

# **Report to the Oxfordshire Joint Health Overview Scrutiny Committee**

18<sup>th</sup> April 2024

# Table of Contents

- 1. Healthwatch Oxfordshire reports to external bodies ..... 3**
- 2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 8  
February 2024: ..... 3**
- 3. Key issues we are hearing from the public: ..... 5**
- Healthwatch Oxfordshire Board ..... 6**
- Appendix A- hearing about NHS Dentistry and GP services..... 6***

## 1. Healthwatch Oxfordshire reports to external bodies

Healthwatch Oxfordshire attended and reported on what we hear from the public to the Health and Wellbeing Board (March), Health Improvement Board (HIB in Feb), and Oxfordshire Place Quality Committee.

For all external bodies we attend our reports can be found online at:

<https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>

We attend **Oxfordshire Place Based Partnership** meetings under Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). We work together with the five Healthwatch groups at place across BOB ICB to give insight to committees at BOB ICB wide level, including BOB ICB Quality Committee, BOB Health Overview Scrutiny Committee and BOB Integrated Care Partnership.

## 2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 8 February 2024:

### Healthwatch Oxfordshire reports published to date:

Summary of our **Quarter 3** (Oct-Dec 2023) activities and outcomes can be seen here: <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/03/Quarterly-report-Oct-to-Dec-2023.pdf>

Reports published since the last meeting can be seen here

<https://healthwatchoxfordshire.co.uk/reports> all available in **easy read**, and word format. Since the last meeting we published the following reports on our:

### Enter and View Visits

Reports on the following services:

- Bicester Community Hospital – inpatient ward
- Day Lewis Pharmacy – Didcot
- The Close Care Home – Abingdon

All published Enter and View reports are available here:

<https://healthwatchoxfordshire.co.uk/our-work/enter-and-view>

and <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/01/Enter-and-View-easy-read-information.pdf>

## Our current work:

**Note:** any forthcoming reports will be published at the end of the Local Election Purdah period in May.

- We currently have a survey to hear from the public on **Eye Care Services** in Oxfordshire <https://healthwatchoxfordshire.co.uk/news/eye-care-services-in-oxfordshire-tell-us-your-views/>  
And survey link: <https://www.smartsurvey.co.uk/s/eyeservices/>
- Survey of **Patient Participation Groups** (PPGS) in the county to identify state of play, information and support needs. Received 79 responses – report forthcoming.
- **Core 20 Plus focus on oral health** needs of children under 10 – working in Banbury Ruscote and Neithrop areas (Part funded by NHS via BOB ICB Core 20 funds). We worked with ‘community connectors’ in this area to link to local networks in order to gather insights. Supplemented with additional wider survey on oral health needs of children with Special Educational Needs and Disabilities (SEND). In total we heard from almost 100 people. Report forthcoming (See Appendix below for initial findings). Insights shared with health and care professionals on 15 April in Banbury.
- **Focus on rural communities** – we commissioned Community First Oxfordshire (CFO) to undertake a profile of a rural community near Bicester (Ambrosden, Arcott, Blackthorn and Piddington) this is completed and report forthcoming.
- **Community Participatory Action Research** (CPAR2) we continued to support and mentor two community researchers from Oxford Community Action to focus on cost of living and food insecurity in OX4. (Part supported by NHS S.E. CPAR 2 Programme). This project will end in May, with launch of a film and report. Researchers will be presenting at a community research showcase event in June in London to share their work.
- Together with the community researchers from Oxford Community Action, we presented our learning about community research to over 130 participants at the launch of the **Local Policy Lab** (Oxford University and others) in March.
- We have been working with **My Life, My Choice** to support development of a ‘Health Forum’ to bring dialogue with health and care system. The first session was held in February, where a learning disability nurse from Oxford University Hospitals NHS Foundation Trust spoke and listened to views and experiences of care.

