

# Focus on OX4

Experiences of Health  
and Social Care Services

May 2018





## Contents

1. Executive Summary.....	1
2. What services did people tell us about?.....	4
3. What did we hear about specific services?.....	4
3.1 People’s experiences of GPs in Oxford.....	4
3.2 Hospitals in Oxford.....	8
3.3 NHS Dentistry.....	11
4. Other comments received about health and social care services.....	17
5. General themes - what’s new?.....	19
5.1 Meeting communication needs; awareness & provision.....	19
5.2 Wider determinants of health.....	20
5.3 Access to services.....	22
Appendix.....	25
References.....	26

## Use of acronyms

(A&E) Accident and Emergency  
(DCLG) Department of Communities and Local Government  
(GP) General Practitioner  
(HIC) Health Inequalities Commission  
(JR) John Radcliffe Hospital  
(JSNA) Joint Strategic Needs Assessment  
(MSK) Musculoskeletal Services  
(NOC) Nuffield Orthopaedic Centre  
(OCC) Oxfordshire County Council  
(OCCG) Oxfordshire Clinical Commissioning Group  
(OUH) Oxford University Hospitals NHS Foundation Trust  
(PHE) Public Health England  
(SCAS) South Central Ambulance Service



# Focus on OX4 - experiences of health and social care services

## 1. Executive summary

In February 2018, Healthwatch Oxfordshire spent two weeks in the OX4 area of Oxford to talk to people about their experience of using health and social care services.



Rose Hill

This follows on from previous geographical snapshots, undertaken by Healthwatch Oxfordshire during 2017, in Witney and Bicester. This town focus supports Healthwatch Oxfordshire's strategic aim of building a picture of how people access and experience health and social care across the county.

From numerous reports, we know that Oxford is a diverse city, with its population facing equally varied challenges when it comes to experiences of health, social care, deprivation and life expectancy (OCC 2018). Life expectancy is 9.7 years lower for men in the most deprived areas of Oxford than in the least deprived areas (PHE 2016; DCLG 2015).

To focus our work, rather than taking a 'scatter gun' approach, we were guided by the Oxfordshire Health Inequalities Commission Report (2016) to take a geographic look through the eyes of people living in particular areas of the city.

*'There are three churches here, but no doctor, so you have to pray'*  
(Comment from Littlemore resident)

Whilst we sought to hear people's comments on health and social care services as a whole, we focused our energies in particular areas in OX4; Greater Leys, Rose Hill, Littlemore and Temple Cowley (See Appendix 1 for population snapshot).

We used a mix of methods, including a 'rapid appraisal' approach, speaking to people on the streets, at bus stops, shopping centres and outside health services. We also attended a range of community groups, from food banks, to youth clubs, stay and play sessions, libraries and coffee mornings. We also attended the John Radcliffe (JR) and Nuffield Orthopaedic Centre (NOC) Hospital sites (See Appendix 2 for details of the places we visited).

In all, over two weeks in January and February, we made face to face contact with over 450 people representing diverse backgrounds and age profiles. Individuals were able to share their experiences through talking directly to Healthwatch staff, by using our freepost 'Tell Us' forms at the time, or by completing a 'service review' on our website. We also spoke to individuals in more depth, at over 20 community groups we visited.

In total, we collected 315 'Tell Us' forms, in which people told us about their experiences both of specific services and broader health provision and pathways. This report highlights the themes that arose from comments made.

Many of the issues raised have much in common with experiences we have heard in conversations with people across Oxfordshire. Some represent the challenges facing health and social care system as a whole, for example, GP waiting times, balancing demand and supply and problems with hospital parking. Some themes however, highlight particular issues faced by the people in the areas of Oxford we visited. It is worth noting that few comments relating to social care were forthcoming.

Many of these comments can be viewed on Healthwatch Oxfordshire's newly-launched website and feedback centre. This gives the public a chance to comment directly via our website on specific health services across the county and is an exciting step forward. It provides another valuable tool giving Healthwatch Oxfordshire a richer insight into patient experiences across the county, in order to bring about change.

## Our main findings were:

- People valued the amazing dedication, hard work and care of health and social care professionals, recognising that they are working in challenging circumstances. They value good communication, clear information, and compassionate care
- However, some expressed concern about aspects of the administrative and practical elements of the health and social care system. This included concern about GP and hospital appointments and waiting times, frustrations with car parking, booking procedures and communication about appointments, as well as need for consistent support across the board to those with language interpretation and communication needs
- Whilst experience of NHS dentistry was positive overall, we found a gap in focus on and awareness of oral health among adults and children. We spoke to a significant number of people who do not use dentistry services at all, due to anxiety about treatment, perceived lack of need, or because of barriers of perceived cost, and uncertainty of NHS price bands. The wider environment was not seen as conducive to supporting oral health for children, with easy access to cheap sugary foods, and lack of oral health education
- We also heard from people about concerns around provision of and access to health services, and potential added pressure from new housing developments. Those in Littlemore were concerned about lack of GP services for their existing population, particularly in the light of forthcoming additional housing on the edge of the community
- Public transport was difficult, particularly for those living in Littlemore and Rose Hill, leading to a sense of isolation for some. Bus services, particularly for older people, disabled, or those with young children were difficult to access at certain times, and often involved long walks to bus stops. People told us this impacted on their ability to access health services including GPs, Dentists, Hospital and everyday services such as affordable and healthy food. This highlighted that transport can also be a challenge for those in urban, and not just rural areas of the county.
- As well as transport, we heard about other aspects which people felt impacted on their health and wellbeing, including litter, access to healthy and affordable food, insecure housing and debt

## Next steps

To contribute to understanding of the issues facing people living in OX4, Healthwatch Oxfordshire will be drawing attention to the findings in the report across Community Partnerships\*, commissioners and health care providers as follows:

- The focus on OX4 and people's experiences overall will be shared with local community-based networks in the area, including Community Partnership groups in the Leys, Rose Hill and Littlemore, as well as Oxford City Council, Oxfordshire County Council (OCC) Public Health, and Health Inequalities Commission Implementation Group (HIC) meetings. This will add to the evidence base for the work in these areas, and issues raised about access to services will be highlighted
- The report outlines patient experiences of using the main Hospitals. This will be channelled through the links that Healthwatch Oxfordshire has established, including at the Oxford University Hospitals NHS Foundation Trust (OUH) Patient Experience Oversight Group, and the Trust's Quality Committee
- Many comments about GP services related to frustrations with waiting times and appointments. Whilst this is clearly a national problem, and somewhat of a 'systemic' issue, relating to the pressures on NHS services overall, there are still some lessons to be learned. As a result, the report will be shared with Oxford Clinical Commissioning Group (OCCG), Oxford City GP Locality Group, and Oxford City Patient Participation Locality Forum
- Comments on NHS dentistry and oral health will form part of a wider report that Healthwatch Oxfordshire is undertaking, focusing on access to and use of NHS dentistry across the county. The findings from Oxford will be added, along with recommendations. The report on dentistry will be produced by June 2018, and disseminated to the NHS England (South East) Dentistry Commissioners, Local Dental Committee, and Oxfordshire County Council Public Health Team, who commission oral health services

---

\* Community Partnerships bring together a variety of local organisations, agencies and residents to focus on joined up action.

