Cherwell District Council

Response to Consultation Document

ORHT Performance Improvement

and

Cost Reduction programme

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Definition of Terms

ORHT = Oxford Radcliffe Hospitals NHS Trust

HGH = Horton General Hospital, Banbury

Consultation Document = "*Performance Improvement and Cost Reaction programme Part 2 – Horton Hospital*" ORHT (2006)

JRH = John Radcliffe Hospital, Oxford

Response to the Consultation Document

1. Executive Summary

The proposals contained in the Oxford Radcliffe Hospital NHS Trust (ORHT) consultation document significantly downgrade many of the core services at the Horton General Hospital (HGH) particularly in the areas of women and children's services and trauma and emergency services.

These services are the very services which were identified following a detailed public enquiry by Arthur Davidson QC in October 1996 as essential to be maintained to meet the needs of the local "Banburyshire" population.

Since that report was published the case to support the outcome of that enquiry has become even stronger:-

- The forecasts for population growth both for the HGH catchment area and the Oxfordshire region far exceed those available at that time.
- Risks to patients have increased due to the increased numbers and longer transfer times to access alternative services 25 miles away in Oxford.
- Costs for the local community to access alternative services in Oxford have increased with fuel and transport costs rising well above inflation.

The proposals have also been issued as part of a cost reduction plan for the ORHT. The savings identified in the document total in a full year between £1,062,000 and £1,394,000 which is just 0.35% to 0.46% of the total ORHT budget but represents significant downgrading of services at the HGH which will have a major impact on the local population.

Trust representatives have also confirmed that the Horton savings are not required to fund the £33 million ORHT deficit in this financial year.

Government Policy has also changed giving patients more choice about how, where and when they receive treatment together with giving members of the public a bigger hand in shaping local health care systems. A Recent Department of Health guidance document "Keeping the NHS Local" also states:

> **"The mindset that 'biggest is best' that has underpinned many of the changes in the NHS over the last few decades, needs to change. The continued concentration of acute hospital services without sustaining local access to acute care runs the danger of making services increasingly remote from many local communities. With new resources now available new evidence emerging that 'small can work' and new models of care being developed, it is time to challenge the biggest is best philosophy"**

In the document "Emerging Themes" recently published by ORHT, great emphasis was placed on 'customer focused', 'patient-led', 'locally accessible', and 'high-quality' services. The document also stated that

> **"the strategic review would seek to identify an innovative model for the Horton which enables delivery of the widest range of services on a sustainable basis, which recognises the strengths of the Horton and makes sure that the users of the Horton benefit from it being part of the Oxford Radcliffe Hospitals NHS Trust".**

The proposals in the consultation document potentially put patients at risk, fail to deliver the aims of the ORHT, are contrary to current Government Policy, place an unnecessary cost burden on the local population and in no way meet the needs of the local community now or in the future, as such they are wholly unacceptable to this Council.

2. Scrutiny of Proposals

(i) The Davidson Inquiry

In March 1996 a public enquiry led by Arthur Davidson QC was established in response to

1. Serious financial problems faced by the Horton General Hospital NHS Trust. It had at the time of the Inquiry a recurrent deficit of £600,000.
2. The finite resources of Health Authorities and GP Fund holders who purchase services
3. Concerns of Health Service planners and professionals that changes in the structure of medical training and national shortages in the availability of a range of skilled clinical staff could affect the ability of a small hospital such as the Horton General Hospital NHS Trust to continue to recruit high quality staff in the future.

A very detailed investigation was made as part of this inquiry into the local needs of the 'Banburyshire' area served by the HGH. The overall recommendation of this enquiry, published in October 1996, was that

> **"24 hour acute in-patient and accident and emergency care be maintained at the Horton General Hospital NHS Trust in the core specialities – medicine, surgery, women's and children's services, trauma – with pathology and radiology sufficient to support and maintain these."**

The inquiry also concluded that the HGH Trust was not financially viable as a stand alone Trust and to ensure the above vital local services were maintained it recommended as one of a series of options the amalgamation with the Oxford Radcliffe Trust. This amalgamation was subsequently carried out in 1997 following extensive public consultation. Pre-requisite to any merger being approved were the following:-

1. It should improve or at last maintain the delivery of current service to patients;
2. It should allow for the innovative redistribution of and more efficient use of staffing and other resources in the area.
3. It should not render any recommendation of the Davidson report incapable of achievement.

The proposals in the consultation document fail all of these criteria.

At the time of the merger the ORHT committed to and promised:-

- The enhancement to a wider range of specialised general acute hospital services for patients.
- The improved potential to recruit medical staff with better training and development opportunity.
- Service stability and protection of services to the next century.

The proposals in the consultation document break all these commitments which were given just 8 years ago.

The Council wishes to know from the ORHT:

- **Why are the services specifically identified by Davidson as vital to the local community such as in-patient paediatrics and obstetric led maternity services not being 'enhanced' but downgraded?**

- **Why is it that when the merger promised to provide better training and development opportunities, one of the major reasons given for the proposals is the inability to recruit due to a lack of these opportunities?**

- **Can the Trust also explain why, when recruitment of Staff is allegedly so problematic, we understand that the last advertisement for middle grade and senior house officers paediatric doctors attracted over 250 applications, the unit is currently fully staffed and it has been over the last 18 months?**

(ii) Population Growth and Forecasts

Population growth forecasts, which are driven by proposals for rapid housing growth in the South East, have dramatically changed since the time of the Davidson inquiry. The population forecasts for the area at that time were:-

Cherwell District – 1996 approx 128,000
2011 approx 150,000

This equates to a 17% increase over 15 years

Inquiry Area - 1996 approx 108,000
2011 approx 130,000

This equates to a 20% increase over 15 years

The forecasts used within the consultation document are "13% over 20 years" (P12 of Section 2). No start or end year is given, but assumption is 2006-2026.

This equates to **17,355 additional population**

The current detailed population forecasts are shown in Annex A. Headline figures show growth of:-

34,700 additional population (Cherwell)

139,000 additional population (Oxfordshire)

These figures far exceed those previously identified and raise major doubts on the ability of the Oxfordshire Health System to cope if the HGH is downgraded.

The anticipated provision barely meets existing needs and certainly will not meet the future demand due to this level of growth. For example;

- The new children's hospital in Oxford will provide 95 beds which is less than the existing capacity of the JRH and HGH which have a total of 104.

.

- The proposals for the special care baby unit will reduce the SCBU cots from 31 to 18 although there will be a further 14 transitional care units for recovering babies who are not so seriously ill.

Much is made of the 'low volume of activity' compared with the John Radcliffe Hospital and various comparative figures are included on page 9 of the document.

These figures are misleading and do not match those supplied separately by the Trust itself. Annex E details the figures we have obtained which show for example:-

- Paediatric admissions for 2005 were **2120 not 1845** as stated in the document
- This equates to 6 a day not 5
- In the period January to March 2006 this totalled 651 which is over 7 per day.

These figures significantly reduce the gap to the figure of 9 per day quoted from the JRH, particularly when considering the catchment area of JRH is 3 times that of the HGH. This, in our view, seriously challenges the 'low volume of activity' argument and with the anticipated growth shown above questions again the capacity of the JRH to cope now and in the future.

Can the Trust confirm;

- **Over what period their average figures were obtained?**
- **What is the threshold for low volume of activity, who decided this threshold and how it was derived?**
- **What level of activity is considered acceptable to the Royal College of Paediatrics to allow them to approve the HGH as a training facility**?
- **That the proposals will ensure sufficient capacity to guarantee children from North Oxfordshire will be adequately catered for both now and in the future** ?

Similarly, the figures in the consultation document (p15) relating to emergency general surgery and trauma are not correct. Figures obtained under the Freedom of Information Act show for example:-

- The document states on average 1.4 trauma operations were carried out per month during weekends, data we have obtained shows this is nearer to 8, a large discrepancy, which again undermines the feasibility of these proposals and the ability of the JRH to cope now and in the future.

Can the Trust confirm:-

- **The correct figures in relation to emergency general surgery and trauma and explain the large discrepancy?**
- **That the JRH can copy with the additional trauma and emergency general surgery operations and that this will not impact on the already long waiting lists for electric surgery leading to more cancelled operation?**

(iii) Cost Burden to the Local Community

The wide range of services currently provided by the HGH are consistent with the requirements of the local population which has diverse needs spread across a mixture of rural and urban communities. Any proposals which downgrade core services will have a significant impact on the local population particularly those who fall within the disadvantaged groups.

