

healthwatch

Oxfordshire

Your voice on health and social care

People's experiences of health and care services in Bicester

Healthwatch Oxfordshire

November 2017



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People's experiences of health and social care services - Bicester October 2017

1 Executive summary

In October 2017, Healthwatch Oxfordshire spent two weeks in Bicester to talk to the people of the town about their experiences of using health and social care services.

This project is the second in a series of Healthwatch Oxfordshire's place-based projects; the first was Witney in March 2017. The series is rooted in Healthwatch Oxfordshire's strategic aim of building a picture of how people access and experience health and social care services across Oxfordshire.

To mark the start of the project, Healthwatch Oxfordshire organised an information fair for people at the John Paul II Centre, where 24 different organisations were on hand to offer people information and advice on health and care support they could access. Over a two-week period, Healthwatch Oxfordshire spoke to people at the Bicester market on three consecutive Fridays, attended the opening of the Whitelands Farm Sports Pavilion on the Kingsmere development, had a stall in the library and visited nine community and self-help groups.

In all, we made contact with around 450 people. We collected 272 comments about people's health and social care experiences via face to face contact and questionnaires returned to us by freepost. In addition, we collected more in-depth experiences from 20 people on visits to the different groups.

Our main findings were:

- People value the quality of care and the staff that deliver services.
- However, people feel concerned about the availability of adequate health and social services and their ability to access them. There is a strong perception amongst people in Bicester that health and care services available do not meet the needs of the growing population. People told us about their concerns about the pressures on GP services, and their experience of the lack of NHS dentists and mental health services in Bicester against a backdrop of rapid expansion in the town. They also expressed consternation about the changes to day centre services that were taking place at the time of the project.
- People also questioned the current range of services provided at the Community hospital in Bicester and said they wanted an increase in access to minor injuries services including x ray facilities at the Community hospital. Travel to Oxford and Banbury for accident and emergency services and other hospital services provides a real logistical challenge for many in

Bicester. Difficulties in accessing health and social care services is compounded by the decrease in public transport services.

- We also heard that adults and children with additional needs in Bicester such as military veterans, older people with care needs, people with substance misuse problems and children with special educational needs often struggle to access adequate help and support.

Next steps

Where we could, we have already taken action to highlight some of the concerns we have heard in Bicester with the relevant authority even before this report was finalised.

- We met with NHS England to discuss the difficulties people have in accessing NHS dentists in Bicester. NHS England has said it was looking to commission additional dentists in Bicester in 2018 and has committed to involving patients in the process.
- Our own research activities in 2018 will also cover people's access to NHS dentists across Oxfordshire.
- We fed back the comments and concerns about the day centre services to the Director of Adult Social Care at Oxfordshire County Council. We received a response from her that is on our website.
- We will undertake more research into people's experiences of day centres in 2018.
- We are already working with the Oxfordshire Clinical Commissioning Group to provide support to strengthen the patient participation groups based at GP surgeries in Oxfordshire. We noted the lack of mention of the patient participation groups when talking to people in Bicester and see strengthening involvement in them as a key means of ensuring people can have their concerns and comments heard directly by staff at GP surgeries.
- We will be offering all the relevant stakeholders (the Oxfordshire Clinical Commissioning Group, County Council, District and Town Councils, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, voluntary sector groups and community interest groups) an opportunity to come together in February 2018 to discuss this report.

We urge service commissioners and providers to use the report as a starting point to produce a detailed plan for future health and social care provision for Bicester, taking fully into account the most up-to-date estimates of the likely extent, nature and timing of the projected population growth in the area.

2 What services did people tell us about?

The services people told us about most were:

- GP surgeries- 97 comments
- NHS dentists- 30 comments
- Bicester Community hospital- 18 comments
- Adult social care- 15 comments

We also heard in smaller numbers about adult mental health services and the lack of public transport to health and care services. We were also able to build a picture of how services were meeting the needs of certain sub-groups of the Bicester population. These included older people, military veterans, children with special needs and people with substance misuse problems.

Services outside Bicester

When it came to services outside Bicester, people told us most often about:

- The hospitals in Oxford (the John Radcliffe, the Churchill and the Nuffield Orthopaedic Centre)- 42 comments
- The Horton General hospital in Banbury- 12 comments

We also heard in smaller numbers about adult mental health services in Oxford.

3 What do we know now?

We asked people to rate the services on the following scale:

- 1= Very poor service
- 2= Poor service
- 3= As expected
- 4= Good service
- 5= Very good service

Out of the 272 comments we collected from people in Bicester, there were 132 ratings for the services people had received. Out of the 132 ratings:

-  70% of people rated the service they had received as good or very good;
-  16% rated the service as poor or very poor

From what people told us about their experiences of health and care services, we can build a picture about what is working well and what could be better. The overall picture that emerges indicates that:

Good quality of care and great staff

People in Bicester greatly value the quality of care and the staff in their health services, whether that is in their GP surgeries, dentist surgeries or hospitals. People are very appreciative when they feel they have been well looked after and they feel that staff in the different health settings do their best to deliver high quality care.

Who can take action? All service providers

Staff in Oxfordshire's NHS services should be made aware of how much they are appreciated by the people who use their services. We ask that all service providers pass on this message of gratitude on to NHS staff.

Pressures on GP services

However, people have real concerns about the pressure on existing GP services in a town with a rapidly increasing population, with 30% of the comments we received about GP surgeries mentioned difficulties in getting appointments. Some cited waits of 3-4 weeks (or longer) as standard. This is consistent with the findings from our own GP survey in March, 2017¹, where we found that the proportion of people waiting 1-4 weeks for appointments was higher than in 2014.

People also felt it was hard just getting through to their surgeries to make appointments, some citing difficulties in getting through to their surgery on the phone and others feeling the online system didn't meet their needs.

People expressed concerns at what they perceived as insufficient GP capacity in a town that is growing rapidly.

Who can take action? Oxfordshire Clinical Commissioning Group and Bicester GP surgeries

- We ask that the Oxfordshire Clinical Commissioning Group ensures that the draft plan for primary care services in the North East Locality (where Bicester is located) addresses these concerns for the people of Bicester.
- We also urge the individual GP surgeries to communicate clearly with their patients about expected waiting times to get both emergency and routine appointments. This can be done when people make contact over the phone, come in to the surgery in person and on their websites.

¹ Healthwatch Oxfordshire, March 2017
healthwatchoxfordshire.co.uk/sites/default/files/peoples_experiences_of_using_gp_services_in_oxfordshire_2017_final_report_jd.pdf

- We also note a lack of reference in the comments we collected to Patient Participation Groups in Bicester. Every GP surgery has one and offers a route for patients to provide feedback to the practice staff about what is working well and what could be better for patients at that surgery. Healthwatch Oxfordshire is undertaking work to support the development of the patient participation network in Oxfordshire.

