

# Healthwatch Oxfordshire

## Report to the Oxfordshire Joint Overview Scrutiny Committee

June 2021

## Table of Contents

<b>1</b>	<b>Healthwatch Reports.....</b>	<b>3</b>
<b>2</b>	<b>Overview of 2020 -21 activity .....</b>	<b>10</b>
<b>3</b>	<b>Wider Healthwatch Oxfordshire Activity.....</b>	<b>11</b>

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# 1 Healthwatch Reports

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Full and summary sheets of all reports, plus responses from commissioners and providers available on: <https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/> . We have recently published:

## 1.1 Experience of using pharmacists in Oxfordshire in 2020.

We heard from 370 people between February and September 2020 about their experiences of using pharmacies in the county. Respondents valued the role, service, and presence of community pharmacies, particularly important during COVID-19, although there was some anxiety about need to queue and social distance, and initial delays to medications.

Using pharmacies for advice varied - 52% respondents 'sometimes' asked the pharmacy for advice, and 30% 'never' used pharmacy for advice. People are not always clear who they are talking to in the pharmacy, and have a sense of 'too busy' to talk. If aspirations for role of pharmacies in NHS Long Term Plan are to be fulfilled, more needs to be done to:

- Educate the public and communicate the pharmacist's role in support of minor conditions, advice, and prevention along with specialist commissioned roles.
- Provide clear information in the pharmacy about the role, qualification, and expertise of pharmacists to provide information and support.
- Clearly signpost pharmacist personnel within staff team at pharmacies - including availability of confidential space
- Actively encourage the public to 'ask your pharmacist'.
- Address issues highlighted with repeat prescriptions including delays, errors, and reliability.

## 1.2 Seeing a dentist during COVID-19

Overall people who responded said they had had access to timely emergency and routine care from dentists during COVID-19. However, some face continued challenges in accessing emergency care and NHS dentists. Our report on *Access to Oxfordshire Dental Services during Covid 19 Restrictions* captured people's experiences of dental care from later in the pandemic:

- Restricted access has meant that people who cannot see a dentist for urgent care have been left in pain or with worsening oral health.

- While wealthier people were able to access treatment during this time by paying privately, this effectively excludes those on lower incomes.
- People told us they wanted more and fairer access to dental care across public and private sectors, especially for urgent or emergency treatment.

Despite NHS England targets being imposed, we continue to hear that many people are still finding it difficult to get a dentist appointment. **Full report and response** from NHS Dental Commissioner available on our website.

### 1.3 Voices of the loved ones of care home residents during the Covid-19 Pandemic

Between November 2020 and the end of February 2021 59 people told us about their personal experiences of having a family member living in a care home during the COVID-19 pandemic. This report sets out what we heard and the strong themes that appeared, which we believe are reflections of others' experiences.

The personal stories shared were powerful, often painful and intimate.

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*“Nearly a whole year of not hugging/kissing mum is breaking my heart”*

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What we heard:

- There is little consistency across care homes for supporting relatives.
- Relatives and residents find visiting often upsetting, challenging, distressing, stressful and frustrating due to the COVID-19 constraints.
- The impact on families has led to intense feelings of loss, fear, and distress, and some relatives believe the impact on residents has been detrimental to their physical and mental health.
- Generally, relatives are very positive about the carers looking after their loved ones but there is a sense of sadness and envy that their close relationships have transferred from relative to carer.

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*“It’s heart-breaking not being able to touch or get close to my husband. He doesn’t understand why I can’t come in and feels abandoned. It’s cruel beyond belief.”*

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Strong themes appeared in what we heard from relatives that we believe are experienced more widely. We would like to see more flexibility around visiting and discussions around how relatives can be treated as part of the caring team.

We have called a round table meeting on June 23<sup>rd</sup> of organisations involved in commissioning and regulating care homes in the county, along with local care providers. We want to hear their responses to the report and initiate work on how Oxfordshire care homes can become exemplars of good practice in valuing the role of families of care home residents.

#### Responses received to the report:

- Eddy McDowall, Chief Executive of Oxfordshire Association of Care Providers (OACP), who said: “We very much hope that the learning we have all had, coupled with continued partnership working across all of our health and care system, will support a way back to normal as soon as possible”. Read his response in full [here](#). (pdf)
- Suzanne Westhead, Interim Deputy Director, Health, Education & Social Care Commissioning at Oxfordshire County Council, who has said they would like to work with Healthwatch Oxfordshire to respond to the findings and will attend the round table event.

## 1.4 The Covid-19 vaccination programme in Oxfordshire - what we heard.

### We ran two surveys from January to March 2021

- General public survey was open to anyone whether vaccinated or not.
- Survey for people who attended the Kassam Stadium vaccination hub.

#### People who took part in the surveys

- General survey: 512 people responded.
- Kassam survey: 104 people responded.
- Most respondents were older, white British - a group generally known to be supportive of the vaccination programme.