Although many parts of the District are relatively prosperous, some communities are experiencing severe hardship in terms of social and economic disadvantage. Annex B gives more detailed information on deprivation and poverty mapping but the following illustrates some of the headline issues:-

- There are a total of 56,492 households in Cherwell and following means testing 7276 receive either Housing Benefit and/or Council Tax Benefit. This represents 12.8% of the population. However this does not include benefits from other sources that people may be entitled to, or benefits that are not being claimed by people in need.

- There are 3 Wards in Cherwell which are amongst the most deprived in the UK all in Banbury: Neithrop, Ruscote and Grimsbury (see Annex B Table 1).

- 5 wards in Cherwell are in the bottom 3% at the most deprived in the UK in terms of access to housing and services (Annex B Table 4). These include the Aston, Heyford, Cropredy, Sibford and Wardington.

- In Cherwell the average weekly gross wage is the lowest in Oxfordshire based on 2004 figures Cherwell's average was £516 compared to South Oxfordshire where it was nearly £150 higher at £651.

- 5 wards rank in the bottom 25 most deprived, out of 409 in Oxon in relation to Health and Disability all of these are in Banbury. (Annex B Table)

- 21% households in the area do not have access to a car and have to rely on public transport.

The majority of the proposals in the consultation document relate to accessing services in Oxford during evening periods when public transport is very limited or in most cases non-existent. Annex C details some example journey times making comparison between travelling to the HGH and the John Radcliffe in Oxford.

These examples demonstrate the difficulties which will be experienced by the local population:-:

- No bus service to Oxford from Banbury after 17.45 hours

- Last train services from Bicester to Oxford is 18.59 hours

- Total journey time from Banbury to JR and back is 5 hours 16 minutes.

- Total journey time from Bicester to JR and back is 4 hours 50 minutes.

In addition the costs of accessing services in Oxford compared to those at the Horton are also detailed in Annex C again some headline figures:-

- Cost of return journey from Bretch Hill, Banbury to the Horton £2.20

- Cost of return journey from Bretch Hill, Banbury to the JR £12.40

- Cost of return journey from Hook Norton to the JR £28.80

- Cost of return fare by taxi to Banbury from Oxford after midnight £100

The impact of these increased journey times and higher travel costs are likely to be most significantly felt by those groups who are already disadvantaged within the community placing an unnecessary burden on those groups particularly the elderly, families with young children and those without their own transport.

These burdens do not just fall onto patients but their families and carers as well who may need to make numerous journeys to visit loved ones during periods of prolonged stays in hospital.

Annex C, Section 3 gives some worked examples and shows:-

- The costs associated with daily visits to a sick child in JR hospital over a two week period for an average family in Banbury would equate to 25% of the household's total income. This rises to 55% of the household's income if the individuals concerned are on income support or in receipt of a state pension.

Even where access to car is not an issue, the increase in travel times would be considerable adding around 1½ - 2 hours to each return trip to hospital – this being the approximate time taken to travel by car from Banbury to Oxford. In addition each car journey would use an extra ten litres of fuel @ approximately 97p per litre and together with average car parking costs of £2 for a 3 hour visit at the JRH this would mean for each visit local residents would incur around £11.70 in additional costs.

The additional car and transport journeys into Oxford are also against the background of increasing environmental concerns due to the impact of traffic and pollution, particularly in the centre of Oxford. The number of cars on Oxfordshire roads have increased from 175,000 in the early 80's to over 300,000 at the last census in 2001 with growth of between 2% and 3% per annum after that date. This increased traffic since the Davidson Inquiry not only increases journey times to Oxford due to congestion but adds to the growing problem of our pollution in and around Oxford City, itself creating health problems and further demands on the local healthcare system.

(iv) Increased Risks to Patients

In 1996 the Davidson Inquiry recommended that

> **"the paediatric in-patient service should continue and the 24 hour cover by medical staff must be sustained in the future.**

One of the reasons this recommendation was made was the recognition of the risks to children and new born babies through having no on-site out-of-hours Paediatrician. This followed the inquiry into the death of Ian Luckett in 1974 when this was shown to be the major contributing factor.

If a public inquiry at the time concluded that the Horton General Hospital needed 24/7 paediatric care, not least because of the distance to hospitals in Oxford, can the ORHT demonstrate why closing the in patient paediatric facilities at the Horton will not cause this to happen again?

Davidson also recommended that

> **"The retention of consultant led obstetric services at The Horton supported by a medium level special care baby unit with only babies needing continuing care being transferred to Oxford.**

As outlined above, since the Davidson Inquiry, the population has significantly grown and will continue to do so. Transfer journey times to Oxford have also increased with a doubling of cars on the road in the last twenty years.

No evidence has been provided by the ORHT of a reduction in risks since the Davidson Inquiry nor in a reduction in the needs of the local population. Surely both must be higher.

Local GP's have expressed extreme concern about the proposed changes and a letter (copy of which is attached at Annex D) from them to the local media highlighted the following:-

- That the ORT proposals, which would remove or severely undermine services essential to the residents of our community, particularly the vulnerable, are unsafe;
- That this is the most serious threat to health services that Banbury has faced;
- That the present midwifery service at the Horton has been described by ORHT as an award winning service. It provides choices for women to either delivery in a unit run by midwives and supported by obstetricians, paediatricians and neonatal nurses on site, or to deliver at home with the knowledge that help is very close by. The proposed new system will reduce choices for women and runs counter to the spirit of increased choice.
- That a similar scheme was put in place at Kidderminster when the local hospital was downgraded in a similar way. "Low-risk" births continued at the Wyre Forest birth Centre with frequent transfer of mothers in labour to the consultant-led service at Worcester, about 15 miles away. In less than two years, there were six unexpected neonatal deaths, and the unit was subsequently closed following a public enquiry;
- That similar problems occurred within months at Bishop Auckland when a consultant-led obstetric was closed down. Again, the transfer distance was much less than that between Banbury and the John Radcliffe hospital;
- That the risk to and distress of mothers undergoing an ambulance transfer taking over an hour in the late stages of labour is unacceptable. Still worse is the scenario of a baby delivery at Banbury who is in need of immediate medical attention and who has to be rushed to Oxford with only the most elementary resuscitation en route, and who dies or suffers brain damage as a result. These scenarios are not just possibilities but near certainties in the light of what has happened elsewhere. If the ORHT is willing to contemplate them under pressure to cut costs, it needs also to factor the cost of legal claims, of increased ambulance services, and of long-term absence and recruitment of staff following avoidable disasters;
- that what is being proposed at present would not only have serious consequences for paediatrics and maternity, but also for most other services at the Horton. There would be no out-of-hours emergency surgery, no surgical cover for surgical patients at night and we would have grave concerns about child safety in the A & E department;

The Trust has given no evidence to suggest the risk to babies in transit has been removed. There is also no guarantee that the John Radcliffe hospital has the capacity to cope with referrals from Banbury. The crisis in the way premature and sick babies are cared for is worsening, according to the recent Bliss report, which followed research carried out by the National Perinatal and Epidemiology Unit (NPEU) at Oxford University, for Bliss. This research surveyed 64% of all neonatal units in the UK; every neonatal network in England, and 216 parents. The survey discovered 90% of intensive care units had to close their doors on new arrivals. That represented an increase from 80% in 2005. Babies were also being regularly transferred between hospitals because of staffing and cot shortages. The survey found 78% of neonatal units had to turn babies away, mainly because of a shortage of nurses and cots, a rise of 8% on the figure for 2005.

The proposals reduce the current capacity of the Special Care Baby Unit from existing capacity of 31 to 18 in the new facility although a further 14 transitional care units will be available for babies who are recovering.

In the UK, one in eight babies need to be looked after in a neonatal unit at some point, and about 18,000 babies a year will require the highest level of intensive care.
This is mainly due to social trends, such as women giving birth later in life, IVF pregnancies boosting the number multiple births and more teenage mothers, but it is also a consequence of the fact that medical advances mean increasing numbers of premature babies survive. The UK has one of the worst infant mortality rates in western Europe and it is recognised that most of that mortality happens in the first month of life, to premature babies.

By closing the Special Care Baby Unit at the HGH the ORHT is not providing even the basic level of intensive care needed for babies born into this community.

How can the ORHT square this approach when Health minister Ivan Lewis has recently been quoted as saying "I will be having a close look at what is happening on the ground because it is very, very important - there is nothing more important actually than we look after babies who are at risk at this stage in their lives."

It has been stated by the medial profession that there is no such thing as a safe/low risk birth. Many initially uncomplicated pregnancies can lead to complications needing medical interventions in the final hours of labour. Transferring around 160 mothers (as quoted in the document) 25 miles to Oxford in late stages of labour is totally unacceptable both in terms of risk and physical/mental distress to the patient and their relatives. Press cuttings at Annex E illustrate the type of impact this could have on the local community.

