HEALTHWATCH OXFORDSHIRE
PRELIMINARY REVIEW OF THE PROVISION OF HEALTH SERVICES FOR THE STUDENT COMMUNITY OF OXFORD

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UNIVERSITY OF OXFORD – MICHAELMAS TERM 2013
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In particular:

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b) Project teams do not have, or hold themselves out to have, specialist or expert knowledge.

c) In general, teams should not be expected to spend much time on a client's site; however, if they do, then the health and safety responsibility rests with the Client.

d) No commitment can be made as to the amount of time students can or will spend on a project, as it is understood that this work has to be fitted around their academic obligations that take first priority. Clients and teams will be expected to clarify timing and scope at the start and from time to time during the project.

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EXECUTIVE SUMMARY

Our Student Consultancy team conducted a survey of 317 Oxford University students in November 2013, attempting to gain an insight into varying student experience and perceptions of the quality and ease of access of the different public health services they used. This data was then analysed, and the following is a brief summary of what the team perceived to be main salient points raised by the survey, each followed by a recommendation for further action:

1. **High usage of Accident and Emergency services**

   A surprisingly large percentage of students surveyed claimed to have utilised A&E services whilst at Oxford, 13.88%. However this number became more worrying when certain criteria were applied, particularly concerning gender: 20.22% of males surveyed admitted to use of A&E services.

   **Recommendation:** It is hard to determine the exact reasons for this abnormal result, but it is certainly a problematic result. Therefore the suggested course of action is that more research needs to be conducted into the reasons behind visits to A&E for Oxford students, particularly male undergraduates. Healthwatch Oxfordshire should also seek the views of the University Hospital Trust on this issue, and how a closer working relationship with Oxford University welfare services might reduce the incidents of students seeking emergency support.

2. **Problems of access for international students**

   In comparison to UK students, problems with knowing how to access public services were far more prevalent amongst international students. More than half of the international students who took the survey had no idea how to access the listed health services, and the numbers of students using the services was lower. This strongly suggests that international students feel that information about local health services is inadequate and thus they are not utilizing the services.

   **Recommendation:** This is an issue relating to the university and the college’s provision of information concerning healthcare. Healthwatch Oxfordshire or a second Student Consultancy team should approach the Oxford University Student Union and suggest the provision specific or better healthcare information for international students.

3. **Mental health services**

   From comparing the student perception of quality and access of the services they used, mental health services came out generally lower than others for both. It also came out as more polarised, with many responses extremely positive but also many negative.

   **Recommendation:** This is a complex issue, as it is unclear what kind of mental healthcare individuals are referring to, whether it is private counselling organised by the university or NHS based. Therefore further specific data needs to be collected concerning the two different types of mental healthcare provision, and how improvements can be made.
4. The question of centralisation

Each college in Oxford provides certain health services, such as privately employed nurse, and NHS GPs present once or twice a week. However the system is radically decentralised, with no college mandated to do anything, and little to no centralised authority or provision for student healthcare. This came up in our analysis of current services, and issues of decentralisation were raised in many of the personal comments made by respondents.

**Recommendation:** It would be helpful to gain more information on whether or not students would consider a more centralised University healthcare system to be better than the current system, a project that could again be undertaken by another Student Consultancy team. Healthwatch Oxfordshire may also wish to raise this with the commissioners of GP practices, and whether the current system is most effective and efficient.

It has been a pleasure working with Annie and Healthwatch Oxfordshire over the past few months, and we wish them all the best in the future, particularly in relationship with Oxford University.
INTRODUCTION

Healthwatch Oxfordshire is an independent body with a statutory role to act as voice and champion for the community, listening to experiences of users of publicly funded Health and Social Care services. Health watch Oxfordshire has powers to influence the local providers and commissioners of these services, and challenge them to create improvements where appropriate. As a relatively new organisation (established in March 2013), Health watch Oxfordshire wants to engage with and build relationships with the student population and to gain intelligence about students experiences of local health services. Health watch Oxfordshire has enlisted the help of The Student Consultancy to help them achieve their target.

The purpose of this report is to provide Health watch Oxfordshire with invaluable resources and data to help them in engaging positively with students in Oxford City. After devising and delivering a short survey for university students on their perceptions and experience of health services in Oxford, the team prepared a comprehensive analysis of the data. The analysis includes comparison between undergraduate and postgraduate, male and female, and UK vs EU vs international students; analysis of responses to survey questions and inference that can be drawn from the data.

The goals of the recommendations are to be useful and implemented so that Health watch Oxfordshire can achieve their mission and reach its full potential.
REVIEW OF COLLEGE HEALTH SERVICES

The following is the result of research conducted in colleges of the University of Oxford, all of which contain a variety of students: undergraduate, postgraduate, local, international etc. The research was targeted at discovering what health services are available to Oxford students that are organized or partially co-coordinated at the College level. One of the results of the research was the great similarity between the services provided by each college, despite the lack of central authority mandating the existence of any services, other than any basic legal requirements. This has led the team to the assumption that all colleges have roughly similar provisions for the health of students, an assumption confirmed in interview with the OUSU Vice-President for Welfare, though there is no easily available data to confirm it entirely.