Lack of clarity about the Bicester Community hospital services

 The Bicester Community hospital came in for praise, particularly the physiotherapy services. However, people reported a lack of clarity about what services the hospital offers and how people can access them. People said they want a walk in service for minor injuries, including access to x-ray facilities, at the local hospital rather than having to go to Oxford or Banbury to use the Accident and Emergency departments there.

Who can take action? Oxford Health NHS Foundation Trust, Bicester GPs and 111 services for Bicester

- We recommend Oxford Health NHS Foundation trust, the trust that runs the Bicester Community hospital, to broaden its communication of the services the community hospital offers. We note that on the Oxford Health website, the page for the Bicester Community hospital states that people can use the first aid unit without referral and gives the hours of access. However, the comments we gathered suggest that this information is not being adequately disseminated and more needs to be done to make clear to people what services are on offer at the first aid unit. Timings for x-ray services need to be clearly publicised offline and online.
- At the same time, GP surgeries in Bicester and the out of hours 111 services need to ensure that they too are clear about communicating what services the Community hospital offers people, how they can be accessed and when they can be accessed.
- The Oxfordshire Clinical Commissioning group must ensure that Phase 2 of its consultation on the transformation of health and care services in Oxfordshire pays heed to the development of services at the Bicester Community hospital in line with the needs of a growing town's access to minor injuries services.

Hard to access mental health services

People in Bicester told us how difficult it is for some to access mental health services. While we heard one person praise Talking Space² and another praise the quality of care at the Warneford hospital in Oxford, people also told us that there was not enough support for adults with mental health needs in Bicester. People mentioned the long waiting times to access mental health services in addition to the difficulty of getting support from the system.

Who can take action? Oxford Health NHS Foundation Trust

- We are concerned that vulnerable children and adults are not able to access mental health services when they need support. We ask Oxford Health NHS Foundation Trust what evidence they have that the current levels of services meet current needs as our findings suggest this is not the case.
- We also ask them to tell us what plans they have to improve access to mental health services for both adults and children in the Bicester area.

Struggle to access NHS dentists

Another concern that we noted from the people of Bicester was the struggle to access an NHS dentist in Bicester. Six people told us about the lack of NHS dentists in Bicester and the long waiting list just to register with one. Two others mentioned the difficulties in staying on the register at their NHS dentists. There were enough comments about this for us to want to investigate further.

Who can take action? Healthwatch Oxfordshire and NHS England

- Based on the concerns raised by our findings in Bicester, we want to conduct further research into people's access to NHS dentists across the whole county.
- We have met with NHS England to raise this matter and as a result NHS England is looking to commission additional NHS dental services in the area in early 2018 and committed to involving patients in the commissioning process.

Concerns about the new day support services

At the time this project was undertaken, the Bicester Health and Wellbeing Centre was undergoing a change in the way it delivered its services. Day

² Talking Space (now Talking Space Plus) is an NHS service that offers a range of talking treatments and wellbeing activities that help people to overcome their depression and anxiety. It is open to adults aged 18 and over who are registered with an Oxfordshire GP.

support services for older people were being amalgamated with services for people with learning difficulties. We heard a number of concerns about the new day support service around the increase in cost and impact on existing users of two different groups of people using the same services in the same space as well as lack of appropriate alternatives for those who could no longer access the service.

Who can take action? Healthwatch Oxfordshire

- We fed back the comments and concerns about the day services in Bicester to the Director of Adult Social Care at Oxfordshire County Council. You can read her responses on our website.³
- The comments we gathered highlight a need for us to conduct more in-depth research about the new day support services for people and we will be revisiting the day services in the summer of 2018.

More findings included:

Difficulties in using Oxford and Banbury hospitals

It also became clear from the volume of comments that some of the NHS services most often used by people in Bicester are located in the acute hospitals in Oxford and Banbury. Here again, people noted with appreciation the quality of the care and the staff but struggled with poor communication, long waits for appointments, delays in treatment and difficulties in travel to and car parking at the hospital sites.

Health inequalities in Bicester

When we spoke to some local support groups, it became clear that there are vulnerable people in Bicester who are in need of more support than they currently receive. This includes military veterans, many of whom struggle to access timely care and support. People who need care at home from social services report it is difficult to find carers. There appears to be a dearth of services to support the growing number of people with substance misuse problems. Parents and carers with children who have special needs also report having to battle the system to get any help for their children at all.

Public transport

Some people raised the problem of **public transport in Bicester to reach their health and care appointments**. People pointed out that the cuts to public transport mean that there are not enough buses for those living in the villages and surrounding areas to reach their health and care appointments in Bicester and Banbury.

³ You can read the responses we received here <http://www.healthwatchoxfordshire.co.uk/campaigns-and-correspondence>

Next steps

We will arrange a meeting in February 2018 with the commissioners and providers of health and care services in Bicester to discuss the findings of the report, including representatives from Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, Oxford Health NHS Foundation trust, Oxford University Hospitals NHS Foundation Trust, Public Health Oxfordshire, Cherwell District Council, Bicester Town Council and the Bicester Healthy New Town Initiative and local voluntary sector and community interest groups.

4 What do we know about specific services?

Services in Bicester

GP surgeries

-  97 comments about GP surgeries in Bicester;
-  61 ratings for GP surgeries in Bicester;
-  70% of people rated GP surgeries in Bicester as good or very good;
-  15% rated the service as poor or very poor;

People told us about the following GP surgeries in Bicester:

-  Montgomery House surgery: 87% rated it as good or very good; 13% rated it as poor or very poor;
-  Bicester Health Centre: 81% rated it as good or very good; 10% rated it as poor (there were no ratings of very poor)
-  The Alchester Medical group comprising Langford, Ambrosden and Victoria surgeries: 52% rated the surgeries as good or very good; 17% as poor or very poor.

What's working well?

The quality of the care and the staff in surgeries

“Wonderful. Couldn't give me better treatment.”

“Good quality of care once you get through.”

“I have been very impressed with the practice.”

“Fabulous, lovely GPs and receptionists.”

“Surgery amazing, do triage so can get sorted quickly- wonderful can’t fault. GP and Health Visitors wonderful.”

“Extremely happy. It’s the way they treat you there, like human beings, not a number...so kind and caring.”

“I have one of the best GP surgeries and the best GP.”

“Can’t fault it, personal care, home visits and my doctor is amazing.”

A few expressed appreciation for the extended working hours so appointments could be made outside of normal working hours.

“Getting appointments can be challenging but I appreciate the evening and early morning hours.”

“Really happy with them. Four weeks wait however to see your own doctor. Now have extended working times which is good.”

What could be better?

Difficulties in getting appointments

The main problem people have with their GP surgeries is getting an appointment. Some struggle with the length of time they needed to wait to get a routine appointment; some citing 3-4 weeks and some even 5 weeks as standard. Out of 98 comments, 30% made mention of the length of time it takes to get appointments.

“Never get to see my doc- two month queue. Will go to one available- still 3 week wait.”