There are currently 2 births a day where resuscitation is required. Although it is accepted this will reduce if high risk births are transferred, there will still be babies born which will require this level of support. This situation will not be helped if, as we understand, 700 births a year take place at the **Horton making it one of the largest midwifery-led units in the Country with one of the largest travel distances to the nearest consultant led unit.**

Stand-alone midwife- led maternity units are not the norm in the NHS. 96% are babies are born in consultant-led units and 2% are home births. Just 2% of babies are currently born in a midwife-led unit this is because approximately 40% of births require medical intervention.

A recent report from the National Institute of Clinical Excellence has confirmed that infant mortality is twice as high in midwife led units.

Throughout the consultation document reference is continually made to rapid transfer to Oxford. As part of a recent access to services review, Mike Fleming, Director of the HGH, confirmed that

> **“the usual transfer times to Oxford by ambulance were 45-60 minutes and A&E access targets were often breached as the ambulance services were fully committed”**.

He went on to recall a situation with one patient who arrived at midnight and needed to be transferred to Oxford by ambulance but transport could not be arranged until 7.00 am the following morning.

In addition, despite assurances given re “rapid transfer”, risk assessments obtained from the Trust on transfer of mothers between units state that a Community Midwife Unit is deemed by the ambulance service as a “place of safety” and therefore does not merit a code red response. The risk assessment goes on to state that average waiting times for ambulances have not improved since May 2005, when the average wait was **2 hours 10 minutes**. The transfer of mothers and babies is given a risk rating of 16 (which is a multiplier of high likelihood of occurring (4 out of 5 max) and a high consequence (4 out of 5 max)) 16 falls into the Trust’s definition of the highest risk requiring immediate senior management team action with Executive and Divisional Directors to be informed.

As part of the same interview which was held in March 2005, Mr Fleming also stated "that there was no desire within the Trust to change the services provided, including those within the maternity unit. Some other centres had coped by converting to midwifery only and antenatal case - this was still a long way off as far as the HGH was concerned"

- **What do the Trust consider as "rapid transfers" to Oxford and what commitments can they give that the ambulance service, which appears unable to cope with the current levels of activity, will be able to guarantee an emergency response on all occasions?**

- **Why in 2005 did Mr Fleming state there was no desire to make changes in the maternity services and that conversion to a midwifery only unit was a long way off but just one year later that is exactly what is proposed?**

- **Why when midwife led units are not considered acceptable by 96%of the NHS and have an infant mortality rate twice that of a consultancy led service is the trust recommending this for the residents of North Oxfordshire?**

- **What is the outcome of the risk assessment relating to a mid-wife led unit which will be the second largest in the Country and one of the furthest in transfer journey times form a consultant led service ?**

v) Cost Savings Proposed

The proposals which result in a major downgrading of services at the HGH are put forward as part of a cost reduction plan for the ORHT.

The table on page 20 of the consultation document details a total of between £1,062,00 and £1,394,000 of proposed savings if the ORHT proposals are implemented these represent just 0.35% - 0.46% of the total ORHT budget but will have a devastating impact on the local community of Banbury and the surrounding area.

Trust representatives when interviewed advised these were full year costings and were therefore not included in the £33 million cost reduction plan needed by the ORHT to meet this financial years deficit as it was unlikely they could be implemented before April 2007.

It is also clear that these cost savings do not stand up to detailed scrutiny. For example:-

In the consultation document savings of between £85,000 (option C1) and £417,000 (option C2) have been identified if the proposals put forward are implemented. No additional 'costs' have been identified, although it is clear they will be incurred as detailed in the document:-

- Emergency transfer to Oxford (at least 2 transfers per night)
- 3 to 5 additional beds required at the JRH for children previously admitted to the HGH.
- Enhancement of paediatric skills among emergency staff, and training in paediatric life support.
- Taxi transportation for parents/guardians of children who require ambulance transfer to Oxford (quotes obtained by us for a single return trip after midnight are in the region of £100).
- Enhancement of the community children's nursing service.

Can the Trust confirm that all the above additional costs have been taken into account and the savings shown in the consultation document are net of these?

Similarly, the savings identified in the table on p20 are £167,000 in relation to the changes proposed in Maternity Services. No costs have been identified and the consultation document

advises that these are being assessed. Again, within the consultation document and in a paper produced by Richard Jones on costing of models for children and maternity, details are provided of a series of costs associated with the ORHT proposals including:-

- Transfer of approximately 160 women to Oxford
- Ten additional maternity beds in the women's centre at Oxford
- Three additional delivery rooms at the Women's Centre at Oxford
- Five additional special care baby cots at the Women's Centre at Oxford
- "Rapid transfer" by ambulance of mothers and babies and midwifes if medical intervention required – indicative costs from the Ambulance Trust for this and other emergency transfers are in the region of £200,000 per annum
- Return journeys for staff involved in transfer and cover at the Horton during their absence
- Taxi fares for return journeys for families of patients undergoing ambulance transfer
- £164,000 additional staff costs at Oxford

If an enhanced service is introduced as detailed in M2 other costs identified include:-

- Upgraded delivery rooms at the Horton
- A birthing pool
- Antenatal-postnatal rooms ensuite facilities
- Comfortable large beds
- Facilities for a partner to stay
- Holistic therapies – massage and aromatherapy

The consultation document states that the additional capital costs of these proposals have yet to be assessed.

- **How can the Trust predict savings of £167,000 when the additional costs have yet to be assessed?**
- **Are the savings shown in the consultation document 'net' of all the additional costs identified above, and if so how are they arrived at when so many costs remain unquantified?**

3. Conclusion

The majority of the proposals for changes at the HGH contained in the consultation document significantly downgrade many of the core services which are vital to meet the healthcare needs of a growing area. The majority of the proposals are wholly unacceptable to Cherwell District Council as they:-

- Put patients at higher levels of risk than at the time of the Davidson Inquiry
- Place an unnecessary burden on local residents who will have to access alternative services in Oxford
- Barely meet existing needs and certainly will not meet future demands due to the high levels of demonstrated growth both in the HGH catchment area and the Oxfordshire region
- Break all the commitments given by the Trust at the time of the merger less than 8 years ago and the "Emerging Themes" document published less than 6 months ago
- Are contrary to Government Policy and Department of Health Guidance
- Are driven by the wishes of the medical specialists in Oxford rather than the needs of the community in Banbury and the surrounding area.

Cherwell District Council would urge the ORHT to rethink these proposals which are deeply unpopular with the local population as witnessed by the recent public rally attended by over 5,000 people in Banbury, and are not support by the local medical professionals and staff, who have grave concerns and stated they are unsafe.

The cost savings proposed are in our view fundamentally flawed and represent less than 0.5% of the Trust's overall budget. They in no way take account of the large financial burden placed on North Oxfordshire residents who will be faced with accessing alternative provision in Oxford. They also fail to take account of the fact that the additional facilities required at the JRH will need to be greater than those proposed to copy with future capacity due to the demonstrated growth of the Oxfordshire region which will increase the costs of this proposal and negate any short term savings which can be made.

ANNEX A

HOUSING AND POPULATION – CURRENT STATUS

Determining the catchment of the Horton Hospital is difficult, given that for urgent and emergency hospital referrals, available capacity as well as proximity comes into play. However, in terms of peri-natal and neonatal referrals, using the Cherwell Vale PCT as a proxy for the catchment of the Horton is reasonable.

Not all relevant statistics are available for the PCT boundary. Therefore, it is necessary to reconstruct this geography using Super Output Areas, standard geographies used by the Office of National Statistics to compile a variety of demographic, social and economic statistics. The Cherwell Vale PCT covers a number of Cherwell, South Northants, Daventry and West Oxfordshire SOAs.

The population of the PCT at the 2001 Census was 122,092 people. The 2003 mid-year population estimate of the SOA proxy for the PCT was 127,019 people

2003 Mid-Year Estimates	Count	Percent
All Persons; All Ages	127019	100%
All Persons; Aged 0-15	26662	21%
All Persons; Aged 16-29	17932	14%
All Persons; Aged 30-44	30791	24%
All Persons; Aged 45-64 (Males), 45-59 (Females)	29273	23%
All Persons; Aged 65 and Over (Males), 60 and Over (Females)	22361	18%
Males; All Ages	62470	100%
Males; Aged 0-15	13694	22%
Males; Aged 16-29	9084	15%
Males; Aged 30-44	15256	24%
Males; Aged 45-64	16258	26%
Males; Aged 65 and Over	8178	13%
Females; All Ages	64549	100%
Females; Aged 0-15	12968	20%
Females; Aged 16-29	8848	14%
Females; Aged 30-44	15535	24%
Females; Aged 45-59	13015	20%
Females; Aged 60 and Over	14183	22%

Using PCT reconstructed by SOA

As can be seen from the table above, Females in a 'child-bearing' age range (assume 16-44) account for 38% of women, or 19% of the population. Females under 16 represent a further 10% of the population. Over the following five years, we can assume that 1/3rd of the women aged 30-44 will move out of this 'child-bearing' band, and a third of under-16s will move into it, a net change in the current, indigenous population of -841 (a reduction of 3.4%).