THE RANGE OF HEALTH AND SOCIAL SERVICES AVAILABLE TO STUDENTS

Volunteer based student-led counselling (trained college peer supporters)

• An informal first option for welfare issues, perhaps related to mental health, but normally more social/academic

Men and Women Welfare Reps, International Reps, LGBTQ Reps and Disabilities Reps for JCR and MCR

• General peer support (run private sessions for this)
• Advice on who to talk to with various issues if it is a problem greater that can't be solved by students
• Free health supplies from welfare reps e.g. Condoms, pregnancy tests, SAD lamps, morning after pill reimbursement
• A student link to more serious authorities
• Access: well-known figures in college, so seen around a lot. Normally contacted by email

Staff welfare teams

• Includes deans, senior tutor, chaplain, international advisor. A variety of college staff, normally with our main roles in the college, given responsibility for specific assistance of different groups with issues.
• There to give general welfare advice on academic worries, social problems and difficulties for groups like international students
• Access: varies, all contactable by email, Junior Dean by phone, Welfare Fellow holds a weekly open office hour for welfare

College nurse

• Dispensing basic medical advice, basic medical supplies (e.g. For colds and flu)
• Gives recommendations on further steps on more serious concerns
• Access: given a room in college, amount of time spent in college varies but generally a couple of hours a day Mon-Fri

College doctors

• For more serious medical opinions and advice on more serious problems
• Student service for vaccinations
• Not an emergency service, but a GP consultant type role
• Will help to organize referrals to hospitals and surgeries if necessary, the real link between college and NHS
• Amount of time spent in college varies, but normally around an hour twice a week

External surgeries connected each college

• Each college is linked to an NHS surgery e.g. Jesus: Banbury Road Medical Centre, University and Queen’s: surgery at 19 Beaumont Street
• For consultations out of the hours the doctors or nurse are in college, students are recommended this surgery
• Students are informed of the contact numbers and opening hours of these services
• Students register at these as part of joining the college in their first few weeks

Associated dentist

• For students at both Queen’s and Jesus, the dental service students are recommended to use Studental (Helena Kennedy Centre, Oxford Brookes University, Headington Hill)
• Students are informed of their contact telephone and website

CHANNELS UTILIZED TO DISSEminate INFORMATION TO STUDENTS

• Regular welfare emails from welfare reps and welfare fellows
• Termly welfare leaflet giving welfare information on a college and university scale, given to all students
• Undergraduate/graduate handbooks (especially for 1st years)
• Information accessible on the colleges websites
  http://www.jesus.ox.ac.uk/current-students/welfare
  http://www.queen’s.ox.ac.uk/current-students/student-health-and-welfare/
  http://www.univ.ox.ac.uk/content/welfare
• More information available to current students on the internal intranets
• Welfare posters in JCR and MCR, on common issues (stress etc.) and also on who to contact for what issue
• Various welfare talks in colleges, mainly in the first few weeks for first years
REVIEW OF OXFORD UNIVERSITY STUDENT UNION (OUSU) HEALTH SERVICES

The following is a combination of information compiled through research done on the OUSU website and a meeting with the OUSU Vice-President for Welfare and Equal Opportunities, Charlotte Hendy. She is a full-time employee of OUSU, and agreed to meet with the team to discuss the mechanisms of welfare at a university-wide level: mainly the welfare provisions of OUSU and how it relates to the colleges.

THE RANGE OF HEALTH AND SOCIAL SERVICES AVAILABLE TO STUDENTS

- Full-time Welfare officer (Charlotte Hendy)
- OUSU Student Advice Service
  - Staffed by two permanent part time officers
  - Not a listening service, a referral service for students from the whole university seeking advice on a whole variety of issues
  - Concerning health, mainly related to mental health or issues of physical disability
- OUSU provides welfare supplies to colleges, e.g. Condoms, pregnancy tests
  - OUSU have to pay for these, as they are no longer free in bulk from NHS
- Important role in liaising closely with the centralized university run committees: Disability Advisory Service, Counselling Service.
  - Advising them on student opinions and policy on a university-wide scale.
- OUSU has links with the GUM Clinic (http://www.sexualhealthoxfordshire.nhs.uk/)
  - Through them they organize large scale Chlamydia and HIV testing
- Linked to the national student organizations, Student Minds (http://www.studentminds.org.uk/), Students Against Depression (http://www.studentsagainstdepression.org/)
- The key part is that if certain trends are seen in the Student Advice Service, they can be taken up as an issue with the university bodies. Hypothetical example of eating disorders, perhaps could propose to the university a minimum BMI to be allowed to study, and then take this to colleges
CHANNELS USED TO DISSEMINATE INFORMATION TO STUDENTS

