a fracture.</td>
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<td>If more care is provided at home there will be real challenges as equipment and staff is scarce.</td>
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<tr>
<td>A small number of intensive places may mean more breaks in care.</td>
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<tr>
<td>A better structure of district nurses or equivalent is required to deliver care at home.</td>
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<td>Discharge decisions need to take account of people’s circumstances.</td>
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<tr>
<td>Arguments for closer to home include the upskilling of local GPs and clinicians.</td>
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<tr>
<td>The model of care for community hospitals keeps changing. How can rehabilitation be designed if you are unsure what the model is?</td>
</tr>
<tr>
<td>As healthcare gets more efficient at enabling people to get in and out of hospital more quickly, people need a little more looking after, especially if re-enabling them to get home. These should be more local for friends and family to visit and to get people re-engaged with their local communities.</td>
</tr>
<tr>
<td>Needs, and in parallel, the number of beds, changes from week to week, so it is difficult to predict the size of the rehabilitation required.</td>
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<tr>
<td>Demand is due to rise by 17%.</td>
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<td>Poor communication and a lot of mistrust within the public that health services are not being transparent.</td>
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<tr>
<td>There needs to be better discharge coordination. HealthWatch found that there were seven different professionals involved in discharge often from different authorities.</td>
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<tr>
<td>This is pushing more people to have their care at home. Won’t there still be the same number of people needing care?</td>
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<tr>
<td>Concern that people receive rehab for around eight weeks and primary care picks up the burden.</td>
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<tr>
<td>Lots of people don’t know how to access care without the support of their GP practice.</td>
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<tr>
<td>What about retirement villages? They will have huge impacts.</td>
</tr>
<tr>
<td>Support to patient carers.</td>
</tr>
<tr>
<td>Ensuring that patients are equal partners in the discussions and develop a holistic model to take account of future needs.</td>
</tr>
<tr>
<td>Having a better understanding of what’s currently available across the different locality. Therefore scoping all services including those provided by the community and voluntary section, and getting buy-in from them.</td>
</tr>
<tr>
<td>The how, what, and why the changes will take place will be a major issue for the public, and needs to be taken into consideration.</td>
</tr>
</tbody>
</table>
Points raised

Staffing of the services – concern that the new models are very dependent on GPs.
How the staff for these services have continued professional development and a career portfolio type environment.
Accommodation for staff.

Question 2:

If we are delivering more care at home, what would the characteristics of a good home care package be?

The overriding theme in response to this question was collaboration. The groups brought up the points that key agencies and families need to be more joined up with better communication, patients need continuity of care at home, and a contact plan would be useful to families and the emergency services.

As well as collaboration, the groups also discussed involvement of the voluntary sector, appropriate staff training, and providing services that enable and empower people to look after themselves.

Points Raised

Involving and supporting the voluntary sector to provide domiciliary care and support.
Making sure that everyone knows what care is available in their areas and who to talk to.
Reviewing care packages in a timely manner to ensure that crises don’t build up.
Ensuring that people feel they have a life to live.
Providing a service that enables people and think of their outcomes in terms of returning to independence as far as they can.
Better communication across the programme and joining up of key agencies.
Early planning before discharge.
Patient led goal setting and delivery should also involve the clinician. Also important that it is ensured that the patient has understood the agreed goals.
More responsive and person centred, with more flexible agencies.
Ensuring that a multidisciplinary team approach provides a rewarding environment.
Changing the terminology from carer to e.g. support team worker, to ensure proper recognition is had. Primary care should identify carers so that GPs can have this information when they are visited for an appointment.
Making sure that families and the support team are included in the model.
An effective escalation system.
Advance notice of when you will receive a visit.
Support for elderly carers who may also fall ill.
Continuity of care at home – the current problem is that individuals receive up to four or five visits a day, all from different people which can be very confusing.
Thames Valley Police highlighted the importance of an available contact plan so there is one central place they can go to check whether an individual is receiving treatment.
A point of contact for carers – what happened to the carers’ strategy?
More diagnostics available locally or via GP surgeries.
Ensuring that those with mental health problems and learning disabilities don’t slip through the net.
Technology, such as a pedometer, help carers identify if there are reductions in activity, and could be used for other aspects of care.
Appropriate training for staff.
2. **Other Issues Raised**

The discussion at the workshop covered a number of other themes, which have been captured below:

<table>
<thead>
<tr>
<th>Key Themes</th>
<th>Summary of issues</th>
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</table>
| **Staffing and recruitment** | • What are the barriers stopping geriatricians or specialist GPs being attracted to Oxford Health Foundation Trust roles?  
• Need to break down professional boundaries and have more multi-skilled staff.  
• Need to use the workforce better, including voluntary sector resources (people and facilities). |
| **Emergency Multidisciplinary Unit (EMU)** | • The EMUs provide excellent service, but not at scale - having more of them in the future?  
• Making services such as the Witney EMU 7-day instead of the existing 5-day service. |
| **Technology** | • Use of technology to help with communication to staff and the public. Potentially looking at the use of a helpline, website, frequently asked questions (FAQs). |
| **Bigger picture** | • How are political agendas factored into discussions and acknowledged?  
• The prevention agenda needs to be raised.  
• Need to ensure we are sharing learning and best practice from other successful models e.g. Cotswold GP pilot.  
• Be clear of benefits of proposals – don’t focus on what is being ‘lost’.  
• Public information and education are really important.  
• Need to be able to explain the whole pathways to patients to understand the journey at an individual level – including opportunities for self-management. |
| **Costs** | • How much will it cost to run the larger rehabilitation centres?  
• Like to see funding for extra care beds in local facilities like the six in Faringdon.  
• What will it cost to have care at home? Surely the cost gets passed onto the patient who gets cared for at home rather than in hospital?  
• Money to follow patient and pathway. Ensure that there is not a disconnect between these e.g. disinvestment by council in one part of the pathway and another stakeholder wanting input in another part of the pathway. |
| **Primary care** | • If GPs were giving the message then that would be more credible than the providers.  
• How are you working with primary care? Are you planning for an increase in demand?  
• The primary care work stream has asked PPG groups what contribution they can make to help patients in practice use services differently e.g. use of care navigators. |
| **Voluntary sector** | • The voluntary sector is really good at developing relationships.  
• Need to ensure there is up to date information on voluntary/community networks in local communities. |
| **Patient empowerment** | • Ensuring that patients are equal partners in the discussions |
Key Themes | Summary of issues
--- | ---
and develop a holistic model to take into account future needs.  
• Need to manage expectation – need to consider not just the patient, but the expectation and understanding of the family and carers.

Communications and engagement | • The process would benefit from getting people who have experienced the care to talk about their experiences (good and bad) as this is a powerful tool to help with the system redesign.  
• Patient representatives should be on all workstreams, not just some.

Palliative care | • Ensuring end of life care is accommodated within the service models.  
• There needs to be something in Wantage that can provide respite and convalescence closer to home.

Social services | • Where are the discussions with the County Social Services?  
• Need to break down the barrier between health and social care.

AGENDA

**Oxfordshire Healthcare Transformation:**

**Developing Community Hospital Options**

9.30am | **Welcome and introductions**
- Aims of today’s workshop  
- What are we currently working on?  
-Pete McGrane  
(Pet... Clinical Director, Oxford Health NHS Foundation Trust)

10am | **The emerging model of care to support frail elderly people**
- Our vision and model of care  
- What would need to change  
- What else do we need to consider?  
- What are the options being explored?  
-Pete McGrane  
(Pet... Clinical Director, Oxford Health NHS Foundation Trust)

10.30am | **Table discussions**
1. What do you think the issues might be in delivering rehabilitation of high quality, though in fewer places?  
2. If we are delivering more care at home, what would the characteristics of a good home care package be?  
-Diane Hedges, COO  
(Oxfordshire CCG)

11.40am | HOSC briefing  
-Diane Hedges, COO  
(Oxfordshire CCG)

11.50am | Wrap Up and Next Steps  
-Pete McGrane
Appendix E – Maternity Focus Groups

Maternity Focus Group – Tuesday 11 October

- Information for new mothers needs to be staggered – too much all at the first appointment, plus you forget it as it’s verbal info
- Surprised that couldn’t get a direct appointment with the midwife as I thought would be the case, instead to access the midwife I needed to see the GP first
- Seems costly and unnecessary for GPs to do the antenatal appointments. Would prefer it to be with a midwife anyway.
- Have used the ‘Pregnancy Plus’ app. Useful and reassuring as it provides information as and when it is needed and tells you roughly what you should be experiencing at that point.
- ‘Emma’s diary’ not a good thing and very patronising
- Everyone would really like electronic notes and not to have to carry around a blue notes folder. Digital records are needed and the NHS needs to catch up!
- Experience shared of questions in blue notes not allowing an accurate recording of the pregnancy (same sex relationship, not IVF). This meant when in hospital with complications, they thought she had had IVF and so insisted on certain drugs
- All agreed they wouldn’t think to go to the pharmacy for pregnancy advice or information
- All would like to see the GP visits changed to be with a midwife instead (unless high risk pregnancy). More continuity of care.
- These GP appointments apparently aren’t common elsewhere in the country – they are usually done by a midwife.
- 25 week appointment would be better with the midwife as you are closer to delivering the baby – reassuring.
- A GP appointment at 25 week could unintentionally make you more anxious as you don’t have the relationship with them.
- Good experiences shared of feeling that they had plenty of choice in where to give birth – one chose homebirth with friend who is a midwife (but later had complications so was in hospital instead) and another plans to use Oxford MLU.
- All noticed that the benefits of MLUs are not explained, or even what they are. They were relatively well informed patients and so knew or found out themselves but others may need this explaining.
- Reassuring for first time mother that Oxford MLU is only a few floors away from other areas of hospital if there are complications.
- Chipping Norton MLU has a good reputation.
- As a first time mother you try to plan to avoid any possible ‘blue light’ situation and so will go with what you think is the safest option. Therefore need to help new mothers fully understand how safe a MLU is and what they do there.
- Mothers don’t realise that transfer between units at a hospital can be just as difficult if not more so, that from an MLU to a hospital (e.g. because of staff relationships)
- Would be good if the midwife gave info on the choices available and then let you digest the info, and to discuss the options and any concerns at the next midwife appointment. Gives time to think about it.
- Recommended the Kirsty Coxon birth place leaflet http://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/Birth_place_decision_support_Generic_2.pdf
- Mothers need to know that they can also change their mind at any point about the place of birth
- There is currently no continuity in obstetrics
- Breastfeeding support – huge difference and inconsistency between the women’s expectations and what support is actually available (virtually nothing)
- If women are unable to breastfeed it can have a huge impact on their mental wellbeing, feeling a failure as a mother, trauma etc – but it is actually because the system has failed them because the support is not there
- The health visitor reputation is not good – hit and miss, might make you do something you don’t want to etc Word of mouth reputation and also experiences
- The cost versus the numerous benefits of the baby café concept are obvious. Invest in prevention.
- Using the GP and health visitor for breast feeding support doesn’t work and is costly to the NHS
- Children’s centres and baby cafes – useful to new mothers to know what is normal, support network, learn from each other, wellbeing – all prevents escalation of problems
- Women often lie/open up to health visitors as they don’t want to seem like they’re not able to cope and also they don’t realise certain things are absolutely normal e.g. being v tearful.
- In a year’s time there will be no baby cafes – where will new mothers go then? Problems will escalate and be costly.
- Ideal post-natal offer – Continuity of care AND carer for women. Support through groups in the community. Keep women properly informed throughout the pregnancy. Ensure patient communication is timely.
Maternity Focus Groups – Monday 17 October

1. What support did you get from your GP or anyone else, prior to falling pregnant or when you found out you were pregnant? What support would have helped you?