## 2. What services did people tell us about?

The services in Oxford people told us most about were

GP Surgeries	94 comments
Hospitals	75 comments
NHS Dentistry	97 comments

We also heard smaller numbers of comments about a number of other services, including mental health and musculoskeletal services (MSK).

We also heard from people about concerns about provision and access to health services, including transport and potential pressure from new developments. We also heard about specific communication needs, and the impact of wider social determinants such as insecure housing, debt, food poverty and affordable food access on health.

## 3. What did we hear about specific services?

### 3.1 People's experience of GPs in Oxford

We received 94 comments about GPs, with 87 comments on specific GP services in the city. People told us about the following GP practices in Oxford

Practice	Reviews	Average Star Rating (1=terrible & 5=excellent)
Donnington Health Centre	23	★★★★☆
The Leys Health Centre	18	★★★★☆
Bartlemas (East Oxford Health Centre)	10	★★★★★
Temple Cowley Medical Group	8	★★★★★
St Bartholemew's Medical Centre	7	★★★★☆
Hollow Way	6	★★★★★
Cowley Road Medical Centre	3	★★★★★
Manor	3	★★★★★
Bury Knowle Health Centre	3	★★★★★
27 Beaumont Street	2	★★★★☆
Summertown Health Centre	2	★★★★☆
Morland House Surgery	1	★★★★★ Single comment
Botley Medical Centre	1	★★★☆☆ Single comment

Based on reviews Jan-Mar 2018

## What's working well?

### The quality of care and staff in GP surgeries

Positive comments were made about the attitude of staff, and the quality of treatment and care received. Feeling that GPs and health centre staff had the time to listen was seen as important in getting to the bottom of health concerns.

*My GP is excellent. They will come out and see my husband in a care home...I can talk to him about my concerns*

*Really happy with the GP, she is the first doctor who has got on top of what is wrong with me and really taken the time to find out and get me the right treatment..*

Again, attitudes to children, were seen as important

*They are good- feel well looked after, they are respectful and explain things well for the whole family*

*Doctors are really good with a young child. Will call back straight away and get a quick appointment if needed*

Ability to get GP appointments was valued. South Oxford Health Centre, was named as a surgery where it was always possible to get an appointment on the day

*Always get an appointment the same day, they are amazing*

*I couldn't speak highly enough of them, they are always willing to accommodate you, even if they can't fit you in to be seen, they will sort out a phonecall*

***'They are excellent, my GP takes the time to listen to me'***

## What could be better?

### Difficulty in getting appointments

The main cause for concern across GP services focused on the difficulty in getting GP appointments, and the time taken to be seen for routine health concerns, up to four weeks in some cases.

*It takes a long time to get an appointment, if I went in and asked for an appointment next week, I wouldn't get one for at least three weeks*

*It's a joke now, I don't know who my GP is, and always see a different person, and waiting times are long...*

*You have to wait 4 weeks to get an appointment and it is even harder to get an appointment outside of 9-5 Monday to Friday if you are working...*

*It's always three weeks between appointments, making it harder to get a diagnosis*

*They have changed their appointment system, and I don't like it very much. You get to call at 10.30am and then at 1.30pm for another chance...what do you do if you work?*

## Communication about waiting

Once people were at the surgeries, they also experienced long waiting times. Improved communication about length of waiting time was considered important.

*Takes a long time to see them, but you can talk to them on the phone as a way to reduce waiting time. Once you go in you often have to wait over an hour after your appointment time*

*Signing on with the machine saves time, but it did cause some confusion when I was there because appointments were running late, people thought the machine had broken and hadn't registered them*

*They have a notice in their reception saying 'today we are understaffed' they are permanently understaffed ..it has become really bad in the last few years*

## Using emergency appointments

Patients expressed uncertainty about how to get appointments when they felt their health needs were pressing. Uncertainty and confusion about how to use 'emergency' appointments was noted by some, with need for clearer communication to patients about how this was defined

***'I asked for an emergency appointment, but the doctor who saw me got angry and said I was not an emergency'***

*Emergency appointments not so easy, wait half an hour or even 40 minutes to be seen, they don't tell you, you have to ask them, would be nice if they told you how long you have to wait*

*I made an emergency appointment with the doctor, she got really angry with me, I felt very hurt and disappointed and there was racism in the way she talked to me*

## Impact on acute services

People recognised that delays and frustrations in getting a GP appointment had a knock-on effect, adversely impacting acute services as patients sought to meet their health care needs elsewhere

*It's really hard to get an appointment, I can understand why people go to Accident and Emergency (A&E)...they are just so busy, they don't give you time, and the receptionists, it depends who you get, are not very welcoming*

*The wait for appointments is 2-3 weeks, too long...If I ever had a problem I wouldn't come here, I would go to the JR...I wouldn't bother with that lot, I would go to the JR*

*Even when I have a discharge note from the hospital saying that my son must be seen, I don't get an appointment, I don't even try to get one sometimes, I think that is why we end up in hospital so much*

*Can never get an appointment, I get told to wait 2-3 weeks, so if I am ill I go instead to Manzil Way (Out of Hours Centre) as they have emergency appointments, and can see you straight away*

## Impact on those with long term conditions

For those with long term conditions or acute needs, the difficulty in getting appointments caused extra concern. Some felt that they were not being cared for adequately to manage or check up on ongoing health conditions, expressing a sense of being left on their own, with uncertainty and worries about their health

*I never bother with the GP now, even if I am ill as you go there and they say come back in a month...well I could be dead by then...I've never been called up for any health checks, I can't remember when I last saw my GP, it's just too long to wait so I don't bother now*

*I've had a triple bypass... generally unwell with this, but it's very hard to get an appointment or even see the same GP. I would like to be able to see someone if I have concerns, speak to someone about my condition, but not being able to see someone over three weeks, increases my anxiety about my condition*