“Really hard to get appointments- really hard to get through, takes a long time to have phone answered. Appointments take 2-3 weeks.”

Others did not feel the online booking system met their needs.

“I will see any GP because it takes 4-6 weeks to see own GP. Online booking system just shows no appointment with own doctor. If you could plan to be ill that would be good!”

Yet others said it was very hard to get through on the phone to make an appointment.

“Hard to get through. Took 55 minutes of being on the phone to get through.”

“When you phone up- scramble first thing in the morning to call up for emergency appointments. Have to call again and again to get through for these.”

“I had to call three times before I got through and someone answered the phone. Took a very long time to get through and it is difficult to get through.”

A couple of comments implied that people had to overstate the urgency of the matter in order to be seen.

“To get an appointment at the Health Centre you have to say it’s an emergency and don’t feel comfortable doing that.”

Concerns about capacity of surgeries

There were 11 (out of 98) comments about the capacity of existing surgeries to meet the needs of its patients after the merger of surgeries as a result of the closure of the north Bicester surgery in Bure Park.

People also expressed concern about the growing population in Bicester and could not understand how surgeries were closing when the population of the town was increasing rapidly with the new developments.

“Not good since the merger. Still waiting to be contacted for my health check despite being told they would contact me.”

“Since merged a lot harder to get through on the phone. Never used to be like that.”

“Since the surgeries merged and Bure Park closed getting appointment in a timely manner has got much worse. With the growth I am seriously concerned about the impact on GP services for people in Bicester.”

“Used to be great. Since merger- really hard to get appointment, seems to have deteriorated now. Doctors themselves great- but it's the access that's terrible. Bure park doctor shut- had 6000 people- had a huge knock on effect. No new doctors- building so many more houses. Huge problem- same number of GPs as 20 years ago.”

“Since the merger of the surgeries- there is a slight delay in the phone being answered. The receptionists, not the doctors- ask about the level of illness. Can see why they do it, they need to prioritise, but sometimes you just need to see a doctor. Sometimes the service can get a bit impersonal.”

“Because Bure Park surgery has closed, all Bicester practices have taken a share of patients, exacerbating the problem.”

Quality of care

There were also concerns raised about misdiagnosis and quality of care. In all eight people told us they were not satisfied with the quality of care they had received including a failure to correctly diagnose their condition and a delay in giving them their test results.

“There was a 4 month delay in treatment because GPs failed to diagnose cancer.”

“If you get a same day appointment it is normally with a trainee doctor who then has to ask for advice from the duty doctor. Will sometimes refer you for an emergency appointment to the community hospital, so there is no consistency of care, no consistent advice. Understand can't always give advice but feels sometimes the doctors are quite new and lack experience.”

Poor communication

Six people told us their doctors and surgeries could be better at communicating with them.

Some said they felt the communication from their surgery was poor- there was no information provided when a GP left and some noted that they did not know their GP was no longer available until they came to make an appointment.

“Don’t know who my GP is, my old GP left. No communication- don't know who I'm assigned to. Poor communication.”

“Good surgery, but own GP left and I wasn't notified and just found out by accident.”

Others struggled with poor communication from their doctors about their treatment or support in understanding their condition.

“(GP) was so unkind and unfeeling and took me off all the meds I was on and should have continued to be on with no explanation. I have now moved GP practice.”

“The surgery has not been helpful in understanding my condition. They just give you some leaflets. The doctor is not helpful in understanding my condition- all she said to me was what are you going to do- frightened the life out of me. I had to send away for leaflets myself.”

One person pointed out that the type of communications the surgery sent did not meet their needs. “They send me text messages as appointment reminders but I can't see so they are of no use to me. I have told them before but they still send them to me. Can't they call me? The dentist does it.”

Concerns around referral times

Two people felt onward referral times to hospitals and other services took too long.

“Waiting too long for referral for tests, seem to learn results in 6-8 weeks.”

“Onward referral to see a specialist wasn't done in a timely manner. Is this because GP's are being paid not to refer people on? This delay has impacted on my treatment.”

Concerns around privacy

Three people made it clear that they did not like having to disclose to the receptionists why they needed to see a doctor.

“I don't feel that I should have to say what is wrong with me to get my appointment.”

“There is also no privacy when you are at the reception desk and you have to tell the receptionist what the matter is. The receptionists ask probing questions but there is no privacy.”

Access to surgeries - car parking

Three comments were about the difficulty in finding car parking near the surgeries or the narrow spaces allocated to each car parking space.

“Car parking at the surgeries is hard. At the Health Centre, parking spaces are really tight; sometimes have to go through the passenger side- if you’re not well that’s really hard to do.”

How can the service be improved?

Unsurprisingly, people say this service could be improved by addressing their main concerns:

“Make it easier to get through”

“Better access- more appointments closer to current need, not for weeks down the line”

“Can they offer better timings- have to usually take day off to be seen by doctor. Need more doctors and greater spread of appointments.”

More funding- “keep it funded” and “needs more funding- especially with Bicester growing massively” and “Really need a good pay rise for the NHS. Very expensive area to live in, pay rates the same across the NHS, need to have an outer London weighting.”

“Better diagnosis for patients.”

“More support for my condition, not just a leaflet.”

“Shorter time to receive results. More clinical information from Doctor.”

“Prompt and appropriate onward referrals. Train GP's how to spot cancer earlier.”

“A friendlier approach from desk receptionists would be lovely.”

“Instead of a phone triage system, they should have a walk in service. Then you could see someone when you're bad rather than when you're better. Over the phone they say- you don't sound so bad.”

NHS Dentists in Bicester

- 30 comments about NHS dentists in Bicester;
- 18 ratings for NHS dentists in Bicester
- 67% of people rated their dentist as good or very good;
- 17% rated the service as poor or very poor
- 6 of the comments related to the lack of NHS dentists in Bicester

People told us about the following NHS dentists in Bicester:

- Greytown Dental Practice: 16 comments; 12 ratings; 75% rated it as good or very good; 1 rated it as very poor
- Causeway Dental Practice: 6 comments; 3 ratings; 2 out of 3 rated it very good and one as expected
- Market Square Dentists: 3 comments; 2 ratings; 1 very good and one poor
- 1 comment about Bicester Dental Care which rated it as very poor

What is working well?

It seems that when people are able to access NHS dentists in Bicester, they are by and large pleased with the service they receive. The main reason people cite for this are **good quality of care and lovely staff**. We received 13 comments about how good the staff are.

“Lovely dentist, have faith in him.”

“Receptionist always lovely. The doctor is a diamond of a dentist. Can get appointment straight away.”

“Really good, no problems getting appointments, they make it easy to go.”

“Easy to make an appointment, seen on time, receptionist friendly and efficient the dentist was reassuring.”

There was also appreciation from one person about the early and late appointment
“Good thing- they offer late appointments plus 8am appointments, can avoid taking day off.”

What could be better?

