

*From Rt Hon Simon Burns MP Minister of State
for Health*

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Tony Baldry MP
House of Commons
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Stan Tony

Further to our recent conversation, I would like to thank you for raising your concerns about Horton General Hospital (HGH) and issues around acute care in Oxfordshire, as set out in your letter of 28 November to the Prime Minister.

On the proposed trauma and orthopaedic staffing changes at HGH, I have received the NHS South of England's assurance that these changes will not jeopardise the future of the Horton A&E service and will not lead to its closure. The SHA and Trust have confirmed they are taking steps to ensure this will not happen and are addressing this issue locally.

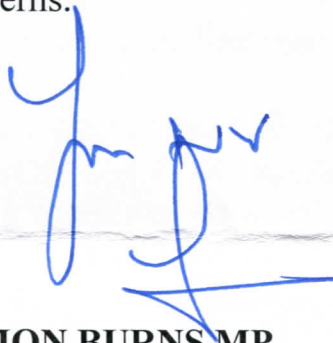
I note that you met with Sir Jonathan Michael and Professor Carr of the Oxford University Hospitals NHS Trust (OUHT) on 12 December and that this was followed on 13 December by a meeting of the Community Partnership Network. I understand that the Trust and the PCT were able, at that meeting, to outline the actions they are taking to reduce delayed discharges and secure Trauma services at the Horton General Hospital and confirm that arrangements are in place to maintain those services in the event of staffing changes. I also understand that Sir Jonathan will be writing to you shortly on these issues and I have asked to be copied in to that letter. I hope that you found both meetings fruitful and that they have helped to alleviate your concerns.

On delayed discharges in Oxfordshire, the SHA has confirmed that the Trust, the local authority and the primary care trust (PCT) are all engaged in a plan to reduce delayed discharges in the county. Oxfordshire PCT has advised that initiatives such as the Appropriate Care for Everyone programme and the Hospital at Home service, which enables people to be

treated by specialist nurses at home, will speed up the discharge process from acute hospitals in Oxfordshire and will help reduce the number of delayed discharges locally. I also understand that the OUHT has reviewed its internal discharge processes and is assessing alternative options to provide support outside of the acute setting. The Trust advises it will shortly introduce a Supported Discharge Service to help patients return home sooner and is working on a scheme to provide rapid response to patients requiring extra support in their own home, and preventing admission to hospital. I understand that both the Trust and the PCT are focusing on joint working across organisational boundaries and across health and social care to achieve this reduction.

You also raised concerns about the future of maternity services at the Horton hospital in light of a potential reduction in obstetrics and gynaecology training posts nationally. The OUHT and Oxfordshire PCT advise that they are aware of these potential reductions in training posts and have made representations to the Oxford Deanery to emphasise the effect that this might have on the service provided at the Horton. I also understand that the Trust has been working with the local Community Partnership Network to develop contingency plans to address these potential challenges.

I have asked to be kept updated on developments. Please do contact me again if you have further concerns.



SIMON BURNS MP