However, as these figures relate only to the existing population at the time of the mid-year estimate, this does not take into account the predicted growth in **current** structure and development plans over the next 5-10 years in the population, including significant in-migration. Assembling growth projections from County level predictions[1], it is possible to abstract that the growth in the PCT area will average 1,100 people per year in the period 2001-2011, before any major new growth is included (see below). Given a fairly constant birth rate in the PCT of 11.7 births per 1000 population, this indicates that the numbers of births in the Horton catchment is currently approximately 1,500 p.a. and will grow by around 12 births per year –this concords with figures published by the Oxford Radcliffe Hospitals Trust.

[1] Primarily 'Oxfordshire Small Area Population Statistics', and three studies of Northamptonshire growth (UEA, Hedra and Northants CC).

It is however vital to take into account more recent developments in projections of population growth in the South East, and implications for Oxfordshire and Cherwell.

HOUSING AND POPULATION GROWTH – THE IMPACT OF THE SOUTH EAST REGIONAL SPATIAL STRATEGY

The emerging Regional Spatial Strategy for the South East (SE Plan) will establish the levels of housing growth in the South East in the period to 2026. The need to accommodate a growing population, the continued reduction in average household size and the economic growth of the South East is likely to result in significant new levels of housing and population growth during this period. Such population growth will also have impacts upon the levels of new infrastructure and services required to meet the needs of a growing population.

The exact scale of housing growth in the period 2006-2026 will be debated at a Public Inquiry into the SE Plan in late 2006, the results of this Inquiry and the likely levels of growth will be known in mid-2007.

Table 1 below shows the range of housing growth options currently being considered as part of the SE Plan process. The first column of the table indicates a base level position contained within the SE Plan. However, this level of housing growth has been challenged by many parties and in response higher levels of growth are being proposed. Increased housing levels are based upon increases of 14% and 28% over and above the draft SE Plan target; these figures will be debated at the Public Inquiry later this year.

More recently, further evidence has recently been produced by Roger Tym & Partners on behalf the Government Office for the South East (GOSE).which sets out a higher 'employment based' rate of development. This submission proposes significantly higher levels of housing growth, the implications of this projection are shown in the right hand column of the above table.

Table 1 Housing Provision 2006-2026

	Draft SE Plan	14% Increase	28% Increase	Employment Based
South East	578,000	660,000	740,000	920,000
Oxfordshire	47,200	53,880	60,420	76,360
Cherwell Central Oxon	5,800	6,620	7,420	7,980
Cherwell Rest of Oxon	6,000	6,840	7,680	8,260
Totals	**11,800**	**13,460**	**15,100**	**16,240**

For the purposes of this submission, the highest 'employment based' projections for housing growth have been excluded. However, it is possible that this housing target (or a variation of it) may eventually be approved.

The calculations in relation to the likely level of population growth in Cherwell and Oxfordshire to 2026 are therefore based upon a future growth rate of the Draft SE Plan plus a 28% increase.

Population Increase 2006-2026

In calculating future population, a household occupancy of 2.3 persons per dwelling is assumed. The current level is 2.43, but it is expected to fall to approximately 2.35 by 2011. Current population levels are derived from the OPCS mid-year estimates for 2004.

Cherwell

Current Population 133,500

Forecast housing growth in Cherwell using the 28% increase above SE Plan figures would result in the following additional population.

15,100 new dwellings X 2.3 persons/dwg = 34,700 additional population

Estimated Population in 2026 168,200

Oxfordshire

Forecast housing growth in Cherwell using the 28% increase above SE Plan figures would result in the following additional population.

Current Population 619,800

60,420 new dwellings X 2.3 persons/dwg = 139,000 additional population

Estimated Population in 2026 758,800

Conclusions

The level of housing growth outlined above would result in a 26% increase in the population of Cherwell District by 2026, the population of Oxfordshire would increase by almost 23% during the same period.

Any housing growth must also be accompanied by growth in the provision of employment sites, open space, retail space and other community facilities including health provision.

While the JR Hospital may have sufficient capacity at the current time to meet the needs of Oxfordshire residents, it should be borne in mind that the loss of facilities and capacity in the short term may be detrimental to proper health provision in the longer term. This is particularly important in terms of the significant levels of housing growth that is likely to take place in Banbury and Central Oxfordshire over the next 20 years.

Annex B

Indices of Multiple Deprivation 2000 (IMD2000)

Deprivation is a major cause of ill health. The Department of Environment and Transport (DETR) Index of Multiple Deprivation (IMD 2000) was introduced in August 2000. This index incorporated six domains:

- Income deprivation
- Employment deprivation
- Health deprivation and disability
- Education, skills and training
- Geographical access to services
- Housing deprivation

The indices provided data in each domain category for the 8414 wards in England. They are ranked, with rank 1 being the most deprived and 8414 the least deprived ward. The IMD 2000 was the most current indicator of deprivation at ward level. The indicators showed wide differences in our populations.

Indices of Deprivation 2004 (ID2004)

The Indices of Deprivation 2004 (ID2004) updates the IMD2000, by both providing more recent data and introducing new measures where new sources of data have become available in the interim. The ID2004 retains the first four domains listed above, but has replaced the last two with:

- Barriers to housing and services

It has also added two further domains:

- Living environment deprivation
- Crime

Differences between the Indices

The key difference between IMD2000 and ID2004 is that while the former was based on ward level data, the latter uses data at the level of Census defined Super Output Areas (SOAs). There are 32,482 SOAs in England covered by ID2004 compared with the 8,414 wards used in IMD2000, which means that the data applies to much smaller areas, such as neighbourhoods and estates.

Advantages and disadvantages of the Indices

The advantage of ID2004 is that it is possible to target areas of real deprivation more effectively and pockets of deprivation within relatively affluent populations are more easily identified. The disadvantage is that comparisons between the two sets of data are difficult.

Table 1 illustrates the 5 most deprived wards in Cherwell using IMD2000.
Table 2 illustrates the 3 most deprived SOAs in Cherwell using ID2004.
Table 3 illustrates the County comparison using IMD2000.

Table 1: 5 most deprived wards in Cherwell using IMD2000

Ward	IMD Rank (out of 8414 wards)
Neithrop	1797
Ruscote	2382
Grimsbury	4493
Hardwick	5338
Calthorpe	5906

Table 2: 3 most deprived SOAs in Cherwell using ID2004

Ward	IMD Rank (out of 32482 SOAs)
Banbury Ruscote 50	5666
Banbury Ruscote 54	5679
Banbury Ruscote 49	6000

Table 3: County comparison using IMD2000

District Council	Lowest IMD Rank	Highest IMD Rank
Cherwell DC	1797	8060
Oxford City	757	8005
South Oxfordshire DC	2063	8353
Vale of White Horse DC	3873	8327
West Oxfordshire DC	4470	7094

Summary of ID2004 indices (see also Table 4)

- Banbury Ruscote falls within the category of 20% most income deprived in England, as do Rose Hill & Iffley and Barton & Sandhills in Oxford.
- Banbury Ruscote 49 is within the top 2% most education deprived in England, as are Barton & Sandhills and Blackbird Leys in Oxford. In the top 10% most education deprived are the 4 Ruscote SOAs, one Neithrop and one Hardwick.
- Banbury and Bicester are included within the 20% most deprived in the category of living environment deprivation, with 2 SOAs in Banbury Hardwick and Banbury Grimsbury & Castle being in top 5% most deprived
- Two SOAs in Banbury Ruscote and Grimsbury & Castle fall within the category of 20% most Crime affected as do Blackbird Leys and Carfax in Oxford.

The ID 2004 indicates that housing and services deprivation affects many more SOAs in Oxfordshire than most of the other deprivation domains.
Most of the SOAs which rank within the top 5% most deprived in relation to housing and services are in rural wards which are seen as being relatively affluent. However, for people living in those areas who are on relatively low incomes and/or do not have access to cars, the issue of access to services may have a real impact on their health and quality of life. Cropredy 79, Sibford 03, Kirtlington 98 and Wroxton 09 are all in the top 5% most housing and services deprived in the district council area.

