



Home Start's report on families' experiences of ante- and post- natal community services in Oxfordshire.

Home Start's maternity services experiences project is funded by Healthwatch Oxfordshire. This project and report was supported by a grant from Healthwatch Oxfordshire. The views and recommendations are those of the participants in the research and the authors of the report. Healthwatch Oxfordshire is pleased to help bring them to your attention.

CONTENTS

Introduction.....	3
Recommendations.....	4
Data analysis: Ante natal Community Midwifery Services.....	6
Post-natal Community Midwifery Services.....	6
Health visiting.....	7
Community Health visitors.....	8
Community Health services – general care/concerns.....	10
Appendix 1 Quantitative data.....	11
Appendix 2 Qualitative data.....	12

Introduction by Healthwatch Oxfordshire

Healthwatch Oxfordshire is an independent organisation, established under the Health and Care Act 2012. Like Healthwatch organisations all over England, it exists to find out about people's experiences of publicly funded health and social care, and to use that information to bring about improvements to these services in its local area. It gives the people of Oxfordshire a powerful voice in shaping decisions affecting vital services.

Healthwatch Oxfordshire sets aside £25,000 a year to fund projects which enable community groups and community based organisations to undertake small scale service evaluation projects with particular groups of services users. The aim of these studies is to gather intelligence about people's experience of care, particularly from seldom heard groups, and to produce reports which shed light on those users' experiences of services. Where appropriate, these reports contain recommendations from participants, or from the report authors, about how such services might be improved. They are also a means to celebrate examples of excellent care.

The views and opinions expressed in this report are those of the participants in the study, and of Home Start Oxford. Healthwatch Oxfordshire will ensure that local providers and commissioners receive the report, and that they are alerted to the recommendations this group has made, and to the experiences the project participants describe. We will also follow up with those commissioners and providers on a regular basis, over time, in order to see what changes they make as a result. Finally we will report to the report authors, through our website and via the local media on actions taken by providers and commissioners to deliver the report's recommendations. Where necessary, we will also highlight that no action has been taken, in order to continue to try and improve the efficiency and effectiveness of local services for local people.

Rachel Coney – Chief Executive

About Home-Start Oxford

Home-Start Oxford [Home-Start] is a small voluntary organisation independently funded and managed. Home Start UK is its umbrella organisation which provides, inter alia, a wide range of policies and guidelines, quality assurance reviews and audits, legal advice and specialist family and scheme support.

Home-Start offers home-based support by trained volunteers to families with at least one child under 5. Our unique model of support provides families with weekly home visits offering both practical and emotional support. Families are referred from a wide range of agencies, but mainly from Health Visitors, Children's Centres and Social Care. Parents also self-refer.

Parents are supported with a wide range of issues/needs including [but not limited to] parenting, routines, children's behaviour/development, mental health, accessing services. Volunteers build trust through our befriending approach, supporting parents to build skills and confidence and engage with other services so enabling them to give their children the best start in life.

Karen Porter - Senior Co-ordinator

Home Start and Healthwatch

Throughout our work, parents often share their health care experiences in having and caring for their babies. We know that our support service allows us to build relationships with families which makes them comfortable enough for them to do this. Healthwatch's project fund allowed us to collect this feedback in a more formal way with the aim of informing service provision and improvement.

Through our work we are aware that parents frequently struggle to engage with services. This can often be a result of prior negative experiences. At Home-Start we wanted to gain a deeper understanding of these negative experiences and what aspects of care were most important to parents. We think it is particularly important to understand these experiences as often Midwives and Health Visitors are the first contact parents have with health services and as such, it is essential that these are positive experiences, in the interests of the children's well-being and also for safeguarding purposes and negative experiences can have lasting impact.

To gather views, we developed a questionnaire with parents and asked people in receipt of our services to complete it. The questionnaire was designed to collect a range of quantitative and qualitative information capturing a snapshot of parents' experiences of ante/ post midwifery, health visiting and general health care relating to the birth and care of their babies. Of the 40 questionnaires sent out, 23 were completed. Though the sample was small, the data gathered was rich and presented a number of themes. Our recommendations arising from the work are that:

Services consider parents with babies and very young children be considered a priority in offering appointments. Midwives and Health visitors be required to incorporate basic parenting and baby care as part of their routine support to all new parents. Service providers prioritise continuity of care when planning staffing, to enable parents the opportunity to develop relationships during both the pre and post natal period.