- Initial appointment felt let down
- Expected a second test to confirm the pregnancy
- Midwife experience was positive
- GP receptionist not helpful in getting an appointment in the first 12 weeks
- Have to say why you want the appointment
- GP was good for advice on contraception
- Receptionists are not informed about what a new mother needs to do and this can be quite confusing for a new mother
- GP is the first port of call

2. Currently only a few GPs offer an early appointment to assess medical risk (before 10 weeks). Did you have one? What was your experience? We are considering making this universal for all pregnant women – what is the best way of letting women know?

- 10 weeks sounds sensible
- Would be a positive experience and would feel like someone is taking charge
- Suggest put into pregnancy tests or flyer near pregnancy tests
- Pop-ups on the online GP booking system
- Social media
- Red books for 2nd and 3rd time mothers
- Websites like netmums but would need to be Oxfordshire only

3. Currently GPs offer an appointment at 25 weeks – how important was this to you?

- Continuity is really important
- Could have it for those women that need GP follow up from 10 weeks
- Not sure why it is needed when all other are with the midwife – more personal relationship with the midwife
- Suggest drop 25 week in favour of midwife appointment
- GPs are for sickness, not appropriate if pregnant and well
- Should be for everyone not just first time mothers

4. Do you feel that you had choice in where you could give birth? Were you involved in the planning? What would have made it easier?

- JR, JR delivery suite and Wantage MLU
- Felt that did have choice
- Positive feedback from mothers on choice/support
- Midwife didn’t have time to go through the birth plan
• Self learning about birth, hypnobirthing and Daisy
• Birthing options are discussed early but might be better making a decision once pregnancy has developed
• No mention of home births
• More options of home births for 3 time mothers
• Leaflet on 1st time options

5. **What care support did you expect after giving birth?**

• Aftercare at the JR was excellent
• MLU offers continuity of care as they know you and you know your midwife
• Excellent support with breastfeeding
• Concern about closure of Wantage MLU and support for mothers, especially with the closure of the children’s centres, if support goes people will fall through the gaps
• Good to have local groups in walking distance
• Midwives really do care about you and provide continuity
• Pre-natally 2 midwife in JR approx. 25 seen
• Nice to have a named midwife if admitted to hospital
• JR breastfeeding clinic only Monday and Thursday, it would be good if it was every day
• Some mums are rude to the midwives
• Would be good to have health visitor info before having the baby
• Blue notes – would be good if these were electronic
• GP 16 week check they should know what happened in delivery
• GP surgery didn’t know how to administer oral Vitamin K
• Apps would be good post-natally for breastfeeding
• Discussion on children’s centre
• Concern about the support for breast feeding as it is hard
• Breastfeeding class provided by midwives in Wantage, 1:1 sessions
• Berkshire, no support for breastfeeding
• Mismatch between the perception of the OUH, need messaging around breastfeeding and the actual support available
• Concern around Horton messaging
• Would consider Wallingford, if transport was accessible – can look online to see video of MLU
• Abingdon patients tend to go to JR – would prefer Spires
• Parking at the JR is really stressful
• Post-natal care in the community was great, as they revert back to their midwife
• JR feedback was a lottery. If really ill care was amazing, if not you are forgotten
• Observation ward is quite traumatic, shift changes, induction not great, quite traumatic watching and hearing other women giving birth.
Maternity Focus Groups – Thursday 20 October

1. What support did you get from your GP or anyone else, prior to falling pregnant or when you found out you were pregnant? What support would have helped you?

- Saw GP and was referred for tests
- Reassured that it is normal for it to take time to fall pregnant, as well as getting medical reassurance – Dr Rogers, same GP throughout my pregnancy, recommended exercise and relaxation etc
- GP test on ovaries – taking Pregnacare
- Woodlands – saw GP – test were normal – then fell pregnant
- Mixed experience with GPs, some uncomfortable to discuss, falling pregnant
- Reading books, taking temp, saw GP, referred to consultants at Northampton, offered JR or Horton, consultant care was excellent

2. Currently only a few GPs offer an early appointment to assess medical risk (before 10 weeks). Did you have one? What was your experience? We are considering making this universal for all pregnant women – what is the best way of letting women know?

- Saw GP – before midwife, no positive experience, confirmed pregnant and given blue folder and forms
- Felt like I was wasting the GPs time
- Expected pregnancy test and to be given folic acid
- Tell GP receptions to give people the 10 week risk assessment appointment
- Welcomed the 10 week appointment
- Suggest promoting it in Babycentre, Netmums, bounty packs and Emma’s diary
- Midwife at hospital can screen previous blue notes
- Going electronic would take the father out of the loop as currently fathers can read the blue notes
- Felt as though as Dad you weren’t there – it’s all about mum
- Google search, promote the new appointment there is the google search menu

3. Currently GPs offer an appointment at 25 weeks – how important was this to you?

- 38 week appointment felt pointless as GP didn’t know me or measure me – not my named GP
- GP doesn’t do anything that a midwife couldn’t do – but was nice to see my own GP
- Mixed messages – GP said I should always do what the midwife says
- More written feedback in the blue notes
- Dad doesn’t see written feedback and general expectations that ‘mum’ will see a variety of professionals
4. Do you feel that you had choice in where you could give birth? Were you involved in the planning? What would have made it easier?

- Midwife gave letter with list of choices – chose Northampton then changed mind and went to Horton
- Important to know you can park and that husband is with you, not parking the car
- C-section – VBAC – no limited choice
- Horton – C-section – Baby in SCBU
- Taking baby into JR for SCBU – difficult, especially if you don’t drive
- Friends and family step in to help with appointments and driving
- Offered full choice, choice Chipping Norton MLU/visited
- 0% of low risk mothers – riskier choose Horton over MLU
- How many transfers from MLU lead to intervention?
- MLU tell people that you can jump the queue for epidural if you arrive by ambulance
- Concern Horton MLU is what happens – what happens if two mothers need ambulance?
- Home birth in Deddington needed an ambulance transfer – no ambulance – drove to JR
- 111 advised ambulance for a large clot – not needed – again mixed messages

5. What care support did you expect after giving birth?

- Go to DAU at Horton for 10 – 14 days to see midwives and then health visitors
- Same midwife all the way through pregnancy – then community nurses after birth
- After giving birth, most vulnerable, would be good to see same midwife (continuity)
- Session with midwife to review birthing experience – birth after thoughts
- Need continuity after birth
- Friend recommended birth after thoughts sand then asked midwife
- Googled it – birth after thoughts
- Bought pals to bedside to complain – inappropriate
- Continuity important
- Mental health – breastfeeding supporter flagged to midwives concern about my emotions
- Need someone to recognise your mental health
- Having seen GP etc it was paediatrician that picked up on mother’s health – needed a blood transfusion
- Need to look at the patient as a whole
- Ongoing breastfeeding support – excellent support
- Midwives technique varies
- Health visitor support is hit or miss
- Found health visit patronising about to cancel 9 month check, find the health visitor check pointless
- Asked for a referral to opticians – never happened
• VBAC after C-section – cannula advice, delayed cord etc, people don’t know you can decline care
• Voluntary sector pick up support – La Leche
• People give up breast feeding for reasons that are normal
• NCT don’t talk about the different options in Breastfeeding
• Ante-natal is all about – up to birth
• Even in hospital breast feeding support not great
• Additional breastfeeding service available up to 6 weeks
• Support for when you return to weak, and need to get baby off breast and onto bottle
• Dad could help with bottle feeding
• Want services reinstated at Horton
• Transport/parking/need to look at the bigger picture – need to consider people’s family support etc
• Concern about the Horton, surely make Banbury a more representative hospital rather than shipping people down to the JR. This has happened as a result of policy to move high risk patients. There is housing increase in Banbury – need to take a step back.
• Concern about the downgrade of Oak Ward, which is Stroke, elderly not getting their support
• Concern about the children’s ward and the domino effect and concern that this is a foregone conclusion
• For any expectant mother – choice is important
• Brackley patients are being told that they can’t go to the JR if they live in certain postcodes.

In addition we also received anonymised patient stories from mothers in Abingdon, shown below:

**Mother A**

The main thing I want to get across here, is I think the community midwifery team here in Abingdon are fantastic. I know I’m only supposed to be talking about the arrival of my daughter at the end of last year, but in the last 8.5 years, I think I’ve ended up meeting most of the team and without exception, they have been some of the most friendly, helpful, empathetic people I have met. Thank you to all of them. I was lucky to have the same midwife throughout two of my pregnancies, and this meant Midwife X knew me well enough to support me.

**Birth Choices**

Having had my first baby in the JR (bad experience), I knew I wanted to have my second elsewhere. My midwife, Midwife X encouraged me to have my baby at home and it was a lovely experience, even if we didn’t manage the water birth I wanted. I chose this over Wantage, as I felt the transfer from Abingdon would be shorter if I needed to be transferred. I had hoped to have my third child at home and laboured at home. However, she got stuck and we ended up in the JR in delivery suite, which was not where I wanted to be.

