

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 22 November 2016	Paper No: 2
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Title of Presentation: Executive Director's report
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This paper is for	Discussion		Decision		Information	x
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<p>Purpose and Executive Summary (if paper longer than 3 pages):</p> <p>This paper summarises activity undertaken by the Healthwatch Oxfordshire (HWO) staff team in the period since the last board meeting 27th September 2016, including a half year summary of activity involving the public and organisations.</p>

Financial Implications of Paper: None
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<p>Action Required:</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the contents of the paper.

Author: Rosalind Pearce

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1 Healthwatch Oxfordshire Activity September - October 2016

1.1 Health Transformation

Over the past few months Healthwatch has been actively involved in 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) Strategic Transformation Plan - Leadership Group (Healthwatch Oxfordshire represents the Buckinghamshire and Berkshire Healthwatch 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 awaits the outcome of our appeal as this request was rejected. Healthwatch Oxfordshire, as presentative of the BOB area Healthwatch, has been invited to be a member of the Patient and Public Engagement Group which was introduced into the BOB STP process as a direct result of HWO raising this as a gap in the 'plan' and 'process'.

1.2 Matters in which we have been actively engaged 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 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.

1.3 Oxfordshire Health and Wellbeing Board

Healthwatch Oxfordshire reported to the Health and Wellbeing Board on Thursday 10th November

2016. Our report is attached and available on our web site.



1.4 Health Overview Scrutiny Committee (HOSC)

Healthwatch Oxfordshire reported to the HOSC meeting held on Thursday 17th November 2016. Healthwatch Oxfordshire was the first agenda item, thus allowing the patient & public voice to be heard prior to other agenda items. A revised report format was presented to respond to the agenda items, as outlined on the HOSC Forward Plan.

The contents of the section of the report - HOSC Forward Plan - is attached as Appendix A;



Healthwatch
Oxfordshire HOSC R

the full report is available on our web site and here

Selected extracts from the HOSC Forward Plan section of our report to HOSC are included as follows:

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.

1.4.1 Travel and transport access to hospitals

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.

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

1.4.2 Primary care transformation

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 in relation to 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...'.
'

1.5 Health Inequalities Commission Report

This important report was published on 3rd November with the Health & Wellbeing Board papers. 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; and two recommendations directly related to their presentations:

"25. Funding for locally enhanced services for refugees and asylum-seekers should be made available to all GP practices, with the expectation that funding for this service would primarily be drawn on by practices seeing large numbers of refugees and asylum seekers.

"26. Outreach work in communities with high numbers of refugees, asylum seekers and migrants, should be actively supported and resources maintained, if not increased, especially to the voluntary sector, to improve access to the NHS, face to face interpretation /advocacy and awareness raising amongst health care professionals."

2 We heard

Six months into collating 'This month we heard' information and publishing it on our web site shows that since April 2016 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 our first update is attached. It is also available on our web site and here



The September, 'This month we heard' summary is attached as Appendix 3 to this report.

3 Media

Media coverage during September and October 2016 was varied with social media activity down on September Board figures and an active media coverage in local television, radio and newspapers.

3.1 Social media

Twitter activity was down on September board figures and most likely reflects fewer public / engagement events.

There was a three percent (5) increase in the number of Facebook followers during this period.

Web page activity statistics now exclude 'internal traffic' i.e. visits by HWO staff and as such cannot be compared to the September board report figures. We will use the November figures as our bench mark in future. It is worth noting that 67% of visitors to the HWO web site were 'new visitors' during this period.

3.2 Television, radio and newspapers

Healthwatch Oxfordshire achieved a significant media presence over the past few months, with the focus being on Deer Park GP surgery closure, delayed transfer from hospital story, the Refugee Resource report and the Chair's Oxford Mail column. We achieved:

- Three television interviews
- Five radio interviews
- Two newspaper articles

Full details are attached in Appendix B Media.

4 Projects

4.1 Refugee Resource

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.

4.2 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.

In response to the report service providers have begun already to work together to improve access to services through better awareness and coordination.

4.3 Oxford Against Cutting

The report dealing with female genital mutilation, which is also referred to as ‘cutting’ within some communities, was published on 14th November 2016. The report highlights that more work needs to be done to raise awareness of the services available in Oxfordshire for the survivors of female genital mutilation and cutting (FGM/C). The report, produced by the charity Oxford Against Cutting with the support of Healthwatch Oxfordshire, found that many FGM survivors in Oxfordshire were unaware of services such as the Oxford Rose Clinic at the John Radcliffe Hospital, which offers support to people who have experienced FGM.

