

1 Introduction

This report references the HOSC agenda items:

1. Independent Review Panel advice on Deer Park Medical Practice
2. Oxford Health proposals to reorganise stroke rehabilitation services across Abingdon and Witney Community Hospitals

At the time of writing we have not had sight of the Director of Public Health's annual report

2 Independent Review Panel advice on Deer Park Medical Centre, Witney

Since the closure of Deer Park Medical Centre at the end of March 2017, Healthwatch Oxfordshire has not heard directly from patients having trouble in registering with a GP, or the impact on them changing GP surgeries. We have had second-hand information that people were having their preferred chemist changed by their new surgery without their involvement or consent. We also heard that one patient had difficulty in getting repeat prescription "as normal" i.e. in the same time as when registered at Deer Park. The patient was able to "argue" their case and now has the same service as before.

In April, Healthwatch Oxfordshire facilitated a meeting between representatives of Oxfordshire Clinical Commissioning Group and representatives of the Deer Park Patient Participation Group. The outcome was two-fold:

1. The agreement to send a letter to the remaining patients registered with Deer Park urging them to register with another practice. This letter was to be signed by OCCG, Healthwatch Oxfordshire and Deer Park Patient Participation Group (DPPPG). Ultimately the DPPPG withdrew from being associated with the letter as they did not agree with the first draft.
2. Healthwatch agreed to facilitate an initial meeting in Witney - a primary care planning workshop - involving key stakeholders: OCCG, planning, local GPs, Locality representatives, Locality Forum, local PPGS, local politicians, local people (initially the representatives from DPPPG) and voluntary organisations. The agenda was agreed and HWO set a date for mid-July, which unfortunately we had to cancel. The date has now been set for 27th September and invitations have gone out.

Response to IRP

Healthwatch has arranged a meeting with ex-Deer Park patients (still known as Deer Park Patient Participation Group) and OCCG to discuss progress on responses to the IRP. The local MP will also be in attendance. The date for this meeting is Friday 8th September 2017.

Healthwatch Oxfordshire Witney Report

This report will be available at the HOSC meeting. Reference is made to this report as it is pertinent to the planning of primary care services in Witney and surrounds. We made direct contact with more than 1000 people and asked people to “Tell us...” about their experiences of health and social care services, 487 told us about their experiences and told us what was good about these services and what could be improved.

There were 235 responses about GP surgeries and 74% of people who rated their surgery rated it good or very good. The most common comment was about waiting times (29 comments) - waiting for the phone to be answered to make an appointment, waiting for appointments, and waiting in the surgery to see the doctor. Suggestions included more staff / GPs but people did express an understanding that this needs more doctors and more funding and this is not available.

There were concerns expressed about the impact that the closure of Deer Park will have, and for some already has had, on waiting times for appointments with their GP.

Deer Park Medical Practice

In March 2017, when HWO was in Witney, the closure of Deer Park GP Surgery was imminent. This was a closure which was actively campaigned against by the Deer Park Patient Participation Group, who received much local support.

We received 32 responses that named Deer Park Surgery, of which eight made no comment on the service but pleaded to keep Deer Park open. Overall 19 comments related to keeping Deer Park open.

Common comments found the staff as ‘caring’, the doctors as ‘good’ and ease of access to the surgery was a positive. Other individual comments included “small and personal”, on time (appointments), “constant staff” and “reliable”.

Proposed follow-up

Healthwatch Oxfordshire intends to work with the local GP Surgery Patient Participation Groups, West Oxfordshire Locality Forum (PPPWO) and surgeries to understand what impact the closure of Deer Park has had on patients and the surgeries. This will most likely happen early next year.

3 Stroke rehabilitation services

Whatever the proposed changes by Oxford Health NHS Trust to stroke rehabilitation services across Abingdon and Witney Community Hospitals, Healthwatch is concerned that waiting times for physio, speech therapy and other identified support services are not increased as a direct result or increase the numbers of patients affected by delays in transfer to care (DToC).