*I had breast cancer, but the GP never gets in touch or follows up. I was told I would get a 'named doctor at the end of the phone' but in reality it's not how it works*

*We feel we don't really get care, they just don't want to know about old age, repeat prescriptions...we are not getting looked after in our old age..*

*When you have long term conditions, it's difficult to see the same GP, they seem to lose track of you as you go, especially older people, continuity is very important, not just to see anyone*

*I avoid it like the plague, because it's so hard to go, I should go for more check ups...*

## Communication and listening

Positive communication was a common theme. The feeling of being really listened to by GPs was important in giving patients a sense that their health was being taken seriously, and not wasting time

*GP says 'let's crack on' when trying to talk to you....it's rude, they didn't want to listen*

*They treat me like I am a 'worry guts parent' but I have a child with health problems, they don't seem to listen when I want them to see him*

*I don't feel like I am anybody's priority...they do listen but I feel they are always in a rush to get me out*

*I don't feel they listen to you - they should be proactive in their investigations when you go to see them. Sometimes it feels like they are quite dismissive*

***'My grandmother doesn't feel listened to, the GP kept eating while she had an appointment with them'***

*The NHS is changing, and not able to meet the needs of someone with multiple, complex needs. In my surgery there are notices saying you only have ten minutes and can only discuss one problem at a time. You end up feeling like an inconvenience...it is very hard to get the care I need*

## Prescriptions

Problems getting prescriptions were highlighted within 7 comments. These included generic concerns brought up across surgeries about onerous or unclear administrative processes, poor communication between GP and pharmacies, travelling to find prescriptions not ready, and occasional mistakes in medications.

*Prescription sent electronically but we weren't told to which pharmacy...thought it was the one attached to the health centre, but it turned out to be the BMW plant...they didn't communicate that clearly*

*Last time I was ill I went to the pharmacy, bought a lot of things over the counter...but most people can't afford that*

## Who can take note?

### Oxford Clinical Commissioning Group (OCCG), Oxford City GP Locality Group, and Oxford City Patient Participation Groups

- Healthwatch Oxfordshire have highlighted specific issues raised by a number of patients about communication and management of prescriptions at one particular GP practice, with the hopes of highlighting ways in which improvements could be made
- Healthwatch Oxfordshire will raise the comments received on GP services within the report to the Oxford City GP Locality Group meeting and to Oxford City Locality Patient Participation Forum

## 3.2 Hospitals in Oxford

We collected 75 comments from people about their experiences of hospital treatment in Oxford's OUH Hospitals

Hospital	Reviews	Average Star Rating (1=terrible & 5=excellent)
Nuffield Orthopaedic (NOC)	16	★★★★★
Churchill Hospital	9	★★★★
John Radcliffe (JR)	50	★★★★☆

Comments about hospital care

### What is working well?

#### Staff and quality of care

We heard how much people value the professional, compassionate and caring approach taken by staff in all hospital settings.

*Treatment and quality of care...couldn't have wished for better (NOC)*

*I went to the trauma unit. The staff were brilliant and did loads of tests. I was then seen by an orthopaedic surgeon who was lovely. They way I was looked after, all the tests, and the consultant was so thorough... (JR Trauma)*

***'Brilliant and friendly. Walk you through everything so you are not worried...wonderful...staff really friendly I can't speak highly enough of them, I was a little nervous and they helped settle my nerves' (NOC)***

*Had cancer treatment last year, and it was wonderful, everyone so kind (Churchill)*

#### Good communication

Good, clear communication was key in ensuring that people felt less anxiety about treatment, and felt included in their care, making all the difference to their experience

*Brilliant and friendly. Walk you through everything so you are not worried...wonderful...staff really friendly I can't speak highly enough of them, I was a little nervous and they helped settle my nerves (NOC)*

*At the desk, very polite and the nurse then came out to get me, chatted all the way, it was very nice, I was very happy with the quality of care (NOC)*

*I was really nervous, but the two nurses were lovely, they kept reassuring me, stroking my hair and telling me it was alright. I am glad it's over but the nurses were lovely (JR)*

*My son is 4, they don't talk to him as a baby, they responded to him in an appropriate way, even though they were really busy...they took time to answer his questions (JR)*

*Amazing every step of the way, someone there to help you. Explained everything very clearly... with cancer you feel out of control, but they treated you like you were in control, they check in with you (Churchill)*

## What could be better?

Whilst overall comments about staff and standards of care were positive, frustrations with the system as a whole came to the fore. In line with comments on hospitals highlighted in previous Healthwatch Oxfordshire reports, people focused on frustrations with administrative systems, getting appointments and waiting times, parking problems and food.

### Getting appointments

People spoke of experience of waiting what they saw as a long time to get appointments with hospitals following referral by a GP. This frustration included comments on the administration of the appointments system and time taken with communications.

*Took 4 months to get an appointment. Quality of care very good, but it took too long*

*Referrals letter taking a long time...the length of time it takes to get a letter and to make decisions (NOC)*

*Communication...getting letters take a long time to come through...could they phone you if you've got a letter- to confirm certain details? (NOC)*

*The only problem was getting into the system...the GP was spot on referring me, but getting an actual appointment, there was a delay, I didn't get the letter, and had to chase the appointment by phone (NOC)*

*Saw a GP in July 2017 and was referred...'choose and book' but they said no appointments available. They said if I hadn't got a letter by September, I need to ask GP to re-refer. I did this, and saw someone in February, but it's an 18 week wait for the procedure, so I expect to be treated in June 2018, almost a year after the problem started (JR; Ear Nose & Throat)*

### Waiting times during appointments

Once at a hospital appointment, some commented that waiting times were long, and that communication about this could be improved so that people knew where they were, and how long they had to wait.

*The waiting times can be anything up to three hours from a timed appointment, the care seems rushed and impersonal (JR Eye Hospital)*

*I attended an appointment, which was running late. I was getting upset as someone was waiting to give me a lift home. There was no information about the delay which was very frustrating...tell people about the delays...they have big screens, use them! (Churchill)*

Comments however, showed that despite frustrations, people did understand the pressures on the NHS system and staff

*I went to A&E at 2am and waited on a trolley...trolleys were in the corridor at the entrance...I eventually got seen and left at 10am..I was happy with the treatment...what can you do otherwise?*

*Waiting times....I know they are inundated, ridiculously busy...*

### Parking and access

As highlighted by Healthwatch Oxfordshire in previous reports, comments about problems and frustrations with parking were received from patients using all hospital sites. People recounted stories of trying to access the hospital and find parking, adding to overall stress at a time when they were seeking treatment.

