

# Appendix 2: Analysis of Letters Submitted to the Consultation

---

In addition to the consultation events, drop-ins and survey, the CCG also received a total of 36 written responses in the form of letters and emails during the consultation period. This included submissions from the Royal Berkshire Hospital NHS Foundation Trust, Harpsden Parish Council, Nuffield Parish Council and the North and West Reading Clinical Commissioning Group.

The main areas addressed in the written responses were:

- The Rapid Access Care Unit (RACU) and the ambulatory care model
- Beds
- Staffing and the impact on carers
- Transition

There was recognition of the benefits of the RACU and the ambulatory model of care combined with a concern for the need to keep a higher number of beds and longer opening hours to enable the model to be effective:

*"I am excited by the proposal for the new Rapid Access Care Unit as I can see that it will be a great improvement in rapid diagnosis and treatment. I am however really concerned about many aspects of this plan such as the availability of transport, provision of adequate staffing and most particularly that this is only planned as a 3/7 provision."*

*"My biggest concern about what is being proposed is the suggestion that the new service will only operate three days a week. If we are going to reduce cost by treating people in their own homes, this cannot be done on a part time service, since illnesses and events are not part time. "*

*"With regards to the ambulatory care model which OCCG now favours, although, in many ways, it is very sensible and preferable that people be treated in their own homes, thereby avoiding the risk of hospital infections and the psychological damage from becoming institutionalised, this does not do away with the need for short term step up step down beds at Townlands."*

*"The safest option is to continue the original proposal of an 18 bed hospital and then, if and when the need reduces, to remove the beds after a suitable period."*

The issue of beds received a large number of comments, ranging from requests to keep the originally planned 18 beds through to requests for a phased approach to introducing the step up/step down beds. Many respondents asked for the views of the Henley GPs from the Bell and Hart surgeries to be taken into account:

*"The Henley GPs who spoke felt that generally the services to be provided were good and well thought out except for the provision of beds. I feel that if you cannot convince the local GPs on the issue of beds then I cannot support your proposals."*

# Appendix 2: Analysis of Letters Submitted to the Consultation

---

*“It may well be that a move to ambulatory care would be the right thing for Henley and the surrounding parishes but I think it’s vital that the transition should be carefully planned and implemented over a sensible time frame. While there is both capacity and budget to provide those beds and, over time, phase them out as they become redundant and the ambulatory care model is both fully operational and proved.”*

Others questioned the methodology to calculate the required beds numbers and presented suggestions for other factors that should be borne in mind, such as the numbers of delayed transfers of care (DToC) and consideration of the acute hospital from which patients had been discharged. It was also felt that providing a greater number of beds would also help to alleviate the problems of DToCs.

The impact on staffing and carers also featured prominently, with respondents expressing concerns about the possible impact upon families and carers and asking to better understand how the Integrated Locality Teams provided better value compared to bed-based care.

All written responses received have been read and analysed to identify comments and issues. These were noted, quantified and grouped under the following themes:

Theme	Total Number of Comments	Summary
The questionnaire	2	Questions do not cover the public’s main concerns
Publicity	1	Poor publicity for CCG’s Governing Body Meeting
The consultation process	4	Timescale too short, CCG not listening
Beds	61	Limited information on bed usage, request to keep the planned 18 beds, lack of capacity at Wallingford, more beds needed
Travel and transport	5	Transport to be provided for visits to other hospitals, need an accessible Townlands, Wallingford too far away
Ambulances	1	Dedicated ambulances for Townlands
Waiting lists	2	Concern over waiting lists for treatment at Townlands from other hospitals
New Townlands Hospital	4	New hospital and clinics welcomed, request for second floor to be used for GP practices
Home care	5	Funding for home care staff, increased pressure on family, friends and carers, concerns about isolation at home
Quality of care	1	CQC reports on the Royal Berkshire and John Radcliffe hospitals highlight bed shortages as affecting standards of care

# Appendix 2: Analysis of Letters Submitted to the Consultation

---

Theme	Total Number of Comments	Summary
Funding	4	Questions about social care funding
District nurses	6	Concerns that current numbers of staff won't be able to manage increased home visits
Integrated Locality Teams (ILT)	3	Questions about how the teams were set up and their role, costs of ILT versus beds, concerns about quality of ILT care versus care in hospital
Carers	4	Increased burden on carers, case workers needed, increase in informal carers
GPs	1	Concern about ability of GPs to cope with increased home visits
Mental health provision	1	Concern for future of mental health services
EMUs in Abingdon and Witney	3	Not relevant to RACU model
The Rapid Access Care Unit (RACU)	12	Include RACU with the original plan for 18 beds, concern about availability/opening hours, lack of supporting evidence
Transition	3	Plans not robust enough, a longer transition phase is needed
Cost	1	Concern about an increase in cost
Peppard Ward	2	Keep the current Peppard Ward, move the ward to the Royal Berkshire Hospital
Population increase	2	Increased demand on services from planned 450 additional new homes in Henley
Ambulatory model	15	Questions about what types of conditions would be treated at the RACU – head injuries? Strokes? Heart attacks? Requests for increased dementia and palliative care
Historical experience	1	Memories of experiences with the War Memorial Hospital
Public health analysis	1	Questions the claim that population and health trends in Henley have changed
Other CCGs	1	Are other CCGs doing a similar thing?
Bed number methodology	4	Flawed methodology
Recruitment of staff	1	Lengthy timescales for recruiting staff

A full breakdown can be found in Appendix 4.