

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

February 8th 2024

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## 1. Healthwatch Oxfordshire reports to external bodies

Healthwatch Oxfordshire attended and reported what we hear from the public to the Health and Wellbeing Board (Oct), Health Overview Scrutiny Committee (HOSC In Nov), Health Improvement Board (HIB in Nov), 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 into a number of committees at BOB ICB wide level, including at BOB ICB Quality Committee, BOB Health Overview Scrutiny Committee (Jan 2024), and BOB Integrated Care Partnership.

## 2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 23rd November 2023:

### Healthwatch Oxfordshire reports published to date:

All 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 reports on:

- **Community Research in Oxfordshire (November 2023)**

End of November we published a **series of in-depth** reports on both **community members, system and organisational views on community research (as reported verbally in November HOSC minutes)**. What we heard is of direct relevance to all organisations working with communities across the county with insights as to how to meaningfully engage, listen and learn and to support development and design of services. Our conversations highlighted common and contrasting views and perspectives on community research and what a network might bring to Oxfordshire. Community members told us loud and clear that communities are tired of research 'on them' and not 'with them', and that things must change, if solutions to some of

the pressing challenges are to be found. Based on the voices we heard from community members, we identified four key principles that could underpin an Oxfordshire community research. These are:

- *Nothing about us without us.*
- *Commit to action.*
- *Value lived experience and time.*
- *Be open, transparent and accountable.*

This work continues to feed directly into the process of development of the emerging Oxfordshire Community Research Network, and wider conversations about research and engagement both at place and across the BOB ICB – continuing to ensure that community voices are heard.

- **What you told us about Primary Care (Nov 2023)**

A summary report of feedback received from 282 members of the public about Primary Care Services (GPs, pharmacies, opticians and dentists) between November 2022 and October 2023. This report was shared with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Oxfordshire Place based partnership to feed into the emerging Primary Care Strategy.

- People valued the high quality of care they received and the kindness and professionalism of staff. They recognised the pressure that primary care staff are under.
- Some people were very happy with primary care services, while others had had negative experiences.
- Many of the problems people told us about were to do with access – such as easily making an appointment with a GP, collecting a prescription or registering with an NHS dentist.

We hosted a **webinar on Primary Care** on 1st December for members of the public to feed into the Primary Care Strategy, attended by 39 people, with presentations by Dan Leveson, ICB Place Director for Oxfordshire, and Anna Marcus, Head of Primary Care Integration. Slides and video of the webinar can be found here:

<https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/>

- **Maternal Mental Health in Oxfordshire (Dec 2023)**

Between October and December 2022 **Healthwatch England** carried out national research to find out to what extent mental health support has improved during and after pregnancy, and to explore whether new mental health checks were taking place at postnatal consultations. Healthwatch England provided us with the anonymous responses of the 45 women from Oxfordshire who had taken part in the survey so we could analyse these responses separately (see also Appendix 1 below).

This short report highlights the voices of those 45 Oxfordshire women and their experiences of mental health support in the county during and after pregnancy.

- Some women in Oxfordshire who experienced mental health difficulties during pregnancy or after giving birth found it difficult to access support. Challenges included not being offered support or information about mental health support by healthcare professionals and long waits for referrals to specialist services.
- Women had mixed experiences of support for their mental health from health visitors, midwives and GPs. Some women were happy with the support they had received, while others spoke about problems including feeling their mental health difficulties were ignored, finding it hard to talk to healthcare professionals about their mental health, and limited support due to COVID-19 restrictions.
- 38% (17) of the women felt their experience of care and support during and after labour and childbirth had negatively affected their mental health. The problems they experienced included COVID-19 restrictions on partners visiting, a lack of support after giving birth, and a lack of empathy from healthcare professionals.
- Most women (82%, 37) had had a postnatal consultation with their GP, but 15 said they had not spent enough time talking about their mental health in the consultation, and 10 said that it had not been mentioned at all. Women spoke about problems including a lack of empathy in this consultation and being given unhelpful advice.
- A recurring theme, mentioned by seven women, was that they had had to advocate for themselves to receive the care and support they needed.

This report was shared with OUH (Oxford University Hospitals NHS Trust) maternity inclusion group, Oxford Health and mental health providers.