- Website
- Mailing lists of JCR/MCR Presidents, Welfare teams, particular representatives.
- Poster campaigns in JCRs, MCRs
- OUSU Welfare Twitter set up recently
- Events hosted throughout the year, e.g. Disability Awareness week this term

HOW OUSU RELATES TO COLLEGES

- Importance of college autonomy
  - Colleges sort out all their own doctors, surgeries, nurses. No centralized body telling them what to do or how to do it, although most seem to have pretty similar services.
  - University itself cannot really impose upon colleges against their will apart from legally
- Main route of communication is through links with the various College Common Room Committees (college presidents, or the specific welfare roles on the committees)
  - Can contact them to bring about policy change in college from the bottom up, rather than going directly to the college authorities.
REVIEW OF UNDERGRADUATE VS POSTGRADUATE SURVEY RESPONSES

1. Number of responses
   - Undergraduate = 207
   - Postgraduate = 110

2. Use of Services

Q8 Which of the following publicly funded health services have you used in your time at Oxford?

Several points thrown up by this data:
   - Postgraduates generally use less health services that undergraduates
   - Undergraduates are significantly more likely to use sexual and reproductive health clinics, mental health services, Emergency Room services and NHS Direct
   - Postgraduates are significantly more likely to use dental services.
3. Opinion of services

Q9 How would you rate the quality of service delivered?

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate</th>
<th>Postgraduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>1.63%</td>
<td>1.03%</td>
</tr>
<tr>
<td>Less than Expected</td>
<td>1.63%</td>
<td>5.15%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>15.22%</td>
<td>16.49%</td>
</tr>
<tr>
<td>Good</td>
<td>34.78%</td>
<td>26.80%</td>
</tr>
<tr>
<td>Excellent</td>
<td>21.20%</td>
<td>15.46%</td>
</tr>
<tr>
<td>N/A</td>
<td>25.54%</td>
<td>35.05%</td>
</tr>
</tbody>
</table>

The only real trend of note concerning this question is that undergraduates generally seem to rate the quality of the public health services they use higher than postgraduates do.
4. Ease of access

The trends for both Qs 10 and 11 are very similar, so there is nothing much important to note on the ease of accessing public health services for undergraduate in comparison to postgraduate students. Perhaps undergraduate students might be slightly more unsure as to how to access services on the list, but it is not a strong trend.

**Q10 How would you rate the ease of accessing the service initially?**

![Chart showing ease of access ratings for undergraduate and postgraduate students.](chart.png)

<table>
<thead>
<tr>
<th>Undergraduate</th>
<th>Postgraduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely difficult</td>
<td>0%</td>
</tr>
<tr>
<td>Harder than expected</td>
<td>10.31%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>16.49%</td>
</tr>
<tr>
<td>Good</td>
<td>35.05%</td>
</tr>
<tr>
<td>Exceptional</td>
<td>6.19%</td>
</tr>
<tr>
<td>N/A</td>
<td>31.96%</td>
</tr>
</tbody>
</table>
5. Conclusion

- Slightly more postgraduates (5%) find the quality of services less than expected as compared to undergraduates (1%).
REVIEW OF MALE VS FEMALE SURVEY RESPONSES

1. Number of responses

- Female = 212
- Male = 105

Looking at the results for questions 8-12, it is evident that the general trends are the same and opinions are mostly irrespective of gender. These results have been analysed further in the pages that follow and a couple of interesting differences can be seen.

2. Use of services

Q8 Which of the following publicly funded health services have you used in your time at Oxford?

<table>
<thead>
<tr>
<th>Service</th>
<th>Female (%)</th>
<th>Male (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual and Reproductive Health Clinics</td>
<td>8.33%</td>
<td>16.85%</td>
</tr>
<tr>
<td>Infectious Disease (Immunisation) Services</td>
<td>8.85%</td>
<td>11.24%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>13.02%</td>
<td>12.36%</td>
</tr>
<tr>
<td>General Practitioner Services</td>
<td>61.98%</td>
<td>59.55%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>7.81%</td>
<td>10.11%</td>
</tr>
<tr>
<td>Emergency Room Services at Local Hospital</td>
<td>10.94%</td>
<td>20.22%</td>
</tr>
<tr>
<td>Physical Therapy/Rehabilitation Services</td>
<td>3.65%</td>
<td>3.37%</td>
</tr>
<tr>
<td>Telephone 111 NHS Direct Helpline</td>
<td>10.42%</td>
<td>4.49%</td>
</tr>
<tr>
<td>None</td>
<td>27.6%</td>
<td>34.83%</td>
</tr>
<tr>
<td>Other</td>
<td>9.9%</td>
<td>6.74%</td>
</tr>
</tbody>
</table>

192 Total Responses

89
- Male students were approximately twice as likely to visit the ER and sexual and reproductive health clinics
- Female students are twice as likely to use the NHS Direct Helpline
- The most widely used service is the General Practitioner, irrespective of gender
- Most other services have approximately the same percentage of use within each gender.