#### Views about the Covid-19 vaccine

- Overall, respondents were very positive about the benefits of vaccines in general and were in favour of the Covid-19 vaccine.
- A small number in the general survey said they were hesitant about the vaccine or would refuse it.
- The main reasons for hesitancy or refusal were:
  - distrust in the vaccine or the clinical approval process
  - uncertainty about safety or efficacy
  - fear of possible side-effects
- Other barriers that might prevent people having the vaccine included:
  - Access to transport
  - Distance to the vaccination centre
  - Hesitancy to use public transport.

### **Information and communication about the Covid-19 vaccine**

- Most people felt that information and communication about Covid-19 vaccines was clear, understandable, and effective.
- People generally felt able to distinguish between scientific information and misinformation often published on social media.
- People found Government 'mixed-messaging' about the vaccines and sudden changes in decisions confusing and unhelpful.
- Accurate and consistent information needs to be clearly communicated for people to know what to do.
- People from vulnerable groups (especially ethnic minority and people with underlying health conditions or allergies) need easy access to information about vaccine safety and possible side-effects.

### **Experiences of getting the vaccine Covid-19 vaccine.**

- Most feedback very positive:
  - vaccination centres well-organised and safe
  - vaccination process clear and efficient
  - staff and volunteers friendly and helpful
- A few criticisms:
  - difficulty booking appointments (getting timeslots or trying to book for two people)
  - too many people in the vaccination centres and little social distancing

Healthwatch Oxfordshire are attending the Oxfordshire Vaccination Delivery Board meeting in middle of June to present the report.

## **1.5 Didcot - April 2021**

146 people shared their opinions of living in the Didcot area and their experiences of accessing health, social care, and community services.

We heard that:

- Overall people are positive about living in the area.
- Almost a quarter of respondents complained about access to GP practices and health service appointments.
- Many people travelled out of the area to see a dentist due to lack of NHS provision in Didcot.
- 42% complained of traffic and poor road conditions.
- 15% said lack of provision and facilities for young people and families was a problem in the town.
- We also heard concerns about the impact of housing growth on infrastructure and health services.

### **Our call to action:**

Those public bodies and partnerships responsible for planning and delivering services to the Didcot communities must work together with these communities to

ensure that population growth in the area is sustainable and supported with adequate infrastructure. We have invited stakeholders to a roundtable meeting in June 2021 to build on existing discussions and develop relationships.

## 1.6 GP website check-up April 2021

During the 2020 COVID-19 pandemic, patients were recommended not to attend surgeries for appointments. Healthwatch Oxfordshire heard from patients that it was taking longer to get in touch with their GP surgeries using their surgery websites and by telephone. Given that patients were being recommended to use their practice website we wanted to find out how easy websites were to navigate for patients. All 67 Oxfordshire GP practice websites were surveyed between November 2020 and January 2021 to assess the ease of use and clarity of information on the site.

The survey was carried out by Patient Participation Group Chairs and Healthwatch Oxfordshire volunteers. We found:

All 67 Oxfordshire GP surgeries have a website, information on these sites was often:

- Inconsistent across different web pages.
- Out of date.
- Links to internal and external pages not working.
- Links led to pages with no content.

Requirements to complete registration at the practice included:

- 43 practices asked for patient identification.
- 43 practices required proof of address.

### Recommendations

1. All GP surgeries must review and update their websites by **the end of July 2021**. This review must include checking accessibility, translation, checking that links to other sites / documents work, information on how to make a complaint. Healthwatch Oxfordshire will carry out a second review of all GP websites during August 2021 and report back to GP surgeries, Oxfordshire Clinical Commissioning Group, and Care Quality Commission.

2. All GP surgeries must make information about how to register with the practice easy to find on the website and accessible.

3. Information about how to register with the practice must be clear and in line with the NHS guidance and documentations. This can be found here:

<https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

4. The registration document must be the NHS GMS1 registration form. This form together with guidance on completion can be found here <https://www.gov.uk/government/publications/gms1>

5. A clear statement must be posted saying that:

Anyone in England can register with a GP surgery.

You do not need proof of address or immigration status, ID or an NHS number.

If you have problems registering with a GP surgery:

Call the NHS England Customer Contact Centre on 0300 311 22 33

or

Contact Oxfordshire Clinical Commissioning Group (contact details included)

or

Contact Healthwatch Oxfordshire (contact details included)

6. Easy to find and updated information on what a Patient Participation Group (PPG) is, how to join it, and how to make contact. This should be done in conjunction with the practice PPG.

The report was circulated to all Oxfordshire GP practices, the Oxfordshire Clinical Commissioning Group, the Care Quality Commission (CQC), and Patient Participation Groups. Each surgery received a copy of the assessment of their website.

## **1.7 Ear wax removal services in Oxfordshire - summary of survey results**

### **Background**

Healthwatch Oxfordshire have been contacted by many people over the past few years and more so over the past 6 months raising concerns about the availability of ear wax removal by GPs. We decided to find out if this was a county wide issue and understand further what the impact has on individuals.

NICE guidelines (2018) recommend that appropriate primary or community care settings provide earwax removal services when it is contributing to hearing loss or other symptoms. Thames Valley Priorities Committee Commissioning Policy Statement (published February 2020) says patients **may** be offered irrigation or



microsuction<sup>1</sup> **IF** they have “exhausted” self-care options **AND** have hearing loss because of ear wax.