Our recent short report ‘Peoples Experiences of Stroke Services in Oxfordshire¹’ reported on feedback on current services and what a good stroke support service would look like. Since October 2016, Healthwatch Oxfordshire has visited and spoken to the members of four different stroke clubs around Oxfordshire. These were in Wallingford, Banbury, Witney, and Abingdon. In all around 40 people were engaged and listened to. There was agreement that stroke services seemed to have improved in recent years and people who had strokes more recently (2013 onwards) seemed more satisfied with their care than those who had had their stroke more than a decade ago. People told us their experiences and also gave us their thoughts on how they felt services could be improved.

A summary of what people said:

- Good care at John Radcliffe (JR) stroke unit and community hospitals
- Excellent care at the Oxford Centre for Enablement (OCE) though there were delays in accessing the service
- Praise for occupational therapists and social services
- Mixed experiences with GP follow up support
- Lack of support at home following discharge

People also told us what they thought a good stroke support service looks like:

- Prompt access to physiotherapy without delay is critical
- Support at home after discharge
- Regular follow up appointments with GP not just an annual check up
- Good coordination between GPs and other support services

Although the report contains the responses of a relatively small number of people (40), their experiences and suggestions for how a good stroke support service shows that there is a mixture of experiences across a few years and it is assumed that this reflects the experiences of the wider community.

Oxfordshire Clinical Commissioning Group Board meeting 10th August 2017

At this meeting, the OCCG Board agreed the recommendation of changes in acute stroke Acute Stroke Services as follows:

‘Secure an improvement in outcomes for stroke patients through direct conveyance of all patients where stroke is suspected from Oxfordshire (and its neighbouring areas) to the Hyper Acute Stroke Unit (HASU) at the John Radcliffe Hospital (JRH) in Oxford. This will be supported by the roll out of countywide Early Supported Discharge (ESD) (already available in two localities) to improve rehabilitation and outcomes.’

¹ Healthwatch Oxfordshire People’s Experiences of Stroke Services in Oxfordshire August 2017
Healthwatch Oxfordshire Health Overview and Scrutiny Committee Report, September 2017

However, the potential impact on the demand on the voluntary sector involvement² in delivering closer to home services was not referred to in the background papers to the Stroke Early Discharge Scheme.

Healthwatch is concerned that that the roll out of the Early Stroke Discharge Scheme must be timely and involve local specialist voluntary sector organisations which play a vital part in supporting survivors of stroke in the community e.g. stroke and carers' organisations

Summary

Changes in stroke services across Abingdon and Witney Community Hospitals must not result in delays in accessing support services i.e. increased waiting times for physio, speech therapy and other identified support services is not increased as a direct result

The Early Supported Discharge Service, which will be rolled out across the county as a consequence of the OCCG Board's decision on 10th August, must:

1. Be timely and properly resourced.
2. Involve local specialist voluntary sector organisations

4 Voluntary Sector Forum - Health Inequalities

On 13th July 2017, Healthwatch Oxfordshire held a meeting for voluntary sector organisations and community groups with a focus on health inequalities. The forum was held in Abingdon, at the Preston Road Community Centre and 50 people attended the meeting representing 28 different voluntary sector and statutory organisations.

The meeting took as its starting point the report by the Health Inequalities Commission (HIC) on health inequalities in Oxfordshire. Richard Lohman, a commissioner on the HIC, provided attendees with an overview of the process of how the HIC took evidence and the 60 recommendations it made.³

Jackie Wilderspin, Public Health Specialist, Public Health, Oxfordshire County Council then spoke about the progress that has been made to date on addressing these inequalities.⁴ Jackie started her presentation by stating the established link between deprivation and health inequalities, making the point that people who lived in more deprived communities lived less long and were sicker for longer.

Information was given on the various initiatives around the county to tackle health inequalities such as the Oxford City Council project to tackle homelessness after discharge from hospital or prison, or measures taken to support the 10% of the population in Oxfordshire who are considered to live in fuel poverty.

² Healthwatch Oxfordshire Voluntary Sector Forum February 2017 report submitted to OCCG consultation

³ The slides from Richard Lohman's presentation can be read here: <http://bit.ly/2uJgCks>

⁴ The slides from Jackie Wilderspin's presentation can be read here: <http://bit.ly/2uJfa1P>

To summarise what the sector had to say:

- The voluntary sector has an important role in tackling health inequalities including:
- Signposting their communities to services
- Prevention and awareness raising
- Developing and delivering social prescribing services / activities
- Challenging the system when it does not work for their community
- They are experts in their communities, have access to the community and often fill the gaps in services where the statutory sector is unable to meet a need

Suggestions made on what needs to be done to tackle health inequalities included:

- Involving the voluntary sector organisation early on in service design and delivery.
- Explore how the sector can be represented on the Health & Wellbeing Board - with a seat reserved for it.