Recommendations

Availability of appointments.

Availability of appointments was a clear theme amongst respondents and covered all service types. The ability to access appointments in a timely manner was essential for participants responding to our questionnaire. This was for two reasons, firstly at a time of high stress and vulnerability for the mothers' welfare and that of their unborn or new baby, additional stress could be detrimental. Secondly, parents responded needing to access A&E when timely appointments weren't available.

We ask that services consider parents with babies and very young children be considered a priority in offering appointments.

Availability and consistency of information and advice

It is essential that accurate and consistent information is available to parents on all aspects of self and baby care to ensure a safe and positive start to parenthood. Becoming a parent, especially for the first time, is daunting and challenging. Mothers do not instinctively know how to care for their babies on giving birth. For those who are very isolated, not having family or friends close by, the health care professionals may be the only support available.

Time to give basic baby care should be considered essential to all midwifery and health visiting provision, This increases parents' confidence and skills and in turn a greater understanding of children's needs. Parents would greatly benefit from midwifery and health visiting services which incorporate a broader parenting remit and not exclusively a medical provision. These professionals are the parents' start point of engaging with services around their babies and their parenting.

In the experience of Home-Start, even the most well prepared new parents find the reality of caring for their new baby overwhelming. To support this Community Health Care provision needs to be accessible.

We ask that midwives and health visitors be required to incorporate basic parenting and baby care as part of their routine support to all new parents.

Enhancing continuity of care

A key point coming from the feedback from this survey was around continuity of care. Parents reported seeing many different changes of professionals especially Midwives delivering post-natal care. Seeing multiple professionals hinders parents' ability to build trusting relationships with professionals. We recommend that service providers prioritise continuity of care when planning staffing to enable parents the opportunity to develop relationships.

Home-Start considers building trusting relationships fundamental to the success of its service. When parents have positive professional relationships they are more able to reveal their difficulties and both seek and allow themselves to be supported. We are clear about transparency about confidentiality, information sharing and our responsibility around safeguarding children. As a service we often find ourselves holding more detailed information about families than other agencies working with them.

Through improved consistent relationships, where mothers feel at ease to share how they are feeling, diagnosis of post-natal depression could be made more often and at an earlier stage, resulting in earlier effective treatment. Positive relationships can also be preventative of mental health anxieties.

We ask that service providers prioritise continuity of care when planning staffing to enable parents the opportunity to develop relationships during the pre and post natal period.

Data Analysis

Questionnaires were sent to 40 families using Home-Start's services, of which 23 were returned achieving a response rate of 57% a relatively good response rate, however, the results should be interpreted with caution due to the overall sample size. Below we provide a breakdown of responses by the services which we asked about.

Ante natal Community Midwifery Services

Participant 1: Good

"Good even though I could not reach anybody by phone the two times I would have needed to (premature birth in the first pregnancy, miscarriage in the second one]"

Participant 23: (no rating)

I only had 4 midwife appts throughout my pregnancy. Appts were often cancelled at short notice or I had to chase the midwife to get one. I found out at 22 weeks that I should have been having anti-D from 18 weeks this was because my bloods were not done before that. In the end I went to my GP for antenatal care."

Accessing Ante natal care

- Most women guessed when they had their booking appointments with a range of dates between 6 weeks into the pregnancy and 15 weeks.
- All but one of the women accessed the midwife through their GP (one woman accessed the midwife through a Children's Centre).
- The majority of women chose the clinic because of its location and ease of access. A couple of women thought that staff and environment were important factors in making this decision

Feedback summary:

Positive

- 19 of 22 participants rated the midwifery antenatal care as excellent or good.
- 21 of 22 participants felt valued and cared for by the midwife
- 18 of 22 participants felt the midwife was able to answer questions effectively.
- Respondents commented that midwives had been supportive, helpful, had good knowledge. All this contributing towards a good experience of care.

Negative

- One service-user experienced difficulty reaching a midwife by phone.
- One service-user changed midwife and found the new midwife less caring
- One service user reported that her severe nausea was discounted until it was discovered she was carrying twins.
- One service-user experienced poor access to midwifery services which led to the GP assuming antenatal care.