Lack of NHS dentists in Bicester

We received six comments around the lack of NHS dentists for people in Bicester.

“Can't get an NHS dentist. There are not even waiting lists. They say call back in a couple of months. Signposted to go to Kidlington or Bucks.”

“My partner has been on a waiting list for 6 years. My children have been on a waiting list for 1 year.”

“Lack of NHS dentists is shocking. I work for 111 and refer people to the Out Of Hours emergency dentist for pain relief. That can only happen Out of hours. During the day, we have to tell people to go on the NHS website.”

“Had to go to Hemel Hempstead because couldn't get an appointment in Bicester even though it was an emergency.”

“The dentist has been brilliant although I have waited 18 months to get on the list for NHS services.”

“Aware there's not a lot of choice in dentists on the NHS in Bicester. At least I have one.”

Difficult to access

Seven people mentioned difficulty in accessing their dentist because the surgery was located up steep flights of stairs and they had mobility difficulties.

“Limited mobility. Dentist has no lift, as in Grade 2 listed building. Not accessible...and needs to change...”

“Up very steep flight of stairs- are they moving? Haven't said anything to patients.”

“Dentist fantastic, bad access. Stairs a real problem if you have small children or elderly.”

Administrative practices

Three people told us about what they felt were somewhat harsh administrative practices.

“Missed two appointments- phoned and cancelled both times. Took me off books. Had to go to Buckingham to get emergency treatment. So not with dentist at the moment. Had built up relationship with dentist, then got chucked out. Even though phoned to say couldn't make it.”

“Missed appointment with dentist- struck me off. Missed appointment because of death in the family. Now back on waiting list, don't know when I'll be seen. Sent me a letter saying if I didn't call them in two weeks I would be struck off, I couldn't call in that time so struck off.”

“They expect me to come on time- if a patient is late they can fine you. But then I have to wait over 20 minutes to be seen.”

Cost

Three people thought the cost of NHS dentists was a barrier to access. One person thought people may be reluctant to go because of the cost. Another pointed to the lack of clarity around what a treatment would cost saying “I was told that the white filling would cost me £75 but then I had to pay double.” Another said their dentist always recommended private services.

Quick turnover of staff

“Keep changing staff.”

“Dentists keep changing- have had six different dentists. Been there many years. Would like to have continuity of care. “

How can this service be improved?

The most obvious areas for improvements were the need for more NHS dentists in Bicester and having the surgeries fully accessible to all people.

In addition people felt it would help if dental services were:

“Not so expensive”

“Take longer at appointment, don't be in rush to recommend other private services- dentist so quick- sees me and both children in 10 minutes. Too quick. The staff are nice but not convinced they actually look properly. Always recommend private hygienist service.”

“Better continuity of care. Feel just like a number not a person, not happy with them at all.”

“Being upfront about costs. They don't give enough preventative advice- how to clean and look after teeth.”

Bicester Community hospital

-  18 comments about the Bicester Community hospital
-  4 ratings: 1 each of very good, good, as expected and very poor
-  10 negative comments
-  8 positive comments

What is working well?

People praised the physiotherapy that they accessed at the hospital. They were also positive about accessing help at the hospital out of hours and the quality of the service they had received.

“X ray, very good, helpful, don’t keep you waiting. Very good and saw me straight away.”

“Physiotherapy at the community hospital is good.”

“The (physiotherapist) worked with me to strengthen my legs and reduce pain levels. He gave very clear advice and instructions.”

“Great at weekends and evenings.”

“Out of hours service at the community hospital very good, can recommend it.”

“Prompt, polite, thorough, good advice.”

What could be better?

Some people were not clear about what services the community hospital offered and how people in Bicester can access them.

One person said she waited the whole day on a Sunday for the x-ray services for her grandson and was told by staff that she just had to wait because she had not been referred. She said “Why can’t you just access it?”

People were not clear what support the hospital could offer them and some expressed displeasure at the lack of support when they have tried to use its services.

One woman told us about how she came in on the bus to urgently seek advice for her ill husband but there was no doctor on duty at the hospital and no one to offer a urine test. It was pouring with rain, she had come in on the bus and the hospital said they were unable to help her and suggested she try one of the local GP practices.

Another told us the hospital refused to help when she was looking for a sling for her elderly neighbour and advised her to call in other services. She asked “What is the point of the Community hospital?”

Another said “What is the Community hospital for? Grandson was injured on a Saturday, so took him to the hospital in Bicester. Was told they could not do an x ray for the child and had to take him to Banbury for the x ray.”

People felt there was nowhere in Bicester to go to for help with minor injuries or minor procedures.

“Bicester community hospital-silly thing to open. If you hurt yourself, you still have to go to Banbury or Oxford. We’ve got 60,000 more houses but nowhere to go in Bicester. When you get to Oxford you can’t park.”

How can this service be improved?

People feel they want a Community hospital that meets the needs of the local population.

“Hospital in Bicester doesn't fit the needs of local people, only a few things you can get done there and otherwise they send you to A and E in Oxford. Transport to Oxford ok, but to Banbury impossible, if no car. “

“We need a bigger hospital and easier to access - 12 beds are not enough.”

“We have a hospital but you can't just go there for things like having ears syringed, or minor procedures. Would be nice to have a community hospital that saved the commuting needs.”

Some said they want help for minor injuries at the hospital without having to travel to Banbury or Oxford.

“The community hospital is lovely but there is no x-ray service after hours. My son hurt his foot and we ended up in the A&E department at the Horton which is for real emergencies. So we ended up in an A&E department for a child who was perfectly well and needed an x-ray before anyone would treat it. There is nowhere for minor injuries. (We need) somewhere in Bicester for minor injuries.”

“From Bicester, A&E at Oxford is so far away. Is it right we should be putting pressure on A&E in Oxford and closing down all the minor injuries in Bicester and surrounds? Husband fell and injured wrist and was told to go to A&E in Oxford rather than be looked at locally...feels this was a waste of hospital time. An abuse of A&E in Oxford to have to go there for minor things. Why not have a triage in Bicester GP surgeries to avoid people going in to JR.”

It seems clear that there should be better communication about what the Community hospital offers people in Bicester and how people can access its services.

Adult social care in Bicester

-  15 comments about adult social care in Bicester;
-  8 comments out of these related to the Bicester Health and Wellbeing Centre
-  6 comments related to the difficulties in using social cares services in Bicester

Bicester Health and Wellbeing Centre (We report on feedback we got on the Bicester Health and Wellbeing Centre under section 5- Spotlight on services).

Other adult social care services in Bicester:

There was one positive comment about care at home:

“Mother in law has care at home. Very good.”

