Rt Hon Andrea Leadsom MP Westminster Office House of Commons London SW1A 0AA Dr Bruno Holthof MD PhD MBA
The John Radcliffe
Headley Way
Headington
Oxford
OX3 9DU

Tel: 01865 221184 Fax: 01865 220863

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Dear Mrs Leadsom,

Thank you for your letter of 10 January regarding your constituents' access to maternity services at the John Radcliffe Hospital (JR), and secondly your enquiry on how we as a Trust are preparing for any transport issues created by inclement winter weather.

Let me first say that the decision to temporarily transfer the obstetric-led service from the Horton General Hospital to the JR was taken under emergency measures and in order to protect our patients. The lack of doctors in post gave us no other choice at that time, and a continuing shortage of doctors to fill these posts has meant the temporary transfer of obstetrics to the JR has remained in place.

We predicted as a consequence of having to make this decision that we might see an increase in the number of births at the JR by approximately 80 per month. In our contingency planning to deal with this increased demand we had to prioritise the provision of services to the women in the Trust's core catchment area, and therefore limit access to the JR to women with higher risk pregnancies and women with lower risk pregnancies who live in this core area. Fortunately for some of your constituents this does include women registered with GPs in Byfield and Brackley, so for these women access to the JR has not changed. In addition, any women in your constituency with a low risk pregnancy can use the Horton's Midwife Led Unit (MLU) if they wish.

It is also important to note that patients are being assessed on an individual basis depending on the level of care they require. There remains no restriction on women anywhere in your constituency who are tertiary referrals accessing the specialist facilities of the JR. In addition, if there is a specific issue surrounding a non-tertiary referral from women in your constituency we review such referrals on a case by case basis; for example, there have been women requesting birth at the JR because other members of their family are currently being treated at the JR for other specialist services and we have accommodated these women.

Of course this does not change the fact that for women with low risk pregnancies in certain communities within your constituency the JR is not currently an option. It is likely, however, that any women outside of our core catchment area live close to another obstetric-led unit such as Northampton General Hospital, with whom we are liaising closely on this contingency plan.

Regarding your reference to comments made at the Community Partnership Network Meeting last October, I want to reassure you that there was no intention from anyone to be dismissive of concerns raised by any of our patients, or their representatives. On the contrary, we take all concerns regarding our services very seriously and seek to respond to these with information and guidance wherever possible.

Moving on to your constituents' concerns about journey times to the JR with wintry weather and snow forecast. Please let me assure you that we have detailed and robust contingency plans, known as Service Continuity Plans, to ensure that we are able to provide a continuity of service for all our patients.

In the case of our maternity services, I understand that our doctors and midwifery teams have already held discussions with those women who have been assessed as having particularly high risk pregnancies who are due to give birth in the next few weeks to help them make the appropriate arrangements in case of snow and any resulting impact on travel.

I hope that the information and the guidance referenced above helps address and alleviate some of your concerns.

As I mentioned at the outset the temporary change to obstetric services at the Horton was forced upon us by recruitment issues, and we have had to respond with a contingency plan to absorb the additional demand at the JR. We now look forward to the Oxford Clinical Commissioning Group's upcoming public consultation on maternity services in the north of the county which will allow all views to be heard, and for us all to have certainty on obstetric and maternity services as the consultation completes and the OCCG's final decisions are made.

Yours sincerely

Dr Bruno Holthof MD PhD MBA Chief Executive Officer, Oxford University Hospitals NHS Foundation Trust