The responses given in the “Other” category include:

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling service</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>JR Hospital non-emergency treatment</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>College nurse</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>JR emergency service</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Disability Advisory Service</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Nuffield Orthopaedic centre</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cotswold House Eating Disorders Unit</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>GP</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric services</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Maternity ward</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NHS Direct (pre 111)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NHS Warneford Hospital</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Oxfordshire Mind</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
3. Opinion of Services

**Q9 How would you rate the quality of service delivered?**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>1.04%</td>
<td>2.25%</td>
</tr>
<tr>
<td>Less Than Expected</td>
<td>3.13%</td>
<td>2.25%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>15.1%</td>
<td>16.85%</td>
</tr>
<tr>
<td>Good</td>
<td>33.85%</td>
<td>28.09%</td>
</tr>
<tr>
<td>Excellent</td>
<td>19.27%</td>
<td>19.10%</td>
</tr>
<tr>
<td>N/A</td>
<td>27.6%</td>
<td>31.46%</td>
</tr>
</tbody>
</table>

192 Total Responses 89

There are no significant discrepancies between the two genders on the opinions of services offered.
4. Ease of Access

**Q10 How would you rate the ease of accessing the service initially?**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Tough</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Harder Than Expected</td>
<td>14.06%</td>
<td>8.99%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>18.23%</td>
<td>14.61%</td>
</tr>
<tr>
<td>Good</td>
<td>34.38%</td>
<td>40.45%</td>
</tr>
<tr>
<td>Exceptional</td>
<td>8.33%</td>
<td>4.49%</td>
</tr>
<tr>
<td>N/A</td>
<td>25%</td>
<td>31.36%</td>
</tr>
<tr>
<td>192</td>
<td>Total Responses</td>
<td>89</td>
</tr>
</tbody>
</table>

There are no real discrepancies between how each gender viewed the ease of access of services.
Q11 If you needed to use any of the listed services would you know how to access them?

Answered: 281  Skipped: 36

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>54.17%</td>
<td>61.8%</td>
</tr>
<tr>
<td>No</td>
<td>45.83%</td>
<td>38.2%</td>
</tr>
</tbody>
</table>

192 Total Responses

There is no significant difference between how much each gender knew about accessing services, should they require them.

5. Conclusion

- No significant conclusion can be made as there is no significant difference between both genders.
20

REVIEW OF UK VS EU VS INTERNATIONAL SURVEY RESPONSES

1. Number of responses

- UK = 208
- EU = 42
- International = 67

2. Information about public health services in Oxford

Q5. What information have you received about Health and Welfare Services available to students of Oxford University? Following this, Q6 was asked and the responses shown below:

**Q6 Do you feel this is adequate?**

<table>
<thead>
<tr>
<th></th>
<th>Answered</th>
<th>Skipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2: UK</td>
<td>185</td>
<td>32</td>
</tr>
<tr>
<td>Q2: EU</td>
<td>185</td>
<td>32</td>
</tr>
<tr>
<td>Q2: International</td>
<td>185</td>
<td>32</td>
</tr>
</tbody>
</table>

A total of 61 international students answered Q6 and a significant number (27 students) feel that the information provided by university and college is inadequate. This is consistent with trends exhibited in Q8-Q10 where most of the international students have not used any of the publicly funded health services in Oxford, probably because they do not know the existence of said services or how to access them.
Local students utilize the sexual and reproductive health clinics much more than EU and international students.

High percentage of international students does not use any health services, suggesting that they are unaware of how to access them due to the lack of information.
4. Opinion of Services & Ease of Access

Q9 How would you rate the quality of service delivered?
Answered: 281  Skipped: 38

Again, a significant number of international students are unable to rate the quality of service because they have not utilized the services available.

Q10 How would you rate the ease of accessing the service initially?
Answered: 281  Skipped: 38

Again, a significant number of international students are unable to rate the quality of service because they have not utilized the services available.
More than half of the international students who took the survey have no idea how to access the listed health services, which is again consistent with what was observed in the previous few questions.

One would expect more people to know how to access the health services available. We could infer that most people know how to access some of the listed services but not all of them.

5. Conclusion

- Trend strongly suggests that international students feel that information about local health services is very inadequate and thus they are not utilizing the services.
- UK and EU students are more comfortable and well-informed about the local health services available.
REVIEW OF RESPONSES TO QUESTIONS 5

What information have you received about Health and Welfare Services available to students at Oxford University? (e.g. Information packs provided during 0th week, directions to websites etc.)
Answered: 285 Skipped: 32

The written responses to this question result in six main conclusions:

1. Welfare/ health services and information distributed about these is mainly college based

2. Most information is distributed during induction week and not as a standard throughout students’ time at the University. One improvement would be to ensure that more information is distributed throughout the year (as common practice) "Fresher’s week leaflet, word of mouth, nothing else since"

3. 11.2% of people who answered this question had received no information about services
   - 10.1% of postgraduates and 11.8% of undergraduates - it does not seem to be related to stage of study, but discrepancies between college provisions

4. Oxford has more provisions and easier access due to college system. The main improvement would be to standardise this throughout colleges and potentially set up a central University-wide website with links to all services available
   "I understand that there is a great welfare system set up in a College environment"

5. As part of colleges, welfare teams (student and authority figure) seem to provide a large base of support and so should continue to be supported by colleges

6. Doctors and nurses give talks at some colleges and a number of people mentioned that they registered with GP in college. It would be an idea to ensure this system is implemented in all colleges.