Post-natal Community Midwifery Services

Participants' responses - Did you find the midwife visits supportive and helpful?

Participant 9:

No. "I was forgotten due to an admin error. I was unwell, weak, emotional and in need of reassurance.

The service after giving birth was awful bar one person who was a midwifery technician who wasn't even in the team looking after me. I felt this was ultimately a tick box exercise and they/ some couldn't wait to get out of the house.

I investigated making an official complaint about the midwifery aftercare service due to the fact I was 'lost' off a list. My GP is covered by one midwife/ HV team. Where I live is covered by another. I was appalled with the treatment I received. No one turned up to do the heel prick test. I knew a friend in the area who had given birth the same day. She gave me the phone number of the technician coming to visit her. I contacted her and on her investigation she said no one would come out to me. So she did. I wasn't covered by her team at the time. This appeared to be down to an admin error caused by the (name) Team not handing over my case to the (name) Team. The Professionalism of the technician meant that she kept coming out to see me until she was sure of someone coming out to me. This included her making multiple additional visits as I was suffering from iron deficiency post-natal depression and what I have since been diagnosed with as Fibromyalgia, exacerbated by childbirth. I was then visited by a community midwife who didn't listen and made me feel worse.

Eventually, I was assigned a very good health visitor from the (name) team who helped me with my post-natal depression and made me feel valued.

After a while, I was told by another mother in a GP waiting room that the health visitor had moved on and no longer worked in the (name) Team. I felt let down that I hadn't been told by the health visitor.

I was then assigned another health visitor from the (name) team who made a cutting remark towards me.

The whole after care service of women who have had babies needs to be reviewed. It is beginning to miss the point of why it's there. To look after women and children that are at a vulnerable point in their lives.

I also attended a birth after thoughts session. I found this enlightening and really valuable. I also had excellent care in the (name) hospital when having my child and I'm grateful for the care and compassion that I received then."

Participant 23: (no rating)

"She was in a rush, only checked my baby and there was no time for any questions I might have had as she was literally in and out of the house.

They all seemed over stretched with not enough time for me and my baby."

Participants' responses - Continuity of Care

- 17 of the women reported that they were visited at home by the midwife post-natal.
- 7 women reported that they had the same midwife throughout their post-natal care. 10 women said they did not. (17 women reported).

No of midwives	Frequency
1-2	12
2-3	4
Too many to remember	1

The majority of women (15) reported that it was very important to have the same midwife; 4 said this was not essential (only 19 participants responded).

We received a greater number of responses on post-natal care and found the responses were more varied for post-natal services. Overall feedback was positive.

Feedback summary:

Positive

- 16 of 19 participant felt valued and cared for by the midwife and felt supported by the midwife.
- 15 of 20 participant rated the community midwife services as excellent or good.
- Positive feedback often related to being given practical guidance by their midwife (e.g. checking stitches/ scars, gave advice, helped with breastfeeding, monitoring baby's heart)

- Positive feedback also relayed to feeling reassured and supported by their midwife.
- One participant noted midwife knew personal medical history.

Negative

- Most of the women thought it was important to have the same midwife through their postnatal care although many appeared to have more than one.
- Respondents commented on midwife appearing rushed or over-stretched, not having time for questions.
- One person found advice conflicting and confusing.
- One person experienced problems accessing appropriate midwifery support.

What checks did your baby receive before leaving hospital?	Frequency
Hip	13
Hearing	20
Heal prick	14
Physical	20

Community Health visitors

Participant 9: Adequate

"I found some very good and appropriate. I found others brisk and rude. I found getting a message to them using the office number difficult. Messages left in a book were not passed on. I found the reluctance to be given a mobile number annoying and unprofessional."

Participant 22 Poor

"We complained after fist health visitor due to terrible tick box attitude and causing unnecessary anxiety I have not found them a useful service and generally avoid them at all costs."

Participants' responses -

Who did you get the best help from about feeding your child and how was this helpful?