There were several comments that were negative:

Social workers:

“My wife was sent for two weeks to a care home in Bicester for respite care. After two weeks the care home said she was too ill to be looked after at home. They felt she should stay on there. The social worker said that the care home was too expensive, said my wife had to go to Banbury. It is too difficult for me to go to Banbury. I had to get the Care Act out to remind social services that the care home has to be local. Then they offered her a place in Oxford. I felt like I had just lost my wife and this really added to the stress. Then even though my wife had already had two weeks of respite care the social worker changed her mind and said my wife was only eligible for one week of respite care and that I had to pay £850 for the second week. This social worker left without any notification to me. Now another social worker has come in and has said I won't have to pay. She said she would call me but I have been waiting two weeks and she hasn't called. The bills keep mounting. How should I cope?”

Respite care:

“My sister goes to the Bicester Day Centre. She goes to Banbury for her respite care. She likes the service but the distance makes it difficult to access the service. She goes by taxi and it costs a lot. I hope there will be a respite service in Bicester. There is a plan for a care home for Kingsmere with 80 beds, it would be good to have respite care for people with learning disabilities in the care home as well. There are quite a number of people who go from Bicester to Banbury and would be great to have that facility in Bicester.”

Care at home:

“I feel let down by the system because I didn't know how to use the system. My husband had terminal cancer and he had been admitted to hospital. Things weren't desperate and when he was discharged, we thought we could cope but he suddenly deteriorated rapidly. I phoned the GP who didn't help. I didn't know who else to call. I was desperate. A few hours later I called the Out of Hours service who got the community matron to come and she sorted everything. She even sorted carers allowance for me but my husband passed away 2 days later.”

“We live in Ambrosden and there is no local support for older people. Carers travelling from Bicester so they don't want to come all the way out.”

“I was in hospital for a number of months. On discharge I needed some support with personal care, I was provided with some aids but got no support with bathing or getting a hot drink. I tried to get help but was constantly told "there is no funding". I had to rely on my neighbours to help me when I was in the bath - there is no dignity in that is there? Don't use money as an excuse not to provide people with support when it is desperately needed.”

Other services

We also heard about the following services and concerns, although in smaller numbers.

People told us there was a lack of adequate mental health services for adults in Bicester

“I have a son with [mental health condition]. Over the last year, all support has been taken away. Even stopped his Disability Living Allowance.”

“Mental Health services in Bicester are non-existent and the only mental health service I can access is Complex Needs anyway. There is no other therapy available and I would have to go to Oxford and my condition makes it hard for me to travel.”

“Not enough counselling and help for victims (male and female) of abuse. I have lobbied OCCG [Oxfordshire Clinical Commissioning Group] for change but to no avail.”

People were also concerned about the lack of adequate transport to health and care services.

“Transport for people in rural locations is a big issue. No buses. My husband went from the JR [John Radcliffe Hospital in Oxford] to Banbury (we live in Bicester). I was told by the JR that there was a bus service to Banbury but this was wrong. I had to take a taxi and it cost £30 a day. Why don't they have a bus from Bicester to Banbury? The train station in Banbury is miles away from the hospital and there's nowhere to park.”

One person, living in Bicester, who wants to visit his wife in hospital in Banbury told us that the buses don't go into Banbury. He has to go by train but the train is on the wrong side of town for the hospital. So now he has to get a train and a taxi just to visit his wife.

“There are no buses- only on a Friday. I can't get to see the doctor because there are no buses.”

“They have cut all the buses from the surrounding villages-how are people meant to come in? People can't access services without access to the buses.”

“Services should be divided by bus routes because people can't get there otherwise. I can't afford to get to the GP often as I live in [rural location] and have to go to Deddington for my GP. I have asked to change but have been told I can't. I am forced to drive to Chipping Norton for maternity services despite living near Bicester.”

Related to this people also expressed concern about the cutting of services or the lack of services for older people and the isolation and loneliness this creates.

Services outside Bicester

From comments we gathered it became clear that outside of Bicester, people use the hospitals in Oxford and the Horton General in Banbury most frequently.

Hospitals in Oxford:

-  42 comments about hospitals in Oxford (29 for the John Radcliffe; 10 about the Churchill; 3 about the Nuffield Orthopaedic Centre)
-  28 ratings for Oxford hospitals
-  79% (22 comments) rated the hospitals as good or very good
-  11% (3 comments) rated the hospitals as poor or very poor

What's working well?

Staff and quality of care

Overwhelmingly, people praised the staff at the hospitals for the excellent quality of care, advice, professionalism. The Churchill came in for special praise with nine comments about how great the care given was and how wonderful staff are.

“Oncology is great. I actually look forward to going. I am on a cancer research clinical trial which is fantastic.”

“Churchill is excellent. Everyone is brilliant.”

“I had a cancer diagnosis and was referred to the hospital. The treatment and surgery went well and I am now in recovery. Just a brilliant experience all round.”

The maternity services at the John Radcliffe also came in for special praise.

“Had my baby at the Spires a few months ago. It was amazing. Really good care.”

“Maternity services at JR- excellent. Fantastic team, doctors, midwives, my baby was born via emergency C-section and they couldn't do enough for me.”

Some people were particularly appreciative of what they felt was the staff at the hospitals going the extra mile to help improve people's experiences of the hospitals.

“I was seen promptly [at the Nuffield Orthopaedic Centre] and examined and assessed by the expert clinician I chose to see. He was very helpful and arranged for an injection on the same day and an MRI [Magnetic Resonance Imaging scan]. All was achieved very promptly. Everyone I came into contact with introduced themselves, were warm and friendly and made particular effort to put me at ease and make the procedures as pleasant as possible. I also observed extremely helpful behaviour from the orthopaedic receptionists. They made particular effort to help a gentleman who didn't know who his GP was and to help a lady who had got lost twice in a very friendly way without making them feel uncomfortable.”

“Nuffield Hospital offered to coordinate appointments across four services. Now need to only attend on two days rather than four.”

What could be better?

Communication

There were instances of poor communication that left people unhappy with their care.

One person said they have been waiting for information about an operation for more than over a year but has not had a response from their surgeon about dates and felt ignored.

Another said their surgeon did not speak to them at all during the procedure. In addition, they've had an appointment cancelled and haven't been offered another one.

An 86 year old woman said she struggled to understand the leaflet outlining her procedure.

One person told us about difficulties she had at the JR when giving birth- there was very poor communication with her and she did not feel listened to or well looked after. She requested a caesarean procedure after a very long labour and was denied one but says she was not given a reason for the refusal. Instead, she says, at one point a doctor said to her that if she wanted a caesarean, she should have gone to her country of origin. She says she made it clear that she did not want them to use forceps but they still did. In the end she had to have an emergency caesarean and it left her feeling very poorly looked after.

Long waits for appointments

A few people told us that they had to wait a long time for their hospital appointments. For instance, one person said her young grandson was going to have to wait until the New Year for access to his consultant. Another said she was very pleased with the service from the dietician but had to wait four months for an appointment. Another person said “Cortisone injection in my back works brilliantly and they say you can have one every four months, but there are no appointments for six months. By that time I will be in agony.”