Midwife X helped me do what could have my child at home if at all possible - e.g. making sure I kept my iron levels high enough and my blood pressure low enough. She also made sure that all the kit
for a home birth was available, and helped me work out where in the house might be a good place to have the baby.

Midwife X was very supportive when it came to organising for me to go to the JR, trying to ensure I got a different delivery suite and a senior midwife. She explained that I'd be stuck there for obs on my baby for 12 hrs as my waters had gone. However, the JR was busy, a shift once a shift change happened and the plan to give me an epidural and synt pretty much on arrival went out of the window. It felt that my wishes, and those of my community midwife were not taken seriously once at the JR. I would like to see the JR respect the plans made by women together with midwives who have known them during their pregnancy.

I am deaf in my left ear and find it difficult if people don't look at me when they're talking to me. Midwife X understood this and made a point of looking at me and talking to me clearly. This was especially important when I was in labour and in pain. At the JR, despite this been written in my notes, again, this did not happen and left me confused and frightened. I would like to see some communication training being delivered. I am sure this would benefit a range of mothers, those with hearing difficulties and deafness, those with English as a second language, and those who are frightened!!

**Postnatal**

I had my baby at the end of the year. One of my worries would be that there wouldn't be postnatal care available over Christmas.

I was left in the delivery suite with no windows for many hours, the day My daughter arrived. There was limited support with feeding. Having had two babies previously - one who fed well and one who didn't, I knew My daughter was feeding well because it felt like she was. The midwife kept returning to tell me I hadn't fed my baby for long enough and she can't have fed. I know my milk supply. My milk was in, I had mastitis before she even arrived!! She was getting a lot of milk very quickly!! She fed one side better than the other. What I needed was somebody to help me for a few minutes on the side we were struggling with. No support given on delivery suite. Please buy some chairs without arms. You can't feed underarm with chairs with wooden arms!! They said support would be available on lev 5 on 10 Dec. But it was not available by the time I got there in the early evening. Having had mastitis in late pregnancy and had a cut made on my breast to get rid of the infection, I knew I needed to make sure my daughter fed well from both sides!! I did at least find a plastic school chair without arms to sit and feed on.

I was just offered tea and toast, and I was hungry having been in labour on and off for a long while. I think I did eventually get some lunch about 3PM and nothing until I left at 9:30!!

I discharged myself. This was because they said I would have to stay in overnight as they simply hadn't done the paperwork. However, there was no medical need for either me or my baby to be there. The midwives informed me that "I would not be entitled to care in the community if I discharged myself". On no sleep, and little food my reaction to this was emotional. I had an antenatal appointment booked with my GP the next day and had my midwife's mobile number in my phone. From experience, I knew that both my GP and my midwife would offer me care. I can imagine new first time mothers may have believed them.

It was also good to know that I could phone the midwife office with any questions, concerns...
At home, I was able to sleep, eat and relax. This was the right place for me to be in. I was upset I didn't have my daughter at home, but was pleased to be home. Although my midwife was on holiday other members of the team had been well briefed and were able to support me. They helped me make sure I obtained pain medication over the Christmas period - I had after pains. They offered me support with breastfeeding my baby. I think the midwives having a base office locally means they are a strong team and are able to offer women continuity of care between the team. It was also helpful to know when the midwife was coming, as it meant I could still get out with my elder children.

I also had support from baby cafe, and it helped enormously that an MCW was aware that I hadn't had the easiest labour and new my history and was able to support me with feeding my daughter. It would be beneficial to mothers if this were more closely integrated (and funded) by the NHS.

I was discharged by my midwife around 10 days, I think I'd have liked to be under her care for a little longer, as my daughter had breastfed jaundice and needed bili readings for some time and a referral to the clinic at the JR, which the health visitor made me feel anxious about. However, Midwife X was able to clearly explain the nature of breastfed jaundice and reassure me.

I would like to see home births encouraged. Having my son at home was a fantastic experience and one I would certainly recommend to other mothers to be.

I would like to see better communication when people transfer to/ from the community midwives.

I would like to see clear information about the availability of breastfeeding support at the JR, post delivery.

I would like to see the services of community based breastfeeding support organisations like baby cafe being recommended and funded by the NHS in some way.

Thanks

**Mother B**

I gave birth at home in February 2016. I was then transferred to the JR as I had a third degree tear. It was my first pregnancy. I had a normal pregnancy and birth. There were no complications apart from the tear.

**Choice of place of birth**

My midwife was very supportive of my decision to have a home birth. I feel I was given all the relevant information and was given a true choice (they didn't try to persuade me into something I didn't want). I was aware that there was a strong possibility I would be transferred to hospital but this wasn't presented as a reason to change my mind. I am very happy with the care I received from the midwifery team in Abingdon.

**Post-natal care**

Generally I am happy with the care I received after giving birth. I feel that all the health care professionals I came into contact with were competent, professional and friendly.

However, it is very clear they are overstretched and do not have the time and resources they need to do a thorough job in some areas. I felt this particularly in regards to breastfeeding. The NHS
promotes breastfeeding extremely strongly both before and after birth. I cannot remember how many millions of leaflets I received that concentrated solely on breastfeeding. The only literature we got that was directed specifically at fathers was about supporting breastfeeding. Breastfeeding is a big deal. I was surprised then that in hospital no one ever offered to show me how to do it. When I asked for help the nurse would get the baby latched on then walk away. There was no one to show me the technique or explain what I could change when I was having problems trying it on my own. After I was discharged no one asked to see me feed. Midwives and health visitors both asked generally but no one wanted to have a look or offer any practical support unless I asked for it specifically.

I find this astounding given the high rate of women who find they can no longer breastfeed after only a few short weeks. If the NHS is serious about raising rates of breastfeeding then women need much more one to one support right after their baby is born. Breastfeeding is not an academic exercise. It is intensely practical, you cannot learn it from a leaflet. It is difficult. It is also incredibly important.

(I am aware there is lots of breastfeeding support in Abingdon. But I struggled with it as on the days I needed help the baby cafe was inevitably on the other side of town, I didn’t have a car, couldn’t walk far and had only had a few hours sleep.)

Best wishes

Mother C

My thoughts on the local maternity care primarily place to give birth. I had a 36 hour labour. I asked to go in the spires, which I was told was available but then ended up waiting 3 hours for someone to take me up there. Once up there I was there for several hours about 5-6cm dilated, when I was asked if I could leave the room and carry on labouring in the waiting area as there was a lady who was 7cm dilated and needed it more than me. My mum actually said no to this, but unbelievably I was then later asked if I could move to the prenatal ward as my labour was taking too long. This time I said no as it would have meant being in labour on my own with no birthing partners by my side. I even considered going home at this point, which luckily I didn’t as within 2 hours I was fully dilated. At this point I got in the birthing pool which they did too hot due to a faulty thermometer at which point my pulse rose and I had to be moved to a delivery suite. It was not the calm stress free labour I hoped for. I had high hopes for the spires, but the treatment I received those days was awful. It was my first baby too so I was quite scared. I understand the hospital gets busy but I thought I would be looked after better. I must say there were a couple of amazing midwives I saw during the many midwives I had, but in general choice of birth place and care was not good, mainly for the stress and tears caused. Sorry I can’t provide better feedback.

Mother D

My partner and I chose the J.R.’s Spires Midwife led Maternity Unit, as we were expecting our first and wanted to be as close as possible to urgent medical help had anything gone wrong. We were, however, sad to hear that the Wantage Maternity centre had been shut down, as it was the second-closest midwife lead maternity unit to the J.R., and it was a very nice place (our second choice). We were keen on giving birth in a midwife lead unit, as we were planning for a more natural birth (hypnobirthing) and wanted to be in a more relaxed environment where the focus was more centered on relaxation rather than “be prepared in case anything goes wrong”.
That being said, having had the chance to spend some time on the 5th floor maternity unit at the J.R. post-labour (I spent the best part of a day in early labour here), I can attest that the pre-labour help was all that I could have hoped for. No one was forceful, my midwife was extremely attentive, and having access to a bath and shower was extremely beneficial. The Spires was indeed the best choice for active labour, however, and I feel a large part of this had to do with the fact that I was able to relax, be comfortable, and that the midwife tending to me respected all of my wishes during labour.

The aftermath of my labour was a bit hectic, though. I ended up losing quite a bit of blood, and my son had to be treated for a lung infection. We ended up having to wait around on the 5th floor for a week while my son was given his full course of antibiotics, and for me to regain a bit of strength. I found out that I had lost enough blood for them to offer me a transfusion, however I was not given a transfusion, and was instead offered the choice of taking iron supplements, or having an iron infusion (I fully understand that a transfusion was the last resort, and appreciated having been given a say on how to regain my iron levels instead.) I decided to go the supplement way, and ended up feeling extremely frustrated at how, in stark contrast to pre-labour services, my particular post-labour needs seemed to fall under that category of needs that are too risky for them to let me go home, but not risky enough for them to fully tend to me, or my son. For example:

1) My son's medical notes were removed from my room, and misplaced several times a day and needed to be re-written once.

2) At least one of my tablets was skipped every day, making it difficult for me to regain my iron levels, and very painful when it was the pain killers being forgotten. There was even once when I had to tell the midwife that she was giving me one too many pain-killers (which I had taken earlier that day)

3) On the day my son was to have his cannula removed, and we were meant to be discharged, we had to ask 5 times to understand what we were waiting for, to eventually be told that the ward was full that day, and the midwife was having a hard time keeping on top of all the patients. This was extremely frustrating, as I was just another patient they needed to look after, and it seemed to make more sense to me for them to do the discharges first thing in the morning in order for them to have less people to tend to.

On top of feeling pretty forgotten on most days, as I'm sure you know, the quality of the food being offered was absolutely atrocious. There were absolutely no fibrous options (something women having had their vaginas/rectums pushed inside out, and being expected to have a bowel movement should absolutely have access to, specially those on iron supplements). None of the menu items seemed to have much iron absorption qualities (vitamin c, meat) but instead contained a lot of products that would discourage iron absorption (calcium, egg, caffeine). Thankfully, my husband and I had prepared food at home, and I was able to decline the catering service, another task that was not trivial. On top of having to remind the caterers that I was not having any of their food, and having to justify this on a regular basis, I was constantly bombarded with people coming in and out of, and taking it upon themselves to look into my room without permission (responding "please wait" after a knock seemed to have no effect whatsoever). Caterers, male custodians, reps for Bounty, reps for Baby Centre, all people I would have preferred stay out of my room until given permission. However, I was not given this option, and my naked body was often exposed to strangers I did not feel comfortable exposing myself to.