## **Enter and View Visits**

We made **Enter and View** visits to the following services:

- Bicester Community Hospital - inpatients (Nov)
- Day Lewis Pharmacy – Didcot (Dec)
- The Close Care Home – Abingdon (Jan)
- Alma Barn Lodge Care Home - Didcot (Jan)

All published Enter and View reports are available here:

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

A new information leaflet about Enter and View visits is now available in easy read

<https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/01/Enter-and-View-easy-read-information.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 on emerging and current themes.

Overall, we continue to hear praise and support for health and care services and professionals. The public are aware of the pressures facing services and staff.

Feedback from the public largely relates to navigating the system, understanding pathways and getting access to care. Access to GPs and NHS Dentistry continue to be raised. We have also heard about pharmacy services, access to ADHD medication and transition to adult services, CAMHS thresholds, transport to appointments, hospital parking. We continue to signpost residents and help them navigate pathways for information and feedback on health and care services.

Example comments we have received include:

*"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."*

*"I need to have a GA for tooth extraction and my dentist referred me to a clinic, he didn't tell me they only take fee paying patients. I cannot afford this what can I do? My teeth hurt so bad and I can't eat."*

*"Been trying to find an NHS dentist for the past 7 years. My partner now has a rotten and broken tooth which needs to be extracted. NHS 111 gives us numbers of practices which will not give us an appointment, urgent or otherwise."*

It is difficult at this point in time to assess nuances of any improvements to patient **access to GPs** since the 'Capacity, Access and Improvement Plan' introduced last summer – as changes are still bedding down. We may look at this again in more detail later in the year. We continue to hear about access to GPs, and varied systems that are being used across the county, indicating the public are still not always clear:

*"I have been with this practice for nearly 30 years now and have always been very pleased with the care I have received there, as have the rest of the family."*

*"Multiple attempts to make appt for my child. Declined as not urgent. Situation became urgent but receptionist would not escalate concerns. Urgent private appt paid for with another surgery and child found to have [condition] and needed [medication]."*

*"The standard of service from receptionists varies considerably. One will give an appointment for non urgent reasons in 2 - 3 weeks if you don't qualify to be seen that day. The other will just say no appointments available that day, ring back tomorrow, and does that day after day. The website also says ring later in day if you know it's a non-urgent reason, when I did that the same receptionist then told me I should have rung in the morning and they couldn't give an appointment for any time and to ring back next morning. It would be good if the policy on the website matched the implemented policy and that it was implemented consistently across receptionists."*

*"Tried to book an appointment to see a GP. I was told to phone my named doctor the next day as they had no appointments. I asked if I could have a future appointment and was told no dates had been released. They also said that I was not allowed to see another doctor and was told the only way this could happen is for the duty doctor to assess. A person then had to phone*

*me back (I was placed on the duty doctors list) to book me in to a future dated appointment – something I had been told couldn't be done. This is a terrible use of resources. I contemplated seeing if I could afford to go privately just to be able to access a GP. It was very clear that they were not interested that there is a fundamental problem with their booking system. We are asked by the NHS to come forward with any health concerns as it is better to be checked out. This is what I was trying to do and could not believe the barriers being put in the way."*

*"Extremely difficult to gain an appointment routine. Appointments cannot be booked if they're not "open". I work in a [area] 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. It did not feel like an A&E emergency but needed to seek urgent medical help. Having been refused an appointment at [x surgery] I had to go to A&E, the doctor there agreed that this could have been managed by a GP however reception staff did not allow access to an appointment or telephone appointment."*

*"It is very difficult to access support when you are homeless- the rhetoric and the reality are two very different things. Most services- NHS 111/ GP etc refuse to even consult if you are no fixed address- I'm aware that legally they have the same duty, but their systems are not set out to allow them to do this- without an address 111 cannot even triage."*

### **Getting prescriptions and pharmacy:**

As 'Pharmacy First' initiative is launched at the end of January 2024, communication from the health system is needed to support members of the public using pharmacy, and understanding the support offered. Pressures on pharmacy are indicated in comments from the public.