Delays in treatment

A few people said that they had had to wait a long time to be seen once they were at the hospital. One person mentioned waiting times at the eye hospital, saying sometimes it is ok other times it isn't.

Another said their young child waited a very long time for a procedure at the John Radcliffe, to the point where the anaesthetic cream had worn off by the time he was treated at midnight and staff had to use a spray “in a rush”. This, the parent says, has left the child fearful of hospitals.

Another person recounted their experience of a colonoscopy: “Went through the pre-treatment room to get changed for my colonoscopy. An hour and a half later I was still sat in a cubicle on my own with no information as to what was happening. When I went in the procedure really hurt and I asked why I was delayed and no one could explain. I then waited two hours to go back to the other hospital and no one checked my welfare or offered me a cup of tea or a biscuit.”

Travel difficulties

Some people talked about the stress of commuting to the hospitals in Oxford and the difficulties in finding parking.

“It’s very stressful getting to the JR [John Radcliffe]. Parking is a nightmare and makes me anxious before I get to an appointment.”

Others pointed out that it was hard to get to the hospitals using public transport. One person said that when she had her children by emergency caesarean at the John Radcliffe, she was discharged but her children were still in the special care baby unit. She was not allowed to drive because of her caesarean and it took her two hours just to get there to be able to see her children.

Another said: “Travel and buses to Oxford so difficult, as is parking.”

How could the service be improved?

Some people stated a wish list of more appointments, more staff to take the pressure off existing numbers and better pay for staff and improved parking.

Unsurprisingly, people also recommended better communication - when there are delays in their care explaining that that is the case, why this is, how long they will have to wait would help people feel less anxious. “See patients on time and keep them informed” “1) communicate with your patients 2) check on them regularly”

Horton General Hospital in Banbury

 12 comments about the Horton with only 1 rating (of ‘very good’)

 7 comments were positive and 5 were negative

What’s working well?

Based on the small number of comments gathered, it’s clear that once again, people value the staff.

“The staff were really lovely.”

“The midwife accompanied me to the JR even though it was a Friday evening and the end of her shift.”

“Paediatrics- great- really good experience.”

“Social worker at the Horton was excellent and gave us lots of advice which we hadn't been told before.”

What could be better?

There were a few instances, where the care offered did not meet people's expectations.

“My husband was in the Horton. One evening he wasn't given a meal. They just missed him out. When I asked the lady who was on the food trolley for a meal, she said the kitchen was closed. There was no apology or no suggestion of what else I could do. I spoke to one of the nurses, who was able to get us a sandwich, but that wasn't really suitable as my husband can't swallow well.”

“Had a blood test but I was called back as they had forgotten to put the labels on and I had to do it again.”

“Had malaria after trip, got sent to Horton. Lots of bloods taken but not diagnosed, got treated for 'unknown' infection, with antibiotics, despite asking them to check for malaria.... I nearly DIED!! It was awful.”

A woman who had a riding accident said her head injury was missed at the A&E department at the Horton. She said she was misdiagnosed and had post-concussion syndrome. She says she “had to fight tooth and nail to get a CT scan.” It took 6-12 months for anyone to listen to her.

We also heard a few comments from people living in Bicester who access adult mental health services in Oxford:

One person said she felt like the older adult mental health team are discharging her when she is not ready. She is not happy at being discharged, feels she is still suicidal. She says the mental health team says they have made an assessment and thinks she has the tools to cope. She disagrees but she is still being discharged back into the care of her GP, but is worried about the time it takes to access her GP- 4 weeks currently.

Another told us that her husband had had mental breakdown. Once under the care of the Warneford hospital-it was excellent. But it took seven months to get him to be seen. She feels his care was not coordinated and he had to have all kinds of tests at the JR. It took seven months to access correct treatment and she felt that was far too long.

Another said that the “Mental health services- definitely not for me. Had a different psychologist every time I visited, felt very impersonal, couldn't assess my situation, couldn't deal with me. As a disability service they were terrible, so I stopped going.”

On the positive side:

“Nurse brilliant can't fault her. She goes beyond.”

“I give Talking Space 100 out of 100. Good and flexible.”

5 Spotlight on services

Our visits to different Bicester groups and organisations helped us to build a picture of the experiences of some of the more vulnerable people in Bicester. Here we give them a voice.

5.1 For older people using day support services

At the time the project was conducted (September 29 2017 to October 13 2017) the Bicester Health and Wellbeing Centre was undergoing a change in the way it delivered its services in line with the changes detailed by Oxfordshire County Council. ⁴Older people are now accessing the service along with people with learning difficulties.

This is what carers and others supporting vulnerable people told us about their experiences of the new Health and Wellbeing Centre services:

Difficulties with the process and a lack of information: “Carers reported not knowing until a week before whether [the person they cared for] had a place at the centre or not. They were given lots of alternative things to do in Kidlington, but none were appropriate. Even a week before carers hadn’t had a letter to say if they had a place and what the cost would be. The worry and stress for carers has been unbelievable. For those who weren’t going to get fully funded packages there was a complete lack of information and it was very stressful.”

“The changes to day care services has been disgraceful. The consultation was poor. One lady who was blind was told she couldn’t come anymore and had to fight to keep her place. The integration of older people with learning difficulties is not working. The consultation process and info given has been appalling.”

The impact of amalgamating the services [for older people with people with learning difficulties]: “Mixing the groups doesn’t work. My husband is used to playing cards with his friends- feels he has lost his group of friends. He doesn’t want to go anymore because of noise and cost. So I don’t get any respite. Have to leave him in bed to go out. He’s losing his social interactions as well.”

“Our daughter goes for learning support. The service was amalgamated this week and this first weeks seems to have gone better than expected. We did have to fight for the extra support.”

The impact of the cost increases: “We can’t afford it anymore, cost has more than doubled, no hot meal, has to take a packed lunch, noise levels very high now. Husband will be doing two half days, this used to be two full days [the reduction is] because of the cost.”

“A lady I know has attended the day centre in the past, has lots of mobility issues, in her 80s. She was eventually assessed and told she could have a place at the Day

⁴ You can read about the changes Oxfordshire County Council made in Appendix 2

Centre. She went on the first day of the new service for her and came back and said there were no activities for her, no stimulation. She had to take her own packed lunch. She had decided not to use transport because of cost. She uses her mobility scooter which is not great in inclement weather. She said it was too much money for what was being provided so has decided not to go back. At present she has no face to face contact with anyone and is at home and not getting out of the house.”

“The service enabled me as a carer to have a break from caring for my partner. The new services has been costed at £40 per day, with no hot food and a cup of tea at 70p. My partner no longer goes and I can't afford to pay the cost per day so my health has suffered as I can't rest as he can't be left on his own. The stress is unbelievable and I feel so lonely and isolated at times. Review the costs being imposed and the way the service has been changed to mix together older and younger learning disabled people.”