*The parking was terrible, we had been given a staff parking permit, but even then it took an hour to park, it just takes so long to access space (JR)*

*Parking...score 0! The car park is terrible, have had to park on verges when my daughter was in intensive care...I have had to sit in the car for an hour to park... (JR)*

***‘They need to sort out their car park...the parking at all hospitals is terrible’ (Churchill)***

*If you can’t find parking, it made it very difficult to access the hospital. Affordability and parking...you have to pay up front, so how do you know how long you have to buy a ticket for? It adds to stress levels (NOC)*

*The thing that could be very much improved is the parking spaces for disabled people...there is always a long wait (NOC)*

## **Using public transport was not without problems**

*Getting to the NOC has been awful. I took 1.5 hours to get from the park and ride to the NOC..the bus was stuck in the JR car park for a long time...it really adds to the stress..*

For those who were visiting relatives in the hospital from a distance, better information about parking would have been helpful at the JR

*If they had a booklet of information about where you could stay, the car parking, permits etc...all patients should get one when they are admitted...*

For those without cars, we received two comments about delays to hospital transport, including long waiting times for collection, lack of communication with the patient and miscommunication between South Central Ambulance Service (SCAS) and Hospital Transport

*The transport team at the JR were excellent, they tried and tried, but SCAS did not send an ambulance...*

*Improved? Transport people remembering we are people, and to be forced to hang around in hospital it is depressing and demoralising*

## **Food and services**

Food featured in four comments by patients, with three coming from patients using the NOC

*The food needs to be better.. (3 comments about food at the NOC)*

*There should be somewhere to get new clothes, essentials...I have been in hospital for months...there is a League of Friends shop but this is not enough.. (NOC)*

***‘The halal option for food was not very good...we were wondering if it could be improved?’ (JR)***

## **Discharge**

Some spoke of the difficulty in leaving hospital care, both in terms of securing follow up social care support packages, and poor links with the home setting

*Mother in law wanted to come home after the op, but was kept in a bed at the JR as there was nowhere to go..she wanted to come home, and didn’t want to ‘bed block’ but they couldn’t sort out the care...we need places for people to go after operations to get better like they used to have..*

*Once I was discharged at midnight, so had problems getting home...*

## Who can take note?

### Oxford University Hospitals NHS Foundation Trust

- Comments on services received at OUH hospitals will be taken to OUH Patient Experience Oversight Group and OUH Board
- We urge that joint work continues to take place to try and find solutions to ongoing parking and access problems for patients and their families, through working strategically with Oxford City Council Transport Planners and other partners

We ask that clear information is provided to patients and their families on parking and access to hospital sites, in line with Healthwatch Oxfordshire previous recommendations and report on travel to hospital (Healthwatch Oxfordshire 2017)

## 3.3. NHS Dentistry

During early 2018 Healthwatch Oxfordshire focused on access to and experience of NHS dentistry, launching a county wide survey. The Oxford outreach provided an opportunity to talk to people in the city about specific dental practices and their attitudes to both dentistry and oral health.

**In total, Healthwatch Oxfordshire received 97 comments from people in Oxford about NHS dentistry in the area including:**

- 65 service specific comments
- 24 comments from people not using dental services

People told us about the following dental practices in Oxford

Practice	Reviews	Average Star Rating (1=terrible & 5=excellent)
Westbridge Dental Practice	42	★★★★☆
Leys Dental Practice	8	★★★★☆
Bury Knowle Dental	4	★★★☆☆
St John's Street	3	★★★★☆
Studental	3	★★★★★
Temple Street	1	★★★★★ Single comment
Manor Dental Care	1	★★★★★ Single comment
Kennett Road	1	★★★★★ Single comment
George Street Dental	1	★★★★★ Single comment
East Oxford Dental Clinic	1	★ Single comment

Based on reviews Jan-Mar 2018

Whilst these issues will be explored in more depth in a forthcoming Healthwatch Oxfordshire report on NHS dentistry, comments received in Oxford outreach highlighted the following themes:

## What is working well?

### Overall standard of care

Patients commented on the positive aspects of NHS dental care, including service and facilities, professional standard of work and approachable, friendly staff

*Excellent dentists, and an exceptionally good hygienist*

*Dentists all brilliant...faultless work*

*The practice is very well organised. Brilliant cycle parking just opposite*

*Very friendly, efficient, on time. Very clean*

*I'd be reluctant to change...otherwise you lose the years of knowledge and contact with your dentist*

### Appointments

Patients focused on the convenience of making appointments, including the ease of booking, the value of reminders and clear communication

*They see you very quickly here, you don't have to wait a long time to be seen*

*I am a busy childminder, and they send a reminder that I need a check up in the post...*

*Very good dentist...get text reminders which is great*

*Always get an appointment and they remind you of when your appointment is due*

### Management of anxiety and fears

Fears of having dentistry treatment was a common theme, often relating back to childhood, or fear of pain. However, it was clear that both good treatment, along with supportive attitudes of staff made a huge difference in alleviating fears and encouraging people to seek regular treatment

*I feel relaxed and comfortable when visiting the dentist. The staff are very kind, warming, I would recommend this practice to everyone, I was so scared when I first went, and they have been incredible*

*They are very good. Every other dentist I have been to you feel pain. But with them, I just feel pressure, no pain*

*I had a childhood fear of dentists... but my dentist really got me through it, they are really good*

*I am very nervous about getting my teeth done and they really help with that*

***'I go every six months now, but I used to leave it until it was an emergency...I am scared of dentists, but they have really helped me with this'***

### Clear communication

Patients also valued clear communication from dental staff, about treatment options, costs and overall advice on dental and oral care. Feeling able to ask when uncertain was also important.

*The dentist was very thorough. They explained things about my teeth I'd never understood before*

*Efficient, friendly, good at communicating when seeing you*

*Exceptionally good at explaining the results of oral inspections, the options available, and whether they would be on the NHS or private. Clear estimate of costs*

*Sometimes I don't understand my dentist's advice, but then I feel comfortable enough to probe- I think it might be a language thing...he told me to clean the interior of my teeth and I didn't understand*

## Child friendly

Patients commented on the importance of positive attitude of dentists towards children, in enabling them to build trust and to understand the needs and stages of dental care in children.

*We go as a family of four for a check up every six months. It is easy to get an appointment and the dentists are really good with children*

*My child is 18 months old now and the dentist has told me it is important for her to be prepared for a check up on our next trip to the dentist*

***'Really friendly with my kids. Gave me an appointment there and then, my kids loved it. The dentist was really friendly with them so they are not scared to go back'***

## Picking up on wider health conditions

Whilst general oral health did not feature strongly in comments, some with particular health conditions recognised that dentists play a role in monitoring overall oral health and underlying conditions.