*"They keep me informed when they have received my 'script by text and again when it can be collected. The staff are friendly and welcoming."*

*"The GP sends my regular prescription direct and I'm signed up to their text service to receive a text when it's ready for collection. Always works well. I request the prescription about 10 days before I need it – allows plenty of time to be fulfilled and collected."*



*"They never answer the phone so you have to visit shop to tell them your prescription has gone across They then say they haven't got the items and to come back another day. Most times when you do go back they still have items missing meaning you have to go at least 3 times just to get 1 prescription filled. This has been happening for months, it is not a new problem."*

*"It seems as though there is a long wait most times. 30 minute wait in the queue and then another 20 minutes whilst the prescription is prepared."*

*"On a number of occasions I've had to queue to get to the pharmacy counter. Often there are up to 20 people in front of me. When you do get to the desk you find they haven't got your medication in stock or the prescription hasn't been dispensed."*

## **Healthwatch Oxfordshire Board**

Our next open forum event for the public to attend will be held online on Tuesday 27th February at 4.30 – 5.30pm. A link to join this forum can be found here:

<https://healthwatchoxfordshire.co.uk/news/come-to-our-online-open-forum-on-tuesday-27th-february-and-have-your-say-on-local-health-services/> All are

welcome to attend, to meet trustees, and to have your say about local health and care services.

For that meeting, a **Quarter 3** (Oct-Dec 2023) report on activities and outcomes of our work to date will be available here: <https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/> and at the forthcoming Health and Wellbeing Board in March.

### **Current work:**

- Survey of Patient Participation Groups (PPGs) in the county to identify state of play, information and support needs.
- Core 20 Plus focus on oral health needs of children under 10 – working in Banbury Ruscote and Neithrop areas. Additional wider survey on oral health needs of children with SEND.
- Community Participatory Action Research (CPAR) working with two community researchers to focus on food insecurity in OX4 supported by NHS SE.

- Ongoing outreach to visit community groups and hear from members of the public.

## **Appendix A- John Radcliffe, and South Central**

### **Ambulance services**

Speaking to the HOSC meeting agenda items on John Radcliffe, South Central Ambulance Service we also note the following feedback we have received since:

John Radcliffe Hospital (JR). Online feedback reviews between October and December 2023 gave an average of 4 stars (Good) for service at the John Radcliffe

*"Appointment on time – staff very good". (Ear, Nose and Throat)*

*"All round a pleasant experience. [name] the consultant gave a consultation in layman's terms. He was friendly and professional throughout." (Neurology)*

*"Admitted to West Wing area HAPI dept over Christmas eve to 27th December. All staff where excellent. Bed side manner was kind and caring."*

*"The hospital was clean and efficient, the staff were fantastic – top class."*  
(A&E)

*"First class attention from the start – very professional filled me with confidence." (Eye hospital)*

### **John Radcliffe – urgent and emergency care**

We heard from five people about urgent and emergency care in the John Radcliffe Hospital. Three of these were very positive about the care they had received, including the speed with which they were seen.

*"My dad was rushed to the JR with [condition]. All staff were brilliant and he received the best care possible resulting in an emergency [type of] procedure just a few hours after arriving in A&E. From paramedics to nurses, cardiology registrar and consultant, my dad and our family received the best support, despite it being at a time of industrial action. We feel so blessed to have such a great NHS hospital in Oxford. We cannot praise the ambulance*

*service, A&E, the Cardiology department, including the Day Care unit and the Rapid Assessment Unit, highly enough for all they did. Thank you – you are greatly appreciated.”*

One person said they had been seen quickly but that they had not been told what was happening by the medical staff looking after them. Another person told us that their concerns were ‘ignored’ by the medical staff who saw them in the emergency department.

*“I said that I was concerned that I may have had a [condition] and I was told that it couldn't be that and that my symptoms didn't fit. I didn't have a proper examination and I was sent home with some advice to take painkillers. Having since been back to me GP who listened to my concerns and examined me, I DO have a [condition] and A&E doctor that I saw totally missed it. I left the hospital in pain and distress at my concerns being disregarded.”*

*“Appointment due March 2023. GP contacted Sept to request urgent appointment. Three more appointments promised then cancelled since then despite severe acute symptoms. Appointment cancelled seven times.”*

### **John Radcliffe – maternity**

We heard from one person in the last year about their experience of the maternity unit at the JR:

*“The wait times were exceptionally long. We arrived at 1pm for observations and bloods etc but didn't get given a bed on the ward until after 8pm. Staff were very friendly and kept updating us regularly about what was happening despite the delay in moving on to the ward.”*

As noted above, we received data relating to 45 women in Oxfordshire who gave birth between April 2020 and December 2022 (see reference above on Maternal Mental Health report <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2023/12/Maternal-Mental-Health-Dec-2023.pdf> ) from a national survey carried out by Healthwatch England about maternal mental health. Healthwatch England did not ask respondents where they gave birth, so the following comments offer an insight into experiences of maternity care in Oxfordshire in this time period rather than feedback on the JR Maternity unit specifically.

