1 Introduction

This report summarises:

1. Healthwatch Oxfordshire's recent patient and public voices pertaining to the Health and Overview Scrutiny Committee's agenda for November as described in the Forward Plan
2. The key activities and areas dealt with by Healthwatch Oxfordshire (HWO) since the last board meeting in September 2016.

2 HOSC Forward Plan – November 2016

Over the past three years Healthwatch Oxfordshire has commissioned, funded through our Voluntary Sector Project Fund or produced in house 24 reports ranging from highlighting hurdles vulnerable migrants and refugees face in accessing GP services to views and experiences of using Minor Injuries Units in Oxfordshire. Our outreach programme, together with people contacting us directly by telephone or email, offers us the chance to listen to individual's experiences of health and social care services in Oxfordshire. Below is a summary of what we have heard and found out and reported on specifically relating to each proposed HOSC agenda item for November 2016.

2.1 Travel and transport access to hospitals

We hear most often:

Time to travel to John Radcliffe, Nuffield Orthopaedic Centre and Churchill hospitals from outside of Oxford is a major bugbear of patients attending outpatient appointments and for visitors to inpatient departments at the hospitals. The difficulty of finding a parking space, together with the cost these are frustrations voiced often across the county.

Patient parking pantomime experience:

> *Nuffield Orthopaedic Centre - finding parking is an absolute nightmare. Lady drove around for an hour looking for a space without success. Nurses were coming out and tapping on people's car windows to confirm attendance for appointments. People had partners running to reserve spaces by standing in them. Patient finally parked in a disabled slot as she was on crutches.*

We have recently heard that volunteer drivers – who take patients into hospital appointments who otherwise might not have made the journey – are experiencing difficulties with the parking permit system and the frequent long waiting time. Drivers we have spoken to and heard from voluntary organisations supporting them, are beginning to wonder whether it is worth doing and is making it harder to recruit volunteer drivers.

Sometimes, where patients live and where the services are that they can access makes no sense to them. For example, access to mental health services in the south east of the county was raised by a patient - having to travel into Abingdon or Oxford for support when they lived a few miles away from Reading seemed silly to the person.

The good news is:

- ✓ When people complain, they are listened to and even have had parking fees refunded
- ✓ Hospital transport generally delivers to appointments – even if one must book well in advance
- ✓ People are using the Minor Injuries Units rather than go to A&E at the JR

2.2 Primary care transformation

Most of what we have heard when out at public events regarding primary care has been about GPs. Information gained from our various reports; particularly Minor Injuries Units, refugees' experiences, Asian women, Icknield Community College, our Access to GPs survey report in 2014, Gypsy and Traveller community experience, mothers' experience of post and ante-natal community services, My Life My Choice report on GP provision for people with learning disabilities and students use of local health services.

The overriding message is that the care provided is good and people feel listened to by professionals. Identified needs include: improved support to address barriers such as language and cultural awareness; tailor services to meet the needs of communities including longer GP appointments, better waiting areas; professionals need ongoing training for them to respond to different communities with confidence and appropriately.

Icknield Community college students' comments:

Most students agreed that their practice waiting rooms were not very young person-friendly. "Old fashioned", "Dull", "Needs updating with bright colourful decorations", "depressing" and "quiet" were among the comments. Students recommended re-arranging the seats in clusters rather than around the walls would make the waiting room less formal and more sociable and the introduction of sofas would get people chatting to each other. Having nice pictures or drawings would be more up-lifting for someone that is sick rather posters showing ill health and deterioration was also a point agreed on by the students.

A recent common complaint re GPs is getting an appointment with a sense that receptionists are blocking access to GPs, asking too many personal questions *'they are not health professionals, why should they decide whether I need to see my doctor'* and *'I don't want to speak about medical stuff to receptionist I might know them, they live down the road…'*.

If this is the direction of travel for patients wanting to make an appointment with their doctor, i.e. a form of triage delivered by the receptionist, there needs to be a clear message to all patients why receptionists are asking questions, confidence built into the patient community that receptionists are trusted and operate within the same boundaries of confidentiality as other staff at the surgery and better training for and use of script by receptionists. The recent QCQ report on one surgery in Oxfordshire that uses a call back system 'phone consultation system' thus the receptionist is making a judgement on whether an appointment or telephone consultation is required was recommended to 'provide appropriate written guidance or prompts for reception staff to ensure they have access to information that will enable them to safely prioritise patients with an urgent need'.

Our report on MIUs identified reasons for people using it including referral by GP, out of hours and for one patient they had struggled into JR A&E waited over four hours and returned home to go to the MIU.

Regarding consultations on Primary Care Transformation, it is our opinion that there is more work to be done with GPs and community based professionals to 'come on board' – they should be a key and trusted mouthpiece for changes in primary care, thus building confidence in changes to services that will affect many NHS service users.

2.3 Health Inequalities Commission Report

At the board's meeting in November, Richard Lohman, Health Inequalities Commissioner and a member of the Healthwatch Oxfordshire Board, will give a presentation of the Commission's findings. This will be in public so giving an opportunity for the Board to hear from members of the public and for the Commissioner to respond. Healthwatch Oxfordshire will review the findings and publicise our response.

It is worth noting that several organisations that had been supported by Healthwatch Oxfordshire to conduct research into their community's experience of health and social care services in Oxfordshire made presentations to the Commission.

2.4 Care in private care homes

Healthwatch Oxfordshire receives few contacts from the public about care homes. This is an area of social care and health that we are looking to develop in 2017. In 2016 Healthwatch did attempt to engage with all care home managers in the county to understand what the issues were facing them. In the end, we managed to talk to four managers and the common points raised are summarised as:

1. They were reluctant, even stopped, taking people funded by the local authorities as the payment was not enough to provide 24-hour care or a quality service
2. CQC inspections:
   - are a snap shot often not the 'full picture'
   - did not treat all care homes equally as those rated Good did not receive the level of ongoing support as those rated 'Requires Improvement'; the perception is that Good homes are subsidising poorer ones
3. Staff recruitment and retention – none of the four homes spoken to had difficulty in recruitment, using word of mouth and targeted recruitment. However, retaining staff was a problem particularly with other care homes 'poaching' staff. Training was an important element to retention.

3 Healthwatch Oxfordshire Activity September – October 2016

3.1 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 Healthwatchs in the BOB STP area). In July 2016 HWO made a Freedom of Information request for the draft plan because the NHS is reviewing it in secret, and now await the outcome of our appeal as this request was rejected.

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

Horton General Hospital – obstetric service, which was suspended temporarily at the beginning of October on safety grounds. The Oxfordshire University Hospitals 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 trust has announced that the closure will remain in place until March 2017, at the earliest. We will continue to monitor the situation closely.

Deer Park Surgery, Witney which will be closing at the end of March 2017. Healthwatch Oxfordshire voiced its concerns. As well as giving radio and television interviews with BBC Oxford, we are attending meetings with the practice's patient participation group, the Health Overseeing and Scrutiny Committee and the 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 the 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 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.

4 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.

5 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

The main recurring themes we have been hearing included:

- Too little support and long waiting times for people with mental health problems
- Long 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. It is also available on our web site and here

Quarterly update Autumn 2016Final.p

6 Projects

6.1 **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 16th 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.

6.2 **Cruse Oxfordshire** - a project assessing experiences of bereavement services in the north of Oxfordshire. The report was published on 1st 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.

7 Projects reports in development

Project reports by Oxford Against Cutting, dealing with female genital mutilation, 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.

8 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 and to help explain matters to the public in plain English

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 sector to be held on 7th February 2017 focussing on health and social care transformation in Oxfordshire