- 10 of the women breastfed their babies,
- 3 used formula
- 9 reported using a combination

Participant 1 (Breastfeeding clinic):

"They not only tried to latch the baby on but also explained what they were doing and why they were trying different things"

Participant 4 (Health visitor):

"She took the time to really listen to how and what I was doing and help me make changes if I need to for it to work better"

Participants' responses -Post-natal Depression Support

Participants were asked a series of questions relating to the Edinburgh post-natal depression scoring:

- 11 participant recalled completing a post-natal depression questionnaire,
- 9 found this helpful.
- 7 received referrals to other agencies.

Participant 10:

“Consulted with (name) team as I asked for support from GP during pregnancy. Not referred by HV”

“Had to get help from (named) psychotherapists when at (name) Medical Centre. Returned to (name) surgery after these issues occurred.”

Access to Health visitors

- Many women could not remember the timing of the visit but guessed a range of between days and months after the birth of the baby.
- 19 of the women reported that they were visited at home by the health visitor, 3 said they were not.
- 17 of the women used a child health clinic to weigh their child and the majority accessed through their GP, Children’s Centre, and one respondent used a variety of access points.
- All but one of the respondents said that location and ease of access informed their choice.
- One participant (a mother of twins) required parking.
- The majority (8) responded that they accessed the clinic variably, 2 participants accessed monthly, 4 participants weekly, one person fortnightly and one person once only.

Did your health visitor provide information on any of the following?	Frequency
Basic baby care	9
Baby health	11
Mother’s self-care	10
Breast feeding	13
Bottle feeding	7
Weighing in clinics	17
Local Children’s Centre	13
Local baby groups	9
Contact for services in case of emergency	10

Feedback summary:

Positive

- 14 of 22 participant rated the health visiting services as good or excellent
- Breastfeeding clinics and support were particularly valued. Advice from midwives, health visitors, baby café and the JR hospital were frequently noted as good sources of support and information.
- Home visits were appreciated
- Respondents noted good interagency liaison between health visitor and hospital/ GP
- Immunisations- Informing parents was good; 19 participants recalled receiving notification that immunisations were due
- 21 of 23 participants reported immunizing their child.
- Development checks -18 recalled being invited for a child developmental check (3 did not recall this invite)
- 19 of 23 participants felt that the health visitors were able to answer questions and address issues. 8 participants received further referrals to other agencies.
- 19 of 23 participants either solely breast fed or combination fed their babies .Breast feeding was very well supported with parents being given good information on how to breast feed and information on accessing services to support breast feeding.
- Of those who could remember completing the postnatal scoring 9 out of the 11 respondents who remembered completing the postnatal depression scoring questionnaire found this helpful and 7 out 11 received further support with their mental health.

Negative

- One participant reported having to prompt health visitor for appointments and checks.

- One participant had cause to complain about one health visitor (“tick box attitude”)
- One participant experienced the health visitor as having limited expertise for medical issues.
- One participant had difficulties contacting health visitor by phone.
- Some participants experienced interpersonal difficulties with some health visitors (feeling unsupported, causing anxiety, health visitor described as rude).
- Only 9 of 23 participants reported being given information on basic baby care.
- Only 11 of 23 participants could recall completing the post-natal depression scoring.

Community health services - General Health Care/ Concerns

Participants responses to - How would you rate your community health services?

Participant 14: Very poor

“One GP surgery we registered with first since we moved to (name) could never book us in for an appointment for weeks and it was always such a difficult process to book and the other had very rude and unprofessional Receptionist who have upset me so much while I was unwell with my ill son on my arms that I never went back to that Dr’s surgery and changed straight away. It’s sad that I’m finding it so hard to find good healthcare service here as I do have a few health issues that need to be looked after. I was with my last practice in (name) area for 14 years and never had a problem.

Participant 21: Poor

“Couldn’t get GP appointment for blood in baby’s stool for 8 week old baby- had to go to A&E where milk intolerance was diagnosed?”

Access to General Community Health Care Services

- 18 of 23 participants reported being able to access a GP appointment when needed 3 said they could not.
- 7 of 23 participants had accessed paediatric emergency services.

Feedback summary:

Positive

- 17 of 23 participant rated the community health services as good or excellent.

Negative

- One parent reported needing to access A&E due to no GP availability.
- 2/3 participants’ who didn’t provide a rating had poor experiences of health care.
- 3 of 23 participants identified issues in getting advice/information.