*I've had diabetes for 25 years, and these were the first dentists to give advice on oral health care for diabetics. They are very good at referring onto the care at the hospital needed*

*They were brilliant, I had ulcers in my mouth, I saw the dentist and within a day they had arranged an appointment at the face clinic at the hospital. I felt well looked after*

## What could be better?

### Access

Physical access to some surgeries was mentioned as a potential barrier to some. This was seen as a challenge both for wheelchair users, and those using buggies.

*They have only one ground floor room. Its hard for disabled people. They need to have lift access to the other room as only one room has disabled access. Its is really hard with buggies too*

*Access into the surgery isn't brilliant, they've tried their best...can be fiddly to get into the dentist's room*

### Clear communication

Some felt that communication and information given by dentists could be improved. This focused partly on patients' need to feel confident in asking questions, and that dentists and receptionists were approachable, and there was time to ask.

*I've changed from them, the dentist was not friendly...I wanted to ask a specific question but didn't get the information I wanted. I had to make a decision about fillings but there was no room to ask questions at all*

*I don't seem to be getting the same hygienist service that I used to and I am not confident enough to ask why*

*Perhaps the receptionists should take off their headphones when they talk to people? Its so they can talk on the phone hands free, but they look too corporate and not very friendly*

Others focused on more specific information needs, including costs, and treatment options

*I don't know when to take a child to the dentist for the first time...*

*A lot of people don't know what they are entitled to, and it puts them off...they need better information*

## Financial concerns

A number of people raised financial concerns when speaking about NHS dental treatments, with cost being a factor that would prevent them from taking up the treatment that had been advised. Again, clear information on NHS costs and treatment bands was not always forthcoming or clear, leading to people making choices based on unclear information.

*I am not registered because it's too expensive...I can't afford to register with them, but at least I can afford to take my kids*

*I don't know why you get free prescription for medication...I am over 62 but I went to the dentist yesterday and they said I would have to pay £200 as I've got a wobbly tooth...then they said it might cost £100 so I said 'forget it' I haven't got that sort of cash at the moment*

***'I work so I can't get any financial help to use dentists, it's just too expensive'***

*My brother had a tooth out, it cost over £150 its too expensive*

## Eligibility under the NHS\*

Underlying concerns showed uncertainty about what treatments would be eligible under the NHS, and what would need to be done privately. Some expressed a concern around trust with dentists based on the lack of clarity about treatment costs and options, and that dentists might 'push' them towards private treatment

*They used to offer cleaning and polishing as part of your NHS check up, but they've stopped...why is that? Now they spend five minutes cleaning and say if you want a better job you have to pay privately*

*The last time I saw the dentist they suggested a treatment but could not find the product, so I was told to buy it myself...our trust is slightly shaken*

*My dentist tried to charge £300 as a private patient, when I am NHS registered. I challenged this as I thought it was wrong, and got an apology...but am concerned this could happen to other people*

*I have a degenerative health condition which has an impact on my jaw...I am with an NHS dentist but they said I can't have the procedure on the NHS, I have to pay privately...it's over £6K*

Where costs and treatments were clearly explained, this helped people to feel confident with the work

*Really good, we don't feel like the dentist is pushing everything onto us. He is willing to wait to do procedures and when we signed up I had a maternity card. He suggested doing fillings whilst I had this*

---

\*For information on NHS dental charges (<https://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx>)

## People who don't see a dentist

Speaking to people on the streets, in shopping centres, and other venues, enabled us to hear a wide range of experiences, and brought to our attention that a significant number of people do not use dentists at all. We met 24 people across the age spectrum who didn't visit dentists. When asked where they would go if they had a dental problem, most said they would find 'emergency treatment'. Most people we spoke to still assumed you had to be 'registered' with a dentist to receive care.

Reasons given for not using dentists varied, including 'no need' to go, fear of dentists, cost concerns, lack of time, and having not found one since moving home. Some just didn't see the need to go, especially if they perceived there was 'no problem'. This included comments by parents about dental treatment for their children.

### 'No need' to go

*I never go to the dentist...haven't been for years, just don't see the need to go. I suppose if I had a problem I would find one....(man 70s)*

*Don't go to the dentist or take my child, as don't have any dental problems*

*Full set of false teeth, don't smoke or drink, so don't need it (man 60s)*

*...Not needed one*

*Don't use a dentist not registered will just go to a dentist if need, better information about this would be a help*

### Fear of dental treatment

*Scared of needles...years ago had 5 teeth out, and won't go to dentist anymore...if I had an emergency, I would go to an emergency dentist*

*Would use an NHS dentist, but too scared to go...have tried in the past but the dentists said they don't have time to help with my fears..*

*Don't ever go to a dentist, don't like them and try to avoid it*

*Moved into the area some years ago, but hasn't had the time...am scared of dentists, need one as have problems with my teeth, but I am trying to work up the nerve to go to one*

### Cost and uncertainty about price

*I don't like them, I haven't seen a dentist for a good ten years, if I had to have a tooth out, I would do it myself...just too expensive*

*Too expensive to go here*

*I moved from London but haven't registered with an NHS dentist as they are so expensive..I don't plan to register with one for years to come because of the cost*

*A lot of people are put off as they don't understand what they are entitled to...the information needs to be more 'out there' (Leys)*

### Too busy..

*I have a young child, and don't have the time to sort a dentist..*

*I know I should go to the dentist, but too busy to register...with a baby and another one on the way, I work as well...so it's too much*

***'No, I haven't been to a dentist since I was a child...I haven't needed to and haven't had any problems - but now I am getting older I am getting problems and pain, so I need to find a dentist'***

## Use of private dentists

Some had switched to private dental treatment. Reasons included lack of trust of NHS treatment, and problems accessing an NHS dentist

*Used to have an NHS dentist, some years ago, but then they went private, and I haven't been since...*

*Used to use an NHS dentist years ago, but had a bad experience, so now use a private dentist*

*Use a private dentist, as when looking for an NHS dentist...couldn't find one*

## Oral health

Underlying comments about whether people needed to see a dentist, was a lack of understanding about the benefits of good oral health, and the role dentists play in ensuring other mouth, gum and throat problems did not arise.

Oral health was not something that adults commented on to any large extent. However, conversations with community workers, teachers, and dental professionals did highlight problems with oral and dental health in the areas we visited.