Some women in Oxfordshire who experienced mental health difficulties during pregnancy or after giving birth found it difficult to access support. Challenges included not being offered support or information about mental health support by healthcare professionals and long waits for referrals to specialist services.

Most women who talked about the care they received during childbirth were very positive about the staff and the quality of care. However, many women shared negative aspects of their experiences around and after labour and childbirth. Several women highlighted the impact of COVID-19 restrictions on the care and support they received and its effect on their mental health.

*“Giving birth in the pandemic [with] the restrictions in place for maternity was one of the worst, most anxiety inducing experiences of my life.”*

Some women spoke about problems with their experience of discharge from hospital after giving birth. These included being discharged before they had established feeding with their baby, long delays in discharge, being sent home with the wrong medication, and a lack of follow-up support after discharge. Several women (5) spoke about feeling a lack of empathy from healthcare staff, not feeling listened to or believed, or being negatively affected by comments from healthcare staff. Other issues that women raised around their experience of labour and childbirth included feeling that there were not enough midwives, that healthcare professionals were too busy to explain things to them, a lack of continuity of care, conflicting advice and long delays in receiving care.

#### **Parking at the hospital and transport continue to be raised:**

*“My mother lives 20 miles from the hospital and was severely disabled and had to wait for carers to get her up in the morning but the hospital frequently gave us appointments first thing or early in the morning which we had to reschedule. They didn't seem capable of looking at her postcode as a bare minimum.”*

#### **Interpreting and translation support**

We have continued to link with OUH patient experience team to feed our insights about interpreting services – and during this time, genuine focus, involvement and improvements have been made to address some of the challenges. However, we still hear feedback from D/deaf service users who use British Sign Language, and those

who use language interpreting, who continue to highlight gaps in both general hospital support, and in maternity department.

*"I had an appointment at the JR hospital and no (British Sign Language BSL) interpreter was booked for me. My daughter works nearby, I had to call her whilst she was working to help with the interpreting. This is not acceptable for a family to help, and she does not have the qualifications for interpreting."*

*"The sign video in hospital does not always work. Poor internet connection. You need a bigger screen. Deaf people need a face-to-face interpreter."*

*"What is being done to assist people who need translation to access services? They are underrepresented in all aspects of their healthcare and need urgent assistance."*

BOB ICB is in process of recommissioning interpreting services – and we have fed back what we hear.

### **South Central Ambulance Service and patient transport**

We heard from two people who had negative experiences of emergency ambulance services, both mentioning delays in ambulance response and being advised to take the patient to hospital themselves.

*"Phoned to request an urgent ambulance for (young family member) having an asthma attack. [...] I received a call from a nurse at SCAS who told me to drive him to hospital myself. As a clinician, she had not independently assessed him yet was prepared to risk his life. I declined and asked that an ambulance be sent. My grandson immediately deteriorated to a life-threatening level. I phoned 999 again to update and was put in a queue. I was transferred to another 999 area and a message was sent to SCAS upgrading the response. 5 minutes later an ambulance thankfully arrived and paramedics made the immediate assessment to transfer him to hospital."*

We also heard from four people who praised the quality of care from ambulance teams.

*"My care and treatment in [hospitals] was exemplary as was the care of the Ambulance Team who transferred me at midnight."*

*"I called our GP who arranged for the paramedics from SCAS to visit and check on [my wife's] condition. They arrived an hour later, a three person team [...] The team were brilliant with her, performing a number of physical checks on her condition. They spoke with our GP and agreed that she need not go to the JR. They provided me (her carer) and her with much guidance and reassurance, writing up notes for us to follow with her monitoring and treatment. This was the third time over some years we have had paramedics to our home, and every time they have been brilliant. Many thanks to SCAS."*

*"I have tried to get patient transport for a weekend appointment at the MAC clinic. I've never needed this before as I've used volunteer link up or a friend. Neither are available at weekends, so I phoned patient transport. The 1st call was cut off in the middle of answering health questions, 2nd call cut off immediately after answering ditto the 3rd time, 4th time I got a man who suggested as I could drive myself to Dr's surgery a mile from home why couldn't I drive to the hospital? Despite the fact I can't drive home because of drops in eyes! Suggested I get a taxi at a cost of £70-£100! I asked politely if he could let me know if I was eligible (after 10mins of questioning, despite 1st person I putting most of info he was re asking about) he then bluntly said no! I am 78 years old and disabled ... I'm a widow and live alone so had no alternative than to cancel my appointment."*