## Survey details

- Open from 12/04/21 - present
- 130 completed questionnaires
- 64% aged 65 and over
- 87% white British
- Responses received for services across 26 Oxfordshire postcodes, most commonly OX2 (n=10, Oxford), OX11 (n=14, Didcot area), OX29 (n=23, Witney area)

## Interim results

People reported experiencing a range of problems because of excessive ear wax:

- Hearing problems/hearing loss
- Tinnitus
- Dizziness, nausea
- Earache, headache
- Problems sleeping
- Isolation - not being able to hear is debilitating

Most people (57%) had seen their GP about their ear wax problem. However, 43% had not consulted, mainly because the GP practice had told them that the GP/NHS no longer provide ear wax removal service.

Around half (52%) of people who saw their GP were advised to use ear drops, 29% were recommended ear irrigation, and 26% microsuction.

Treatment costs varied depending on whether one or both ears needed cleaning. Private treatment through high street providers (e.g. Specsavers) cost from £50-£100, and higher in private health practices, sometimes more than £100.

General/other comments:

- Despite NICE & CCG guidelines above, most patients experiencing hearing loss because of ear wax advised to self-care or seek private treatment. Few of those who meet the CCG criteria are being offered treatment at their GP practice.
- People feel disappointed and angry at being told the service is no longer provided at the GP practice

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<sup>1</sup> Microsuction involves using a microscope and a small device to suck the earwax out of the ear.

- They don't understand why a relatively straightforward, effective treatment is not routinely provided on the NHS. They feel that it should be available at their local GP practice, especially for elderly people and others with mobility difficulties.
- Some people were unsure about what to do or where to go for treatment when finding that the service is unavailable at their GP practice. Some did not seek treatment or opted for self-treatment, usually ear drops but a few people bought microsuction kits on Amazon.
- Some people said that referrals are inconvenient and delay treatment, often costing the NHS more if the problem is not resolved.
- Although most people were happy with treatment provided by private providers, some were concerned about safety, hygiene or competence of providers, despite higher costs.

### 1.8 Ongoing research includes:

- Involved in wider group looking at **vaccine hesitancy** and ways forward (convened by Oxfordshire Clinical Commissioning Group) and have supported system linking up to Boater community and other seldom heard groups.

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## 2 Overview of 2020 -21 activity

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Our Annual Outcomes and Impact report 2020-21 is due to be published at the end of June 2021. This will be distributed to all Board members.

A quick summary of what a difference our work has made between January and March 2021 shows:

- We helped members of the asylum community to access a COVID-19 vaccination after asking Luther Street Medical Centre if they could attend the vaccination clinic the practice was already running for homeless people. So far, we know that at least 10 refugees have taken up the offer of attending this drop-in vaccination clinic.
- We informed members of the local boating community about a national research project being carried out for NHS England, enabling them to share their views on how access to health services could be improved.
- We continued to seek responses from service providers for patients who gave a review via our Feedback Centre. We published 7 provider replies to people this quarter.
- Oxford University Hospitals cite our coronavirus web page as one of six trusted sources of information they link people to.

Despite spending most of the year unable to work face-to-face in the community we have still heard directly from **7,697** people. This has largely been using social media channels, online meeting spaces, and other electronic means of communication.

Where possible and following COVID-19 protocols we have continued to meet groups in the community, have carried out one Enter & View visit plus some outreach work in Didcot.

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## 3 Wider Healthwatch Oxfordshire Activity

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Continued events for Patient Participation Groups (PPG)

<https://healthwatchoxfordshire.co.uk/what-we-do/ppgs/> including:

- On 30<sup>th</sup> April PPG members came together to talk and share ideas about how to recruit new members. The PPG Chair from Hightown Surgery, Banbury told us about how the PPG worked with their surgery to promote the PPG to new patients.
- Fortnightly newsletter for PPGs

We are supporting **5 Community Researchers** to undertake training and small research projects (Community Participative Action Research), via funding from Health Education England and Public Health South-East and separately the Care Quality Commission. They are at the stage of identifying area of focus and will develop skills in research in their communities over the coming year.

**Oxfordshire Wellbeing Network (OWN)** events including:

- Community outreach workers to support information sharing and networking which was held on 19<sup>th</sup> May and 30 people attended. A full report will be available in the coming weeks.
- Planning another event on the 24<sup>th</sup> June for community groups to discuss the Wellbeing in communities report and share their experiences.

Planning for the next year and beyond with our focus being on listening to seldom heard communities across Oxfordshire, digital exclusion to accessing health and care services. Our goals and strategy for 2021-22 can be found here

<https://healthwatchoxfordshire.co.uk/about-us/our-priorities/>

To support our strategy of working alongside seldom heard communities to have their voice heard Healthwatch Oxfordshire are now beginning to work alongside and support five **community researchers** in the County. These are part of two projects supported by funds from Care Quality Commission, and Health Education England / Public Health England.

We continue to support the development of Patient Participation Groups, Primary Care Networks, and the Oxfordshire Wellbeing Network.