*We have a lot of patients with decay and a lot coming in have all their teeth out*

Children's oral health was raised as a problem in conversations both in Rose Hill and Greater Leys. Some commented that there was little support for promotion of oral health within schools and among families, and that previous support initiatives had been cut. Comments about oral health among children, received from community, school and dental workers support findings within JSNA reports (JSNA 2015, 2016, 2017, 2018) which highlighted in 2015, '40% of Oxford children have some experience of tooth decay by age 5' with Oxford city still showing worse than average oral health among five year olds, despite overall improvements by 2017 (JSNA 2015:111, JSNA 2017).

Easy availability of sugary snacks locally and lack of healthier food outlets, lack of support and guidance for school healthy eating policies, along with uncertain awareness of risk factors was noted by some as contributing to the problem.

*It's what people feed their children...we have parents coming in pushing prams with coke in the babies bottles*

*A lot of people don't realise its so bad, a lot think 'kids teeth' will get lost anyway, so are not so important...disposable*

*Young mums, a lot of them don't know (about oral health)...when it's best to brush*



People commented on the easy availability and advertising of sugary foods

*Dental health is a real issue in Rose Hill...we have young children come in with black and decayed milk teeth...*

*Lots of sugary drinks, and sweets when children are picked up from school, and if attendance is an issue, sweets used to 'bribe'...*

*So many services have been cut, and there is nothing happening locally, so it often comes back onto the school to have to manage it*

***'So many services have been cut, and there is nothing happening locally, so it often comes back onto the school to have to manage it'***

## Who can take note?

**Oxford's dental practices, NHS England (South East), Oxfordshire County Council Public Health, and local Community Partnership Groups**

- Comments on NHS dentistry and oral health will form part of a wider report that Healthwatch Oxfordshire is undertaking, focusing on access to and use of NHS dentistry across the county. The findings from Oxford will be added, along with recommendations. The report on dentistry will be produced by June 2018, and disseminated to the NHS England (South East) Dentistry Commissioners, Local Dental Committee, and Oxfordshire County Council Public Health Team, who commission oral health services
- The findings can feed into local Partnership Groups and community organisations working in the areas concerned, in support of their focus on health and wellbeing

## 4. Other comments we received about health and social care services

### Adult mental health services

We spoke to a number of people about adult mental health services in Oxford. Some comments reflected concerns and confusion about access for statutory support services.

*In general, there is no support for someone like me with longer term mental health issues. My understanding is that if you've been well all your life and you go through a bout of depression, you can access counselling for 6 weeks. They can tick their box, another person supported... but if you have long term problems, there is absolutely nothing, no support at all, there is just medication for people with complex mental health needs...there is such stigma attached to having mental health problems, it's just awful*

*I have been referred but because I am not suicidal I am not a priority. However, I am on a downward slope and when I become suicidal I will be a priority...improve access, waiting times are too long and in the meantime people get sicker*

Others described the problems navigating mental health services, and finding information once a crisis took place

*My wife had mental health problems and they didn't give us enough information about it, we had to read and speak to other people*

Communication and feeling listened to was again a focus for comments

*I was told our NHS trust had closed its services. I was notified I could have a series of online interviews in Jan of a face to face in 6 months time..these would be in Oxford, Swindon or Newbury...provide it in house in Oxfordshire...*

*Do what you say you will do because someone went on holiday and my referral to the adult mental health team was delayed (Talking Space)*

*CBT feels very prescriptive, and doesn't give a chance to feel comfortable...just feels like someone doing their job*

**'...all they do is give me tablets'**

## **Mental health support in the voluntary sector and community**

Positive comments were made about the support from voluntary sector provision

*Talking Space Plus, the guy on phone was lovely and reassuring, told me about courses I could do in my area, CBT*

*Post JR hospital maternity health visiting team were amazing, they saw I was struggling with my mental health and signposted me to Talking Space*

*MIND very good... supported my daughter, they took all her benefits away and she went to pieces... MIND won an appeal for her...but the year is up and she has to go through it all again, so she is really anxious about it all...*

Lack of awareness of and link up by GP's with community based mental health services was raised as something that could be improved. There was a sense that mental health support in the community was not 'visible' and that wider public health awareness of mental wellbeing should be more of a priority

*It feels like there is a gap in information and link up with community based groups and activities which can support mental health, reduce loneliness and isolation, it's very hard to find out where/ if things are happening and how to find them...the GPs could refer into these too, but GPs don't make these links ..the GP or hospital didn't tell me about it...these things are not visible*

**'Needs to be much more of a public health type promotion of mental health issues, and also ways to increase mental wellbeing through physical activity and self-care'**

## **MSK Services**

One comment reflected the impact of recent changes in MSK service provider, experienced across the county

*I need to have my knee checked and the GP referred me to someone. I had a letter from a company which was very informative about the pathway and who to see, but I don't know who they are...and I am a retired medical professional*

*Long waiting times at Didcot (12 weeks)*

*The physio was really kind and explained everything and told me what to do to help my recovery*

## **Falls service**

*They came to my home and really checked me over. They looked at my tablets and my blood pressure. It was unbelievable how much time they took making sure I was ok. The thorough way in which they looked after me...the falls staff were great. Need more information about the falls service as everyone I have spoken to doesn't know about it*

## 5. General themes. What's new?

### 5.1 Meeting communication needs; awareness & provision

#### Autism awareness

*Didn't trust maternity support workers...they might be good at their job, but didn't talk to me, didn't introduce themselves*

*Not very good with autistic people, they didn't know how to help me, kept wanting to touch me, I didn't want to be touched...they kept moving things around in the room. They used analogies, and I just don't do analogies*

#### Language and interpretation

Comments about poor use, inadequacy or absence of translation services were heard about across GP and hospital services, highlighting barriers faced by some members of the community in both access to health information and treatment

*Don't go so much to the Doctor as its difficult as my English is not very good and its hard, and I have to take my son (Year 3) to translate*

*When we called 999 they ask so many questions. When she was having a baby we called 111 and said she was having a baby...but they said they still need to ask questions...asked how many months pregnant, she ended up having the baby in the toilet...the ambulance came but only after she had had the baby, she kept saying, 'I don't speak English'*

***'There was no translator at the GP, so the GP used a computer programme...he types in and I have to read, but I can't read, I don't have an education'***

*Why did the ambulance ask so many questions? Why did the Doctor send her here? I kept saying please come, the baby is coming, why didn't they come? No one explained what the problem was, someone needed to explain in Arabic to her what the problem was*

*I think there needs to be more information for Asian Women in their own language (Punjabi, Urdu, Hindi) about how to stay healthy. Asian women often don't have the opportunity or access to information in their own language, and many women need advice. This advice is best given by the GP as we trust our doctors and can talk to them*

## 5.2 Wider determinants of health

Comments from people we met in all areas we visited focused on the underlying drivers of poor health, and the need for more preventive focus to support health improvements. We heard comments on the impact on wellbeing of poor environment, rubbish, poor housing, debt, food poverty, as well as some of the things that people felt supported healthier living.