I feel there are better options that could be offered to people with minor issues who have no option but to stay in hospital, and do feel that the J.R. has the potential to better itself in this department. I hope that what I've expressed can help, even just a bit, and appreciate that problems like these are a result of understaffing, and an outdated system.
Thank you for giving me the opportunity to discuss my experience, and if you have any questions whatsoever, please don't hesitate to contact me. Thank you.
NOTES:

Primary Care Patient Advisory Group

Monday 26 September 2016. 11.00 – 13.00
TheVenue@Cowley, 242B Barns Road, Oxford, OX4 3RQ

<table>
<thead>
<tr>
<th>Present</th>
<th>Name</th>
<th>Source</th>
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<tbody>
<tr>
<td></td>
<td>Julie Dandridge (JD)</td>
<td>Oxfordshire CCG</td>
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<tr>
<td></td>
<td>Julia Stackhouse (JS)</td>
<td>South, Central and West CSU</td>
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<td></td>
<td>Chris Wardley - Chair (CW)</td>
<td>North</td>
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<td></td>
<td>Graham Shelton (GS)</td>
<td>West</td>
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<td></td>
<td>Elaine Cohen (EC)</td>
<td>City</td>
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<td></td>
<td>Michelle Evans (ME)</td>
<td>Carers Voice</td>
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<td></td>
<td>Jeremy Hutchins (JH)</td>
<td>SE</td>
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<tr>
<td></td>
<td>Rosemary Wilson (RW)</td>
<td>North</td>
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<tr>
<td></td>
<td>Andrew Colleran (AC)</td>
<td>Healthwatch Oxfordshire</td>
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<table>
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<th>Apologies</th>
<th>Name</th>
<th>Source</th>
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<tbody>
<tr>
<td></td>
<td>Alasdair Lennon (AL)</td>
<td>University of Oxford Student Union</td>
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<tr>
<td></td>
<td>Janet Waters (JW)</td>
<td>SELF</td>
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<tr>
<td></td>
<td>Gene Webb (GW)</td>
<td>SWOLF</td>
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<tr>
<td></td>
<td>Mary Braybrooke (MB)</td>
<td>South West</td>
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<td></td>
<td>Jan Cottle (JC)</td>
<td>Carers Voice</td>
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<td></td>
<td>Monica Waud (MW)</td>
<td>Age Uk Health and Social Care Panel</td>
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<tr>
<td></td>
<td>Louise Wallace (LW)</td>
<td>Non-Executive Director</td>
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<td></td>
<td>Eileen Turner (ET)</td>
<td>NE</td>
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| Action | 1. Welcome and Introductions | CW welcomed everyone to the meeting and reminded members that the purpose of the PAG is to inform the patient input into the Oxfordshire Primary Care Commissioning Committee, which CW attends. CW confirmed that the feedback from this group informs the primary care workstream as CW is the patient representative on the workstream. Action: to provide a picture of the governance arrangements for the workstream and Transformation, to show where the patient involvement contributes. | JD/SAD |
|        | 2. Workshop on Self Care | JD asked the members of the PAG to consider the following question? If Primary Care is to |
**be sustainable, how do we support patients to self-care?**

A lively discussion followed and the following points were raised:

- Education in schools is surprisingly good. Perhaps children can guide their parents on how to be good
- Concern about the lack of funding for public health budgets.
- Emotional Health, children need this – how can we encourage parents/families to help each other?
- Top down and bottom up approach needed – education does need improvement
- GP social prescribing, carrot/stick
- What is the motivation – to do anything
- Link between mental health and physical wellbeing
- Stop smoking campaign was really hard hitting – promotional materials need to be more hard hitting
- How much does it cost in £s, express in money
- Need to be careful you don’t put people off going to the doctors
- Trust the patients more to look after themselves
- Enable the IT systems to receive data from patients on themselves
- Support patients – see case study already shared
- Cans PPGs provide more support?
- Pharmacy advice can be shocking and poor
- Practice and Pharmacy don’t talk to each other about patients
- Target supermarkets and shopping malls to promote healthy diet
- Link with voluntary organisations that represent long term conditions
- Buddy people with LTC across the age groups to encourage good behaviour models
- Do people actually know about services?
- Mini PPG surveys on self care
- Health apps
- Not being able to get appointments
- Lack of link between primary/secondary and social care
- Define what the self care information is that people need
- How do you get the patient to take the info
- How do you get the patient to act on it
- What does the patient want to know
- Allow the patient to take control
- Make it information relevant

CW summarised that people need to be supported either in the system or from family, messages need to be appropriate and relevant to what you are trying to achieve. However, negative messaging can be good.

3. **Other Business**

- It was noted that CQC inspections were felt to be counterproductive. CW will raise this at OPCCC.

| CW |

4. **Date of next meeting:** Wednesday 30 November, 10.30 – 12.30 - TBC
Appendix G: Notes from other engagement meetings

Below is a list of notes taken from other engagement activities and meetings that have been undertaken during this period, which are available on request:

- Meeting with Cherwell Local Strategic Partnership
- Age UK Community Partnership Network
- Student Groups from Abingdon and Witney College
- Q & As from OCCG Board and Annual Public Meeting

Other communications that are published on our website:

- Weekly GP briefings are available here: [http://www.oxfordshireccg.nhs.uk/professional-resources/gp-weekly-bulletin/](http://www.oxfordshireccg.nhs.uk/professional-resources/gp-weekly-bulletin/)
- Minutes of the Health Overview and Scrutiny Committee meetings are available here: [https://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CommitteeId=148](https://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CommitteeId=148)
- Minutes of the Oxfordshire Clinical Commissioning Board are available here: [http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/](http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/)
- Minutes and papers of the Oxfordshire Transformation Board are available here: [http://www.oxonhealthcaretransformation.nhs.uk/who-is-involved/transformation-board-meeting-papers](http://www.oxonhealthcaretransformation.nhs.uk/who-is-involved/transformation-board-meeting-papers)
### Appendix H: Seldom Heard Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Locality</th>
<th>Outcome/ Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Door (Refugee/ Asylum Seekers)</td>
<td>Oxford</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Mosques</td>
<td>Oxford</td>
<td>Leaflets distribution and interview with 1 Imam</td>
</tr>
<tr>
<td>Mosque</td>
<td>Banbury</td>
<td>Leaflets distribution</td>
</tr>
<tr>
<td>Sikh Gurdwarra</td>
<td>Banbury</td>
<td>Meeting held with 3 participants</td>
</tr>
<tr>
<td>Church/ Faith groups</td>
<td>All localities</td>
<td>Met with Rev. of St Francis Church. Left leaflets.</td>
</tr>
<tr>
<td>Royal Voluntary Service (Older people)</td>
<td>Banbury</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Terrence Higgins Trust</td>
<td>Oxford</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Luther Street Medical Practice (Homeless)</td>
<td></td>
<td>Leaflet distribution</td>
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<tr>
<td>Student Hub</td>
<td></td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Oxford Friend</td>
<td></td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Gypsy &amp; Traveller Communities</td>
<td>All localities</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Children’s centres</td>
<td>All localities</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Rose Hill children’s centre</td>
<td>City</td>
<td>Meeting held with 13 participants</td>
</tr>
<tr>
<td>Littlemore children’s centre</td>
<td>City</td>
<td>Meeting held with 10 participants</td>
</tr>
<tr>
<td>Cutteslowe children’s centre</td>
<td>City</td>
<td>Meeting held with 12 participants</td>
</tr>
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<td>East Oxford children’s centre</td>
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<td>Florence Park children’s centre</td>
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</tr>
<tr>
<td>Grandpont children’s centre</td>
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<tr>
<td>Health &amp; Well-being Centres</td>
<td>All localities</td>
<td>Leaflet distribution</td>
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<tr>
<td>Carers Oxfordshire</td>
<td>Groups in all localities</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>BME groups</td>
<td>Oxford</td>
<td>Contacted groups in Rose Hill and got good responses.</td>
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<tr>
<td>Sent Information to other BME contact eg</td>
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</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Activity</td>
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<tr>
<td>Nepali society, Mosques</td>
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<tr>
<td>BME groups</td>
<td>Banbury</td>
<td>Age UK Group held- 13 participants</td>
</tr>
<tr>
<td>Sunrise Multicultural Project – 7 participants</td>
<td></td>
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<tr>
<td>Deaf Centre</td>
<td>Oxford</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Oxfordshire Association for the Blind</td>
<td>Oxford</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Audiology Clinic</td>
<td>Banbury</td>
<td>Small leaflet given out and 9 feedback forms filled in by some. Some took them away to discuss with family.</td>
</tr>
<tr>
<td>Podiatry Clinic</td>
<td>Banbury</td>
<td>Small leaflet given out and 6 feedback forms filled in.</td>
</tr>
<tr>
<td>RESTORE</td>
<td>Banbury</td>
<td>Leaflet distribution</td>
</tr>
<tr>
<td>Let’s Play Project</td>
<td>Banbury</td>
<td>30 responses</td>
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<tr>
<td>Children’s dental unit</td>
<td>Banbury</td>
<td>Leaflet distribution</td>
</tr>
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Appendix I: Delivering healthcare to meet local needs – survey results summary

This survey was sent out to just under 900 OUH NHS FT members, including all members who fall into the Cherwell district council area, including Kidlington plus members in the Chipping Norton and Woodstock areas of West Oxfordshire (as they also fall within the Horton catchment area). In addition, it was sent to members in South Northamptonshire and South Warwickshire.

This summary relates to the 233 responses received between Friday 17 June and Saturday 30 July.

The survey remained open until 22 September: 6 responses were received between 30 July and 22 September. These responses are not included in this summary.

Which services at the Horton General Hospital do you use / have you used?

Top five

- ED 74%
- Outpatient (including children) 73%
- Diagnostics 51%
- Adult surgery 36%
- Maternity 29%

The lists below give the ‘weighted average’ – average resulting from the multiplication of each component by a factor reflecting its importance.