The following is a summary of the written responses given in answer to question 5:

- Information sheet provided at college induction: 135
- Talks during college induction: 43
- Posters: 26
- Emails: 66
- Leaflets: 45
- Word of mouth: 13
- Information from doctor or nurse: 34
- JCR/College/ University website: 41
- Welfare officers: 49
- College campaigns: 2
- Student fairs: 6
- Facebook: 2
- “Don’t remember”: 6
- Own research: 3
- None: 3
REVIEW OF RESPONSES TO QUESTIONS 7

If no, what other information do you feel would have been valuable?
(Previous question Q6 – Was this information adequate?)

This question was filtered to only the people who had answered 'No' in Q6, referring to the adequacy of information have you received about Health and Welfare Services available to students at Oxford University (asked in Q5). Therefore there were only 92 responses to this question. The responses varied greatly, but below is an attempt to categorise the answers given by their content. Due to the fact that many answers covered more than one point, and many responses covered no points, the numbers of categorised responses below does not correspond with the total number of responses.

The categories have been split into two sections:

1. Content Complaints

Specific issues, services people felt that they had not received enough information about, and general requests for more about specific health information

<table>
<thead>
<tr>
<th>Topic</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A general intro to NHS services</td>
<td>7</td>
</tr>
<tr>
<td>Specific information for international students</td>
<td>5</td>
</tr>
<tr>
<td>Info on illness prevention</td>
<td>2</td>
</tr>
<tr>
<td>Locations of medical services</td>
<td>8</td>
</tr>
<tr>
<td>Sexual health</td>
<td>4</td>
</tr>
<tr>
<td>More on sexual assault/consent issues</td>
<td>4</td>
</tr>
<tr>
<td>More on dental</td>
<td>5</td>
</tr>
<tr>
<td>More on mental health</td>
<td>11</td>
</tr>
<tr>
<td>More on learning disabilities</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>1</td>
</tr>
<tr>
<td>Help with HC2 forms</td>
<td>1</td>
</tr>
<tr>
<td>Healthwatch</td>
<td>1</td>
</tr>
<tr>
<td>Disability services</td>
<td>1</td>
</tr>
<tr>
<td>Opening hours</td>
<td>2</td>
</tr>
<tr>
<td>College services</td>
<td>6</td>
</tr>
<tr>
<td>OUSU services (e.g. counselling service)</td>
<td>10</td>
</tr>
<tr>
<td>GPs</td>
<td>5</td>
</tr>
</tbody>
</table>

2. Method of distribution complaints

Suggestions about how people felt like they would prefer to receive health information

<table>
<thead>
<tr>
<th>Topic</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A single central fact sheet</td>
<td>4</td>
</tr>
<tr>
<td>List of useful websites</td>
<td>5</td>
</tr>
<tr>
<td>A comprehensive health-pack</td>
<td>7</td>
</tr>
<tr>
<td>Social media</td>
<td>1</td>
</tr>
<tr>
<td>More than just receiving information in fresher's week</td>
<td>2</td>
</tr>
<tr>
<td>Online generally (email, websites)</td>
<td>7</td>
</tr>
</tbody>
</table>
With this data it is important to bear several things in mind:

1. The data is only for 92 people, the 32.98% who answered 'No' to Q6. Therefore most people do in fact think the information provided is sufficient
2. Many of the answers, (17) were put into the category (not listed above) of N/A / Too Vague. This meant either their answer consisted of no content at all, or the content was so vague that it did not provide any real suggestions. Therefore the statistics above are only really for 75 of the responses

**Interpretation**

The data does not show many strong trends but there are several points worth noting:

1. A surprising number (probably due to the international student body) had little idea as to what was and wasn't available as a service with the NHS
2. The majority of the complaints were about content of information, rather than the means of information provision. The complaints about the means varied much and were often contradictory, e.g. Some asking for less information in a more condensed format, others asking for more information in a full comprehensive information pack. This may reflect different people needs, but also may reflect the lack of standardisation in health information provision between different colleges
3. Lack of information on mental health services was the largest content complaint
4. Many seemed confused as to OUSU’s role in welfare, and many asked for information about the OUSU counselling service
REVIEW OF RESPONSES TO QUESTIONS 12

Please share any positive or negative experiences of these services that you may feel are relevant

UK

Positive

“Excellent GP services”

“The dentist in Oxford was incredibly helpful and I now much prefer attending the dentist here to when I am at home”

Negative

“College nurse not in college for enough hours per week”

“Long waiting time which didn't fit in with my student schedule”

“Sexual health clinic is too far away”

“College nurse providing inaccurate/insufficient advice”

“…..I find it very inconvenient to be registered in Oxford....”