There was also a lack in understanding on the part of some health practitioners on how to approach conversations concerning FGM.

Oxford Against Cutting made several recommendations because of its findings, including:

- Oxford University Hospital Trust and Oxfordshire Clinical Commissioning Group should provide training for health professionals in how to broach the subject of FGM/C. This training should be community-led.
- Raising awareness among health professionals about services for FGM survivors by Oxfordshire FGM leads and the clinical commissioning group. This should include reviewing existing protocols, such as the use of interpreters.
- Raising awareness among communities about services for FGM by the clinical commissioning group and other local organisations. Oxford Against Cutting says that translated versions of promotional material about facilities such as the Rose Clinic should be available.
- More outreach activities with communities affected by FGM so that their needs can be best understood.

The report was favourably received by the commissioners and service providers (copies of their responses are available on the HWO web site). Examples of their responses include:

Director of Public Health Oxfordshire agreed ‘that outreach work should be ongoing. As you may know, the Participatory Action Research Project that was commissioned by Public Health is due to report in the next few weeks. This work is deliberately designed to give communities the skills and opportunity to address issues themselves and to enable discussion within the community. I am confident that this further report will also contribute valuable views from local communities affected by FGM. Once this report is published, it will be possible to plan the work of supporting communities in taking forward their action plans and to ensure the right agencies are involved in this.’

Dr Bruno Holthof, Chief Executive of OUHT wrote:

‘The Clinical Directors for Women’s Services and the Emergency Department have confirmed their satisfaction with and support of the report and we have had feedback from our Sexual Health Services Lead.

We can confirm that leads are in place for FGM within the Sexual Health Service and that they are holding a training update next month for the department to raise awareness and remind staff how to ask the appropriate questions sensitively and also clarify the referral pathway to the Rose Clinic.

Could you please also note that where the report mentions some attenders of the Rose Clinic wishing to know more details about the Sexual Health Service that we intend to raise this and discuss with our team the potential of providing leaflets with signposting to our web’

David Smith, Chief Executive OCCG responded that ‘OCCG with partners is committed to improving and developing services in Oxfordshire for all its residents. The information in the report is welcomed as it confirms that the actions being undertaken are the right ones and it provides some useful information about the next stage of sharing the expertise, embedding the knowledge and enhancing practitioners’ skills.’

4.4 Project reports in development

Oxford Parent and Infant Project (OXPIP) will be published in January 2017. This is 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.

5 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 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

Appendix A Healthwatch Report to HOSC November 2016 - HOSC Forward Plan

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 what we have 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 the Accident and Emergency Unit at the JR Hospital

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 Care Quality Commission (CQC), the independent regulator of health and social care in England, 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 minor injuries units (MIUs) identified reasons for people using them including referral by GP, out of hours and for one patient who returned home to go to the MIU after they had struggled into JR A&E waited over four hours without being seen.

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.

Health Inequalities Commission report

After the presentation of this report at our November board meeting by Richard Lohman, Health Inequalities Commissioner and a member of the Healthwatch Oxfordshire Board, 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.