[Compiled by Karen Porter Home Start Senior Co-ordinator and Dr Anna Redfern, Clinical Psychologist - 8th May 2015]

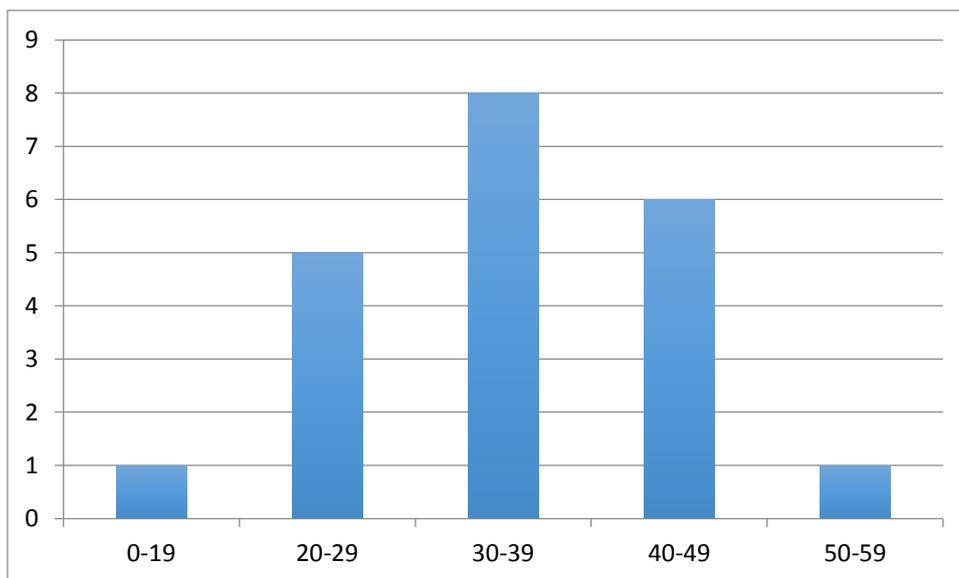
Appendix 1: Quantitative Data

Demographic Information:

22 of the 23 respondents reported their age. The majority of women were in the 30-40 age bracket. Two women were currently pregnant. The majority of the women had one or two children. Those who reported ages of their youngest children ranged between 15 weeks and 9 years old. All of the women lived in Oxford. Women had lived in the area for between one year and all their lives.

		Frequency
Age range (n=22)	<20	1
	20-30	5
	30-40	8
	40-50	6
	50+	1
Number of children (n=23)	1	8
	2	7
	3	5
	4	2
	5	1
Postcodes (n=23)	OX1	3
	OX2	4
	OX3	6
	OX4	10
Support from Home Start (n=20)	Previously	3
	Currently	13
	Never	4

Age ranges of women



Appendix 2: Qualitative Data

Participant's responses - How would you rate the community midwifery services you received?

Participant 1: Good

"Good even though I could not reach anybody by phone the two times I would have needed to (premature birth in the first pregnancy, miscarriage in the second one]"

Participant 9: No rating

"My GP midwife changed close to me giving birth. The second midwife appeared less caring."

Participant 10: Adequate.

"I had to consult with a private midwife at 7 months and still feel very much could have been prevented/ improved before and during labor and pregnancy."

Participant 14: Good

"My midwife is very pleasant and helpful"

Participant 17 Excellent

Really supportive

Participant 21: Good

"Severe nausea was discounted until twins were diagnosed"

Participant 22: Good

"Midwives were very knowledgeable and supportive...was more complicated as expecting twins."

Participant 23: (no rating)

I only had 4 midwife appts throughout my pregnancy. Appts were often cancelled at short notice or I had to chase the midwife to get one. I found out at 22 weeks that I should have been having anti-D from 18 weeks this was because my bloods were not done before that. In the end I went to my GP for antenatal care."

Participants' responses - Did you find the midwife visits supportive and helpful?

Participant 1:

Yes. "She helped with breastfeeding and had a look at how my stitches were doing"

Participant 2:

Yes "Good conversation which was needed."

Participant 4:

Yes "She answered my questions and didn't make me feel rushed"

Participant 5:

No. "They just check the baby weight then go."

Participant 8:

Yes. "Good advice"

Participant 9:

No. "I was forgotten due to an admin error. I was unwell, weak, emotional and in need of reassurance.