The smaller the number, the most important. This means that the largest number of higher rankings was received for this option.

Results in summary – issues ranked most important

- Issues impacting on emergency and urgent care:
  Speed of access to urgent care / minor injury unit
- Issues impacting on maternity services:
  High quality obstetric provision when required
- Issues impacting on children’s services:
  Access to consultant expertise
- Issues impacting on assessment and diagnostics:
  Access to tests and scans in local outpatient centres
- Criteria to evaluate potential options to develop services at the Horton General Hospital:
  Quality of care for all

Breakdown of results by issue

1 Issues impacting on emergency and urgent care in order of importance (1 = most important)

Top six (‘weighted average’)

- Speed of access to urgent care / minor injury unit 1.79 – top result
• Delivery of 4-hour waiting times in the Horton emergency department 2.45
• Out of hours access to GP and healthcare professionals 2.88
• Out of hospital care and community-based support 3.97
• Quality of environment and facilities at the Horton General Hospital 4.00
• Other (57 comments) – top six summary below: 4.33
  o Keeping services local 8
  o Emergency Department 7
  o Expertise 6
  o Maternity 5
  o Children’s/Parking 3
  o In favour of JR 2

2 Issues impacting on maternity services in order of importance

*Top six (weighted average)*

• High quality obstetric provision when required 1.74 – top result
• Access to hospital and choice of location for births 2.18
• Better technology to provide more community-based antenatal care 2.96
• Quality of environment and facilities of inpatient maternity unit 3.32
• Other (32 responses) – top six summary below: 3.71
  o Local service (Banbury) 9
  o Consultant-led (Banbury) 7
  o SCBU 2
  o Anaesthesia 1
  o All complex births at JR 1
  o Improved ‘hotel’ facilities 1

3 Issues impacting on children’s services in order of importance

*Top six (weighted average)*

• Access to consultant expertise 2.38 – top result
• Speed of access to healthcare professional advice 2.41
• Skilled staff supported by high quality clinical facilities inc. diagnostics 2.82
• Ease of access / location of children’s services 3
• High quality assessment, and support at home to enable early discharge and / or prevent overnight stay in hospital 4
• Other (27 comments) – top three summary below: 4.89
  o Local service (Banbury) 6
  o Consultant-led (Banbury) 3
  o Speed / ease of referral to JR 2

4 Issues impacting on assessment and diagnostics in order of importance

*Top five (weighted average)*
- Access to tests and scans in local outpatient centres 1.86 – top result
- 24-hour access to some diagnostics (e.g. ultrasound, MRI scans) 1.98
- Co-location of outpatient clinics with diagnostics 2.97
- Better use of technology to improve quality of assessment of patients at home or in community centres 3.14
- Other (14 comments) – top three summary below: 4.17
  - Local service (Banbury) 3
  - Consultant-led (Banbury) 3
  - Expand service (7 day) 2

5 Criteria to evaluate potential options to develop services at the Horton General Hospital

Top six (weighted average)

- Quality of care for all 1.71 – top result
- Access to care for all 1.92
- Affordability and value for money 3.98
- Workforce, professional skills and career development opportunities 3.69
- Integration with the service development plans of other organisations (e.g. with GP practices) 3.74
- Other (e.g. clinical research and education) (17 comments) – top four summary below: 4.79
  - Research 3
  - Local service (Banbury) 2
  - Consultant-led (Banbury) 2
  - Training 1
Appendices - Comments from free text boxes

Appendix 1- Issues impacting on emergency and urgent care in order of importance – other

- Consultant led Maternity & SCBU
- Closure of wards and moving services to Oxford Hospitals
- Free Parking
- specialist care 24/7 at the Horton rather than community/home based.
- Specialist consultants available 24/7 in Horton Hospital
- Having A&E within 15 minutes journey and in Banbury
- We need a full A&E service in Banbury
- Ability to get help quickly without travelling long distances.
- 324/7 A and E services with consultant on site cover-there is no MIU so its misleading
- They are of equal importance and it is difficult to rate them differently
- Disabled parking
- Access to paediatric expertise
- treatment and diagnosis needs to be the same day or very soon
- not having to travel to Oxford for emergency care people have died before getting there
- Q. is important for Quality of facilities at the Horton, but as they are good anyway didn’t want to use up my tick!
- The absolutely essential provision of emergency care, a journey from Banbury to the JR has taken over 1 and a half hours. This is the difference between LIFE AND DEATH.
- My wife needed an op after giving birth to my daughter with out that my wife would not be all'ive today
- Skill of surgeons
- We need a fully fledged functional A & E at the Horton Hospital
- ALL of the above
- care that the doctors give
- my phone could not lock onto my choices each time I move to next question.
- Quick access to Mental Health Services
- All the things above are important. Having a local service is important to the community without the need to travel for and hour to Oxford based service.
- None
- Improve facilities of post operation clinics
- Appointments with the same specialist at each outpatient visit. Physiotherapy not always restricting access to a limited time (some conditions like mine MS are progressive and currently incurable.
- Full access to Emergency care at Banbury
- Lack of patient information
- A and E, Maternity and Paeds
- Expertise of medical staff.
- Not applicable too far away
- 24hr Consultant maternity services and Paediatric service
- Communication
nothing specific
Did you know that answering the lower questions cancel out the top one. This could make the results invalid
Refreshments
What are the differences between the above?? They may mean something to you but to the public it is all gobbledygook!
I have never used the Banbury hospital as we are closer to the JR
The top 3 are all grade 1 or 2 which is impossible to show on this system of reply
Good consultant maternity services and children's services
Report sent to patient/GP
Eye Emergency Facility
Want to retain services locally.
Excellent
Quality of staff available
Don't see out of hospital/community care as being an alternative or in opposition to emergency/urgent care
Maintaining access to a full range of services with appointments within the same time scales as offered at JR
You get a feeling that it is all somewhat too spread out - not a cohesive unit.
I want a "local A&E" service 7 miles from my home, not 25 miles away at Oxford. With cuts on bus services, it is almost impossible to get to Oxford, Northampton or MK
Centralised specialist urgent care at John Radcliffe (Consultant lead 7 days 24hrs?)
Ability to travel to a local hospital - the journey from Banbury to Oxford can take hours even with a car - with public transport this is an increasingly difficult journey to make.
Adequate and free (for emergency patients) parking
Being near to the M40 re accidents and the time it takes to reach JRH in an emergency
Speed of forwarding patient to specialist hospital unit, if required.
Serious emergencies should not be dealt with at Banbury

Appendix 2 - Issues impacting on maternity services in order of importance

- Removal of services from Banbury and relocation to Oxford.
- Specialist care 24/7 at the Horton
- Specialist consultants available 24/7 in Horton Hospital
- All of these are vitally important. We need a full obstetric service in Banbury
- 24/7 maternity with consultant on site cover in obs/anaesthetics, peds, SCBU
- Again how are some issues less important?
- Access to anaesthetist
- 24 hour SCBU service
- A fully qualified consultant led obstetric team at the Horton Hospital
- All of the above
- N/A
- Specialist baby Care both at birth and afterwards
- can not answer because I am not a female
- Not affected
- Not applicable to my family or me
- Access to consultant led Maternity services at the Horton General Hospital
- I am 86.
- nothing specific
- Need speedy medical backup 24/7
- I am 70 and couldn't care less about the maternity care!
- Building needs upgrading and facilities for partners to stay when a new baby is very sick
- Not applicable
- No interest
- Want to have choice to use my local Maternity Horton Hospital and not to drive miles to Oxford.
- never used - no comment
- After care when the child is born is of para out importance. Mothers should be allowed to stay at least two days before being discharged.
- Locally based maternity provision available
- All complex and consultant lead births (Complex) to be at John radcliffe
- Highly skilled, mobile midwifery service.
- speedy access if problems with home delivery as well as complications in hospital
- Speed of referral to specialist services if required.
- Not relevant to me but medical obstetric care should always be available

Appendix 3 - Issues impacting on children's services

- Loss of services/ relocation of service to Oxford hospital
- specialist care 24/7 at the Horton
- All of these are vitally important. We need 24/7 paediatrics in Banbury
- 24/7 pads with consultant on site cover
- As before all are important, 24 hour Paediatric care is paramount.
- Close to home access for children
- The above is sooooo unfair!!! ALL are applicable, ya can't have 1 and a 2 on another questions! It should be "1s" on all questions.
- 24 hours per day 7 days a week fully qualified Consultant
- all of the above
- N,A
- phone not allowing me to answer
- Don't have kid's
- Not affected
- Not applicable to my family or me
- Kindness of staff to patients.
- Family scattered
- nothing specific
- Don't have children or grandchildren so don't care!
- Not applicable
No interest
Banbury is growing and at the moment not enough Community Health Workers to support patients, everything looks good on paper but not practical. We have a great problem recruiting Health staff.
never used - no comment
Child should not be discharged too early if the right diagnosis has not been reached.
Local Childrens provision must be available for low income families
Can’t say - would depend on data re morbidity/mortality re delays, misdiagnosis etc. which I do not know.
cost of transport/parking if Oxford hospitals are needed and easy parental access if admission of child is needed
Speedy referral to Oxford Children’s Hospitals, if required.

Appendix 4 - Issues impacting on assessment and diagnostics
- specialist care 24/7 at the Horton
- Doctor present - not nurse led eg as current eye clinic with a remote doctor.
- Don't understand term co-location, but guess convenient location with all the modern 'bits' needed.
- All of the above
- doctors spending time with patients and not criticising them. eg. weight age etc.
- same problem as before
- more mri scans at the horton
- Improve current diagnostics in the Eye Clinic
- Appointments within 2 weeks of referral
- Much more convenient to get to Horton plus not so costly re travel
- True 7 day access and service, including reporting to diagnose
- Speed of referral
- difficulty in access to Oxford adds extra stress
- Specialist nurses to give advice and reassurance during assessment period to patients who may feel very vulnerable.