N/A

This suggests that some local students may prefer to use the services back home than in Oxford

• UK students have significantly more positive than negative experiences.

• Would the NHS care.data scheme resolve the issue of registration etc. with it more centralized database?

EU

Negative

“Some of my friends have said that the service for GP is okay, but in clinics is not very good. Please ensure that NHS remains free for all students, because if the upcoming immigration bill is passed, non-EEA students will have to pay for the usage and I already wouldn't go to the doctor unless absolutely necessary.”
“Doctors’ surgery is too far from college and moved to a closer surgery after my first year. “Confidentiality in college/doctors’ surgery is not as one may expect. Also, nurses at different colleges disclosing confidential information to college staff.”

“The GP that I registered with (Dr. Gordon Gancz, on King Edward Rd) has not really been helpful at all, every time I needed to see him. On the other hand, I know that (continental) Europeans in general are not pleased with NHS services so it might be that I’d have found other GPs equally substandard.”

• Negative feedbacks definitely stood out more amongst EU students.

International

Positive

“As a student from America, the NHS is wonderful! Easy to use and free at point of contact! Free contraception is especially exceptional.”

Negative

“An ENT specialist at JR Hospital was flirtatious, which made me uncomfortable. There were also very long waiting times to get in to see him. In general, the services on 19 Beaumont St have been excellent.”

“The counsellor tried to impose her views on me”

• Long waiting time seems to be the most common complaint for all students.
What is the one thing would you change to improve your experience of student Health services in Oxford?

"More central organisation of health services in terms of information distribution - at present it seems to be very much down to the colleges to provide as they see fit”

"Why isn’t there a university medical centre? I would have thought that there are some health issues in the student population that would be better managed centrally. The individual GP surgeries scattered around Oxford are very hit and miss, and most seem to have little to do with the university. Couldn’t health services be more integrated into the university structure?”

"Better peer supporters e.g. graduate DPhil students so that they are not all nineteen years old, so that mature students may relate more to them.”

“A central webage with all the information about to access the various services available would be good. If this already exists it needs to be better advertised.”

- All in all, the most common feedback we got is that people would like to see an improvement in the consultation waiting times and longer surgery opening hours (especially during the weekends).
VARYING PERCEIVED QUALITY AND EASE OF ACCESS BETWEEN SERVICES

This section will lay out each of the different publically funded health services used by students in Oxford and compare the statistics found in the survey concerning the usage and perception of each, to find out if any particular services stood out.

It is important to remember that each response concerning perception of a service only relates in part to that service, because a respondent may have answered with more than one service. However this analysis will hopefully point towards possible trends regardless of this difficulty.

First, here is the full table of the responses to Q8

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual and Reproductive health clinics</td>
<td>11.03%</td>
</tr>
<tr>
<td>Infectious disease (Immunisation) services</td>
<td>9.61%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>12.81%</td>
</tr>
<tr>
<td>General Practitioner services</td>
<td>61.21%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>8.54%</td>
</tr>
<tr>
<td>Emergency Room Services at Local Hospital</td>
<td>13.88%</td>
</tr>
<tr>
<td>Physical therapy/Rehabilitation services</td>
<td>3.56%</td>
</tr>
<tr>
<td>Telephone 111 NHS Direct urgent healthcare helpline</td>
<td>8.54%</td>
</tr>
<tr>
<td>None</td>
<td>29.89%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>8.90%</td>
</tr>
</tbody>
</table>
Here are the statistics concerning perception and ease of access for all those that replied with at least one of the eight named services, in order to see if certain services deviate from this mean.

**Q9 How would you rate the quality of service delivered?**

- Poor: 5.56%
- Less than Expected: 8.33%
- Satisfactory: 25%
- Good: 50%
- Excellent: 11.11%
- N/A: 0%

**Q10 How would you rate the ease of accessing the service initially?**

- Extremely difficult: 0%
- Harder than expected: 12.90%
- Acceptable: 25.81%
- Good: 58.06%
- Exceptional: 3.23%
- N/A: 0%
Sexual and Reproductive health clinics

Q9 How would you rate the quality of service delivered?

Answered: 31  Skipped: 9

- Poor: 3.23%
- Less than Expected: 0%
- Satisfactory: 22.58%
- Good: 51.61%
- Excellent: 22.58%
- N/A: 0%

Q10 How would you rate the ease of accessing the service initially?