“You get allocated a place at the new day centre- if you can't attend (if you're unwell or have a doctor's appointment that clashes)- you will still be charged the £38. They give you no information about whether they will waive the fee (if you notify them of your absence in advance). If you're unwell, you are expected to phone in. These are people on limited incomes or self-funders. (There are) people on benches, at the Bicester market, alone and wandering around because they can no longer go to the Day Centre and have nowhere else to go.”

The reliance on volunteers: “The staff at the health and wellbeing centres are professionals and have built up relationships with the people they look after. They know how they're doing and are trained to know what to do next. They notice when people are not looking good. Carers can also tell staff and flag this up. Volunteers can't pick this up- the relationships (staff have built with service users) are crucial. Also feel that staff opinions carry more weight when calling the doctor on someone's behalf than a volunteer's.”

5.2 For military veterans

Veterans told us:

“I went to the Elms Centre [community mental health team] in Banbury. At the time I did not know what was wrong with me. They put me on medication and sent me to a group session with Talking Space. Talking Space said that the group therapy session was not the right environment for me and referred me to a veterans' mentoring service run by Combat Stress. This mentoring service helped me the most but they disbanded it. I was given a diagnosis of PTSD [post-traumatic stress disorder]. I went back to the Elms and they said they were not equipped to deal with it. Put me on a different medication. Every time I go, I see a different nurse or doctor- there is no continuity of care and do not trust anyone. I feel the NHS shouldn't be so quick to judge and put a label on someone- being 'depressed' doesn't say much. My background as a veteran was never looked in to. I don't know where to go for help anymore. There is a need for a lot more counselling that

is freely available. The GP often just offers tablets but no other support. Tablets are not for the long run. What do you turn to for the long run?"

"Combat Stress- used to offer respite- up to six weeks. Now there is nothing. It feels like a postcode lottery about what services you can access as a veteran. Combat Stress used to have welfare officers who could identify veterans and help them navigate the NHS system. But had to save money so have got rid of the welfare officers. They offer online support but no personal interactions. The self-help groups are important for chat and interactions. The NHS in Oxfordshire not geared up for combat PTSD and the needs of veterans. They give you phone numbers for SEAP, Combat Stress, SSAFA- that's all they do."

"We've always been second class citizens. We have to fight for medical care. There's nothing on the NHS for us. This self-help group keeps us alive otherwise we would end up killing ourselves. It's a nightmare- no one wants anything to do with us. My knees don't work because of military service but I've been told I'm too young to get a knee replacement."

Professionals who support military veterans told us:

Carers: "Carers of military veterans often overlooked. Once the serving member is out of the forces, carers tend to be isolated."

Signposting through the NHS: "There is a lack of accessible information on navigating the NHS for veterans. They will often carry on regardless because they don't know where to go for help. It would be great to have someone from the NHS come and signpost veterans by attending veteran self-help group meetings. Veterans often won't access 0800 numbers."

Support from social services for physical health: "Regarding the physical health of veterans- the most common disability is due to training not necessarily in combat. The damage to their knees and back is often due to service and the intense physical training and not combat. With the Armed Forces Covenant, veterans should get prompt access to support from social services but everything takes a long, long time. You've got veterans going up the stairs in their house on their knees and coming down on their backsides and acting like this is normal. But it is not. They need hand rails, raised loos, bath boards but it takes ages to get anything."

Continuity of care from military health services to GPs: "There is often no continuity between the Ministry of Defence health care notes for a veteran and the GPs' notes. Decades of service and the notes that relate to it are ignored by GPs often. For veterans it's like starting over again."

Access to GPs: "GPs often look at veterans only through civilian eyes. Veterans should have personalised access to their GPs so they can talk about their problems. There may be people who have been with a GP for years and the GP may not be aware that they're a veteran. Many veterans don't have or know who their

allocated GP is. GPs will often charge £25 for a letter of support for a veteran, for example for a Personal Independence Payment assessment, even if they are on benefits. There is no recognition of their veteran status (and their service to their country). GPs should recognise that veterans will have a host of mental and physical health issues that are particular to the veteran community.”

Mental health support: “There is a stigma amongst the veteran community in admitting you have mental health issues and veterans struggle to admit this to their GPs as a result. When a veteran gets discharge papers, there is a small tick box to indicate if they have mental health issues. GPs should sit down and discuss with their patients who are veterans whether these mental health issues are because of service. It is not necessarily due to combat, could be because of bullying, it could be the training. The default setting is to send them to Talking Space. It does not meet the mental health needs of veterans. They’re too generic in their approach. GPs should understand veterans’ needs and circumvent Talking Space altogether and directly refer them to South Central Veterans Service (SCVS). There should be a separate pathway to be able to directly access services relevant for veterans like the South Central Veterans service, PTSD Resolution and Combat Stress.”

5.3 For children with special educational needs and disabilities

Parents and carers told us:

When support has been made available, parents are deeply appreciative of it.

For instance, one parent told us “My child was referred by the GP to the community paediatricians at the John Radcliffe. It’s a multi-disciplinary team and is a much better route than Primary Child and Adolescent mental health services.”

Another said “The educational psychologist is telling school what the child needs and is fantastic.”

One told us “I took my child to my GP (in Bicester). The GP thought child was autistic and had ADHD. Asked me if we wanted to have him referred, so there was proactive support from the GP.”

“The Oxford ADHD Centre (which they accessed when CAMHS subcontracted assessments to the Centre) were brilliant, they expedited report to get it to school to meet the deadlines.”

But overwhelmingly, parents and carers raised difficulties they have faced:

Having to ‘fight’ the system to get help and to be involved in decisions

“You have to empower yourself with knowledge to navigate the system in this county. When you’re new there are a lot of abbreviations and a lot of jargon to navigate around.”

“They [the providers of services] should invite parents to give input on the kind of support their children need- we are the experts. The standard response is that it’s your parenting (that has caused the problem). You have a long fight to get any help and they keep fobbing you off with ‘you’re an anxious parent’. Then finally the medical experts get involved and suddenly all the professionals are the expert on your child and you are obsolete.”

“In 2015 my child made an attempt on his life and was referred to the Child and Adolescent Mental Health Services (CAMHS). He saw a specialist nurse who said the child had no mental health needs, they were all autism related. A month later he made an attempt on his own life, then they diagnosed him with clinical depression and put him on medication finally. There is nothing in place to help children like him.”

“It’s very much us against them [the local authority and health services].”

“Parents have to quit their jobs at time to look after their children.”

“Autism traits in girls are very different (to boys). [My daughter] is seeing CAMHS for six weeks of counselling. They are still telling me it’s my parenting skills, there is no discussion of autism. They are not trained to deal with girls with autism.”

“My child has been referred to CAMHS and PCAMHS since he was two and has been turned down seven times by PCAMHS and 12 times by CAMHS. First they said it was because of his age, then they said he was too old.”

“My GP said I was overanalysing things and it was my parenting skills [that were the problem] and refused to refer my son.”

