TSG presentation to HOSC
Date 2 July 2015
Cllr Ian Reissmann, Chair TSG

(Sentences in **bold** were presented, others omitted on grounds of 3 minutes limit)

I would like to thank the Committee for inviting me to speak today.

The community and the TSG believe that the CGG consultation was flawed and and, if implemented will lead to a significant risk to the health of the inhabitants of Oxfordshire. We urge the CCG to revert to the plan as approved in the original Business Case that was approved by the PCT and SHA in 2012.

The TSG's areas of concern are:

Beds

- **Limited usage data only and late into the consultation.**
- **The results of the modelling were flawed in major respects** (**actual number of patients needing the facility but trapped on Acute Hospitals or dispatched to distant step down units seriously under estimated ;** no provision for demographic increase; based on 7 day EMU not RACU; "factor down" for existence of EMU RACU speculative, unproven and unsupported by information on the facilities elsewhere to allow it.
- **3 Day RACU introduced at the end of the consultation, until then assumed to be 7 day.**
- Late delivery of imperfect bed model suggests strongly that OCCG did not have any data to support their proposal when they first raised it in January, and still don't.

Consultees

- **What were the responses from key commissioners and providers of health care in Berkshire. The report does not contain any references to these key consultees. I urge the committee to ask the CCG about these.**
- **GPs in SE Oxon do not support the CGG proposals. They have unequivocally supported the TSG's resolution of 9 June that the services as approved in the Business Case of 2012 should be retained in the new hospital. The community trust the GPs as they are clinicians whose patients are directly affected by these proposals.**

Alternative (much reduced in number) beds proposed in Care Home

- **No confirmation that Care Home are happy to cede space/beds or how this would operate contractually**
- **No information of different levels of health care that would be provided in the Care Home compared to a hospital bed**
- No information as to how this medical unit would be resourced in terms of medical, nursing, physiotherapy, etc resource (people and equipment) within a Care Home.

- No information as to why this number of spaces should be available in the Care Home prior planned numbers for their own purpose - and in area of rising demographic need for Care Home places.
- No information as to how medical responsibility & accountability for hospital patients would operate in this environment.
- No information on physical separation of this unit within Care Home - and medical patients needs are different to Care Home patients and will not all be elderly.
- No information on economic viability of providing a medical hospital bed & recuperation facility for (per OCCG) five patients. Unless demand way exceeds this as we think it does, the number would vary below this maximum from time to time anyway.

Resource for care in the patients' homes to support removal of beds

- **No quantification of additional resource needed for this, taking account of needs and travel time.**
- **No evidence for CCG claim that requirement for adult social care resources would be reduced**
- **No evidence for CCG claim that requirement for community health resources would be reduced**
- Ditto actual availability of extra qualified resource.
- Ditto cost of addition resource.
- No focus on how non nursing care (e.g. physio) would be delivered.

Consultation Document & Questionnaire

- **Despite the key to the Consultation being about beds, no question in Questionnaire about whether people believe beds are necessary.**
- **Questionnaire asked leading questions which made it impossible to oppose the plans**
- Consultation document failed to provide constructive information on any of the above key matters.
- Questionnaire (and Document) refers throughout to "Henley" residents, ignoring the fact that Townlands facility services an area of c. 90,000 people, of whom only c. 12,000 are in Henley itself. This may have affected/limited responses.

Transition Plans

- **No attempt to explain how the move to the new model would take place (limited description of transition to the new buildings only)**
- **No attempt to commit to or describe monitoring of the new model to ensure patient safety and outcomes are at least as good under the new model**