Care in private care homes

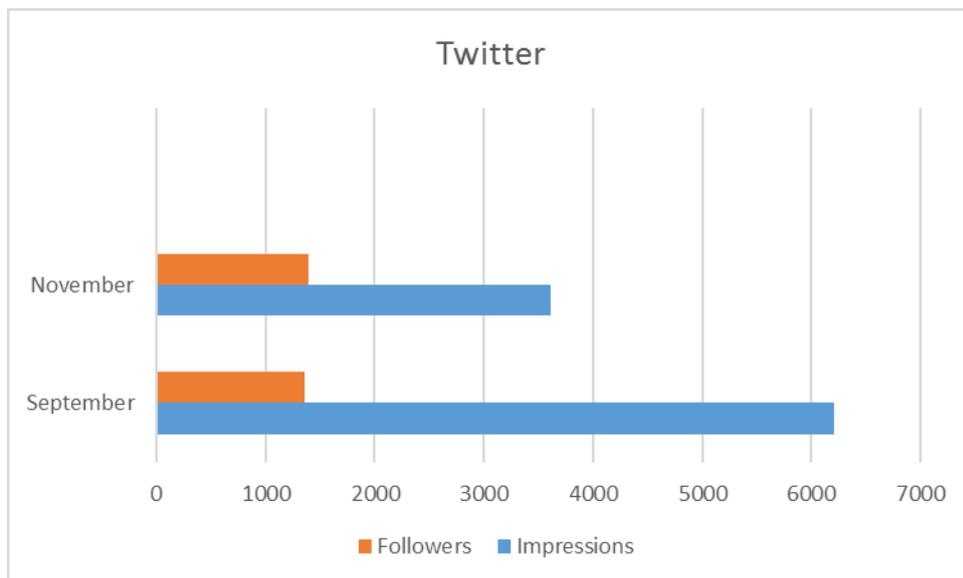
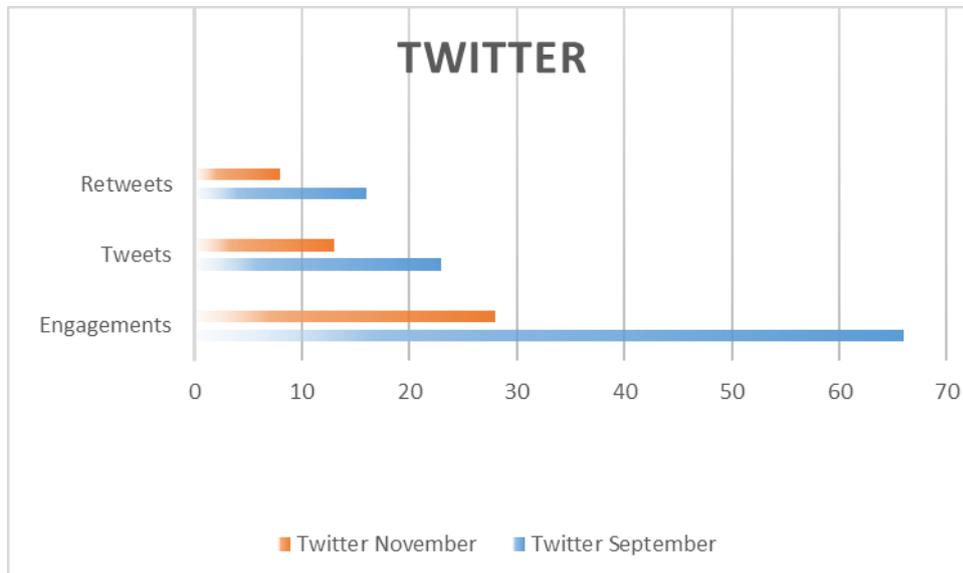
Healthwatch Oxfordshire receives few contacts from the public about care homes. This is an area of social care and health that we are looking to develop in 2017. In 2016 Healthwatch did attempt to engage with all care home managers in the county to understand what the issues were facing them. In the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

1. They were reluctant to take, and some 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.

APPENDIX B - Media

Twitter

Statistics for November Board report



Followers: 1391

Tweets: 13

Impressions: 3612

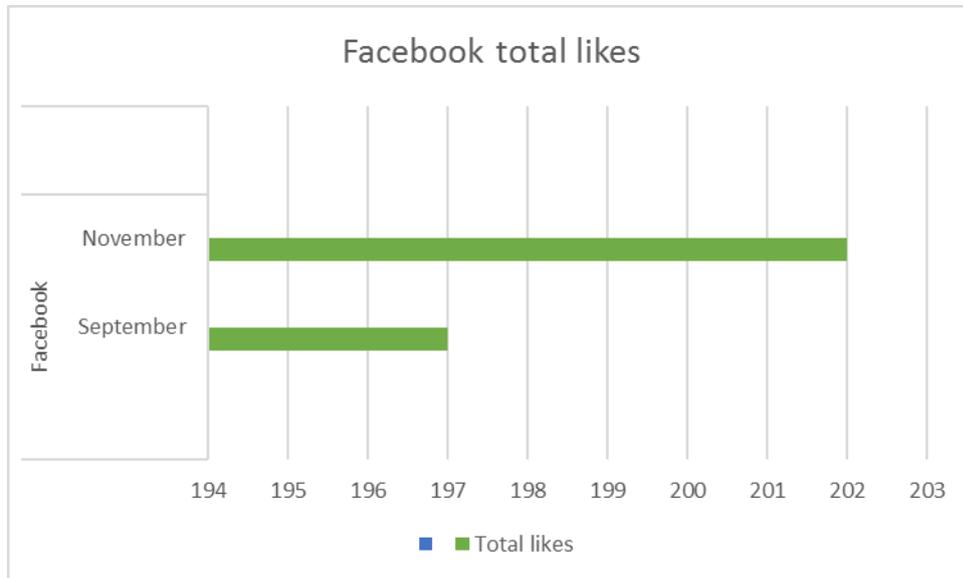
Engagements: 28

Retweets: 8

Facebook

Facebook has changed its Insights and it is no longer possible to gather statistics for a period longer than 28 days.

