healthwatch Oxfordshire

Your voice on health and care services

Report to the Oxfordshire Joint Health Overview and Scrutiny Committee

September 2026

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1. Our reports to external bodies

For all external bodies we attend our reports can be found online at: www.healthwatchoxfordshire.co.uk/reports-to-committees

We attended and reported to Health and Wellbeing Board (July 2026) and Health Improvement Board (June 2026). We attend Primary and Community Board, Oxfordshire Place Based Partnership, and Oxfordshire Health Inequalities Forum and Oxfordshire Marmot Place meetings.

We published Healthwatch Oxfordshire **Annual Impact Report** outlining our work in **2025-6**. During this year:

To read the full report and see the recording of our team presentation: https://healthwatchoxfordshire.co.uk/reports-hub/1726

2. Our research reports

We make sure we hear from people via a mix of methods, including survey online and in paper form, and through ongoing face to face outreach, on the streets, at events and community settings. All this years' reports, along with summaries, and responses from providers and commissioners to date can be seen here: www.healthwatchoxfordshire.co.uk/reports-hub

All reports are available in **easy read**, and word format. We follow up responses to recommendations again after six months.

➢ Views and experiences of palliative and end of life care in Oxfordshire

We used a survey and phone interviews to hear from **110 local residents** about their views and experiences of palliative and end-of-life care for adults in Oxfordshire. We asked what is important to people towards the end of their lives, and what might support people to have conversations about their wishes with family, friends, or health and care professionals. We also asked people about any experiences they had had of end-of-life or palliative care services.

What we heard: We heard that many people had clear and consistent priorities about what mattered to them most at the end of life: **being close to loved ones**, **feeling safe and comfortable**, and receiving **good quality care**. Most people said they would **prefer to die at home or in a hospice** rather than in a care home or hospital. Although many people had thought about or discussed their wishes, not everyone had made formal plans and some people said they were unsure about how and when to have end-of-life conversations.

People told us about positive aspects of palliative and end-of-life care, including having **control over decisions**, **management of symptoms and pain**, being treated with **dignity and compassion**, and receiving support that recognised both **the patient as a whole person** and those close to them. However, some people had experienced challenges including **difficulties accessing support** and services, **gaps in communication**, **lack of coordination** between different health and care providers, **poor communication**, and **inadequate quality and continuity of care**.

People suggested improvements to palliative and end-of-life care including around information and access to support and services; communication and encouraging earlier conversations about end-of-life wishes; strengthening coordination between services; strengthening staff capacity and skills and increasing support for families. Throughout, we heard about the importance of care and support that builds on people's existing networks, assets and communities, that is culturally appropriate, and that takes into account the wishes of people who are dying and their loved ones, supporting them to live and die well.

Based on what we heard, we made a series of recommendations for improvements. We shared our report and recommendations with the Thames Valley Integrated Care Board, Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, Oxfordshire County Council and other health and care-decision makers in Oxfordshire. Provider responses can be seen on our reports page.

➢ What we heard about hospitals (August 2025 - July 2026)

We published a summary report outlining the themes of feedback and public comments about hospital care, across Oxford University Hospitals NHS Foundation Trust Hospitals (OUHT), including Horton and John Radcliffe, Nuffield and Churchill Hospitals in the past year 2025-6. This was gathered over the year, via our research projects, rural engagement, regular hospital stands, Enter and View and face to face conversations during outreach at events and community activities across the county. Read the report here: https://healthwatchoxfordshire.co.uk/reports-hub/1771

We heard a range of themes including positive feedback about good communication, compassionate care and professionalism from NHS staff. We also heard about things that can be improved, including interface, communication between primary and secondary care, administration, information and communication, interpreting whilst waiting for hospital appointments, waiting times and cancellations. Parking remains an ongoing frustration. In our research in rural areas, we also heard about the challenges, time and cost of reaching hospitals, in particular for those who don't drive or have to use taxi, or lack local community or poor public transport links:

> *I've had a fair number of neuro ophthalmology appointments at the JR in Oxford during the last 6 months which entails catching 3 buses or trying to get a lift at least part of the way as it's such a difficult place to access if you aren't allowed to drive*
>
> *Desperately need community transport to attend John Radcliffe Hospital. I attend regular appointments and a taxi is approx. £140 return. There is no easy way to get there.*

Forthcoming reports include:

- Rural insights from 14 **rural areas** for Oxfordshire County Council as part of the wider Marmot focus on health inequalities. The report will be presented by Public Health to Health and Wellbeing Board in September.