The service after giving birth was awful bar one person who was a midwifery technician who wasn't even in the team looking after me. I felt this was ultimately a tick box exercise and they/ some couldn't wait to get out of the house.

I investigated making an official complaint about the midwifery aftercare service due to the fact I was 'lost' off a list. My GP is covered by one midwife/ HV team. Where I live is covered by another. I was appalled with the treatment I received. No one turned up to do the heel prick test. I knew a friend in the area who had given birth the same day. She gave me the phone number of the technician coming to visit her. I contacted her and on her investigation she said no one would come out to me. So she did. I wasn't covered by her team at the time. This appeared to be down to an admin error caused by the Blenheim Team not handing over my case to the Isis Team. The Professionalism of the technician meant that she kept coming out to see me until she was sure of someone coming out to me. This included her making multiple additional visits as I was suffering from iron deficiency post-natal depression and what I have since been diagnosed with as Fibromyalgia, exacerbated by childbirth. I was then visited by a community midwife who didn't listen and made me feel worse.

Eventually, I was assigned a very good health visitor from the Blenheim team who helped me with my post-natal depression and made me feel valued.

After a while, I was told by another mother in a GP waiting room that the health visitor had moved on and no longer worked in the Blenheim Team. I felt let down that I hadn't been told by the health visitor.

I was then assigned another health visitor from the Blenheim team who made a cutting remark towards me.

The whole after care service of women who have had babies needs to be reviewed. It is beginning to miss the point of why it's there. To look after women and children that are at a vulnerable point in their lives.

I also attended a birth after thoughts session. I found this enlightening and really valuable. I also had excellent care in the JR when having my child and I'm grateful for the care and compassion that I received then."

Participant 10:

Adequate "Slightly conflicting and confusing as a new parents

Participant 11:

N/A due to baby's health problems

Participant 12:

Excellent "Really kind helped with breastfeeding. Always good advice."

Participant 14 Good "She checked my son and my scar and reassured me everything was well... I'm happy with the service I got from my midwife."

Participant 15: Good

"Would have appreciated being under their care for longer (it was only one week)"

Participant 17: Excellent

"Knew my medical history/ luckily I had already met second midwife as I had a difficult pregnancy and met at the hospital."

Participant 19: Adequate

"Had a bleed after delivery. Lost a lot of blood and felt secure with the midwife that I knew. The midwife that came out talked a lot about her own family not care for me or my baby.

When I had given birth, I was dumped on a word and left to do everything myself."

Participant 20: Excellent

"Good advice and able to ask questions."

Participant 21: Good

"[Midwife] wasn't unhelpful but as these babies were 3&4, I didn't need that much advice.

Good reassurance with heartbeats and monitoring of jaundice at home."

Participant 23: (no rating)

“She was in a rush, only checked my baby and there was no time for any questions I might have had as she was literally in and out of the house.

They all seemed over stretched with not enough time for me and my baby.”

Participants’ responses - How would you rate the Community Health Visiting Services you received?

Participant 1: Excellent

“Excellent, they never came back after the first visit but responded to my email and sent information material to my GP when I was suffering from an infection.”

Participant 4:

“(name) was amazing and it was great to see the same person each time. I didn’t get this with my first pregnancy 3 years ago.”

Participant 9: Adequate

“I found some very good and appropriate. I found others brisk and rude. I found getting a message to them using the office number difficult. Messages left in a book were not passed on. I found the reluctance to be given a mobile number annoying and unprofessional.”

Participant 10: No rating

“Health visitor was limited due to “catchment area” of a specific Children’s Centre and me having to move/ bidding list.”

Participant 11 Excellent

“Hospital liaised with health visitor over all aspects of care.”

Participant 12 Excellent

“Very effective”

Participant 15 Adequate

“The level of expertise was considerably less- I had medical concerns after a C-section and they did not have the capacity”

Participant 17 Excellent

“Been very supportive with issues involving my children and my health”

Participant 21 Excellent

“Makes life easier with twins by visiting at home”

Participant 22 Poor

“We complained after first health visitor due to terrible tick box attitude and causing unnecessary anxiety I have not found them a useful service and generally avoid them at all costs.”