Following the Forum, Healthwatch Oxfordshire reported that in light of the issues raised by attendees, we recognise that we can play an important role in supporting community and voluntary groups, including local, self-help groups to:

- Have their voices and their members' voices heard by decision makers, commissioners and providers of health and social care services in the county.
- Stay informed about upcoming events, meetings, policies, and decisions of significance that have an impact on their role.
- Network with each other on key issues and areas of interest.

Healthwatch Oxfordshire is keen to develop further our mechanisms for ensuring this happens. To this end, we will be holding another Forum later in the year to explore with voluntary sector partners how we can strengthen this aspect of our work.

5 Outreach report May - August 2017

Over four busy months, the Healthwatch Oxfordshire team has attended several events, giving us an excellent opportunity to listen to a wide range of experiences from many different users of Oxfordshire's health and social care services.

We have heard the concerns of people from the many regions of rural Oxfordshire and have noticed some recurring themes and concerns.

Many of the events where we have run the Healthwatch Oxfordshire stall have been the Play and Activity Days organised by Oxfordshire Play Association where

we have been given the opportunity to speak to parents and carers of children and younger people.

A recurring theme that emerged from these days was the impact of the cuts on children's services including:

Loss of children's centre services resulting in feelings of isolation; difficulty in accessing services including health visitors; lack of breast feeding support in the community whilst the support at JR was excellent.

Mental health support for children

- Common concerns regarding the length of time to access the service

Schools

Healthwatch Oxfordshire heard from young people that:

- Drug and alcohol sessions were not useful because the overriding message was just "Don't do it" rather than teaching young people about harm reduction which, they felt would be far more effective.
- Counselling services should be more anonymous and accessible - perhaps using a direct telephone line.
- On Healthy Eating, the students said that it costs £1.80 to buy a salad for lunch in the school canteen compared to 90p for a sausage roll or Cornish pasty. They said that there were posters around school promoting the "Eat Healthy, Eat Well" message but that the school canteen prices did not encourage students to do that.

Hospital Experiences

Good care and praise for nursing staff but concerns included those around hospital food, the use of 'technical language' by staff that is not properly understood, waiting times for physiotherapy that resulted delay in discharge.

Military Families

At the **Carterton** Play and Activity Day we had the opportunity to talk to the Community Fundraising Officer for *Combat Stress, The Veteran's Mental Health Charity*.

He informed us that only eight percent of referrals to the charity came from GPs. He explained the reason, as being that veterans were reluctant to talk about their feelings due to the stigma that still surrounds mental health. This creates a barrier to seeking help and support for those who are finding it difficult to adjust to life as a civilian.

He felt that the solution was at the point of referral so that it is clear on patient's referrals whether they have served in the armed forces, allowing the GP to see this and be aware of the patient's history.

GP Practices

Lots of feedback on lots of practices across the county, and common theme was the wait associated with getting a GP appointment. We spoke to a lady who pointed out the challenge of phoning the GP practice and being made to wait in a queue which eats away at phone credit. She told us that she has previously run out of credit, lost her place in the queue, and had to go to a neighbour to phone again. She felt that there should be a free phone number.

6 Future activity

The next town event will be held in Bicester between 29th September and 14th October 2017. We kick off with two events:

1. A stall in the market square on Friday 29th September and
2. Our voluntary sector / information fair 'Healthwatch Happening' on 29th September 10:00-13:00 to be opened by Bicester Town Mayor, Cllr L Sibley.

From October 2017 Healthwatch Oxfordshire will provide secretariat and development support to all 6 Locality Patient Participation Groups Forum, and will also have resources to support the development of Patient Participation Groups across the county. This is an exciting development supported by the Locality Forum Chairs and delivered under contract from Oxfordshire Clinical Commissioning Group.