Total page likes: 202



Web

These statistics now reflect the fact that internal traffic (i.e. visits to the website from staff) are now excluded from the figures.

Sessions 655

Users 500

Page views 1,894

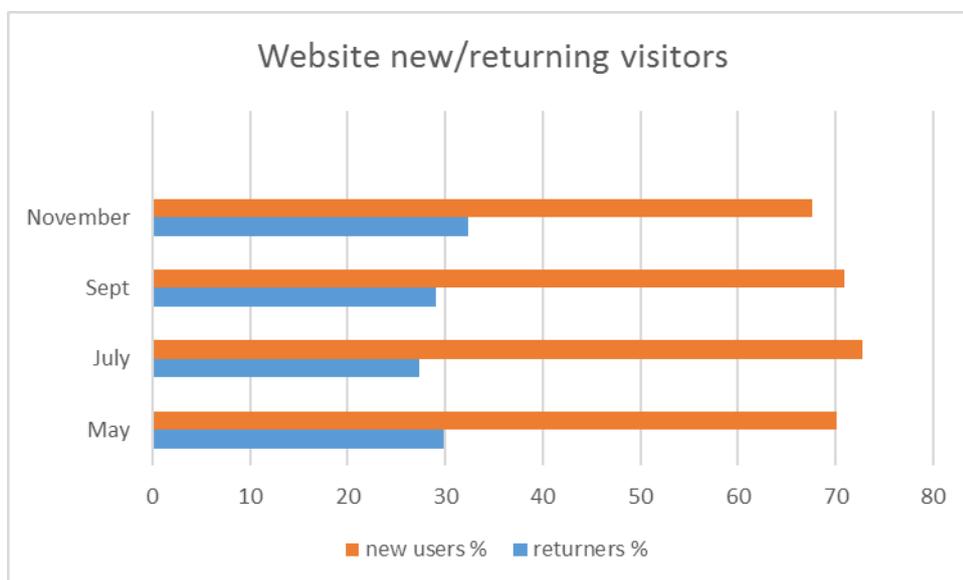
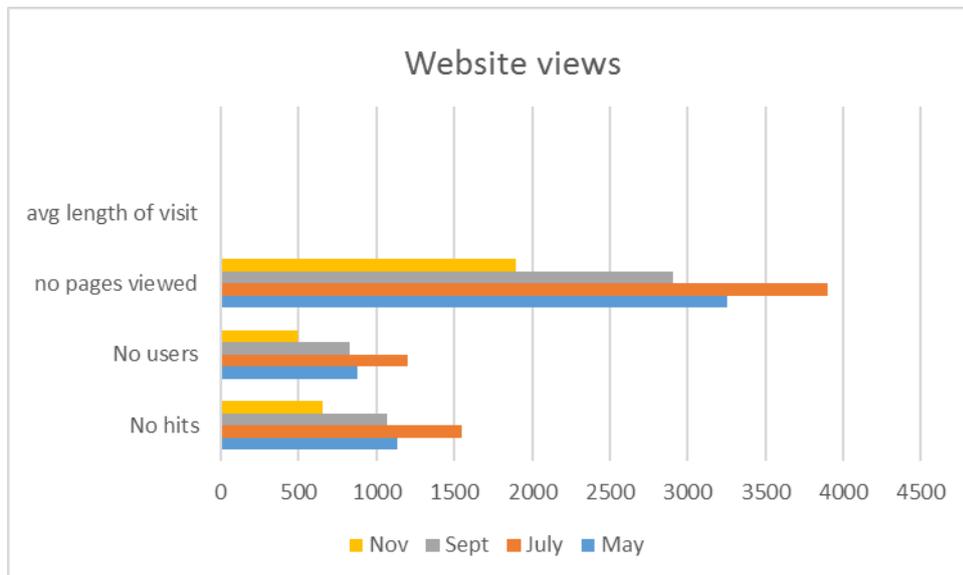
Pages per Session 2.89