Participant 23 No rating

“I felt I had to prompt the checks and when I had them, the person doing them had only been in post about 2 weeks so did not seem sure about things. I felt it was not much help.”

My experience was determined by the rushed, overstretched and or new staff. I had to find out myself about booster vaccinations and remind the HV. I also felt as a 3rd time mum that I was not really as important. It was fortunate that I had my mum living close by and able to help or remind me about matters.”

Participants’ responses -

Who did you get the best help from about feeding your child and how was this helpful?

- 10 of the women breastfed their babies,
- 3 used formula

- 9 reported using a combination

Participant 1 (Breastfeeding clinic at JR):

“They not only tried to latch the baby on but also explained what they were doing and why they were trying different things”

Participant 4 (Health visitor):

“She took the time to really listen to how and what I was doing and help me make changes if I need to for it to work better”

Participant 5: (Baby café)

“Continued support.”

Participant 6: (Midwife and Health visitor)

“I was told how to latch a baby on properly”

Participant 8 (Baby café)

“Other mums”

Participant 9: (JR hospital)

“I attended Sally Inches and Chloe Fisher’s clinic. In the months after my baby was born these ladies were a lifeline to me. They allowed me to feel competent, valued and would even hold my baby so I could have a break.”

Participant 10 (Children’s Centre)

“East Oxford- Jane Best! Tried many.

She was calm, understanding and patient and always approached matters as a mother.”

Participant 11 (Health visitor and friends/ family)

“By tailoring feeding advice to special needs of child”

Participant 13: (Health visitor)

“Explained ok to give up after initial goodness given”

Participant 15: (Baby café and breastfeeding clinic at JR)

“Practical hands on help”

Participant 21: (Baby café)

“Told of ways to latch on twins”

Participant 22 (Breastfeeding clinic at JR)

“Professional and v knowledgeable (I had twins).”

Participants’ responses -Post-natal Depression Support

Participants were asked a series of questions relating to the Edinburgh post-natal depression scoring:

- 11 respondents recalled completing a post-natal depression questionnaire,
- 9 found this helpful.
- 7 received referrals to other agencies including (IPPS, OXPIP and a health visitor facilitated support group).

Participant 10:

“Consulted with IPPS as I asked for support from GP during pregnancy. Not referred by HV”

“Had to get help from IPPS psychotherapists Dan Graham and Catherine Burgess when at Hollow Way Medical Centre. Returned to Beaumont street surgery after these issues occurred.”

Participants responses to - How would you rate your community health services?

Participant 1: Good to Excellent

"I met one completely useless out-of-hours GP (Couldn't explain what he was doing/ why he was reaching a certain diagnosis, repeated himself in Latin when questioned). Otherwise, everybody has been very competent and friendly."

Participant 9: Adequate to Poor

"I felt that they wouldn't take responsibility for giving realistic advice. Everything was DOH guidance this that. I'm not sure many of the health visitors listened to what I said."

Participant 10: Poor

"Sorry but based on my own experiences not all bad but some very bad ones at desperate times/ problematic. Lack of experience, no compassion. Sadly bad outweighs the few doing their best."

Participant 13: No rating

"Fast track child appointments"

Participant 14: Very poor

"One GP surgery we registered with first since we moved to Botley could never book us in for an appointment for weeks and it was always such a difficult process to book and the other had very rude and unprofessional receptionist who have upset me so much while I was unwell with my ill son on my arms that I never went back to that Dr's surgery and changed straight away. It's sad that I'm finding it so hard to find good healthcare service here as I do have a few health issues that need to be looked after. I was with my last practice in OX4 area for 14 years and never had a problem."

Participant 17 No rating

"Main problem is sometimes seeing my GP I have to wait for a bit but in most cases they have been really helpful."

Participant 21: Poor

"Couldn't get GP appointment for blood in baby's stool for 8 week old baby- had to go to A&E where milk intolerance was diagnosed?"

Participant 22: Good

"Dr and midwifery were good. Health visitors terrible"

Participant 23 No rating

"My experience of the midwives service was very disappointing; also the health visitors. I felt I could have slipped through the net had I not been an experienced mum."

Compiled by Karen Porter Home Start Senior Co-ordinator and Dr Anna Redfern, Clinical Psychologist - 8th May 2015]