- We hosted a **webinar on 28 February** for members of the public to feed into the BOB ICB **Primary Care Strategy**, attended by 43 people, with presentations by Dan Leveson, BOB ICB Place Director for Oxfordshire, Louise Smith, Deputy Head of Primary Care Integration. Slides and video of the webinar can be found here: <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/>
- We presented along with Healthwatch Bucks on the importance of Patient Engagement to an audience of over 150 at the Primary Care Network event. Together we also produced a joint written response to the Primary Care Strategy which we sent to BOB ICB – see here: <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/03/Joint-response-from-Healthwatch-Bucks-and-Healthwatch-Oxfordshire.pdf>

### 3. Key issues we are hearing from the public:

We hear from members of the public via phone, email, online feedback on services (<https://healthwatchoxfordshire.co.uk/services>), and when out and about. This enables us to pick up and inform the health and care providers and commissioners on emerging and current themes.

**See Appendix 1** which highlights in detail what we have been hearing in relation to **GP and NHS dental services** – still our top area of inquiry and feedback.

We hear praise for the **good care** most people receive from health professionals once they receive treatment:

*“What great care - examined, blood tests, ECG, X ray and then CT scan of chest following blood results. All interpreted, diagnosed and treated (on ward pharmacy) within about 5 hours - Unbelievably thorough care, I was very impressed and grateful” (John Radcliffe Hospital Care)*

We also continue to hear about challenges of **communication and administration for appointments, SEND and CAMHS waiting times, and cancellation** of appointments:

*“I have always had outpatient appointments throughout my life because of my breathing problems but since the beginning of Covid I have had one appointment which lasted less than two minutes. My appointment for last August has so far been cancelled five times and is now due next May, if it isn't cancelled”.*

- We have also been contacted by people concerned about provision of **medication for ADHD**, with unclear information about GP support and uncertainty about ‘shared care agreements’ for medication. Some GPs are not taking on new patients for this medication, and others are reviewing existing patients. Clarity is needed for patients to understand pathways and support.

## **Healthwatch Oxfordshire Board**

Our open forum event for the public to attend was held online on Tuesday 27th February <https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/> We published the **priorities and goals** for the coming year (2024-5) based on feedback from the public, our research and outreach insights, and strategic drivers. They can be seen here: <https://healthwatchoxfordshire.co.uk/about-us/our-priorities/>

## **Appendix A- hearing about NHS Dentistry and GP services**

Speaking to the HOSC meeting agenda items on GP services and NHS dentistry we note the following feedback.

**People continue to praise the support and care they receive from all health professionals within the NHS, and value this support hugely – at the same time as understanding the pressures faced.**

However, here we highlight some of the challenges people share with us. This is sourced from our online service review feedback, from phone calls and emails from the public, from our outreach, and from our more focused work, and links with community and voluntary groups across the county.

- ***What we are hearing about people’s experiences of NHS Dentistry***

### **Mystery Shopper – Access to NHS Dentistry (see attached summary sheet):**

Building on a similar review undertaken in April 2023, we carried out a further NHS dentistry ‘mystery shopper’ exercise in March 2024. We asked dental practices in Oxfordshire if they were taking on both adults and children for NHS appointments. Of the 57 practices we managed to speak to, 6 were taking on NHS adult patients and 15

were taking on children (compared to 4 taking on adult NHS patients and 17 taking on children in a similar exercise in April 2023). See here for the summary of what we found: <https://healthwatchoxfordshire.co.uk/>. Website information on NHS 'Find a Dentist' was not always up to date – 13 had not been updated in 90 days and 7 gave inaccurate information.

We continue to hear from the public about issues with access to NHS dentists, uncertainty about where to go, and unclear information about charging and what treatments are available on the NHS and feeling pressure to pay privately. People valued "friendly and caring staff".

*"I cannot find an NHS dentist since the dentist I was with went private. Over the last couple of years I have pulled every top tooth I had left. I now feel extremely embarrassed when out in public, that I rarely go out anymore, and my mental health has been affected"*

*"My husband visited with a problem tooth, told it had to be extracted but was 'too difficult' to do as an NHS patient and would have to be done privately. Feeling rather railroaded and in pain he agreed. Another dentist walked into the room and pulled it out in less than two minutes and was charged £300"*

*"I care for a disabled child, we need help but can't access it. The NHS careline just tells me to keep ringing round and trying but I have tried all leads to no avail, and frankly have given up"*

*"I registered with a dentist in as an NHS patient on universal credit. I cracked my tooth. They said that root canal treatment is not available on the NHS and all they could do for me was extract the tooth, but that I could get root canal treatment done privately with one of their dentists."*

### **Core 20 Plus focus on oral health, and for parents and carers of children with SEND:**

Report for this work is forthcoming, and we held a meeting to share findings with health system on 15<sup>th</sup> April. Our work with community connectors under Core 20 Plus, reached 45 parents and carers of 74 children in Banbury – Neithrop and Ruscote. 31 of these parents and carers have children who have special educational needs and disabilities (SEND).