Table 4: Most deprived Super Output Areas (SOAs) in Cherwell Vale Primary Care Trust ranked against all other Oxfordshire Primary Care Trusts and against England

Domain	SOA	Rank: England (out of 32,482	Rank: Oxon PCTs (out of 409)
Index of Multiple Deprivation	Banbury Ruscote 49	(15.2%) 4931	7
	Banbury Ruscote 50	(15.3%) 4968	8
	Banbury Ruscote 54	(19.4%) 6308	12
	Banbury Grimsbury & Castle 35	(23.7%) 7714	19
	Banbury Ruscote 53	(27.5%) 8929	21
Barriers to Housing & Services	The Astons & Heyfords 07	(2.0%) 636	4
	Washington 06	(2.5%) 806	7
	Cropredy 79	(2.6%) 839	8

	The Astons & Heyfords 05	(2.7%) 864	9
	Sibford 03	(3.8%) 1246	17
Crime & Disorder	Banbury Grimsbury & Castle 35	(8.8%) 2806	9
	Banbury Ruscote 54	(9.6%) 3125	12
	Banbury Hardwick 41	(14.2%) 4612	19
	Banbury Ruscote 50	(15.4%) 4990	21
	Banbury Neithrop 48	(16.1%) 5235	24
Education, Skills & Training	Banbury Ruscote 49	(1.2%) 378	2
	Banbury Ruscote 53	(3.8%) 1248	7
	Banbury Ruscote 50	(5.2%) 1705	10
	Banbury Neithrop 45	(6.1%) 1996	13
	Banbury Ruscote 54	(6.7%) 2166	14
Employment	Banbury Grimsbury & Castle 35	(24.7%) 8023	10
	Banbury Ruscote 54	(25.3%) 8225	12
	Banbury Ruscote 50	(27.7%) 8997	14
	Banbury Ruscote 49	(28.0%) 9111	15
	Banbury Grimsbury & Castle 36	(36.1%) 11735	22
Health & Disability	Banbury Grimsbury & Castle 35	(22.4%) 7290	9
	Banbury Neithrop 48	(32.7%) 10634	20
	Banbury Ruscote 49	(33.0%) 10724	22
	Banbury Ruscote 54	(35.7%) 11590	23
	Banbury Grimsbury & Castle 36	(37.6%) 12204	27
Income	Banbury Ruscote 50	(10.2%) 3326	3
	Banbury Ruscote 49	(17.0%) 5535	10
	Banbury Grimsbury & Castle	(19.0%) 6163	13
	Banbury Ruscote 54	(21.5%) 6986	16
	Banbury Neithrop 48	(27.6% 8956	21
Living Environment	Banbury Ruscote 49	(5.4%) 1764	1
	Banbury Ruscote 53	(7.5%) 2427	4
	Banbury Ruscote 50	(7.6%) 2480	5
	Banbury Ruscote 52	(12.2%) 3956	7
	Banbury Grimsbury & Castle	(14.3%) 4632	9
Supplementary Index			
Income Deprivation Affecting Children	Banbury Ruscote 50	(9.6%) 3125	4
	Banbury Grimsbury & Castle 36	(13.4%) 4346	11
	Banbury Ruscote 49	(17.3%) 5633	17
	Banbury Ruscote 54	(23.9%) 7486	29
	Banbury Ruscote 53	(26.2%) 8516	35
Income Deprivation Affecting Older People	Banbury Hardwick 41	(17.3%) 5620	7
	Banbury Ruscote 54	(19.2%) 6236	10
	Banbury Grimsbury & Castle 36	(20.5%) 6663	12
	Banbury Neithrop 48	(22.4%) 7272	16
	Banbury Ruscote 49	(22.5%) 7309	17

ANNEX C

1. TRAVEL FROM BANBURY AND BICESTER TO JR HOSPITAL, OXFORD

Section 1 of this annex outlines journey times and travel costs from central Banbury and Bicester to the JR Hospital.

Section 2 details journey times from outer areas of Banbury and from other towns and villages around Banbury.

Section 3 provides a comparison of travel costs against the likely incomes of disadvantaged and vulnerable sections of the community.

Section 4 of the annex provides a map showing the distance and average travelling time by private car from Banbury to other accident and emergency departments in the absence of a full service at the Horton Hospital.

SUMMARY OF FINDINGS

Day time public transport services from Banbury and Bicester provide a reasonable frequency of service to the JR Hospital. However, evening services are considerably less frequent and would not enable a realistic means of accessing accident and emergency services in Oxford. It is possible to travel by Rail from Banbury to Oxford throughout the day, but there are no evening rail services from Bicester and no bus services from wither Banbury or Bicester to Oxford. Therefore, friends or relatives of patients would be almost wholly reliant on the private car; this would be particularly disadvantageous to less affluent and less mobile groups within the community. It is estimated that the minimum travel time from Banbury and Bicester to the JR Hospital would be in excess of 90 minutes, although this would be reliant on prompt interchanges between rail and bus services. In reality, these journey times are likely to be significantly longer and would particularly disadvantage Banbury residents.

Journey times from within Banbury and from a number of surrounding villages to the Horton Hospital can be made by public transport until the early evening. The quickest direct journey to the Horton can be made in 13 minutes from Deddington (until 2000 approx). Those without access to a car would rely upon public transport or a taxi to access the Horton Hospital. If accident and emergency services were relocated to Oxford, the quickest possible journey time by public transport to the JR Hospital would again be in excess of 90 minutes, with most single journeys taking longer than two hours. In reality, journeys are likely to be longer if connections are delayed or missed.

The impact of increased journey times and higher travel costs are likely to be most significantly felt by those groups who are already most disadvantaged within the community which conflicts completely with the Government's agenda to reduce social exclusion.

Train Services

Banbury Station to Oxford Station

Day time services every 20 minutes (or occasionally more frequent).

Evening services from Banbury remain at a 20 minute frequency until 2015 when an hourly service is introduced. The last train returning from Oxford is at 2255

Journey time varies from **18 minutes on express trains to 30 minutes on stopping services**.

Cost of a return ticket is currently £7.20 adult and £3.60 child.

Bicester Station to Oxford Station

Day time services are infrequent; operate effectively in morning and evening peak hours only. Late afternoon/evening services from Bicester depart at 1654, 1824 and 1930. The last departure from Oxford to Bicester leaves at 1859. Therefore, impractical for evening hospital visits.

Journey time is **26 minutes**.

Cost of a return ticket is currently £3.80 adult and £1.90 child.

Bus Services

Banbury to Oxford

Bus 59 provides an hourly service from 0615, journey time approximately **60 minutes**. The last service from Banbury leaves at 1745. Last service from Oxford leaves at 1915. Would not provide a feasible link for evening hospital visits.

Bicester to Oxford

Bus X5 (Cambridge to Oxford) provides a 30 minute frequency with a journey time of **35 minutes** until 1930 when an hourly service is introduced. The last service from Bicester departs at 2230. Return journeys from Oxford depart every 30 minutes until 1945 when an hourly service is introduced. Last service from Oxford departs at 2315.

Bus X6 (Northampton to Oxford) departs at 1000, 1300 and 1700 with a journey time of **35 minutes**. Return journeys from Oxford depart at 0840, 1040, 1340 and 1740. This service provides a supplement to the X5 service for intermediate journeys.

Oxford to JR Hospital

Bus 10 provides a regular service, journey time **55 minutes** from the city centre to the hospital. A 15 minute frequency is operated until 1620, a 20 minute frequency from 1620 to 1850 and 30 minute frequency (service U10) from 1850 until 2350 (last service). Return journeys to the city centre operate on a similar frequency (last service 2305).

Bus 14 (Monday to Saturday) provides a more direct link from the railway station to the JR Hospital, journey time **25 minutes**. Service frequency is every 30 minutes until 1915 with a 60 minute frequency after 1915 until 2315. Last return service from the hospital is 2240. Bus 17 (Sundays and Public Holidays) provides a service with a 60 minute frequency.

Park & Ride

A Park & Ride service is currently available to the Churchill and Nuffield Hospitals from the Thornhill Park & Ride site. Services run every 20 minutes at peak time and every 30 minutes off peak. Last service from Thornhill departs at 1847.

Journey time is **8-14 minutes**. Car parking costs 60p and return bus fare is £1.40.

Estimated Evening Journey Times

The following journey times are based upon arriving at the JR Hospital at 1900 for a patient visit lasting one hour until 2000. All journeys are based upon prompt connections.

