

Healthwatch Oxfordshire Update
Joint Health Overview Scrutiny Committee
24th September 2020

1 Annual Impact Report 2019-20

We published our Annual Impact Report 2019-20 in June 2020 and this can be found on our website <https://healthwatchoxfordshire.co.uk/our-reports/annual-reports/>.

Immediate impact our work achieved included:

- **Boater's better access to health care** - Healthwatch Oxfordshire boater's access to health card is being distributed across the country by the Canal and Rivers Trust and Gypsy and Travellers Association.
- **OX4 on the spot** - the Chair of Clinical Commissioning Group uses our OX4 research to support their Report on Deprivation and Health Inequalities.
- **Smiling matters** - Care Quality Commission (CQC) report supports Healthwatch Oxfordshire's findings and recommendations including oral health checks for care home residents along with improved access to dentists.
- **Dental training in demand** - Oxfordshire Community Dental Service experienced increased demand for its oral health care training for care home staff since our report into Oral Health in Care Homes.
- **Greening the garden** - Healthwatch Oxfordshire visits to Vaughn Thomas Ward, Warneford Hospital in Headington, gave voice to patients' pleas for more plants and furniture in their garden. Staff on Vaughan Thomas Ward did the 5K Gung ho and raised £2,700 and will invest in the garden.
- **What happened to my idea?** - Listening to people at the Witney Adult Mental Health Service they wanted to know what happened to their suggestions. We told the staff this and so did the Service User Involvement workshops and now there is a 'You said, we responded' notice boards at each of the three hubs.
- **Night-time care** - An Enter and View visit recommendation from Healthwatch Oxfordshire to a care home to 'carry out a review of how care is provided during the night' led to training and support for all staff provided by Oxfordshire Safeguarding Team; enhanced rates of pay for night shift to attract applicants and management presence at the start and end of the night shift. The result - staff are better supported and residents better cared for.
- 64 recommendations were made following 19 Enter and View visits to mental health services, of which 26 were implemented within three months.

2 Update on Healthwatch Oxfordshire

HWO staff have continued to work from home and adapt ways of working and reaching out. We have completed a Covid-19 Risk assessment using the Health and Safety Executive guidelines. The office reopened on 7th September with Covid-19 secure adaptations and local Covid-19 Protocols in place together with flexible working patterns.

Staff are now planning outreach activity in the community with a risk assessment including Covid-19 completed for each activity.

2.1 Secondments

In April and May a review of planned external activity (meetings, project development etc) together with an assessment of capacity within the staff team, meant that we were able to second staff time to two voluntary sector organisations that supported the community during the coronavirus pandemic.

Secondments between May and end of June were to:

Oxfordshire All In (OAI) a web-based mapping tool of community and voluntary organisations working with volunteers.

Good Food Oxford to assist with research work that had already been started since Covid-19 investigating the location of all the food banks, and food larder and fridges in Oxfordshire.

2.2 New members of the team

Vicky Tilley, Communications and Luci Ashbourne, Enter & View joined us on 14th April and 2nd June respectively.

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) Healthwatch Liaison Lead recruitment was completed when on 7th September when Catherine Williams joined us. Catherine is employed and line managed by Healthwatch Oxfordshire. In addition, we have a BOB Healthwatch Management Group comprising the five Healthwatch and BOB to agree and oversee the liaison lead work plan.

The advertisement for our Community Outreach Worker BAME in Oxford City has gone out with a closing date of 12th October. Interviews will be held on Thursday 15th October. Information can be found here

<https://healthwatchoxfordshire.co.uk/about-us/work-for-us/>

3 Listening to the public and taking action

The following is an outline of what we have been doing since June 2020. Working remotely had presented challenges to maintaining momentum and relationships in

the community. Greater challenge of developing new relationships is now being addressed within our Covid-19 Protocols and risk assessments.