3. Our webinars

Our **next webinar** will take place on **Tuesday 15th September from 1pm - 2pm** and will focus **on end-of-life and palliative care.**

We will be joined by guest speakers Gabbie Parham, Senior Matron for Community Nursing, and Antoinette Broad, Clinical Lead and Matron for Community Nursing, from Oxford Health, and Victoria Bradley, Clinical Lead and Consultant in Palliative Care Medicine, from Oxford University Hospitals.

Our speakers will talk about what their services offer, and the importance of early conversations about end-of-life wishes and advanced care planning. All are very welcome to attend. Join us on the day using **this zoom link:** Zoom link

4. Community Research guide and training

We **delivered face to face training for 15 community researchers**, building on the stages of community research in the '*How to Guide – co-produced with community researchers in Oxfordshire*' launched in May. Two full day training workshops were delivered by Katharine Howell (HWO), Nigel Carter (Oxford Community Action) and Makena Lohr (freelance). These were funded by Oxford Brookes University in support of the Oxfordshire Community Research Network.

We will be running further community researcher training sessions in October, along with ongoing online peer support sessions for community researchers over the next six months.

See here for online version of the guide
https://healthwatchoxfordshire.co.uk/community-research-how-to-guide which can be used by anyone in Oxfordshire and is free for others to promote and use.

To read more about the impact of all our work and all our reports, and how we make a difference along with commissioner and provider responses and agreed actions, see here: www.healthwatchoxfordshire.co.uk/our-impact See also snapshot summaries of our month-by-month work.

https://healthwatchoxfordshire.co.uk/latest-news/2026/08/a-snapshot-of-our-work-in-july

5. Enter and View Visits

We have statutory powers under the Health and Social Care Act 2012 to make **Enter and View** visits to publicly funded local health and social care services. The aim of these visits is to identify what works well and what could be improved to make people's experiences better.

We were also delighted to hear that feedback we'd shared with Oxford Health following our previous Enter and View visit had fed into plans for a refurbishment project at Abingdon Community Hospital's Emergency Multidisciplinary Unit (EMU). You can read more about the improvement work on Oxford Health's website Major overhaul of Abingdon's emergency multidisciplinary unit | Oxford Health NHS Foundation Trust, and congratulations to Oxford Health for driving this project through for the benefit of patients, carers and staff.

- We visited Abingdon Hospital Minor Injuries Unit (MIU) in July (report forthcoming)

All published Enter and View reports with recommendations to, and responses and actions from providers are available here: www.healthwatchoxfordshire.co.uk/enter-and-view-reports

Listening out and about across Oxfordshire

Since July we have attended a number of events and groups across Oxfordshire to hear their views on health and social care, including experiences of maternity care and postnatal support. For example, we attended Banbury, Bicester and Berinsfield Play Days, Grove and Wantage family group at Wantage Library, Rachel House in Banbury among other events and groups.

6. What we are hearing from the public

Along with our themed research above, we hear from members of the public via phone, email, our advice and signposting, and online feedback on services (for reviews and to leave a review. see www.healthwatchoxfordshire.co.uk/services). We also hold conversations when out and about on the street, in community settings, at hospital stands, with patient and VCS groups and services, and community

events. This enables us to raise what we are hearing, including emerging themes, with health and care providers and commissioners.