Banbury to JR

Leave home	1715
Walk to railway station	
Train to Oxford	1730 - 1758
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Train to Banbury	2134 - 2152
Walk to Banbury town centre	
Bus (B5) to Bretch Hill	2200 - 2216
Arrive home	2231
Total Journey Time	**5 hours 16 minutes**

Bicester to JR

Leave home	1720
Bus (X5 or X6) to Oxford railway station	1730 - 1805
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Bus (X5 or X6) to Bicester	2115 - 2200
Arrive home	2210
Total Journey Time	**4 hours 50 minutes**

NB - In the case of missed connections (60 minute service frequency on evening buses) a taxi from Oxford railway station is the more likely mode of transport to the JR Hospital.

2. COMPARISON OF JOURNEY TIMES AND COSTS FROM OUTER BANBURY AND OTHER TOWNS AND VILLAGES TO THE HORTON AND JR HOSPITALS

The following journey times are based upon arriving at the JR Hospital at 1900 for a patient visit lasting one hour until 2000. All journeys are based upon prompt connections.

Bretch Hill

Journeys to Horton

B5/B7 Buses run at 15 minute frequency (30 minute frequency after 1925) to Bridge Street). Journey time is 18 minutes. A connection with the B1 service also allows journeys from Bretch Hill to the Horton to be made in **39 minutes** until the early evening.

Leave home	1834
Bus (B5) to Banbury town centre	1839 - 1855
Walk to Horton Hospital	1855 - 1905
Patient Visit	1900 - 2000
Walk to Banbury town centre	2000 - 2010
Bus (B5) to Bretch Hill	2030 - 2046
Arrive home	2051

Total Journey Time	**2 hours 17 minutes**

Public transport fares	Bus (B5)	£2.20
Total cost of return journey		**£2.20**

Journeys to JR

Leave home	1652
Bus (B5) to Banbury town centre	1657 - 1715
Walk to railway station	
Train to Oxford	1730 - 1758
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Train to Banbury	2134 - 2152
Walk to Banbury town centre	
Bus (B5) to Bretch Hill	2200 - 2216
Arrive home	2231
Total Journey Time	**5 hours 39 minutes**

Public transport fares	Bus (B5)	£2.20
	Train	£7.20
	Bus (14 or 17)	£3.00
Total cost of return journey		**£12.40**

In the case of missed connections (60 minute service frequency on evening buses) a taxi from Oxford railway station is the more likely mode of transport to the JR Hospital.

Bloxham

Journeys to Horton

488 Bus runs at 60 minute frequency to Bridge Street, last service departs at 1926. Journey time **14 minutes**.

Later journeys likely to be made by private car or taxi.

Leave home	1837
Bus (488) to Banbury town centre	1842 - 1855
Walk to Horton Hospital	1855 - 1905
Patient Visit	1900 - 2000
Taxi from Banbury to Bloxham	2000 - 2010
Arrive home	2010
Total Journey Time	**1 hour 33 minutes**

Public transport fares	Bus (488)	£2.20
	Taxi	£6.50
Total cost of return journey		**£8.70**

Journeys to JR

Leave home	1642
Bus (488) to Banbury town centre	1647 - 1700
Walk to railway station	
Train to Oxford	1730 - 1758
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Train to Banbury	2134 - 2152
Walk to Banbury town centre	
Bus (488) to Bloxham	No service
Taxi from Banbury to Bloxham	2200 - 2210
Arrive home	2210
Total Journey Time	**5 hours 28 minutes**

Public transport fares	Bus (488)	£4.00
	Train	£7.20
	Bus (14 or 17)	£3.00
	Taxi	£6.50
Total cost of return journey		**£20.70**

Hook Norton

Journeys to Horton

488 Bus runs at 60 minute frequency to Bridge Street, last service departs at 1926. Journey time **27 minutes**.

Later journeys likely to be made by private car or taxi.

Leave home	1823
Bus (488) to Banbury town centre	1828 - 1855
Walk to Horton Hospital	1855 - 1905
Patient Visit	1900 - 2000
Taxi from Banbury to Hook Norton	2000 - 2020
Arrive home	2020
Total Journey Time	**1 hour 57 minutes**

Public transport fares	Bus (488)	£2.20
	Taxi	£13.00
Total cost of return journey		**£15.20**

Journeys to JR

Leave home	1642
Bus (488) to Banbury town centre	1623 - 1700
Walk to railway station	
Train to Oxford	1730 - 1758
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Train to Banbury	2134 - 2152
Walk to Banbury town centre	

Bus (488) to Hook Norton	No service
Taxi from Banbury to Hook Norton	2200 - 2220
Arrive home	2220
Total Journey Time	**5 hours 38 minutes**

Public transport fares	Bus (488)	£5.00
	Train	£7.20
	Bus (14 or 17)	£3.00
	Taxi	£13.00
Total cost of return journey		**£28.20**

Deddington

Journeys to Horton

59 Bus runs at approximately 60 minute frequency past Horton Hospital, last service departs at 2001. Journey time **16 minutes**.

Later journeys likely to be made by private car or taxi.

Leave home	1809
Bus (X59) to Horton Hospital	1814 - 1832
Patient Visit	1900 - 2000
Taxi from Banbury to Deddington	2000 - 2015
Arrive home	2015
Total Journey Time	**2 hours 06 minutes**

Public transport fares	Bus (X59)	£2.20
	Taxi	£10.50
Total cost of return journey		**£12.70**

Journeys to JR

Leave home	1604
Bus (X59) to Banbury town centre	1609 - 1635
Walk to railway station	
Train to Oxford	1730 - 1758
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Train to Banbury	2134 - 2152
Walk to Banbury town centre	
Bus (X59) to Deddington	No service
Taxi from Banbury to Deddington	2200 - 2215
Arrive home	2215
Total Journey Time	**6 hours 11 minutes**

Public transport fares	Bus (59)	£5.00
	Train	£7.20
	Bus (14 or 17)	£3.00
	Taxi	£10.50
Total cost of return journey		**£25.70**

Cropredy

Journeys to Horton

No regular bus service. Occasional market day services (Thursday and Saturday).

Journeys to Horton most likely made by private car or taxi. Distance 5.3 miles, journey time **9 minutes**.

Leave home	1845
Taxi to Horton Hospital	1845 - 1900
Patient Visit	1900 - 2000
Taxi from Horton Hospital to Cropredy	2000 - 2015
Arrive home	2015
Total Journey Time	**1 hour 30 minutes**

Public transport fares	Taxi	£13.80
Total cost of return journey		**£13.80**
Cost of return journey by private car		**£5.85**

Journeys to JR

Leave home	1710
Taxi to railway station	1710 - 1725
Train to Oxford	1730 - 1758
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Train to Banbury	2134 - 2152
Taxi from Banbury to Cropredy	2200 - 2215
Arrive home	2215
Total Journey Time	**5 hours 05 minutes**

Public transport fares	Taxi	£13.80
	Train	£7.20
	Bus (14 or 17)	£3.00
Total cost of return journey		**£24.00**
Cost of return journey by private car		**£31.90**

Mollington

Journeys to Horton

No regular bus service. Occasional market day services (Thursday and Saturday).

Journeys to Horton most likely made by private car or taxi. Distance 5.5 miles, journey time **9 minutes**.

Leave home	1845
Taxi to Horton Hospital	1845 - 1900
Patient Visit	1900 - 2000
Taxi from Horton Hospital to Mollington	2000 - 2015
Arrive home	2015
Total Journey Time	**1 hour 30 minutes**

Public transport fares	Taxi	£14.30
Total cost of return journey		**£14.30**
Cost of return journey by private car		**£6.05**

Journeys to JR

Leave home	1710
Taxi to railway station	1710 - 1725
Train to Oxford	1730 - 1758
Bus (14 or 17) to JR Hospital	1820 - 1846
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station)	2040 - 2059
Train to Banbury	2134 - 2152
Taxi from Banbury to Mollington	2200 - 2215
Arrive home	2215
Total Journey Time	**5 hours 05 minutes**

Public transport fares	Taxi	£14.30
	Train	£7.20
	Bus (14 or 17)	£3.00
Total cost of return journey		**£24.50**
Cost of return journey by private car		**£32.50**

Brackley

Journeys to Horton

500 Bus runs at 30 minute frequency to Bridge Street, last service departs at 1845. Journey time **35 minutes**.

Leave home	1810
Bus (500) to Banbury town centre	1815 - 1850
Walk to Horton Hospital	1850 - 1900
Patient Visit	1900 - 2000
Bus (500) to Brackley	No service
Taxi from Banbury to Brackley	2000 – 2015
Arrive home	2015

Total Journey Time	**2 hours 05 minutes**

Journeys to Horton most likely made by private car or taxi. Distance 10 miles, journey time **13 minutes**.

