

## 1 Introduction

This report summarises the key activities and areas dealt with by Healthwatch Oxfordshire (HWO) since the last Board meeting in July 2016.

In September Rosalind Pearce joined Healthwatch as Executive Director following Carol Moore's return to Canada.

## 2 Focus

### 2.1 Health Transformation

Over the past few months Healthwatch has been actively engaged local health transformation programmes:

- Oxfordshire Health Transformation – attending 'Big Conversation' events, Transformation Board, meeting with the OCCG communications and engagement teams
- Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP – Leadership Group (Healthwatch Oxfordshire represent the Healthwatches in the BOB STP area). In July 2016 HWO made a Freedom of Information request for the draft plan, and now await the outcome of our appeal as this request was rejected.

### 2.2 Local matters in which we have been actively engaged with include:

2.3 Horton General Hospital – obstetric service, which was suspended temporarily at the beginning of October on safety grounds. Healthwatch Oxfordshire is satisfied that the decision was taken purely on patient safety grounds. The Trust has given assurances that it will continue to attempt to recruit suitable obstetricians, and we hope that this situation can be resolved as soon as possible. As I write the OUHT have announced that the closure will remain in place until March 2017, at the earliest. We will continue to monitor the situation closely.

2.4 Deer Park Surgery, Witney which will be closing at the end of March 2017. Healthwatch Oxfordshire voiced its concerns following the announcement that Deer Park Surgery in Witney. As well as giving radio and television interviews with BBC Oxford, we are attended meetings with the Patient Participation Group, Health Overseeing and Scrutiny Committee and Oxfordshire Clinical Commissioning Group. Healthwatch Oxfordshire is concerned first and foremost that patients, particularly vulnerable patients, must be supported to transfer surgeries and so have continuity of care. While we are also concerned about the impact on other GP surgeries in Witney we understand that they indicated to Clinical Commissioning Group that they could take additional patients subject to support from the CCG in respect of recruitment of doctors and premises. We will continue to monitor this.

The transfer of patients is planned for January onwards, to give GP surgeries time to plan and resource for additional patients. However, we are aware that this is causing concern to some patients, particularly the elderly, and we have asked the CCG for more frequent and clear communication with patients can be achieved over the next three months. The concerns are:

- Patients will not move until the last moment and so not get the first choice practice;
- Witney surgeries will seek to 'close' their lists before all patients have transferred;
- The campaign, led by the Patient Participation Group, to keep the surgery open – it currently asking for a 12 month-extension to March 2018 – will give patients false hope and they may not transfer – so we have asked the OCCG to give a 'once and for all' statement on the closure

### 3 Outreach programme

July, August and September are particularly busy months for Healthwatch staff as they reach out to members of the public to listen to individuals' experiences of health and social care services. By attending local events such as fetes and fairs, play days, Banbury Canal Day, Patient Participation Group days across the county, we can reach a wide population. During these months, we spoke to over 220 individuals and seven different voluntary and community organisations.

### 4 We heard

Since April 2016 we have been reporting monthly 'This month we heard' on our website. We have now produced our first Quarterly Update, targeted at members and officers of local authorities, health and social care commissioning bodies and service delivery organisations across the county.

Since April we have spoken to at least 400 individuals and 16 organisations about their experiences of health and social care services in Oxfordshire. Monthly reports can be viewed on our web site [www.healthwatchoxfordshire.co.uk](http://www.healthwatchoxfordshire.co.uk)

The main recurring themes we have been hearing included:

- Support and waiting times for people with mental health problems
- Waiting times and access to make an appointment with a GP
- Praise for many individual GP surgeries
- Long waits for some hospital outpatient services such as cardiology
- Poor communications from hospitals

A hard copy of the full Update is attached, available on our web site and here



Quarterly update  
Autumn 2016Final.p

## 5 Projects

5.1 Refugee Resource is looking at access to primary care services of refugees and asylum seekers. The report 'Primary health care services for refugees, asylum-seekers and vulnerable migrants in Oxford city: A study on the experiences of service users and service providers' was published on 16<sup>th</sup> September 2016. The report, which was produced with the support of Healthwatch Oxfordshire, explored the primary healthcare needs of asylum-seekers, migrants and refugees in the city of Oxford, as there was anecdotal evidence that this group was among those facing the greatest barriers in accessing services. This group, one of the most marginalised and disadvantaged in society, also tends to live in the most deprived areas. The study found that, with a few exceptions, most of the refugees, asylum-seekers and vulnerable migrants interviewed have had positive experiences of accessing primary health care in the UK. Most were very appreciative of the treatment received and the compassion and sensitivity shown by health care professionals toward them. Nevertheless, they face a range of linguistic, cultural and administrative barriers to accessing appropriate care.

The health care professionals involved in the study were all committed to delivering an equitable service for this patient group, and were clearly doing all they could to provide an exemplary service. Nevertheless, they also faced many challenges in meeting the needs of this group who can present with complex health issues related to their experiences of war, torture, exile and loss, as well as the challenges of adjusting to a new life in the UK, often with little or no English.

Because of the findings of this report, Refugee Resource has made several recommendations for the providers and commissioners of primary care services, including:

- Recognising that the health needs of this group is a key inequality issue that requires specific support and resources;
- Making funding available to allow those GP surgeries which see many migrants to offer an enhanced service with longer appointment times;
- Making interpreters more readily available;
- Carrying out awareness-raising/training among healthcare professionals to increase their understanding of the experiences and primary health care needs of this patient group;
- Outreach work in communities with high numbers of refugees, asylum-seekers and migrants to orient them to primary health care services.

5.2 **Cruse Oxfordshire** - a project assessing experiences of bereavement services in the north of Oxfordshire. The report was published on 1<sup>st</sup> November. The report findings are themed and focus on the need for bereavement services in Banbury and surrounds:

- **Information** on services for bereaved people needs to be timely, accurate, widely available and comprehensive.
- **Access to services:** this information should enable bereaved people to access the appropriate service for them, through an assessment process and sign-posting.
- **Capacity to respond to need:** people who have been bereaved need a rapid response from the service they choose which means the services need to have capacity, in terms of both people and accessible local venues.

Healthwatch Oxfordshire is keen that the service providers begin to work together to improve access to services through better awareness and coordination.

## 6 Projects reports in development

Project reports by Oxford Against Cutting and Oxford Parent and Infant Project (OXPIP) will be published by the end of 2016. These will be the last of the Healthwatch Oxfordshire supported voluntary sector reports because of the budget cuts for 2016/17 we are no longer able to fund research by local community and voluntary organisations.

## 7 Future

The coming months will see Healthwatch Oxfordshire:

Reflect on and respond to the Health Inequalities Commission Report

Continue to actively contribute to the health transformation agenda, focusing on ensuring that the patient and public voice has an opportunity to be heard

Develop our activity around social care particularly around the upcoming changes in home care and day care services

Plan to trial a targeted approach to Healthwatch Oxfordshire activity across a single geographic community

Continue to develop our engagement with Patient Participation Groups and Locality Forums and respond to what we are hearing about the concerns facing patients accessing GP services

Continue to raise our profile across the county

Plan our annual conference for the voluntary and community to be held on 7<sup>th</sup> February 2017