*Streets are dirty, there is not enough street cleaning*

*Cowley is neglected, the streets are never cleaned, there is so much dog muck everywhere, it's not clean*

*Main issue is alcohol and drug use here*

*With universal credit coming in, some of the people we work with have got no money, can't even get on a bus because they can't afford it, and it's getting worse, and food bank use is going up all the time*

*We're a family of 4 and live in one room, and the landlord has just given notice...need help with housing and understanding forms...who do I see?*

*We rent and our landlord won't address the damp problem in our house. It has an impact on my lungs and respiratory problem, but he won't do anything about it. We don't know how we can get him to tackle the problem*

Others commented on impact of the loss of local support services, such as Children's Centres, which had previously provided support to health and wellbeing

*I really miss Children's Centres, with my seven year old I went twice a week, now they are all gone...they were really good when you have a young baby, breastfeeding, meeting local mums and experts there for support*

Some focused on the things that supported them to live healthier lives and build healthier communities.

*There are enough activities on offer here to stay healthy, parks, swimming, rugby...if you want it you can be involved in a number of things*

*Over the last 15 years, I've seen positive improvements in the social impact of substance misuse, as a result of NHS providing legal substitutes...it's brought down crime levels like robbery which was a problem before*

*I've lived in Blackbird Leys for over 50 years, I wouldn't move, it's a strong community, and everyone is so friendly, and its got lots of amenities, health centre, dentist, and good bus connections...it gets a bad press, it has a worse reputation that it actually is*

And broadly about the need to tackle the impact of some of these underlying drivers

*We need more robust community-based health systems to stop people getting ill in the first place...*

*I can see how substance misuse goes through the generations, and more needs to be done to break the cycle of misuse in families*



Rose Hill Food Bank

***'Free exercise equipment in parks, really good to use, it helps you stay healthy and its better than going to the gym as you don't have to pay'***

*There is easy access to junk food, and not enough health education on healthy eating and learning how to cook*

Whilst underlying conditions were perceived as impacting on the health of residents, we found much positive work already taking place in the communities we visited, led by local community organisations and volunteers and local residents. Rose Hill in particular, has benefited from significant investment and joined up action, with Oxford City Council and third sector support, focused round the community centre, school and other sites. There was a wide range of community-based activities and support, often with a focus on tackling some of the persistent underlying drivers of poor health. Greater Leys has similarly benefited from proactive regeneration and partnership work. Littlemore and The Leys had a lot going on at a community level.

*‘Used to run a sugar awareness course, but with funding cuts now, its just not possible to do that ’*

However, comments from residents in Littlemore suggested the perception there is somewhat different, with comments about disparity of support and funding, for an area identified as having significant social deprivation

*Don’t get given much like Rose Hill, there is a plethora of halls in Littlemore, but no real investment unlike Blackbird Leys and Rose Hill, Littlemore is a ‘Cinderella’ as far as Oxford is concerned*

*There is an active centre in Littlemore, but all relying on voluntary activity, people work hard, but it’s not being actively nourished like Rose Hill*

*It feels like Littlemore is out on a limb*

This was echoed elsewhere in OX4

*There is so much going on in Rose Hill and Barton, I don’t begrudge them that, but why is Cowley neglected?*



Community activity at Rose Hill and Littlemore

## 5.3 Access to services

### Transport links to services\*

Perceived lack of adequate public transport links were viewed by some residents in Rose Hill, and in particular, Littlemore, as acting as a constraint for access to GP, health and other essential services.

*With the cuts to the No 20 bus, it's hard to get into town to visit the opticians etc, if you have limited mobility, or young children, it's hard to get to the GP surgery from here. The number 20 bus used to go round the estate (Rose Hill) to the Cowley Centre and JR, but now it only runs between 9.30 and 1pm, so if you have an appointment at 9am, you can't use public transport*

*People who live down the back end of Rosehill, Rivermead Road, Lenthall, particularly older people, can't walk up to the bus stop, can't get to the Oval..*



Rose Hill

For some residents of Littlemore, particularly those without cars, elderly or parents with young children, access to services was raised as a real problem. This included access to health services, GPs, hospital and dentists, as well as to everyday services including affordable food shops, and reaching other amenities across the city. The main ring road was seen as a physical barrier to Rose Hill where bus service was more frequent, with long walking distance to access the pedestrian bridge.

Lack of perceived convenient and regular bus services to Littlemore meant that journeys had to be planned very carefully in order to arrive at places on time, or taken by other means than public transport, such as using taxis or being reliant on lifts.

---

\* (Littlemore is served by Buses 3, 3A and 16A operated by Oxford Bus Company and Stagecoach respectively. Buses 3A run a half hourly service but do not provide a service from Oxford centre to Littlemore, via Iffley Road beyond 8 pm on a weekday, and with limited cover at weekends. Bus 16A is more frequent, travelling from Oxford Centre via Abingdon Road, and the Cowley Centre to various stops in Littlemore, until the early hours of the morning. See: <https://city.oxfordbus.co.uk/timetables-fares/city3-3A>; <https://www.stagecoachbus.com> )

*No bus to the East Oxford Health Centre...bus services to this end of the village and Sandford are appalling...and bus to Donnington, doesn't come this way, you have to walk down to get it, if you can walk that far..*

*Nothing on a Sunday in any direction and buses don't always turn up*

*Access to GPs, even if people get to the bus stop in Littlemore, the two services are only half hourly..you need one and a half hours on the bus to get to the hospitals*

*If you are a wheelchair user, it's really expensive, £14 return to the GP in Blackbird Leys, and £15 from town*

*Young mums haven't taken their children to GP for vaccines as it's just too far to go...they just don't get them done*

Food shopping was also seen as a challenge, with older people without cars finding the walk to Sainsbury's too difficult or far. Some did make use of a weekly Tesco bus.