Appendix 5 - Please share your general views on the priorities for service development at the Horton General Hospital. [Organised into general main issues]

Comments specifically mentioning the growth in population in Banbury / North Oxfordshire
- I can’t believe you are looking at reducing the service yet again. The difference now is not only is Banbury town growing but all the local villages and towns which come other counties are seeing the biggest building of houses for decades. The population is growing so the priorities need to be for accessible, quality emergency cover for any age. Specialist units like SCUBA who do such a great job in getting babies lives started. Additional support for an ageing population needed. Childrrens [sic] ward support - the last thing parents need is the worry and stress of getting to Oxford with or to visit an ill child. Will there be additional family support units where families can stay close by their ill child if you move this to Oxford?
That it meets the needs of a rapidly expanding town. Priority to full A&E and maternity

Due to the time and distance from Banbury (and villages North of Banbury); the appalling traffic around Oxford; the appalling parking at the JR; the cost of travel impacting on disadvantaged groups particularly; the population growth in Banbury; it is of VITAL importance to keep services like A&E, paediatrics, and a full obstetric service at the Horton General Hospital. If the OUHFT attempts to remove these services they should expect a huge fight on their hands. If they actually remove them, lives will be lost and they know it.

The Horton General Hospital is a vital part of Banbury and the surrounding area. The population in Banbury and the locale is increasing with several new housing estates completed/being built. The roads are more congested which makes it even more vital that healthcare services can be accessed in a reasonable amount of time when necessary. The decision to downscale some services is without logic.

There is more and more services being taken away from us (the public) they build all the extra housing in Banbury and still building but our town cannot provide vital services, I feel patients will die if any more services wards etc are withdrawn Oxford is too far in some emergency situations.

With the growth of housing around Banbury it's imperative to reflect this in the services at the healthcare units. The hospital must keep pace with this and off all basic services to a high standard to local people. The older population should have an impact on the type of care and the local surgeries should be able to provide guidance on exact services needed locally. Having had to go to Oxford for treatment once I found it stressful and expensive and I know my family have found the same. We live in quite rural communities so it's important to have services that are not too great a distance. Again I feel the elderly could suffer the most and are least able to protest.

The priority should be to keep the Horton providing excellent general care, the population of Banbury is growing constantly and the Horton serves parts of the adjoining counties, are there plans to increase the number of ambulances available for the inevitable extra journeys if Horton services are downgraded, I fear lives will be lost.

THE SIZE OF BANBURY IS GROWING MASSIVELY AND WE NEED THE SERVICES MORE NOT LESS.

No reduction in service provision but planned increase of provision in line with increasing population of Banbury area

Banbury is expanding and access to Oxford is getting harder with volume of traffic and parking issues. We need to keep emergency, paediatric and consultant led maternity unit. Banbury is a large town not a backwater!

Banbury and its surrounding are growing rapidly so need of Horton hospital is ever more required and more services

AS THE POPULATION OF THE AREA INCREASES THERE IS MORE NEED TO KEEP THE HORTON AND TO INCREASE THE SERVICES OFFERED AS THE OXFORD HOSPITALS CAN HARDLY COPE WITH THEIR PRESENT WORK LOAD AND IT IS NOT EASY FOR PEOPLE NEEDING MEDICAL SERVICES TO TRAVEL TO OXFORD WHEN THERE IS A LOCAL HOSPITAL ON THEIR DOORSTEP.

I want to see that all services are not transferred to Oxford as this is not safe for Banbury it is a growing town with close proximity to the M40 and towns which depend on the Horton in an emergency. The Horton was set up for the people of Banbury a long time ago, thousands
pounds have been raised* by local people* to keep it going so to coin a phrase from the past 'hands off the Horton' Oxford.

- All emergency and acute care services need to be expanded locally to cope with the increasing population and expanding housing programme within the local area.
- Has to be priority. With all the extra houses being built, it stands to reason that easy access to a local hospital is essential. Oxford is not as easy to get to if one doesn’t drive.
- the horton should be expanding and developing all emergency, speciality and diagnostic care to support the recognised growth in north county populations. No services should be moved to sites over 25 miles away. The vision should be to develop the horton as a centre of excellence. Thr right care right place locally 24/7
- With Banbury and brackley alone ever growing it’s vital to keep services full time at HGH we need a 24 hr ED, surgery, paeds etc
- There is need to support growing populations in South Northamptonshire with high quality and wide ranging facilities that are accessible to residents via public transport at a reasonable distance. The Horton provides this. Oxford and Northampton do not.
- The services at the Horton should all be upgraded not downgraded. Thousands of new homes are being built in the catchment area for the Horton and public transport for many of those is non existent. Travel times for blue light ambulances are far too long and will contribute to patient death statistics (assuming there is an ambulance in the area). Ill people have to leave here at 6,30 to be sure that they will arrive for appointments between 8.30 and 10.00 because of traffic. Starting to feel like living in the outback rather than the home counties.
- With an expanding population, the HGH should have access to the best services available and not moving services to another hospital.
- The area using the Horton is expanding rapidly (e.g. Bicester) so it is important that facilities are in place.
- Masses of new houses are being built in the Banbury area which will make the Horton even more essential to a great number of people. It must continue to be a General Hospital since the travel time to other places puts patients at needless increased risk.
- The population in the north f the county is growing so instead of seeing The Horton as a problem why don’t you see it as a solution to the crowded wards at the JR. Expand the site and the services, staff who live in Warwickshire and Northamptonshire will come and work at the Horton
- all services are important at this hospital. Town is growing so fast more people to use it. It’s a must in Banbury.
- I feel very strongly that there must be a 24 hour service at the Horton - that there must be consultant obstetricians and anaesthetists available for maternity services. Local women need this service. The JR is busy enough as it is , without having any additional patients. Banbury and Bicester are growing rapidly- services need to be extended not reduced. In particular vulnerable families or those without transport will suffer.
- Banbury has a rapidly rising population and therefore a need for a hospital that caters for more than just essential services ie from Maternity to consultation clinics. Having to travel to Oxford for appointments is always stressful especially for the elderly and I suspect not
always the most efficient use of resources. Having to take that journey on a regular basis to
the churchill l've often longed for a dedicated bus to deliver me to the main entrance.

- The Horton should provide a full range of services. The area's population is increasing at a
great rate with no signs of stopping.
- The Horton is vital for those living in the area, especially with increased housing being built.
The provision of A & E, EAU, Maternity etc plus Outpatients Clinics need to remain. It is not
an option for many members of the public to travel to Oxford, especially for those visiting
patients who are facing a longer stay, many of whom are already in a stressful and difficult
position.
- I am shocked and disappointed at the recent news in the local press, which seems to be
another case of the Trust making yet further cuts to patient services and facilities at the
Horton General Hospital, actions which I (and others) find to be extremely disappointing. I
am a volunteer within the Horton (at Radio Horton) and have also needed access to our local
brilliant healthcare and medical facilities in the last year. Banbury is continually expanding,
being the largest town in the county, outside of Oxford itself. The constant threats and
closure of services does not seem logical in any way, shape or form, for the longevity of the
community of Banbury. Is the Trust seriously proposing that anyone in North Oxfordshire
requiring access to immediate medical care / A&E is treated in Oxford, 20 miles (or further)
away from their hometown? I would very much hope this is not the case (and I don't
realistically see how it is physically possible to do this?!). I would strongly urge the Trust to
reconsider their proposals and would be glad to attend any forums or discussion groups to
put my views forward. Access to a local hospital and healthcare for the residents of Banbury
is imperative for the future of the town. Many thanks for reading.
- Banbury and all of the surrounding villages are growing rapidly due to new housing
developments WE NEED OUR HORTON HOSPITAL to help to growing population of Banbury
and District. Travel to Oxford with it's traffic problems can take up to an hour or more to get
to the Oxford Hospitals frightening if the service is not provided in Banbury. People could die
as a result on having to go to Oxford because OUH have decided that money should be spent
in Oxford. Feel that the Horton Banbury is not treated fairly by the powers that be. Patients
in Banbury are as important as those in Oxford.
- We need to keep all facilities that would be required to maintain a good local general
hospital in a town like Banbury which serves a wide area in the north of the county in which
the population is rapidly expanding. This must include a complete service for Maternity
users a full A&E service and as much other surgery and medical services as possible. It has to
be remembered that for many people living in the north of the county access to Oxford
hospitals can be extremely difficult also with the pressure on the JR increasing does it make
sense to move even more services away from the Horton
- Banbury is a growing town and needs a well supported hospital for all local people. This
should be the first port of call for people with health problems in the area, either reffered by
a GP or in an emergency.
- It is important that A & E and consultant lead maternity is kept at the Horton Hospital.
Oxford is too far for patients to travel. Banbury is currently growing in size with many major
housing developments and as such we need the hospital services we currently have to meet
this need, not a reduction or change in services. I am also concerned about patient safety
should they need to be transferred to Oxford if complications occur. The journey for patients
who could have been treated in Banbury having to go to Oxford in a life threatening situation is unacceptable as there can be delays due to traffic or roadworks. I am very fearful someone could die as a result of A and E closing in Banbury or having just a maternity just midwife lead. I am also concerned about these changes having other affects on other departments within the hospital such as the children’s wards. We need A and E in Banbury to help with any accidents on the M40. The Horton hospital should be developing its services in response to the growing population in Banbury and not centralising services to Oxford. Banbury also needs its own Mental health unit for in patients. The current situation where very ill people have to travel to Oxford for in patient mental health care is also not good when someone is in crisis.

- The Town is growing at a fast pace with new developments and the importance of having Services locally e.g Maternity, Accident and Emercency and other Services should be at the Horton.
- Greater range of services to meet expanding Banbury population
- I believe all services at the Horton should be available to all. With the increase of housing in the catchment area of the Horton it doesn’t make sense to have to travel to the JR which is also very busy. Patients could die as it takes a long time to get there with the traffic. There are an increasingly large number of senior citizens in this village who are unable to drive through various medical problems and travelling to Oxford is not an option.
- Retaining the Horton is vital for north Oxfordshire owing to the difficulty in accessing the hospitals in Oxford, and the huge population growth in the area. It is a pleasanter, cleaner environment than the JR, and much easier to access. More parking should be provided for outpatients.