Avg. Session Duration 00:03:08

Bounce Rate 41.98%

New Visitors 67.6%

Returning Visitor 32.4%



Television, Radio and newspaper coverage September-October:

09/09/2016: That's Oxford, TV, online, Interview with Executive Director;

19/09/2016: Jack FM, Radio, Interview re Refugee Resource report;

20/09/2016, BBC Radio Oxford, Radio, Live interview with RM talking about our work and inviting Breakfast Show to meet the team as part of 'Behind the Office Door' series on Breakfast Show;

23/09/2016: Oxford Mail, Newspaper, online,
http://www.oxfordmail.co.uk/news/news_bites/14758476.Healthwatch_Oxfordshire_to_meet_in_Chipping_Norton/ Preview of Board meeting in Chipping Norton

25/09/2016: BBC Radio Oxford, Radio, Coverage of Refugee Resource report;

13/10/2016: BBC South Today Oxford, Television, Interview with Rosalind Pearce, Executive Director re Deer Park Surgery

14/10/2016: BBC Oxford, Radio Live interview with Rosalind Pearce re Deer Park Surgery

25/10/2016: BBC South Today Oxford, Television, Interview with Rosalind Pearce re DTOC

26/10/2016: BBC Radio Oxford, Radio, Interview with Rosalind Pearce re DTOC (recorded)

w/c 31/10/2016: Oxford Mail, Eddie Duller column

Appendix C - 'This month we heard'

September 2016

During September 2016, we heard from more than 40 people, and four organisations. These are the main areas of concern that people or voluntary groups have been talking to Healthwatch Oxfordshire about:

Healthcare

Stroke services:

- Concern around a lack of a stroke recovery service for people in Oxfordshire.
- Concern over Inequality between Oxfordshire and other counties in stroke services provided- less support in Oxfordshire.
- Talking Space plus- main type of support is talking on the phone, which does not meet the needs of people who have had stroke and have communication difficulties.

Mental health services

- There is a real lack of support for adults with mental health needs. People experiencing long waits for complex needs services.
- Concern that provision of mental health services for students at universities in Oxford not satisfactory- College nurse/college counsellor so low key, most students wouldn't know who they are.
- Threshold to access CAMHS and PCAMHS is very high and there are very long waiting lists.
- Specialist services within CAMHS provide excellent service but are hard to access.

Hospitals

- Praise for Oxford Centre for Enablement at Nuffield Orthopaedic Centre
- Concern from volunteer drivers that access to the John Radcliffe was now extremely difficult. This is also making it difficult to recruit more volunteer drivers.
- Complaint from person who said the medical staff at the John Radcliffe were unable to access the GP records of her mother who had been admitted for surgery as they had not been sent on.
- Complaint that elderly patient had been discharged from A&E (after being admitted for an infection) at 6am on a winter's morning with no coat. Although the patient was being discharged into the care of family, they felt that, while acknowledging the pressures on A&E, it was "inappropriate",
- Deer Ward at Abingdon Hospital described as "excellent".

GP surgeries

- Praise for Goring & Woodcote Surgery, especially District Nurses.
- Praise for Bampton Surgery.
- Concern that referrals from GP surgeries to counselling service may not always provide the patient with the best service for their condition.
- Concern over waiting times for appointments in Kidlington.

NHS 111

- Complaint from family of a patient with dementia that NHS 111 refused to send an ambulance, prompting family to call 999.

Social care

- Plea from organisations for better communication when receiving referrals from social services, as accessing staff to discuss a referral can be very difficult. It is hard to reach named individuals responsible for cases partly due to staff turnover.
- Feeling that statutory services expect voluntary sector organisations to use volunteers to fill in gaps in statutory services and expect volunteers to do the work of paid people.
- Feeling that voluntary sector organisations are used as an exit strategy- statutory sector organisations refer people to them to as a stop gap or to be able to close case.

- Praise for care navigators in Oxford as brilliant and social prescribing as “such a good idea” as it can help alleviate loneliness and deliver joined up care.
- Criticism of a needs of care assessment carried out on complainant’s elderly relative, which was not thought to be done adequately or respectfully.
- Complaint that elderly patient’s cancer medication had been delivered by courier at a weekend, causing confusion and anxiety.