1. Promoting the 'digital exclusion' agenda. Important for the systems not to forget that not everyone is digitally connected or responds or prefers to receive services, support, advice electronically. Referenced in reports to Health and Wellbeing Board, Health Improvement Board, Health Overview Scrutiny Committee, press release and subsequent newspaper article, tv and radio interviews.
2. Translation of Covid-19 / coronavirus information into community languages because we heard from new and emerging communities that their communities did not receive information in an accessible format. Literature translated working with communities into 4 languages; Doctors of the World translations promoted by HWO and as a result also in system newsletters and on their websites.
3. Facilitated the translation of food labels and distributed, via food parcels, 300 to community homes by Oxford Community Action.
4. Healthwatch Oxfordshire Covid-19 information sheet translated into community languages; translated and 700 copies distributed by community leaders.
5. Creation of accessible and translated information on our website.
6. Developing links with seldom heard communities via translations with African Families In the UK (AFIUK), Refugee Resource, Chinese Advice Centre, Chinese Older People's community centre, Oxford Against Cutting, Sunrise Multicultural Centre, Banbury Masjid, and other groups.
7. Responded to requests from health and local authorities for information to be translated. As a result, we initiated an investigation into access to translated information from local authorities and health services.
8. Supporting Oxford Community Action to access food support to their communities - they now operate a weekly food distribution point in Hurst Street supported by SOFEA, Oxford Mutual Aid, Good Food Oxford and Oxford City Council.
9. Extensive use of Facebook to reach seldom heard communities.
10. Support to Healthwatch Oxfordshire Parent Ambassador on Children's Trust resulting in mapping of parent support groups across Oxfordshire - to be completed end September.
11. Responded to concerns from local community in Oxford City to Public Health Oxfordshire image portrayed in Men's Health poster on bus shelters. Poster removed.
12. Ongoing update and improvement of website. Launch of new site and Feedback site due in September.
13. Invited to attend system Task & Finish Group for new Covid-19 services model re Primary Care.

4 Reports published

All reports are available online www.healthwatchoxfordshire.co.uk/our-reports

Published our Mental Health Report, including the responses from Oxford Health NHS Foundation Trust and Oxfordshire Mental Health Partnership.

Published a report on ‘Listening to Care Homes during Covid-19’. Healthwatch Oxfordshire was invited to attend the system Bronze Cell Care Homes to present the report. All that was reported on was accepted and the report will continue to influence the support to care homes from the County Council and Health partners. The report was received by used by the CQC for Government Social Care Covid Task Force group, and Healthwatch England, plus coverage on BBC Radio Oxford, BBC South Today and Oxford Mail.

Published two reports on primary care - PPGs and Practice Managers.

Patient Participation Group activity during Covid-19. During May 2020 Healthwatch Oxfordshire contacted all Patient Participation Groups (PPGs) in Oxfordshire to hear how the Covid-19 pandemic had impacted on their activity. They were asked to complete a simple online survey. Findings include:

- Of the 71 PPGs contacted 18 completed the online survey. Only five of the PPGs were still meeting.
- In Banbury PPGs were meeting in their Primary Care Network.
- Most PPGs (10) were still in touch with their surgery using email, telephone, and in Bicester all three practices and PPGs met via Zoom.
- PPGs were proud of what they had achieved including:
 - GPs have listened to them and made changes to their website and produced
 - Newsletters for their patients explaining Covid-19.
 - Getting involved in local community action around support for vulnerable patients during the pandemic.
 - Writing regularly in the parish newsletters to help support and communicate with patients.

Whilst it was disappointing that so few PPGs responded, the snapshot survey did give us some insight into how PPGs and practices responded during the pandemic.

In July we contacted all GP Practice Managers to find out how the surgery practices had changed during the pandemic and what plans they had for future changes or returning to normal. Again, the response was low with only 14 practices responding. The major changes in service included:

- They no longer offered walk in surgeries

- Patients are triaged over the phone and the best way to consult with them is discussed including:
 - o be it by text
 - o sending photographs
 - o email
 - o tele-video consultation
 - o or a face to face appointment where deemed necessary.
- Another practice manager explained that all patients contacted the practice using e-consult, where patients cannot complete this themselves, they could call the practice and reception staff would offer support to complete the form. Further research shows that this is the only surgery that has only online booking and consultation, others continue to offer telephone booking and consultations.

In relation to the earlier research with PPGs 10 of the 14 responses identified a challenge to continue to work with their PPGs due to members isolating. They had generally moved from face to face meetings to email, phone and occasional virtual meetings.

The two reports are to be taken to the October Oxfordshire Clinical Commissioning Committee together with the concerns we are hearing about:

- Changes in accessing GP services - the challenges for some patients, and the fear that this might be permanent
- The reluctance for some GPs to interact with their PPGs
- Outcomes of meeting with OCCG on Wednesday 16th September reference the issues raised by Andy McLellan at Health Improvement Board. These were the need for clear communication from the system to communities and patients. Concern about PPPG's, that some PPGs 'collapsed' and people are worried, frustrated about 'what's happening' e.g impact, access to services, public don't know what's happening etc.