Ongoing themes include hearing about:

- SEND and autism support,
- Primary and secondary care interface and communication across, between and within services, discharge support.
- We continue to hear from people making complaints to services, including time taken to receive responses
- Travel to hospital from rural areas – distance, time and cost of taxi, and parking challenges including for disabled visitors

  Parking absolute nightmare, have to allow over an hour to park with a blue badge and often just can't park at all. All the car park spaces are full from 8am in the morning and stay full all day. I can't take a bus, taxis are £50 return which as disabled on a low income is a lot of money, so try to arrange appointments times only when I hope I can park in the morning, driving there very early and waiting for my appointment time. So I don't miss my appointment, it's very demoralising as I want to maintain as much as my independence, but parking issues make it very stressful (Feedback online re John Radcliffe)

The report published this week on 'What you told us about hospitals' gives insight into public feedback on hospital care. Speaking specifically to HOSC agenda, the following give insight into some of the public feedback we have received directly about the services at the **Horton Hospital**:

> *Services are good at the Horton hospital and easy to get there and park. Can drop in for X-ray if requested by GP*
>
> *I'm disabled in a wheelchair, the movement in the corridors is difficult as it's too narrow.*
>
> *A nurse called [name] rang me and asked questions relevant to my upcoming admission for a procedure I am about to have and feeling anxious about. Talking with her, she was lovely talking about at first my date of birth as her birthday is similar - made me feel less worried and towards end made me laugh which put me at more ease. Such a lovely kind person*

I was very well treated with respect and kindness. I felt that there was a total feeling off calmness and professionalism.

*Made to feel welcome and help you every step of the way, nothing is to much for them always happy to help. (*online feedback*)*

*From the moment I arrived my nurse was incredibly kind and gentle. I was feeling very anxious about the procedure, but she instantly made me feel calm, safe and cared for. The young lady from the anaesthetic team came to speak with me before the procedure — she was so lovely, explaining everything clearly and reassuringly. One of the surgeons also came to introduce herself and talk me through what would happen. She was warm, caring and professional, which helped me feel completely at ease. When I woke up in recovery, the team there were just as kind and attentive. Back on the ward, I was once again looked after beautifully by [name] and [name]. They couldn't have done more for me — so compassionate, patient and genuinely caring. If it hadn't been for these wonderful people, I would have felt very frightened, but their kindness and professionalism made all the difference. They are an absolute credit to the hospital, and we are truly lucky to have such dedicated staff caring for patients. (*feedback centre*)*

Excellent surgery and excellent local Horton Hospital. Can take us up to two hours to get to Oxford hospitals! Had MRI scan at Horton on Sunday excellent new facility. Banbury and its growing population and its many rural communities deserve more facilities like these at the Horton. As you are getting older you need hospital care near at hand. It often takes us 2 hours to get to Oxford Hospitals in the traffic. This is hard when in mid-eighties. More services at the Horton Hospital is urgently needed with the rapidly building programme in the area

I am profoundly deaf. Over the years, the service has diminished. It used to have a walk-in clinic to have any hearing aid issues looked at - 2 times a week at Horton Hospital and once at Cope Road. Now, it has literally no drop in facility at all. Add to this that JR too now has no walk in facility to assist anyone, leaves us with no emergency provision whatsoever in the whole of Oxfordshire serving our area. If your aid needs to be looked at, you have to email (obviously deaf patients cannot ring up!) and request an appointment. You then sit and wait for an email response which is rarely quick, even if addressed as URGENT. Even if you request an urgent appointment, you wait

well over 10 days to be seen. Deafness causes isolation, vulnerability and also prevents you from working if the aids you have stop working and you have to wait often over a week to be seen.

7. Future of Healthwatch

Healthwatch Oxfordshire continues as an independent charity to be here to listen to people using health and care services and ensuring their voices are heard by decision makers. The proposed Health Bill https://bills.parliament.uk/bills/4124 includes removal of statutory function of local Healthwatch as an independent voice, and shifts responsibility for engaging, listening and acting on patient feedback to local authorities and to Integrated Care Boards. It is a time of great complexity and change, across all levels of the health and social care landscape, and with additional impact of local government reorganisation for Oxfordshire.

The bill is going through parliament, with its third reading in the commons on 6th September and with potential to be enacted by April 2027 if on timeline. We are working closely with health and social care system to explore future iterations for independent voice, and a commissioned report on this will be presented to Oxfordshire Health and Wellbeing Board on 24th September.