Public transport fares	Bus	**£3.00**
	Taxi	**£13.00**
Total cost of return journey		**£16.00**
Cost of return journey by private car		**£11.00**

Journeys to JR

X6 service (Northampton to Oxford) provides an intermittent service with only 4 buses per day (every 3 hours). Last service from Brackley departs at 1640. Journey time **50 minutes**.

Leave home	1635
Bus (X6) to Oxford railway station	1640 - 1730
Bus (14 or 17) to JR Hospital	1750 - 1813
Patient Visit	1900 - 2000
Bus (14 or 17) to Oxford railway station	2040 - 2059
Bus (X6) to Brackley	No service
Taxi from Oxford to Brackley	2100 - 2130
Arrive home	2130
Total Journey Time	**2 hours 55 minutes**

Journeys to JR most likely made by private car or taxi. Distance 21 miles, journey time **27 minutes**.

Public transport fares	Bus	**£5.00**
	Taxi	**£26.00**
Total cost of return journey		**£31.00**
Cost of return journey by private car		**£23.10**

SUMMARY OF JOURNEY TIMES AND COSTS FOR RETURN JOURNEYS FROM OUTER BANBURY AND OTHER TOWNS AND VILLAGES TO THE HORTON AND JOHN RADCLIFFE HOSPITALS

This table summarises the journey times and costs set out above in section 2 of this annex. Journey time an costs are provided in relation to public transport. Where the private car provides a cheaper alternative these costs are also provided.

Notes:

1. Taxi fares calculated at £1.30 per mile (CDC 2006)
2. Cost of private mileage – 55p per mile (based on CDC Casual User rates 2006)

	TO HORTON HOSPITAL			**TO JOHN RADCLIFFE HOSPITAL**		
From	**Journey Time**	**Public Transport Cost**	**Cost of Travel by Private Car**	**Journey Time**	**Public Transport Cost**	**Cost of Travel by Private Car**
Bretch Hill	2h 17m	£2.20		5h 39m	£12.40	
Bloxham	1h 33m	£8.70		5h 28m	£20.70	
Hook Norton	1h 57m	£15.20		5h 38m	£28.20	
Deddington	2h 06m	£12.70		6h 11m	£25.70	
Cropredy	1h 30m	£13.80	£5.85	5h 05m	£24.00	
Mollington	1h 30m	£14.30	£6.10	5h 05m	£24.50	
Brackley	2h 05m	£16.00	£11.00	2h 55m	£31.00	£23.00

3. COMPARISON OF JOURNEY COSTS, TRAVEL TIMES AND THE AVAILABLE INCOME OF VULNERABLE AND DISADVANTAGED GROUPS WITHIN THE COMMUNITY

The two examples below provide an indication of the potential effects of relocated facilities on groups within the community that are currently disadvantaged. It is the intention of Government policy, both nationally and locally that such groups should be given equal access to facilities and services in order to reduce social exclusion.

A Family with Two Children with Average Weekly Income of £250. Living in a Rented Property in Banbury with Access to One Car.

If a child from this family was admitted to the Horton Hospital for a period of two weeks, the time and costs associated with visiting would be readily convenient and affordable. It would be likely that the family car would be used principally for journeys to work and therefore, there would be no access to the vehicle during the day for hospital visits.

In the absence of an available car, access by public transport to the Horton is generally good throughout the day and early evening. Daily visits to a child in hospital by one adult would cost no more than £22 during the two week period. A return visit from home to the hospital of one hour during the evening period would take little more than 2 hours, although visits to a sick child would normally be of a longer duration.

In the absence of appropriate facilities at the Horton, the child would expect to be admitted to the JR Hospital. In the absence of a private car, a return journey to the hospital would take in excess of five and a half hours. The costs associated with daily visits during a two week period would be in the region of £130, this would equate to 25% of the household's total income during this period. The length of time needed to visit a sick child and travel costs would cause significant hardship to this family during this period.

B Retired Couple in Receipt of State Pension without a Car. Living in Owner Occupied Property in Mollington

Mollington is served by limited and infrequent public transport, therefore the private car and taxis would provide the only effective means of accessing the facilities of the Horton Hospital.

Daily travel costs for a pensioner visiting a spouse would amount to approximately £14 each day (taxi fare) or £6 by private car. A married couple in receipt of the basic state pension would currently receive £127.25 each week. Clearly, travel costs of £14 each day would have significant financial effects upon this household as this would amount to equate to 55% of weekly income. However, it would be likely that family members and friends would be able to provide transport for hospital visits during this short period as overall distances are not great. The overall journey time for an evening visit would be in the region of 90 minutes.

An admission to the JR Hospital would result in a public transport journey time in excess of five hours and a daily cost of £24.50. Daily visits to the hospital would clearly be impractical as this would utilise all available weekly income and such long journey times are unlikely to be undertaken by those who may be frail. The limitation of potential hospital visiting would clearly have significant impacts upon the patient and spouse in this instance.

4. DISTANCES AND AVERAGE TRAVEL TIMES FROM BANBURY TO NEAREST ACCIDENT AND EMERGENCY DEPARTMENTS

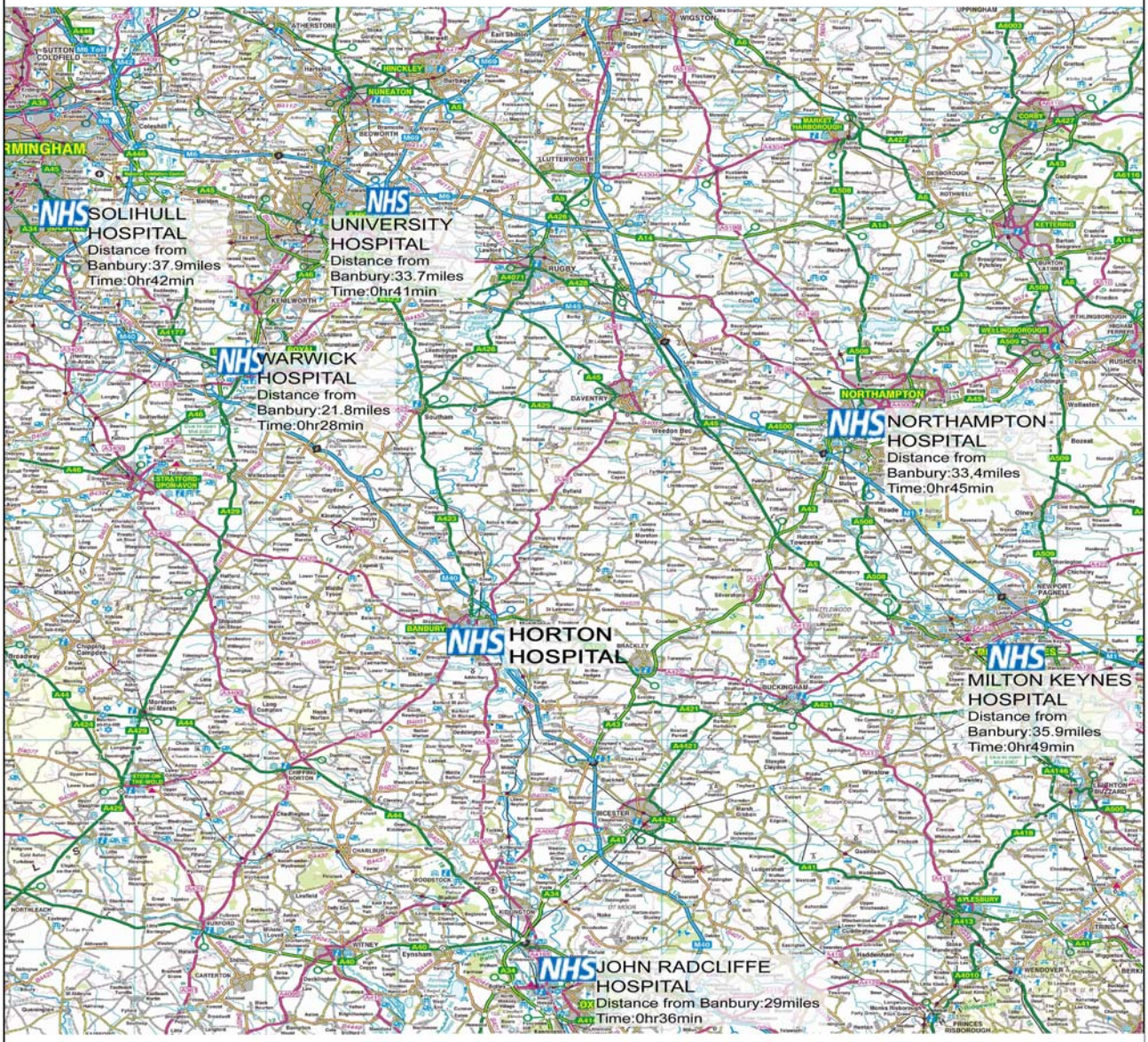
The map below illustrates the distances and estimated travelling time to the nearest accident and emergency units in the event of a lack of suitable services at the Horton Hospital.

