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Banbury voices

In October and November 2018, Healthwatch Oxfordshire turned its focus on Banbury. Through this approach, we were continuing to create a geographical snapshot of people’s experiences of using health and social care services in different areas across the county.¹

Healthwatch Oxfordshire focused hearing from those communities’ seldom-heard, whose voices may not always have been heard and who may not always give us their feedback on services via the internet or at public events.

We used the Health and Wellbeing profile of Banbury² to guide where we should target our activities within the town. We were keen to hear from Banbury’s diverse communities as it has a higher percentage than England of ethnic minority population of people from Pakistan (4.4% rather than the England average of 2%) and from the newer EU states (such as Bulgaria and Romania) (4.6% rather than the England average of 2%).

Key themes

1. Young people’s dissatisfaction with Child and Adolescent Mental Health Services (CAMHS), specifically long waits for initial appointments, cancelled appointments, and lack of continuity of care.
2. The barriers in using health services when patients’ first language is not English and not feeling listened to.
4. Appreciation of NHS staff.
5. Long waiting times for GP appointments (three to four weeks).
6. Difficulties in travelling from Banbury to Oxford for medical services.
7. Fears about the future of the Horton General Hospital.
8. The challenges of living in Banbury and using maternity services in Oxford.

Immediate actions

Sharing of people’s experiences

Healthwatch Oxfordshire has shared this report with the relevant commissioners and service providers including Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Foundation Trust, Oxfordshire County Council, and Oxford Health NHS Foundation Trust.

Signposting

While we were undertaking the data collection for this project, we were able to proactively signpost some people to further sources of support, including:

1. Linked a professional with pastoral care responsibilities for unaccompanied minors in Banbury

¹ Previous towns we have focused on include Witney, Bicester, OX4 (parts of Oxford) and Wantage
² The full Banbury Joint Strategic Needs Assessment can be accessed online here https://bit.ly/2P95KoU
- Oxfordshire Clinical Commissioning regarding need for a simple course on the NHS and how to use it.
- A voluntary sector organisation that may be able to offer counselling support to the vulnerable young migrants.

2. Signposted a parent to several voluntary sector organisations that may be able to offer her support for her son who is on the autistic spectrum.

**Important learning for Healthwatch Oxfordshire**

The project enabled us to get a snapshot of the issues for some seldom heard communities, but there were others that we did not reach. We did invest a few months in building relationships with some groups within Banbury and are very grateful for the opportunity to speak to those who responded to us.

We learned that to gain the trust of and build relationships with some of the many diverse communities in Banbury and elsewhere, we will need to invest more time building trust in communities.

Healthwatch Oxfordshire heard from many people about their experiences of Children and Adolescent Mental Health Services (CAHMS) and adult mental health services. This is an area of further research that will be developed in 2019.
Background

Our approach
We spoke to people from a wide range of ages and from different communities. In doing so, we collected 151 comments from people about their experiences of services. We wanted to understand what is working well and what could be better. We also wanted to understand some of the barriers that may prevent people from using services.

We visited people where they live, learn and meet. We visited the Ruscote, Grimsbury, Banbury Cross and Neithrop areas of Banbury. Healthwatch Oxfordshire had stands at Banbury Market and at the Horton Hospital.

The Healthwatch Oxfordshire Forum for local voluntary sector groups in Banbury was held on 16th October at which they gave their insights into the experiences of health and care services for the people they support. We spoke to health and care professionals who are currently working for or had until recently worked for the NHS and social services.

What we heard
From the many conversations we had with people, a picture emerged of some common themes. These related both to people’s experiences of specific services, but also of their experiences of the NHS in general.

In listening to people, whom we may not have always heard from in previous activities, we wanted to understand whether their experiences were like what we have heard about in our previous outreach activities in Banbury and other parts of Oxfordshire. The reality is that some themes were broadly similar, others specific to the communities we contacted.

What was new?
In this project, we focused our listening activities with groups of people who may not always have their voices heard.

Young people’s dissatisfaction with Child and Adolescent Mental Health Services (CAMHS)
We have previously heard from parents and carers of young people and voluntary sector organisations about CAMHS. This was the first time we have heard from CAMHS users directly.

“I went from CAMHS [child and adolescent mental health services] and PCAMHS [primary child and adolescent mental health services]- half the time the appointments were cancelled, or staff were on holiday. I felt swept away because they had so much on their books”.
Those who spoke to us were very negative about their experiences and quality of care and built a picture of long waiting times for an initial appointment, cancelled appointments, and high staff turnover which made building relationships of trust - so crucial in mental health services - difficult. We also heard from adult users of mental health services about The Elms centre in Banbury. They too were quite critical of the services provided to them.

The barriers in using health services when language is an issue
“Tried calling ambulance, they asked many questions but couldn’t explain. Said asthma and then they understood. My son is blue, I said please come please come. Ambulance people said they wanted to take my son to Oxford. Doctor there said if you had waited any longer, my son would have died”.

We spoke to about 50 people for whom English was not their first language. They were able to tell us about some of the barriers they face in accessing health services. Many have had to take a friend or family member with them to their appointments, which does compromise their privacy. This is particularly true when young children are asked to act as interpreters for their parents. It also became clear that when you struggle with the language a 10-minute doctor’s appointment does not feel adequate, as the language barrier can slow communication down. It also became clear how vulnerable people can be when trying to urgently access emergency services over the phone with limited English.