An additional county wide survey reached a further 36 parents and carers of 39 children or young people with special educational needs and disabilities. We also

had in-depth conversations with 9 parents and carers of children with special educational needs and disabilities. Six of these also responded to our survey. We spoke to parents and carers who are seeking asylum and who are temporarily housed in hotels in or near Banbury.

Summary of what we heard:

People face challenges finding an NHS dentist and getting appointments with them.

When people manage to get appointments, challenges they told us about include:

- Having enough time in the appointment for the dentist to get the child comfortable enough to let them look in their mouth.
- Dental practice staff not knowing how to support children with SEND.
- Lack of flexibility around appointment times.
- A lack of continuity of staff, for example at a training practice, meaning that the child has to get used to a new person and the caregiver has to repeat information.
- The waiting room environment being distressing for children with sensory needs or anxiety.
- Caregivers feeling shame around their children's poor oral health, and/or feeling blamed or judged by oral health professionals.

We heard that people's experiences of dental and oral health services were more positive when oral health professionals had sufficient time and patience to support the child to feel comfortable. This was more common at a specialist community dentist but caregivers also told us about good experiences of mainstream NHS dentists. Examples of good practice included having a series of monthly appointments to get children used to going to the dentist and working up to opening their mouth, dentists explaining every step to the child, and allowing the child to see and touch the different instruments.

## **Hearing from asylum seekers and refugees <sup>1</sup>**

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<sup>1</sup> Note: Some of this feedback from asylum seekers and refugees has been shared by Asylum Welcome during BOB ICB listening towards the development of the Primary Care Strategy – but has also been highlighted to Healthwatch Oxfordshire during outreach in communities - as a result it has been included here to highlight some of the issues faced by this group – relevant to the HOSC agenda on both dentistry and GP access.



Links with those providing support to asylum seekers and refugees in addition to outreach by Healthwatch Oxfordshire include the following insights about dental care and oral health:

- Residents of some hotels struggling with oral pain and problems – oral health poor, due to a mixture of a lack of knowledge, access to dentistry and support, and poor food environment.
- Wider refugee and asylum seeker community also facing similar barriers to dental access as the wider population.
- The BOB ICB Flexible Commissioning Scheme is working well in some areas but is still not widely known about .
- Feedback that dental practices are not always clear about rights and responsibilities, including interpreting, paperwork and ID documentation, eligibility, and charging.
- People with No Recourse to Public Funds (NRPF) struggle to afford dental treatment.
- We convened a roundtable meeting for system partners to support communication and coordination around asylum seekers and refugees and oral health in the Banbury area.

➤ **Access to interpreters:**

We continue to hear about access to interpreters for health and care from people for whom English is not their first language, and those who use BSL and other interpreting. This includes what we have heard from grassroots community groups, and from asylum and refugee communities and is relevant to all health provision. People using services are still not always aware of their entitlement to receive support – and it is not always offered. In addition, correspondence from health system, and health information is not often offered in translated format, making patients reliant on a third party.

Other feedback includes:

- Appointments need to be longer if using interpreter.
- Lack of out of hours interpreting support.
- Challenges ongoing with accessing interpreting for some languages e.g. Tetum, Sorani.
- Family and community members still being used as interpreters – need for formal recognition, capacity building and formal training if this practice is continued – although NHS guidance is not to use.

- Feedback from patients not provided with an interpreter including having medical/ dental treatment and not understanding what was going to happen.
- Some report feeling they perceive a more hostile reception if non-English speaking, or get a better response if supported by an advocate.