For Banbury residents and residents of villages in the north of the District, the closest A&E department is located at Warwick Hospital (approx 22 miles, 28 minutes drive from central Banbury. This route and journey time is based upon the use of the M40 between the two towns. In reality, this journey time from many villages would be significantly longer as the likely route would involve the use of 'A' and 'B' roads.

Travelling time from Banbury to the JR Hospital is estimated at 36 minutes for the 29 mile journey. Again, this route is derived from the use of the M40 and A34 for a significant part of the journey. Journey times from villages are likely to be significantly longer due to the use of minor roads.

As is noted elsewhere within this report, the Horton Hospital acts as a receiving hospital for M40 road traffic accidents. Any accidents occurring outside daylight hours could therefore face the likelihood of transfer to Warwick or JR Hospitals even though Banbury may be closer to the scene of any accident.

NHS Accident and Emergency Departments - Distance and Travel Times from Banbury



North Oxfordshire & South Northants GP Forum

C/o Sibford Surgery, Sibford Gower, Banbury OX15 5RQ

27th June 2006

Dear Sir

As general practitioners working in the area served by the Horton Hospital, we are writing to express our grave concern at the proposals being put forward by the Oxford Radcliffe Trust to downgrade the range of services at the Horton Hospital.

The immediate threat is to round-the-clock Paediatric services, which in turn will mean that the Maternity Hospital can no longer continue to provide consultant-led obstetric care. This would entail the transfer of most maternity work to the already overcrowded John Radcliffe Hospital, with a minority of births – currently estimated at 600 out of 1,600 – taking place in a midwife-only unit in Banbury. There would be no medical cover for this unit closer than the John Radcliffe Hospital.

Our present midwifery service at the Horton has been described by ORT as an award winning service. It provides choices for women to either deliver in a unit run by midwives and supported by obstetricians, paediatricians and neonatal nurses on site, or to deliver at home with the knowledge that help is very close by. The proposed new system will reduce choices for women and runs counter to the spirit of increased choice.

A similar scheme was put in place at Kidderminster when the local hospital was downgraded in a similar way. “Low-risk” births continued at the Wyre Forest Birth Centre with frequent transfers of mothers in labour to the consultant-led service at Worcester, about 15 miles away. In less than two years, there were six unexpected neonatal deaths, and the unit was subsequently closed following a public enquiry.

Similar problems occurred within months at Bishop Auckland when a consultant-led obstetric was closed down. Again, the transfer distance was much less than that between Banbury and the John Radcliffe hospital.

The risk to and distress of mothers undergoing an ambulance transfer taking over an hour in the late stages of labour is unacceptable. Still worse is the scenario of a baby delivered at Banbury who is in need of immediate medical attention and who has to be rushed to Oxford with only the most elementary resuscitation en route, and who dies or suffers brain damage as a result. These scenarios are not just possibilities but near certainties in the light of what has happened elsewhere. If the ORT is willing to contemplate them under pressure to cut costs, it needs also to factor in the cost of legal claims, of increased ambulance services, and of long-term absence and recruitment of staff following avoidable disasters.

What is being proposed at present would not only have serious consequences for paediatrics and maternity, but also for most other services at the Horton. There would be no out-of-hours emergency surgery, no surgical cover for surgical patients at night and we would have grave concerns about child safety in the A & E department.

This is the most serious threat to health services that Banbury has faced. Only a few years ago, the Davidson Inquiry carried out a comprehensive review of local health needs and concluded that the Banbury locality needs its general hospital, including 24-hour paediatrics. As the population of the town and the surrounding area increases, this is even more true now than then.

We cannot support the ORT proposals, which would remove or severely undermine services essential to the residents of our community, particularly the vulnerable. They are unsafe.

Yours faithfully

The North Oxford & South Northants GP Forum
(A group representing local GP Practices)

Annex E

News

SMILING THROUGH: Harriet Margieson and her dad Ian who cares for her

LET HATTIE'S TALE TOUCH YOUR HEART

THE family of a toddler struck down with a rare disease say they could not have coped without the Horton children's ward as their daughter fought for her life.

Harriet Margieson, now two years old, was rushed to the Horton when she suffered a stroke as a result of chicken pox.

Now her parents Jane and Ian want to tell their story in the hope it will 'touch readers' hearts' and spur them into supporting the Keep the Horton General Campaign.

"The thought of the 24-hour children's service closing is unbearable," said Mrs Margieson.

She contacted the Banbury Guardian after reading last week how proposed cuts of £33 million by the Oxford Radcliffe Hospitals Trust would affect services at the Horton.

Harriet's illness left her quadriplegic, unable to sit or even hold her head up.

"We live in Byfield and during the first two months of her illness she spent most of her time in hospital, sometimes the John Radcliffe in Oxford but mostly the Horton," said Mrs Margieson.

"Had she been in the JR all the time my husband and I would not have been able to see each other much, as we have two other children who needed us. We also needed each other.

"Being in Banbury meant we could take the girls, Sophie and Chloe, to visit Harriet. One of us was with Harriet 24 hours, but it also meant the other one could visit without it being a major trip."

Mrs Margieson said the family came terrifyingly close to losing Harriet last Christmas but having her at the Horton allowed the family to be together for part of Christmas Day.

"Last Christmas Eve, late at night, Harriet suddenly started fitting and we had to call an ambulance. She was rushed to A&E at the Horton where they spent 45 minutes trying to control it.

"She was taken to the ward at 3am where we both sat holding hands knowing she was very ill. At 5am we decided I would go home to be with the other girls when they woke Christmas morning.

"As Harriet was in the Horton I was able to keep going over to see them while neighbours and family looked after the other girls or they came with me. Had she been in Oxford this wouldn't have been possible," said Mrs Margieson.

Harriet has been in and out of hospital since mid-January. Specialists have diagnosed a rare disease called Polyarteris Nodosa Vasculitis which causes inflammation of the blood vessels.

Mr Margieson has given up his job as a primary school teacher to be Harriet's main carer at the family home in The Twistle, Byfield. His wife works as a general manager for a company in Daventry.

Harriet is undergoing chemotherapy treatment. "She is still unable to sit or use her hands and legs, but she is so cheerful through it all," said Mrs Margieson.

"The story of Hattie is a long one and the children's ward at the Horton has been our lifeline for 18 months now. She has open access and that knowledge and support has made all the difference to us as a family.

"I saw the Banbury Guardian's front page story last week regarding the possible closure of 24 hour services on the children's ward and hope Harriet's story might help touch a few hearts and maybe help towards the campaign to keep the Horton services open."

01 June 2006

Banbury TODAY Brought to you by Guardian

MUM URGES OTHERS TO SUPPORT CAMPAIGN

A MUM whose baby's life was saved by Horton paediatricians has added her voice to the campaign to save the hospital's 24-hour children's service.

DON'T TAKE THE HORTON FOR GRANTED: That's the message from Nicky Bennett, pictured with baby Joseph

Nicky Bennett was near the end of a normal and uncomplicated delivery when it became clear her baby could not be born normally and an emergency Ceasarian operation was needed.

"Joseph's head was presenting sideways and things were not progressing," said Mrs Bennett, 25, of Banbury. "Then his heartbeat started accellerating and he was in distress. An immediate Ceasarian was necessary; it had gone quite dramatically from a birth with no problems to the chance of Joseph dying.

"It's only when you are threatened personally that you realise what cuts to the service will mean. You start to realise the knock on effects because without the children's ward and paediatricians you would not be able to deal with any complications.

"My pregnancy and birth was completely healthy up to the last hour. To have been transferred to Oxford at that critical point of labour would have been impossibly uncomfortable."

Mrs Bennett said her husband Richard, 25, and their families would be joining the campaign for all acute services to be retained at the Banbury hospital.

"More people should be campaigning. There are a lot of people with children and having babies and there will be lots more with all the new housing.

"They will lose mums or babies if they try to trek them to Oxford. You never know if a labour will be normal.

"We take the Horton for granted and after my experience I want to encourage others to get on the bandwagon and do what's necessary to save it."

25 May 2006

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