**Comments specifically mentioning the length of journey time to Oxford**

- specialist care 24/7 at the Horton - the journey to Oxford is tough for patients and their families and puts pressure on the roads leading to more accidents and pollution. Delays on roads disrupts business and costs money reducing prosperity of area
- Accessibility is so important, services at the Horton are vital to the residents of Banburyshire. Travel into Oxford is just too difficult particularly in an emergency or a very quick birth.
- Banbury and surrounding villages really rely on the Horton for it’s critical facilities in urgent care such as the emergency department and maternity unit. Without these facilities I fear lives will be lost as the next closest hospital is Oxford - too far to travel in an accident and emergency situation and in child birth emergencies.
- A+E must be kept, in an emergency the JR is too far.
- As our local hospital it is imperative to ensure that a wide range of services are available to everyone around Banbury. Too many lives would be at risk if very ill patients or mothers in labour are asked to be transported to Oxford hospitals particularly through the rush hour.
- Consultants from Oxford should visit fortnightly or monthly as they used to do. Patients should not have to go to Oxford for so many appointments, especially as parking in Headington is so scarce and so dear.
- The Horton is an important health facility for Oxfordshire and provides an essential "satellite" service at the northernmost part of the county. The John Radcliffe is 25 miles and
45 minutes away at best, which means the Horton is well placed to take pressure off the central hospitals in Oxford. Even though I do not live in the Banbury area, I think it is essential to retain a full suite of facilities at the Horton and this should include suitable elective surgical procedures.

- Banbury and South Northants (Brackley) are rapidly growing areas and fast access to emergency treatment is essential. Twice in recent years our daughter has experienced serious asthma attacks at around 23:00. In both cases she ended up in 'Crash' and in our opinion her life was saved by the short time it took 'Blue Lights' to get her to the Horton. An 11 mile journey is acceptable but 22 miles, often with serious traffic congestion, is totally unacceptable.

- SAVE THE MATERNITY WARD!!! AND THE HOSPITAL!!! It is a lot of people's closest hospital. If the maternity ward was closed the nearest hospital would be further away, min travel time half an hour! Same with other accident and emergency!

- The proximate location of hospital services with a full range of consultant care is paramount. Dragging the sick and elderly 25 miles is not patient care.

- I think the most important thing is to have consultant-lead maternity and 24hr A&E. Travelling elsewhere for non-emergency services is fine by me.

- It is important that people should have access to outpatients appointments in Banbury as the journey to Oxford is very difficult for people without cars or too poorly to drive them.

- With it taking over an hour due to congestion and road works from Banbury to John Radcliffe I fail to to see how going forward any downgrading of services like maternity or 24/7 A&E can be considered adding that Banbury have a growing population due to house building of near 8 thousand houses

- Maintain services at the Horton that would otherwise be inconvenient for a patient to have to travel for 1hr to get to the JR. Everyday procedures are best kept at the Horton to avoid a bottleneck of patient access at the JR. Personal experience of the JR involves a lot of waiting and parking is a nightmare, would be better if some patients from North Oxfordshire could attend Horton instead.

- Improve A & E and improve diagnostic provision - 1 scanner which is broken is of little use (this has just happened to me). Develop emergency assessment, and acute services. Getting to Oxford hospitals is so difficult- a nightmare journey from Banbury..

- While the Horton hospital is part of the Oxford University NHS Foundation Trust, and therefore has the potential to be used as more extensively as an 'extension' of the JR, it's location will and should influence which services are expanded/ transferred there. Given the transport difficulties in the area, careful thought should be given to the potential problems moving any services further out could generate.

- I would be very worried if 24hr access to Paediatric services was withdrawn. I live in Brackley and HGH is very much our Local Hospital. Children who are sick need to be assessed quickly and treated aggressively to improve outcomes. A long and traffic heavy drive to Oxford is frightening with a sick child, car parking there is a nightmare! Outcomes could be poor. Women birthing their babies also need local access to Consultant care. Many women suitable for an MLU will not want to birth there because they like the reassurances of a consultant Service or that they indeed would like epidural analgesia or the choice of it. JR is oversubscribed and there are issues with recruiting and retaining Midwifery staff. I think
that JR would not be able to cope with increasing birth numbers as it is. They are always stacked with women and I don’t feel that women get the best experience. (I do feel that the staff are very caring, but I feel they are so time restrained that women do not get full support). This is so essential for the Health of our Nation. We want to empower young women who are birthing their babies. This is often the first time young women have accessed health services. We can have an incredibly positive impact on their and their babies life, Women want to be treated near home where their support network is.

- Any service that can be provided within reason to save any patient having to face the stress and aggravation that faces any patient who is forced to use the any of the hospitals in Oxford, JR, Churchill, Nuffield. I have been a patient at them all. And the stress caused by trying to access them is ridiculous! Want to improve patient care? SORT OUT THE PARKING at all the sites it’s a joke and probably causes more health issues than anything else!

- To develop as a centre of excellence so patients living in the North of the catchment area do not have to travel for at least one hour to the JR for treatment. Given the problems on the A34 travel times could impact in some cases on survival and longer term outcomes. Also given the problems in the Headington area regarding parking, it would be better for those who are ill to be able to get a lot of diagnostic tests in more local centres if possible and to receive treatment nearer home.

- A and E and Maternity are essential at the Horton as it takes too long to get to Oxford whether it be for an accident or a critical birth. Lives will most certainly be lost. More outpatient clinics need to be held at the Horton as a lot of people find it difficult and expensive to attend the JR and the Oxford hospitals. There are thousands of houses being built in and around Banbury so the Horton needs to be expanded and the maternity unit will be needed for the expected baby boom.

- Retain A & E; outpatient clinics with diagnostics for as many categories as possible. Reduce travel to Oxford for as many people as possible.

- Urgent the development of services in all departments to alleviate the necessity of travelling to Oxford

- Speedy access to consultants/specialists on site- not having to go to Oxford

- In view of distance from other medical support i.e. Oxford/Northampton localised service is essential for North Oxfordshire in Banbury

- Important to have good services and care locally rather than Oxford based. Travelling to and parking at Oxford Hospitals very stressful for patients and families.

- This is a front line service for a largely rural community. Emergency and maternity services must take priority. The long journey to, and difficult parking at JR Oxford means that this site is for the more considered and planned aspects of care.

- The importance of keeping the children’s and maternity services at the Horton is extremely important, travelling to Oxford to either get my child seen or have to travel by ambulance there is just not good enough and the journey too far! The same for maternity services, Oxford too far! I had an amazing service whilst having my daughter last year at the Horton and their care I cannot fault! I was there 6 days and all care received was outstanding! The only thing that needs updating is the building as it’s the same building I was born in over 30 years ago but the care received inside excellent! Too much pressure will be put onto Oxford if Horton start closing these services which will cause unsafe and over crowded areas.
Myself being a nurse I understand issues need to be addressed but closing parts of the Horton is not the answer!

- The transport links to Oxford are so difficult in an emergency that the present services must remain. Consideration needs to be addressed with the geographical constraints adding to stress.

**Comments specifically mentioning the need for local services in North Oxfordshire**

- High-quality care should not be concentrated in one location, there should be hubs of equal expertise throughout the county.
- I think it very important that the Horton has all the facilities available to treat the public local. As that is what they would like BUT if its abused it should be charged for.
- It is absolutely essential that all emergency services, other than very specialised, should be maintained at HGH to provide optimum safe care close to home where patient charter says they should be.
- The Horton is a hospital with excellent staff. Taking service away from Banbury to the JR will cost lives. Human lives; a suggestion to the contrary is implicitly invalid owing to the challenging nature of travelling to the Oxford hospital (when actually Northampton would be closer, but that’s a different PCT and in my experience the NHS can’t cope with this)
- To avoid if possible the need to go to other hospitals for treatment/scans unless highly specialised treatment is required.
- A&E is most important followed by maternity services. Having a good General Hospital is vital for the area.
- As a resident of Banbury I cannot emphasise enough how important it is to have a LOCAL hospital. Trekking to and from the John Radcliffe is very time and cost consuming though of course I understand reasons for having to do so - as equipment might be there that is not available in Banbury, the same might apply to specialist staff. We just cannot lose this crucial facility here.
- The Horton Hospital is our local hospital for dealing with emergency issues. My wife and I have used it extensively and the service is very good. If the argument is about moving some of this to Oxford, please don’t. The Horton serves around 55,000 people. Oxford is an excellent ‘Hi – Tech’ centre.
- There needs to be a 24 hour Emergency Department maintaining access to all professional services delivered at the Horton due to the growth in population in the area and the expected continuous rise in the future, including children’s services. There also needs to a re-think on the provision of Mental Health Care in the Banbury area. There is a shortage of provision for individuals requiring in patient care in this area and taking people out of their community, e.g. Oxford or even further, for this is not always beneficial and a small unit in Banbury for people needing this provision. I am not suggesting re-opening The Elms, but some provision must be found for these patients in their local community.
- Maintaining a skilled emergency department for North Oxfordshire and the provision of outpatient services to enable local treatment and follow up services.
- A local service for a growing community. One that operates 24/7 and provides a high quality of care.
- Good local health care
It is vital that the Horton General continues to service the community & surrounding area in North Oxfordshire/ South Northants & Warwickshire. With the intended increased development of Banbury and the surrounding areas. It is also a vital link in the chain to provide quick & efficient services, such as emergency cover for the Motorway as it is close to the M40. I understand that costs have a part to play, but the NHS is about provision of good medical care within the local community.

The provision of diagnosis and treatment at the Horton to alleviate the necessity of travelling to Oxford. e.g. Urology etc.

MRI and CT scans ordered by consultants particularly those based at the JR or Churchill are automatically booked in Oxford. Banbury patients should automatically be booked at the Horton.

We need our consultant led care in our maternity department and SCBU. Without those my son would have died. We need our A&E department and access to diagnostics. Without those I could have died.

Local accessibility for general medical services for all.

Priority for the Horton should be to provide emergency and general care for the community in and around Banbury. Retaining services locally to facilitate easily accessed quality care and removing the need for lengthy and often difficult trips to Oxford for routine treatment/diagnostics. The appointments available at Banbury should be offered on a par with Oxford, not used as a tool to force people to travel for an earlier appointment, thus skewing apparent preferences toward Oxford when the reality is a huge difference in waiting times offered between the two hospitals to see the same person.

It is important we keep Horton especially for those people living in the north of Oxfordshire but also to help alleviate the problems with parking and traffic at the Oxford hospitals. IT WAS MY HUSBAND WHO HAS ATTENDED/INPATIENT AT HORTON.

Access to prompt, high quality clinical care & diagnostics provided as close to home as possible.

Keeping access local for all.

