Dear David,

I have now had the chance to read the report you are sending to the CCG Board next week. Just to confirm: I have to be on an official Parliamentary visit overseas at the time and will not be able to attend. I wanted, however, to raise with you a number of points.

First, though, let me congratulate you on your recommendation to postpone talking a final decision on the hospital at this stage. I am aware that any delay to the finalisation of the hospital could add to the cost but it is important to get this right and to ensure that any investment will be money well spent. It is also likely to impact seriously on the health of those in the area and could even cost lives. I do, however, welcome your recommendation for further engagement and discussion with key stakeholders on a range of issues, the transition period and the details of the model of ambulatory care.

Before the rebuild started, almost everyone was very happy to use the phrase ‘health campus’ to describe the site. A return to this phrase would be a welcome way of addressing the location of the beds since, as a campus, it surely matters less where the beds are located than of how many they consist. Perhaps you could be more detailed about the use of the term ‘flexible’ in describing the availability of the beds to show how many beds it would likely include.

Second, whilst the report does set out a facility I would just like some reassurance that Townlands will provide services to the whole adult population. I believe that this is implicit in what is proposed but there is an emphasis on providing a facility for older people that comes across. Given that this is a key healthcare provision for the population of a number of geographic Wards as set out in the Health Needs Assessment I am concerned that this is clear.

Thank you too for referencing the representations I have made to the CCG in the report. This has involved a lot of work, most of which has not been in full spotlight, and I am glad that I have had influence over your deferring a decision pending further engagement, that the RACU will now be open and available for 7 days a week rather than the 3 days proposed, that further discussion and engagement will take place including surrounding the issue of ambulatory care and the beds, and, that you will be looking for a firmer transition plan.
There is still much we need to talk about particularly over transition. But, to quote Sir Winston Churchill, ‘to jaw-jaw is always better than to war-war’. I welcome the CCG’s inclusion of my comments.

I am concerned that the staffing of the ambulatory care model is not secure enough and that further engagement is required here. This is a point I have made to you and to John Jackson on a number of occasions. If I can help in this area by using the Cities and Local Government Devolution Bill as it passes through Parliament to provide the County Council and the NHS with the opportunity for this to happen, I shall be happy to do so.

Yours sincerely,

JOHN HOWELL OBE MP

Member of Parliament for Henley