In August we published our first report on **'Social Care in Oxfordshire - how did local people experience the councils 2018 change in contributions policy?'**

The report contains the council's response to our recommendations. We are now finalising the report on the second part of this project- listening to people's ideas for improving communication by the council about financial contributions. When the second report is available, in October, we will publicise both together.

In September we reported to the Health and Wellbeing Board, Health Improvement Board, and Joint Health Overview Scrutiny Committee with a focus on what we have heard about people's experiences of accessing services during Covid-19.

The **Pharmacy Experience** report written by Oxford Brookes University is an analysis of the 300 responses we had from our online survey asking people for their experiences of accessing pharmacy services. The conclusions are:

- Participants either lived within 1 mile of their local pharmacy (n=49%), or 1-5 miles from their local pharmacy (n=45%), and most travelled to the pharmacy by car or by walking. Just over half of participants said they sometimes get medical advice from the pharmacist, mainly for minor ailments, medication interactions, and the flu jab, while a third said they don't use the pharmacy to seek medical advice. Some reported a lack of trust towards pharmacies or reported pharmacists were too busy or not available, which may have influenced their decision whether or not to seek medical advice from their pharmacists.
- Despite increased technology for ordering repeat prescriptions and the onset of pharmacy delivery services, most people (75%) collected their prescriptions from the pharmacy, with only 9% having their prescriptions delivered.
- The practical issues at the pharmacy included long delays, long queues, receiving the wrong medication or shortages of medicine supplies. Those with chronic conditions or caregiver duties sometimes found it difficult to access their prescriptions, with a few unsure how to organise home delivery of their prescription. Furthermore, some found parking at the pharmacy difficult, while others reported the limited opening hours of pharmacy restrictive
- The start of the pandemic in the UK led to issues complying to the social distancing regulations within the pharmacy despite tight regulations of only two in the pharmacy at any one time. Participants reported anxiety travelling to the pharmacy to pick up their prescriptions and increased queues and delays when at the pharmacy. Others reported the pharmacist stepping up to the challenge of COVID 19, recognising patients' needs and organising deliveries to the most vulnerable.

We continued to promote the survey asking for experience during Covid-19 and Oxford Brookes are analysing these results with a report expected in October. This will give us information about how accessing pharmacy during the coronavirus pandemic has changed for people.

5 Current activity

Despite challenges of face to face activity, we have continued to reach out to local groups, system meetings, and to raise awareness of Oxfordshire Wellbeing Network, and to maintain constant flow of trustworthy and accessible information.

We are continuing to build our work with communities facing inequalities in health.

Will be continuing to focus on social care this year, developing different ways to make sure we can hear from a wide cross section of individuals. Our focus on social care and launched two surveys which are currently live:

- On experience of unpaid carers looking after family members or friends in their home <https://www.smartsurvey.co.uk/s/Unpaidcarers/>
- On experience of people employed in home care support <https://www.smartsurvey.co.uk/s/Paidcarers/>

Continued joint work with Oxford Community Action to design and distribute a survey focused on views of community wellbeing-working through community champions (Somali, East African, Palestinian, Sudanese, Syrian, East Timorese and others) within new and emerging communities in Oxford. We relaunched the survey in July and distributed via online and food parcels. We have had 137 responses to date and will be producing and disseminating a report together shortly.

Continued to gather information on resident's health and care services via our Feedback Centre, and online forms with focus on Covid

6 What we have been hearing

6.1 Healthwatch Oxfordshire Feedback Centre

feedback: 27 reviews since June-Sep. including 11 about GP services. Nothing particular to note.

Getting an appointment seems to be a bit hit and miss. During the pandemic they've suspended the online booking system which is inconvenient. When you ring you have to listen to a long explanation of the new processes and the recorded message tries to make you use the e-booking system, which isn't always convenient or appropriate.

My husband is severely handicapped by deafness. The doctor was very patient and made sure my husband followed what he was saying, not easy when you are wearing a mask.

Now the eConsult service is available much straight forward in sorting out any problems

6.2 Covid-19 feedback form on Healthwatch Oxfordshire website

(42 comments):

- Praise for treatment and care from NHS
- What support will be in place for Covid 'longhauers' over long recovery process? E.g. self-help groups

- Mix of views from appointments being easier to access with phone and virtual, to being more difficult to access
- Impact of delays on routine referrals, services and treatment e.g. physio, dentistry, endoscopy, routine operations
- Comments on concerns about limited follow up care post-surgery