Answered: 31  Skipped: 9

- Extremely difficult: 0%
- Harder than expected: 12.90%
- Acceptable: 25.81%
- Good: 58.06%
- Exceptional: 3.23%
- N/A: 0%
Infectious diseases (immunisation) services

Q9 How would you rate the quality of service delivered?
Answered: 27  Skipped: 0

- Poor: 0%
- Less than expected: 3.70%
- Satisfactory: 18.52%
- Good: 37.04%
- Excellent: 40.74%
- N/A: 0%

Q10 How would you rate the ease of accessing the service initially?
Answered: 27  Skipped: 0

- Extremely difficult: 0%
- Harder than expected: 7.41%
- Acceptable: 11.11%
- Good: 70.37%
- Exceptional: 11.11%
- N/A: 0%
Mental Health Services

**Q9 How would you rate the quality of service delivered?**

- Poor: 5.56%
- Less than Expected: 8.33%
- Satisfactory: 25%
- Good: 50%
- Excellent: 11.11%
- N/A: 0%

**Q10 How would you rate the ease of accessing the service initially?**

- Extremely difficult: 0%
- Harder than expected: 22.22%
- Acceptable: 27.78%
- Good: 41.67%
- Exceptional: 8.33%
- N/A: 0%
General Practitioner services

**Q9 How would you rate the quality of service delivered?**

- Poor: 1.74%
- Less than Expected: 4.07%
- Satisfactory: 22.09%
- Good: 44.77%
- Excellent: 27.33%
- N/A: 27.33%

**Q10 How would you rate the ease of accessing the service initially?**

- Extremely difficult: 0%
- Harder than expected: 15.12%
- Acceptable: 25.58%
- Good: 49.42%
- Exceptional: 9.88%
- N/A: 0%
Dental Services

Q9 How would you rate the quality of service delivered?

Answered: 24  Skipped: 0

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>0%</td>
</tr>
<tr>
<td>Less than Expected</td>
<td>0%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>12.50%</td>
</tr>
<tr>
<td>Good</td>
<td>58.33%</td>
</tr>
<tr>
<td>Excellent</td>
<td>29.17%</td>
</tr>
<tr>
<td>N/A</td>
<td>0%</td>
</tr>
</tbody>
</table>

Q10 How would you rate the ease of accessing the service initially?

Answered: 24  Skipped: 0

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely difficult</td>
<td>0%</td>
</tr>
<tr>
<td>Harder than expected</td>
<td>8.33%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>8.33%</td>
</tr>
<tr>
<td>Good</td>
<td>66.67%</td>
</tr>
<tr>
<td>Exceptional</td>
<td>16.67%</td>
</tr>
<tr>
<td>N/A</td>
<td>0%</td>
</tr>
</tbody>
</table>
Emergency Room Services at Local Hospital

Q9 How would you rate the quality of service delivered?

Answered: 39  Skipped: 0

- Poor: 0%
- Less than Expected: 2.56%
- Satisfactory: 25.64%
- Good: 53.85%
- Excellent: 17.95%
- N/A: 0%

Q10 How would you rate the ease of accessing the service initially?

Answered: 39  Skipped: 0

- Extremely difficult: 0%
- Harder than expected: 12.82%
- Acceptable: 33.33%
- Good: 48.2%
- Exceptional: 5.13%
- N/A: 0%
**Physical therapy/Rehabilitation services**

**Q9 How would you rate the quality of service delivered?**

Answered: 10  Skipped: 0

- Poor: 0%
- Less than Expected: 0%
- Satisfactory: 20%
- Good: 50%
- Excellent: 30%
- N/A: 0%

**Q10 How would you rate the ease of accessing the service initially?**

Answered: 10  Skipped: 0

- Extremely difficult: 0%
- Harder than expected: 30%
- Acceptable: 10%
- Good: 60%
- Exceptional: 0%
- N/A: 0%
Telephone 111 NHS Direct urgent healthcare helpline

**Q9 How would you rate the quality of service delivered?**

Answered: 24  Skipped: 6

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>0%</td>
</tr>
<tr>
<td>Less than Expected</td>
<td>0%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>12.50%</td>
</tr>
<tr>
<td>Good</td>
<td>50%</td>
</tr>
<tr>
<td>Excellent</td>
<td>37.50%</td>
</tr>
<tr>
<td>N/A</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Q10 How would you rate the ease of accessing the service initially?**

Answered: 24  Skipped: 0

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely difficult</td>
<td>0%</td>
</tr>
<tr>
<td>Harder than expected</td>
<td>4.17%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>29.17%</td>
</tr>
<tr>
<td>Good</td>
<td>50%</td>
</tr>
<tr>
<td>Exceptional</td>
<td>16.67%</td>
</tr>
<tr>
<td>N/A</td>
<td>0%</td>
</tr>
</tbody>
</table>
Conclusion

Here are few points concerning the data above, looking for trends or deviations:

1. The highest rated services for quality were GPs and dentists. Physical therapy was also rated quite highly, but there were relatively few responses for this service (only 10), so not much can be extrapolated from this result.