The more facilities that can be available at the Horton the better. Always with access to consultants from the Radcliffe and Churchill. Reduction in patient travel to Oxford being achieved. We have no problem with travel to Oxford to achieve seeing our specialist consultants (having made dozens of visits) but it would be good to be able to see THE SAME PEOPLE nearer to home.

Vital that A&E service is maintained in Banbury Outpatient clinics as many as possible in Banbury.

It is absolutely vital that we keep the Accident and Emergency Department and maternity services as the people of Banbury deserve a high quality local service which is consultant lead but with access to diagnostic facilities. In my experience patients want to be treated as near to their home as possible and not have to travel miles to be treated.

Very important to have A and E 24 hours. Access to X rays scans and blood tests asap. A Consultant in A&E. Must be a consultant led Maternity with midwife led care too. Would take too long for transfer in emergencies to JR or Warwick. We had all this 8 years ago and the Government came out in the Horton’s favour and this should be the case again. The people of Banbury will fight again if necessary. There is also a large increase in new housing...
and with it will be many young women having babies. Access to Oxford hospitals is difficult expensive and stressful. Having worked at both hospitals it is important to keep the smaller friendlier hospital especially for the vulnerable people of Banbury and the elderly population which is growing and more local facilities need to be provided.

- Keep A&E and maternity due to increased populations locally and distance from Oxford. Local diagnostic clinics.
- It would be much more convenient if I could always be seen in Banbury. (Not easy to understand the 1. To 5 questions!)
- Outpatient and diagnostic services. Routine non-emergency surgery. District general hospital type services. Ideally also access to specialist consultants for outpatient appointments.
- A&E department essential to avoid long journeys and rapid access to stabilising treatment. Same for obstetrics and children
- This is the fourth major review of Horton acute services in my time in Banbury. I lose count. Every few years we go through this, there is an enquiry and it's concluded that we need all the services here in Banbury. A central recommendation is usually that consultant rotas should oblige OUH consultants to cover Banbury. This needs to apply to all acute services except the most specialised.
- The priority should always be to maintain and develop the services available to provide a full range of care to the local community without forcing patients to travel to Oxford by extending the wait for appointments by as much as 3 months if choosing Banbury. Until basic services can be provided efficiently there is little sense in looking for other areas to develop
- ESSENTIAL TO HAVE ACCESS TO COMPETENT DGH SERVICES IN NORTH OXFORDSHIRE
- Definitely have a maternity unit. A good diagnostics centre either connected with A&E or separate and a good backup where patient can be referred to a specialist if necessary.
- As a Local Councillor in Brackley, living here for 35 years, where the majority of residents use the facilities @ the Horton, I firmly believe all of these peoples voices should be heard, via broad consultation etc. From my soundings, local people are to a man, for a full range of medical facilities to remain in Banbury.
- Having spent the last 3 years going to most of the hospitals in Oxford and the Horton I have found the Horton was the least stressful. I think more services should be localised rather than a long journey and the stress of parking and then finding the department you want is very stressful. Surely a calm patient is easier to deal with.

Comments specifically mentioning quality of services provided

- I would prefer to keep the Horton open but not compromising services and expertise and do not mind travelling for this.
- From my experience the Horton provides the best service in Oxfordshire even though under staffed and over worked. Far better than the JR as that hospital is a shambles at the moment and could take a lesson from Northampton General.
- I hope that we could possibly help cut down the wait time at A&E, especially for the actual emergencies that need to be seen to.
• It would help if all services under the same umbrella (Horton, Brackley GPs, Oxford Hospitals & even Northampton General Hospital) all had access to the same notes/system to ease transition of services 7 provision of appropriate care swiftly.

• The Horton is not fit for purpose.... all services should be at The JR

• What little time I have spent at the Horton I found the bone doctors uninterested in what was wrong with me because my knee was not broken, and I was older and overweight I was told to lose weight and I was OK. It would improve, although I was in a lot of pain, limping badly and walking bone on bone. This was the doctor in the follow up outpatient clinic 2 weeks after I hurt myself. He has not even had the courtesy to write to my GP and I feel that this should all be part of the service. Aftercare at the Horton leaves a lot to be desired

• Comprehensive emergency and routine medicine on site and with rapid and efficient access.

First rate staff

A quick and efficient friendly service

Relieve inadequate car-parking arrangements. Increase the size of the current A&E department and associated reception area.

Timely access to diagnostic services, e.g. MRI scans, and Consultant opinion.

The support of the elderly (an expanding demographic) and end of life care. In particular the need for Consultant Specialists. Better liaison with social services and voluntary hospice movement. Support of relatives. We have sadly experienced two deaths of close relatives at Horton and believe it needs much improvement being an unglamorous area of medicine. It is so important. There are only two certainties in life - taxes and death.

• More day surgery and one stop diagnostic services at Horton. More OPD clinics / follow up clinics. Better quality facilities. Investment to facilitate New build to replace out of date parts of the hospital. This is long overdue.

• Believe it or not, in my most recent visits to the hospital, there were still cases of patients' calls for the commode not being acted upon for over 10 mins. This needs to stop.

• The one visit I have made some time ago I found the dedication of the staff there were most dedicated

• Good quality medical care for all who need to use the Horton

• on the few occasions I have used the hospital I have always found it to be good

• It is vitally important that the Horton General Hospital offers a comprehensive range of medical services and maintains its friendly and professional approach

• Maintain its community importance. Services excellent and vital for Cherwell.

• Continue with local clinics rather than go to Oxford. Improvement to emergency services including waiting times and environment.

• The geriatric side needs a huge upgrade - personally I wouldn’t want my dead dog to go to the Horton. It has become a "dump" for the elderly with VERY POOR care - almost to the point of neglect in certain cases I have personally seen. I would not want to go to the Horton myself ever!

• With an aging population in Banbury better care for the elderly should be a priority, quality of care, integration with community services

• I have always had excellent service at the Horton for both surgical and outpatient clinics compared with another hospital.
skilled professional staff available, good technology and diagnostics facilities, cared for and pleasant facilities (the old is good but give it a coat of quality glossy paint! the more modern bits haven't worn so well though. I'd volunteer to help paint or garden as I'm sure many in the community would)

Quality & accuracy ... easy access

Needs to become a 'mega' community hub totally integrated into community and primary care from bottom up (rather than 'integrated' from an acute standpoint down). Specialist services should be centralised at JR to enable high % of consultant on ward 7 days. HGH becomes a community lead site with diagnostics, early intervention, frail pathway, rehab facilities. One stop shop outpatients, etc.

Access to high level of care for all on a local basis, especially for Maternity and urgent admittance

As an OAP I find that the services available at the Horton are impressive and improving all the time. Several times when I was expecting to have to Oxford for a procedure, it turned out that the service was available at the Horton.

I cannot help you with this questionnaire because I use the HGH so rarely. I am 90 years old and am pleased with the geriatric and intestinal investigation services which I have used

A&E care to be 'tightened up'. I was both misdiagnosed and left more-or-less alone on a trolley for 9 hours during my only A&E admission in 2009. Co-ordination of transfer to Bicester Community Hospital was haphazard: no transport could be provided.

Other

Maintain A&E as an absolute priority

Retention of existing services with possible re-instatement of surgery which has been transferred to Oxford.

This survey is not offering comment on what is provided a-the options are about what might be a reduced service. We want services to develop, using technology, to support on site access in Banbury-not shifted to my best bed is my own bed -whatever that means or in Oxford.

Didn't see this box, have answered all about in Q.7 (Please specify)

Accident and emergency dept. is vital in Banbury as is maternity and the paediatrics, too be honest we can't afford to loose anything, we need more i.e., cancer treatment

I think it's crucial to maintain maternity, children's & emergency services at The Horton whilst I understand the need for more specialist functions at the JR. I support the current service provision.

Protecting services to community. Maternity and children's ward

The last time I needed to attend the Horton, I ended up at the JR as the treatment I needed wasn't available at the Horton during the weekend. I mentioned this to staff at the JR and was told not to bother with the Horton in future and to go straight to the JR. Are they still trying to do away with services at the Horton?

Please please keep the maternity unit and invest in staff and equipment.

The need for continuation of a tip top Emergency Department. Access for scanning, all types.

To increase and ensure that the services offered are maintained and improved, that the hospital is properly funded and managed and is not closed.
• Seeing patients at the point of need efficiently and as quickly as resources allow. It should also be without cost.
• It serves the area very well as it stands and does not need maternity to be moved
• OPD PHYSIO OOH GP CENTRE COMMUNITY STYLE WARDS DIAGNOSTICS DEMENTIA DAY CENTRE ANTEnatal CARE HIGH TECH SERVICES IN OXFORD
• It would make sense to make the HGH a specialist day surgery / Day-care unit, with integration with the University to provide a high quality clinical research hub. Elimination of services not vital to this visioning relocation of those services outside of HGH makes sense.
• The H should be equipped with the latest equipment as technology develops.
• I think it is ESSENTIAL that we keep A&E, Consultant - led Maternity and Children’s services at the Horton
• Keep A&E.
• Keep A&E in Horton
• Not to try to cover all specialities
• The Kidlington area does not relate to Banbury and like most other people I have vary rarely visited the town. Oxford hospitals have served me well.
• Need 24/7 A&E diagnostics and maternity services
• Not withstanding there is MRI facility in the Treatment Centre introduce MRI in the General Hospital
• I will be supporting the people of Banbury. More facilities like the Ramsay Centre should be provided.
• All the five choices of answers to questions are EQUALLY important, so grading 1-5 is an impossible task.
• Keep the Horton open
• Not having had cause to use 'The Horton Hospital' my views are based on service at the JR and Nuffield Hospital. Improve Emergency Waiting Times.
• Important areas: emergency care, non emergency testing and services such as audiology and eye clinic, post operation care and rehab, maternity if no complications, day surgery.... regard Horton as the local general hospital for many normal requirements and JR as the place for specialist care.
• Nothing to add
• Continuation of following is essential for the Banbury and wider community who currently use the Horton: Access to A&E, Maternity Services, diagnostic services.
• I didn’t know I could choose hospitals. Have always used The JR
• Quick and efficient diagnosis i.e x-rays and scans
• Quality, affordability and easy access while closer home would be best when I am ill
• All high risk conditions needing consultant expertise should be in the Oxford teaching hospitals. Low risk care can be at Horton