APPENDIX D – Executive Director’s External meetings

Organisation / Activity	Meeting / who	Purpose/outcome
Introduction meetings	<ul style="list-style-type: none"> • George Smith, HWO Director • Jean-Nunn Price, HWO Director • Andrew Colleran, HWO Ambassador Patient Advisory Group • Jonathan McWilliam, Director Public Health Oxfordshire • Richard Lohman, HWO Director • Cllr Constance, Chair HOSC • Margaret Simpson - HWO supporter • Sula Wilshire, OCCG • Anita Highham, Governor OUHT, Locality Forum Chair 	
Cherwell District Council Community Partnership Network	<ul style="list-style-type: none"> • Special Horton Hospital redevelopment session - Obstetrics, Transformation 	Detailed session on options for Horton redevelopment
OCCG (Oxfordshire Clinical Commissioning Group)	<ul style="list-style-type: none"> • Meeting of the Locality Forum Chairs and Oxfordshire Clinical Commissioning Group (OCCG) • Commissioning Board and Joint Committee for Commissioning Primary Care • Chair & Chief Executive with Eddie Duller, Chairman Healthwatch 	Regular meeting to discuss ongoing issues - discussed transformation priorities in Oxfordshire. Regular informal meeting
Transforming Oxfordshire	<ul style="list-style-type: none"> • Community hospitals event 	Engagement event
Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP Leadership Group	<ul style="list-style-type: none"> • Meeting 	Development of BOB STP
Health Inequalities Commission support group	<ul style="list-style-type: none"> • Group meetings 	Support production of commission report
seAp	<ul style="list-style-type: none"> • Kate Hill, Team Manager Oxfordshire & Buckinghamshire 	Introduction quarterly report meeting
Oxfordshire Health Overview & Scrutiny Committee	<ul style="list-style-type: none"> • Committee meeting 	Present HWO Report and take questions

Organisation / Activity	Meeting / who	Purpose/outcome
Carers Voice	<ul style="list-style-type: none"> Jan Cottle, Carers Voice manager AGE UK 	<p>Listen to concerns regarding Carrers Assessment and Personal Budgets Asked OCC for information - awaiting response</p>
Health Improvement Board	<ul style="list-style-type: none"> Lay Representatives Introduction Board meeting 	<p>Arrange meeting with Chair HIB</p> <p>Observer</p>
Oxfordshire Stronger Communities Alliance (OSCA)	<ul style="list-style-type: none"> Meeting 	<p>Introduction and take questions. Kanika will now take a seat on this important voluntary sector group</p>
Healthwatch England	<ul style="list-style-type: none"> Olly Grice 	<p>Introduction; discuss FOI; discuss Thames Valley Healthwatch</p>
Thames Valley Priorities Committee	<ul style="list-style-type: none"> Committee meeting 	<p>Represent TV Healthwatches</p>
Oxfordshire County Council	<ul style="list-style-type: none"> Kate Terroni, Assistant Director Adults and Ben Threadgold, Commissioning Officer with Eddie Duller, Chairman Lisa Gregory, Engagement Benedict Leigh - telephone 	<p>Regular informal meeting</p> <p>Catch up Briefing on Day Care Services Consultation</p>
Thames Valley Healthwatches	<ul style="list-style-type: none"> Other Thames Valley HW leads 	<p>Regular meeting - Interim CE HWE in attendance Clarity re HWE support to local HWs Clarity re representation process at TV area meetings</p>
West Oxfordshire Locality Forum	<p>Present to locality forum plans for future Respond to Deer Park PPG</p>	
Deer Park PPG	<p>Chair and Vice Chair</p> <p>Meeting called by HOSC</p>	<p>Hear their concerns re closure of Deer Park GP Surgery</p> <p>Understand issues facing patients re closure and concerns of PPG re OCCG procedure that led to announcement of closure. Wrote to OCCG asking for once and for all decision re closure; better and more frequent communication with patients; what is being done to support</p>

Organisation / Activity	Meeting / who	Purpose/outcome
		vulnerable patients; what is being done to support local GP surgeries to take on Deer Park patients. OCCG response on their web page.
Oxford University Hospitals NHS Foundation Trust	Dr Bruno Holthof, Chief Executive	Introductory meeting - regular informal meeting
Joint Strategic Needs Analysis	Steering Group	Planning for 2017 JSNA Report
Clinical Quality Commission (CQC)	CQC Inspection Feedback conference call	Better understanding of escalation process, re-inspection process Local leads contact details for Adult Services and Acute Services