We did not receive very positive reviews for Language Line, the official phone translation service used by health providers. People told us that they find it hard to talk to the doctor via someone else on the phone, especially when ill. It also became clear that both people and health professionals are circumventing this official service by using their phones to access Google translate. This can create its own difficulties and potential for miscommunication.

Oxfordshire Clinical Commissioning Group (OCCG) commissions language line (via an interpreter) and in these cases they fund GPs to offer a double appointment recognising the time it takes to run everything through a third party. The clinical commissioning group said that GPs should be offering appointment lengths appropriate to the individual patient’s needs, although sometimes they are reliant on their receptionist to identify where this is needed.

Not feeling listened to
“My son was in a lot of pain. Crying all night. I took him to the Horton; they gave paracetamol. The doctor said my son was ok. Gave more paracetamol. I refused to leave so eventually the doctor agreed to do an X-ray and then they realised the problem. Only got this treatment for my son because I refused to leave hospital as knew there was a problem with my son”.

Some people told us that they did not feel listened to by health professionals. It was striking that all those who told us this either came from an ethnic minority or recent immigrant background or were professionals speaking on behalf of vulnerable adults and young people they supported.
Returning to home countries to pay for treatment

“To make an appointment is easy; to receive help is harder. I have been waiting for one year for an MRI. I decided to go back to [Eastern European country] to pay privately for MRI. I call GP every day and I am told letter about the scan is on its way, but it never comes. The GP referred me to physiotherapy, but I was only given basic exercises. In [home country] I have paid for physiotherapy and other treatments. It’s a really bad situation in the UK. There is much better help in [home country]”.

We spoke to several people from Eastern European countries such as Bulgaria, Romania and Poland. It was striking how many told us that they felt forced to return to their home countries to seek medical treatment and advice because they were not satisfied with the care they had received on the NHS. People had to pay for these treatments, and it was not always easy for them to afford these treatments.
Similar themes to what we have heard before

Appreciation of NHS staff
“The personal treatment, commitment and dedication of the staff has always been outstanding”.

From their comments, people made it clear that they value the attitudes and quality of care they receive from NHS staff. People really appreciate NHS staff and the care they provide.

Long waiting times
“3-4 week wait to see own GP which is not acceptable. Getting an appointment on the day you call up is nigh on impossible”.

“Waiting times are bad for mental health services”.

Many people told us about how long it takes for them to get appointments. This was true for appointments with their GPs but also other services like mental health services for adults and young people.

Difficulties in travelling from Banbury to Oxford for medical services
“Banbury has grown so much and the journey to Oxford hospitals is so bad and it takes so long to get there. I have to go to hospital for a check and I cannot face going to Oxford. I am 67 years old and it is TOO much”.

People told us how hard it is for them to commute between Banbury and Oxford - the cost, distance, time taken, the difficulty in parking at the Oxford hospitals - particularly when ill or in labour.

Fears about the future of the Horton General Hospital
“Get great care from the Horton. It’s always been such a great hospital. Why are they shutting things down there? There are more houses and not enough facilities for the new builds. It’s a pain to get to the JR and parking is a nightmare and expensive”.

We heard some comments about people’s concerns about the Horton hospital and their worries that services at the hospital were being cut when the number of new homes being built in Banbury is increasing exponentially.

The challenges of living in Banbury and using maternity services in Oxford
“I needed pain relief after my caesarean to be able to go to the High Dependency Unit to see my baby, they kept me waiting a long time for that. They did not have enough staff, the staff they had were rushed off their feet. The JR can’t cope so why shut the Horton? A perfectly good maternity unit at the Horton has been left to go to ruin. They were going to discharge me two days after my caesarean. I would then have had to travel to Oxford every day to see my baby who was still in hospital there”.
We heard from people who have expressed concerns about the downgrade of the Horton maternity services and from women who have been directly affected by the closure of the obstetric unit in Banbury. They built a picture of staff rushed off their feet in Oxford and said they felt their care had suffered as a result. Women expressed how difficult it was for them to get to Oxford for these services when pregnant, when in labour or when they ran into difficulties during birth. They questioned why they had to use maternity services in Oxford that seemed stretched beyond capacity already.

Voices of some professionals
We also spoke to a range of professionals who deliver health, care and support services to communities in Banbury. From them we heard about:

The lack of adequate support for those diagnosed with dementia and their families and carers in Banbury
‘In the last seven months, seven or eight different families I know have had a diagnosis of dementia, and nobody has told them where to go, what else there is in terms of support. Often carers are devastated with the diagnosis, the GP has no time and they are left floundering. The GP tends to hand out leaflets. One person said to me “I’m leafletted out!” They want somebody to sit with them and talk them through things… Carers are often in shock at the diagnosis…we also need more day care- particularly specialist provision for people with dementia. (Voluntary) day centres don’t have the professional staff to do this”.

The challenges of working in primary care including
The fragmentation of services

“If a primary care perspective, district nursing is a huge issue - we used to have district nurses in house, we had patients in common. Now, they’re in a Hub somewhere and we have to ask them to get involved so there’s a disconnect between community services and GPs”.

Cross-border issues

“Northamptonshire is a mile away and Warwickshire three miles…county council services end at the border, specialist services, hospital services do not so it’s a false border…ringing social services in Northamptonshire is different to Oxfordshire. Safeguarding is different…babies might be at risk…there’ll be a massive safeguarding issue, someone will have fallen through the cracks”.