*“Sometimes you can sense irritation when you are trying to explain to them (on the phone) They want to cut you off. That makes you feel your issue doesn't matter”*

## ➤ ☒ **What we are hearing about people's experiences of GP services.**

Below summarises what we have heard since our report to BOB ICB on Primary Care in November 2023 (<https://healthwatchoxfordshire.co.uk/wp-content/uploads/2023/11/Primary-Care-report-Nov-2023-final-1.pdf>)

We have heard from:

- 140 people who left reviews of their GP practice – mix of ratings. (See here: <https://healthwatchoxfordshire.co.uk/services/?filter=gp>).
- 33 people who contacted us by emailing or phone for signposting and information about GPs – and access.
- People we spoke to in our day-to-day outreach and engagement work, including those from seldom heard communities.

### **What we heard:**

People valued high quality treatment and care, being kept informed about what was happening, having appointments on time and being seen quickly where needed, kind, knowledgeable and caring staff, feeling listened to, and primary care colleagues working together to ensure patient safety (for example effective GP and pharmacy communication about medication that was not in stock).

*“Her professional approach was on point. She put me at ease and did a fantastic job.”*

*“The receptionist did her utmost best to support me, kept calm and very sympathetic. I am so grateful of her support.”*

*" They communicate well by text and email. Great consultation by phone, and the NHS app works well for me".*

*"The staff have been caring and kind. Most of all they hear me."*

*"The GPs and nurses, the receptionists and staff overall are all approachable and professional. My GP listens, never rushes me and helps always. Since the surgery opened again after Covid I have had a few face to face GP appointments where I feel valued and respected. A first class gold service offered."*

There is still a need for clear communication and education with the public about the varied and emerging roles in a surgery, beyond the GP, including functions of different health professionals, and the role of care coordinators – to support better understanding of the routes to access, treatment and care.

*"Without giving personal health information to untrained staff it is impossible to get to see a GP. Instead of, pre covid, simply ringing for an appointment or booking it online we now have to complete a form, wait for a phone call and 9 times out of 10 still NOT get to actually see a GP. The surgery has now removed our ability to book blood tests and routine nurse appointments online. Levels of service are non existent in this practice".*

Challenges people noted included difficulty making an appointment or contacting the practice (online and on phone), long waits for appointments, lack of continuity of care, needing longer appointments, lack of follow-up and poor-quality care. Some people described their journey of being sent back and forth between their GP practice and IHI.

Several people told us some practices were not responding to formal complaints – Healthwatch Oxfordshire signposts people on to BOB ICB helpline as commissioner if this is the case, although this service faces capacity issues around response time.

*"If you telephone the surgery, there are exceptionally long waits before the phone is answered. If you fill in an e-consult form, the surgery frequently fails to ring back during the time period they've promised".*

*"Extremely difficult to gain an appointment routine. Appointments cannot be booked if they're not "open". I work in a [name] with poor*

*coverage so it's difficult to call again and again to get an appointment. I was told to go to A&E by admin staff who refused to put me through to a clinician."*

*"Dad is receiving palliative care at home but we are having issues with his surgery in terms of getting prescriptions written and even just getting through to them. Doesn't feel like he's being treated like a priority at all".*

*"I saw my GP in February – I told her that one of my breasts had changed shape. She did not examine me very thoroughly and failed to find a significant lump. In July I organised my own mammogram. In September I had one operation to remove a 4 inch lump, followed by second operation to remove more cancer. My surgeon said that the delayed had resulted in my having to lose my nipple. This was extremely disappointing to say the least."*

*"Felt unwell and needed to see GP in opening hours. GP said no appointments – call 111. 111 said call GP – called GP they said no appointments ring 999."*

During community outreach we heard from several African heritage women who described experiences of feeling dismissed or poorly treated by staff at their GP practice. As a result some of them commented they had not attended their GP (or taken their children) for several years, and commented they would rather self-medicate or go to A&E.

We also heard about additional challenges faced by Asylum seekers and refugees including: digital barriers, language barriers, lack of trust, information and understanding about navigating and accessing the NHS system, charging and lack of funds to pay for medications.

Healthwatch Oxfordshire is working with Asylum Welcome to relaunch its 'Access to NHS' cards for use by refugees and asylum seekers and those with no fixed address.