

Victoria Prentis MP presents a bill "*to make provision about mandatory local consultation in relation to changes in services proposed by NHS Trusts and healthcare commissioning authorities;and for connected purposes*"

25 October 2016

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On Tuesday 25 October, North Oxfordshire MP Victoria Prentis, presented her first Ten Minute Rule Motion to the House on the subject of the Horton General Hospital. The National Health Service Provision (Local Consultation) Bill was a direct response to events over the summer at the Horton General Hospital, which saw the downgrade of the maternity unit to a midwife-only service with no public consultation.

During her speech, Victoria voiced her concerns about the way in which the decision was taken and emphasised the need for public consultation whenever there is a change to NHS services, even when it is in response to an emergency situation.

Presenting her Bill to the Commons, Victoria said in the Chamber:



Victoria Prentis Conservative, Banbury 2:36 pm, 25th October 2016

I do find it encouraging to have paternal, maternal and, indeed, filial support in [this place](#), Mr [Speaker](#).

I beg to move,

*That leave be given for to bring in a bill to make provision about mandatory local consultation in relation to changes in services proposed by NHS Trusts and healthcare commissioning authorities;
and for connected purposes.*

The Bill is the result of our experience in Oxfordshire this summer when the [Oxford University Hospitals NHS Foundation Trust](#) suspended consultant-led

maternity services at our local general hospital with no warning and no consultation. Horton general hospital was a gift to the people of Banbury in 1872. It serves a community of some 150,000 people, although that number grows day by day as more houses are built. Horton general's patients are spread across six parliamentary constituencies that cover a large rural hinterland and some of the most deprived areas in Oxfordshire. I was born at the Horton and four generations of my family have been treated there. Like my constituents, I am proud of my local hospital and feel passionately about keeping its acute services.

Our unit was fairly small by national standards, with about 1,500 births a year. It was well regarded, both medically and by the families who chose it, but despite that fine reputation, it has been under threat for as long as I can remember. The first speech I made in primary school was about saving maternity at the Horton. The last major threat we faced was in 2008 when my predecessor, the former [Prime Minister](#), the former Member for Daventry and the passionate "Keep the Horton General" group all fought tooth and nail to save the hospital.

At that time, the matter was referred to the independent reconfiguration panel, which looked at the evidence in considerable detail and concluded that

"there are major concerns over whether such a large unit as that being proposed"— at the [John Radcliffe](#) hospital—

"would be (a) safe and (b) sustainable...There are sufficient concerns around ambulance provision and the transfer of very sick babies and mothers from Banbury to Oxford to call into question the safety of what is being proposed by the Trust."

After that, we thought that the fight would be over for a considerable time. How wrong we were. On 20 July, I was invited to what seemed to be a routine meeting with the trust, so I asked a member of staff to go. No other [Members of Parliament](#) were asked to attend—nor could they have done, of course, on a sitting Wednesday. I was horrified to hear that the trust had failed to recruit sufficient obstetricians and that, as a result, the Horton would be downgraded as an emergency and there would be no consultation.

On 31 August the trust board approved the downgrading. Three weeks ago, obstetricians left and we became a midwife-led unit. Colleagues know that I am,

with good reason, passionate about both maternal and perinatal safety. Nevertheless, I accept that MLUs are the best place to be for most deliveries, particularly as most are located alongside or very near an obstetric unit. That is the nub of our problem: if an emergency arises, or a woman simply changes her mind about having an epidural, our labouring mothers will have to be transferred by ambulance to Oxford, which is about 23 miles away. The average time for that journey door to door in a blue-light ambulance will be between 30 and 45 minutes. The traffic is dreadful and unpredictable; many of my constituents, myself included, go to enormous lengths to avoid driving into Oxford. [National Institute for Health and Care Excellence](#) guidelines make it clear that when an emergency C-section is needed, that must happen within 30 minutes. Once the transfer time is factored in, along with how long it takes to move a labouring mother into and out of an ambulance, that will be quite impossible from the Horton. The worry, of course, is that some will not make it in time.

Clearly, most women will no longer be permitted to deliver in Banbury. In the past three weeks there have been 12 births, whereas ordinarily there would have been about 90. Many of the women who will now deliver in Oxford live up to an hour and a half's drive from the John Radcliffe. I worry about these women, about the babies that will be born at the side of the road, and about everyone's experience of labour. I can barely begin to imagine the situation facing women who do not own a car, as the journey to Oxford from many of the villages by public transport is almost impossible.

I have repeatedly asked the trust to show me risk assessments, but have been sent nothing. My office eventually tracked down some risk assessments online that set out an alarming number of "high risk" factors, including transfer time, ambulance provision and the John Radcliffe's ability to cope with the additional births. I asked for an explanation and have received nothing. Without evidence, I struggle to accept that patient safety has been fully assessed, and the unit should have been staffed by locums and professionals from the trust's other sites while that was done thoroughly. I must also question how this all became an emergency, given that I have since been told that the clinical research fellows programme had become increasingly unsustainable over the past 18 months. Serious concerns have been raised about whether sufficient and timely efforts were made to recruit. As a new [MP](#), when meeting the new chief executive, I would have expected this problem to have been flagged up. I would have welcomed the chance to try to help

to solve the problem, as my constituents are now doing by offering discounted housing, school fees and even free [Hook Norton](#) beer to those who apply to be obstetricians.

My constituents are fearful and angry. We have had a summer of protests. Many local consultants and GPs are against the suspension and have complained furiously that such an important decision was taken over six weeks during the school holidays. I have considerable sympathy for those who believe this is part of a wider conspiracy to downgrade our local hospital. For many years, a vociferous contingent at the trust has wanted to centralise services in Oxford and to use our site for more out-patient services. One of the options proposed in the forthcoming sustainability and transformation plan is for exactly that, with the Horton's maternity services becoming midwife-led. We fear that the situation this summer has been engineered to make that a fait accompli.

I was a civil servant for 17 years and, on the whole, I like to believe the best of our public servants, but I feel let down by the way we have been treated this summer, and by the lack of good management, transparency or evidence-based decision making. I am concerned that without a change to the law, other areas may also suffer as we have. The trust holds all the cards, as only it has the ability to manipulate the number of births each centre receives. We have no control over recruitment. Only the trust has the power to make posts attractive, and it has all the evidence and carries out all the risk assessments. The clinical commissioning group has been notable by its silence.

The Bill would increase the accountability of local trusts and commissioning authorities. When major changes to service provision are proposed, clinical groups and medical consortiums are not a replacement for public consultation. Doctor may know best, but only when he has listened to the patient. Local decision making can work, but only with democratic accountability. We in north Oxfordshire and the surrounding area remain hopeful that our unit will reopen next March, when sufficient obstetricians have been recruited. In the meantime, we fear for the safety of our mothers and babies.

Question put and agreed to.

Ordered,

That [Victoria Prentis](#), David Mackintosh, Alex Chalk, Nigel Huddleston, Antoinette Sandbach, Will Quince, Marie Rimmer, Heidi Allen, Maria Caulfield, Harriet Harman, Robert Courts and Mr David Hanson present the Bill.

[Victoria Prentis](#) accordingly presented the Bill.

Bill read the First time; to be read a Second time on Friday 27 January, and to be printed (Bill 80).