2. Mental health services were rated comparatively low in terms of quality, with the highest percentage of both the 'Poor' and 'Less than expected' response categories of all the services.

3. The immunisation and dentistry services came out on top for experience of ease of access, both with very high percentages of 'Good' and 'Exceptional' responses.

4. Mental health and GP services both came out as very mixed. Although there were high percentages of 'Good' and 'Exceptional' responses for both these services, both (particularly the mental health services) also had high percentages for 'Harder than expected'.

These very general observations may give some clues to more general trends concerning student experience of individual healthcare services, particularly raising concerns over the quality and access of mental health services in relation to the other services available.

However it is important to remember, as is stated at the start of this section, each response concerning perception of a service only relates in part to that service, because a respondent may have answered with more than one service. Still, some general trends have been observed that may be useful when attempting to understand the complexity of student experience of individual services, rather than the total public health service that is experienced and used.
CONCLUSION

Overall, the services provided and utilised by students in Oxford are in general satisfactory. The university could implement better standardisation of health services throughout colleges so that all students of the university receive the same treatment. That being said, it is also imperative that the more personal approach that has been adopted by colleges is not lost in this “centralized system”.

We strongly believe that with the generally positive responses by students, Healthwatch Oxfordshire will have no problem engaging with them in the future. Healthwatch Oxfordshire has the potential to grow as it is a relatively new organisation. We recommend that the client develop innovative marketing strategies such as road shows to help promote the organisation.

It has been a pleasure for the team to undertake this consulting project and we hope that this report will aid Healthwatch Oxfordshire in achieving its target.
Help improve student health services and win £50 – take a short survey

Dear student,

We are a team of 4 students working with Healthwatch Oxfordshire as part of the Oxford Student Consultancy program.

The survey will take about 5 minutes of your time to complete.

All responses to this survey will remain confidential and anonymous in any reports arising. We may wish to follow up some surveys with individual interviews, but your permission will be sought separately should this be the case.

Upon completion of the survey, you will be entered into a draw with 3 chances to win £50.

Healthwatch Oxfordshire is an independent body with a statutory role to act as voice and champion for the community, listening to experiences of users of publicly funded Health and Social Care services. Healthwatch Oxfordshire has powers to influence the local providers and commissioners of these services, and challenge them to create improvements where appropriate.

As a relatively new organisation (established in March 2013), Healthwatch Oxfordshire wants to engage with and build relationships with the student population and to gain intelligence about students experiences of local health services.

The information found through this survey will help Healthwatch Oxfordshire gain an understanding of the issues most relevant to students and hopefully improve services in the future.

Please follow the link above to take the survey.

Thank you for your time.

Healthwatch TSC team
If you have any questions, please e-mail Annie.Davy@healthwatchoxfordshire.co.uk
For more information about Healthwatch Oxfordshire, follow the link to their website http://www.healthwatchoxfordshire.co.uk/

Survey:

1. Which category below includes your age?
   - Under 18
   - 18-25
   - Over 25

2. Are you a UK, EU or international student?
   - UK
   - EU
   - Other
3. What is your gender?

Male    Female

4. What stage of study are you in?

Undergraduate    Postgraduate

5. What information have you received about Health and Welfare Services available to students at Oxford University? (e.g. Information packs provided during 0th week, directions to websites etc.)

6. Do you feel this is adequate?

Yes    No

7. If no, what other information do you feel would have been valuable?

8. Which of the following publicly funded health services have you used in your time at Oxford?

   Sexual and Reproductive health clinics
   Infectious disease (Immunisation) services
   Mental Health Services (List some of these)
   General Practitioner services
   Dental Services
   Emergency Room Services at Local Hospital
   Physical therapy/Rehabilitation services
   Telephone 111 NHS Direct urgent healthcare helpline

9. How would you rate the quality of service delivered?

   Poor
   Less than expected
   Satisfactory
   Good
   Exceptional

10. How would you rate the ease of accessing the service initially?

    Extremely difficult
    Harder than expected
    Acceptable
    Good
    Exceptional

11. If you needed to use any of the listed services would you know how to access them?

    Yes    No
12. Please share any positive or negative experiences of these services that you may feel are relevant.

13. What one thing would you change to improve your experience of student Health services in Oxford?

14. Would you mind to be interviewed at a later date in relation to your answers given in this survey? This would aid Healthwatch in understanding current issues with services and hopefully improve services in the future.

15. If yes, please provide the following:

   Name:
   Contact number:
   E-mail address:

16. If no, then please provide the following contact details in order to be entered into the prize draw:

   Name:
   Contact number:
   E-mail address:

17. Would you like to be added to the Healthwatch mailing list?

   Yes      No

Thank you for taking the time to complete the survey. You can also follow Healthwatch on Facebook or Twitter.
https://www.facebook.com/HealthwatchOxfordshire
https://twitter.com/HealthwatchOxon
We will be in touch later this term if you are the winner of the £50 prize draw.