No support after diagnosis

“My child was diagnosed with autism and ADHD. CAMHS then discharged my child and sent me on an ‘All about Autism’ post diagnosis course. I never had any other contact with NHS or social services.”

“No one comes into the family unit to offer support, no one gives you strategies on how to deal with things. You get a diagnosis but then you are no wiser on how to support your child.”

“You get diagnosis and then you’re left on your own.”

“I have been told there is no support for [child’s condition] in this county.”

Long wait to access Child and Adolescent Mental Health Services (CAMHS)

“I rang CAMHS for a diagnosis- my child had been on the waiting list for nine months. They said it would be another year before my child was seen. In the end we got a private diagnosis.”

“CAMHS got in touch to say they had a nine month waiting list.”

“Access to young people’s mental health services has been a “nightmare”. There is no under 10’s or 11’s policy. The service has been so shocking so I am now training

to be a therapist as I have direct experience. It is been an 18 month wait to access support for my child.”

“Waiting times in excess of 12 months. It is an absolute nightmare. When you do get an appointment you are given a maximum of six appointments. This is not enough time for a professional to build a trusting relationship with a child who has a learning disability. The service is failing young people in a major way.”

“Service has declined. Harder to get appointment and also they are less frequent.”

No coordination between services:

“There is no coordination between services- you will get excellent recommendations from a health specialist like an educational psychologist but then the school and the local authority don’t implement it. You need them to implement the recommendations but often the recommendations at the start of the year and at the end are the same.”

“I went to an autism conference where they told me school should help with the Education, Health and Care Plan. School said I should contact Oxfordshire County Council. The Council don’t answer phones- finally I sent them an email with an excerpt of the law- that’s when they gave me a call. They tried to convince me an assessment is not necessary. But my child’s assessment had been done many years ago. I requested a clinical psychologist to do an assessment but the Council said a new assessment was not necessary. Then they asked me to write a letter and list the reasons for why I need input from a clinical psychologist. Now we have received a letter from CAMHS asking us to list again the reasons we’ve requested an assessment. Why don’t the Council communicate with CAMHS?”

“CAMHS said the EHCP needs to change to meet my child’s needs, but Oxfordshire County Council say his needs have not changed.”

No preventative support for the children

“The authorities are not ambitious in how these children are supported. Parents have to push for health services to be involved. No preventative services are offered like Cognitive Behavioural Therapy. Mental health difficulties are common for these children and they need more preventative support. It is more expensive to treat the problems that are left unsupported later.”

Lack of understanding from other medical professionals

“My child had to be taken to the Nuffield Orthopaedic Centre, and I warned the doctors that my child doesn’t show pain visually. The doctor examined him and said he didn’t think the child was in pain because he didn’t show any pain response. The doctors and nurses didn’t seem to understand, even when I explained, that he doesn’t show a pain response. At the John Radcliffe, in the children’s hospital, the nurses were a nightmare. My child had surgery and they gave him [paracetamol] afterwards. Only after the physiotherapist intervened did they give him morphine.”

We note that what people told us on our visit to this group is also reflected in the report, in November 2017, on the inspection of services for children with special educational needs by Ofsted and the Care Quality Commission. The inspection of services found “significant areas of weakness” and have asked Oxfordshire County Council’s Director of Children’s Services for written statement of action of how the Council will work with the Oxfordshire Clinical Commissioning Group to tackle these failings.⁵

5.4 For people experiencing substance misuse problems

Lack of adequate and appropriate support

Users of services and those who support them told us that there is a real lack of relevant support services for those experiencing substance misuse and the mental health problems and homelessness that often accompany it.

Some of the users said they are living in tents around the outskirts of Bicester or in their cars. Some have found a room to rent or have been housed after a long period of being homeless.

The message that came across strongly from professionals working to support people with substance misuse problems is that with Bicester growing at a very fast rate, there needs to be a central hub that offers a drop-in support service for those experiencing homelessness, mental ill-health and substance misuse. Support workers said it would be hugely beneficial for there to be a substance misuse clinic in Bicester once a fortnight so people can have access to medical treatment and prescriptions.

We were told that there is no provision for people who need to see a substance misuse nurse in Bicester, meaning that people who have limited funds have to travel to Banbury or Oxford if they need to attend a clinic.

One person pointed out that it can be a struggle for those living with mental health problems to access a drop-in environment which makes it more important that there is a central hub where people can access support. We were told that drug use in Bicester is increasing and with little support available to people the problem is likely to get worse.

People said that over the last year, there has been a noticeable decrease in the agencies people can be referred on to which is making it impossible to offer a comprehensive package of support. It was felt that the criteria for accessing supported housing and for mental health support is now so high that many people could not get any help unless they become even more unwell.

It was also pointed out that with there is no Job Centre in Bicester, so people have to go to Oxford or Banbury to sign on for their benefits or attend a work placement interview.

⁵ You can read the report here <https://reports.ofsted.gov.uk/local-authorities/oxfordshire>

Appendix 1 Our 'Tell us' form

Moisten and seal

Which service you are sharing your experience about?

Name and location of service

On a scale of 1 to 5 (with 1 being very poor and 5 being very good) how good was the service? Please circle your answer.

1 2 3 4 5

Please tell us about your experience (what happened, how it made you feel etc)

Moisten and seal

Moisten and seal

What was good about this service?

How could this service be improved?

To receive regular news about Healthwatch Oxfordshire, complete the form below.

Name:

Address:

Postcode:

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We NEVER share this information with anyone else.

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Moisten and seal

Appendix 2 Oxfordshire County Council changes to day time services

This is what the county council has on its website to explain the changes:

“Demand for social care is growing and government funding is reducing, so Oxfordshire County Council needs to make sure that there is a secure core service in place. We’re doing this by introducing a new daytime service from 1 October 2017.

This follows a review of adult daytime support and a public consultation (more than 1,000 people took part in the consultation).

A new service:

The health and wellbeing centres and learning disability daytime support services are being replaced with a new community support service.

This will operate from eight centres across the county at Abingdon, Banbury, Bicester, Didcot, Oxford, Wallingford, Wantage and Witney.

Everyone with eligible care needs for daytime support is guaranteed to receive a service and can choose to receive this from Oxfordshire County Council.

For people who are assessed as not having eligible needs, there will still be a range of options available, including buying support from the new council service.

Support for service users:

Before anything changes everyone using current council services is being offered support and an individual assessment.

This is being done by council staff working in partnership with the Community Information Network (provided by Age UK Oxfordshire).

The council will continue to fund the Dementia Support Service and the Wellbeing and Employment service for people with disabilities

New community support service:

The eight community support centres will be used by a range of service users. Many people who use day care have multiple needs: older people with learning disabilities, people with learning disabilities and dementia etc.

Support will be personalised with staff working with people to plan their support to meet their individual needs.

The centres are large enough to accommodate groups with different requirements and activities will happen alongside each other.

Staff may have specialisms (dementia support, challenging behaviour, autism) and will use this expertise as needed.”