*Living in Littlemore, I get the bus to Oxford, then to Abingdon to Waitrose, it takes 4 hours...easier than shopping at Sainsbury's pushing my trolley*

*I go to Lidl, as its cheaper (than Sainsbury's) it takes me 4 ½ hours to do a shop, it's too far to walk, so I have to get a lot of buses*

***'I live on my own, when I can't drive I am going to have to move, I realised when I had my hip replaced...you can't manage here without a car'***

## Concerns about access to health and other services

Comments were given by residents about perceived under-provision of health infrastructure, in relation to population size, both in Rose Hill and Littlemore.

*When the community centre building was put up (Rose Hill), it was on the understanding that we would have a GP surgery here, when we requested a surgery, the CCG told us we could not have this, we would like to see GPs in this building, this building was built for this purpose..*

Lack of healthcare provision was raised as a problem in Littlemore and has again been part of an ongoing debate with commissioners. Many felt that the size of the local population, and deprivation in the area, would indeed justify provision of health services.

*There are three churches here, but no Doctor...so you have to pray...*

*We don't have a GP in Littlemore, even though it's a big population, GPs in Leys and Temple Cowley are two bus rides away, and Donnington 1 bus...getting buses is an expensive business*

*No health services, no GP in Littlemore, no chemist, the closest is Sainsbury's, which you cannot get to by bus, otherwise you have to walk to Rose Hill*

*There is lack of a GP surgery close by, the nearest accessible one is Donnington, I couldn't get in there, so registered with Cowley, but it's a walk from the bus stop...*

## Concern about added impact of new developments

Whilst access to existing infrastructure and services were the focus of concerns, residents also highlighted the potential strain that new housing developments would place on these services and amenities in both the Leys and Littlemore.

This was seen as a pressing problem in the light of proposals for a large new housing development for over 140 mixed tenure homes on Sandford Road, Littlemore, which some felt were to be isolated from then main Littlemore village (planning application ref 17/0305FUL

***'..what about the proposed housing expansion on Grenoble Road (Leys), how will the GP surgery cope with it, it's already taking 3 weeks to get an appointment?'***

Oxford City Council). Concerns expressed by the parish council and other residents were about the potential for increased isolation, fragmentation of the community intersected by the ring road, increased exposure to traffic pollution and lack of health infrastructure planning. Some saw this as exacerbated by the fact that Littlemore sits near the boundary between Oxford City and South Oxfordshire District Council jurisdictions, with lack of joined up planning.

*The new housing, a large proportion is social housing, at the back of the site, but it will take ten minutes at least to walk up to the main road, the route out if you don't walk across Sainsbury's carpark...over the railway, across the dual carriageway, up the old road to the bridge and back over...countless journeys*

*There may be children from the new development with children in playgroup and school, and a parent with two children in two different settings would have to walk this way four times a day*

## Who can take note?

### **Oxfordshire Clinical Commissioning Group, Oxford City Council, Public Health and local Community Partnership groups**

- Whilst there is much positive work going on in Rose Hill and Greater Leys as a result of regeneration initiatives, comments indicate that underlying factors contribute to people's perceptions of health and wellbeing in the areas they live
- There remain concerns about access, allocation and transport to local health services, in particular in Littlemore and Rose Hill. We will bring these comments to Oxfordshire Clinical Commissioning Group, and to the Oxford GP Locality Group, and Oxford City Council (Transport Planning)
- Concerns raised about proposed new developments and impact on health services, community building and isolation. As we have found in other areas in Oxfordshire, joined up planning between health and spatial planning is key to ensure communities remain resilient and sustainable

## Appendix 1.

### Population snapshot

- In Oxford City, parts of Rose Hill and Iffley, Northfield Brook, Barton and Sandhills, and Blackbird Leys are among the 20% most deprived nationally
- Children living in Rose Hill & Iffley, Blackbird Leys, Banbury Ruscote, Littlemore, Churchill and Northfield Brook are in the top 10% of children in England aged 0 to 15 living in income deprived families
- Life expectancy by ward data for Oxford City shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15.
- All areas in the study had lower healthy life expectancy at birth than the Oxfordshire average
- The wards in Oxfordshire with the highest number of claimants (JSNA and Universal Credit) in November 2017 included Blackbird Leys
- For ward level population profiles for each area [https://www.oxford.gov.uk/downloads/download/327/ward\\_profiles](https://www.oxford.gov.uk/downloads/download/327/ward_profiles)

**Source:** Oxfordshire JSNA 2018; Index of multiple deprivation dashboard; Health Inequalities Basket of Indicators April 2018 (Oxfordshire County Council Insight Data <https://insight.oxfordshire.gov.uk>)

## Appendix 2. Who did we speak to?

Alice and Margaret House, Rose Hill  
 Blackbird Leys Library Stay and Play  
 Churchill Hospital  
 Cowley Over 60's group  
 Donnington Doorstep  
 ESOL Class Rose Hill Community Centre  
 Green Square  
 John Radcliffe Hospital  
 Leys Dental Practice  
 Leys Pharmacy  
 Littlemore Food Bank/ Littlemore Baptist Church  
 Littlemore Parish Council  
 Littlemore Stay and Play  
 'Move it or Lose it' Over 50's exercise class, Littlemore Village Hall  
 Nuffield Orthopaedic Hospital  
 Rapid Appraisal on streets Greater and Blackbird Leys, Rose Hill and Littlemore  
 Rose Hill Community Centre  
 Rose Hill Food Bank  
 Rose Hill Primary School  
 Rose Hill Stay and Play  
 Rose Hill Tenants and Residents Association  
 Templars Square shopping centre general shoppers  
 Youth Group Rose Hill Community Centre

## References

- Department for Communities and Local Government (2015). The English Indices of Deprivation. Oxford Results. September 2015. London: DCLG.
- Healthwatch Oxfordshire (2017) People's experiences of travelling to hospitals in Oxford and Banbury. May 2017. Healthwatch Oxfordshire. Available at: <https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/>
- Oxford City Council (2018) Ward Profiles [https://www.oxford.gov.uk/downloads/download/327/ward\\_profiles](https://www.oxford.gov.uk/downloads/download/327/ward_profiles)
- Oxford Health Inequalities Commission (2016) Recommendation for Action on Health Inequalities in Oxfordshire. Oxford: Health Inequalities Commission <http://www.oxfordshireccg.nhs.uk/key-occg-publications/oxfordshire-health-inequalities-commission-report/32180>
- Oxfordshire Joint Strategic Needs Assessment (2015) JSNA 2015: Key Points for Oxford. Health- Joint Strategic Needs Assessment Summary for Oxford. Oxford: Oxford County Council.
- Oxfordshire Joint Strategic Needs Assessment (2018) <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>
- Oxfordshire Joint Strategic Needs Assessment (2016)
- Oxfordshire Joint Strategic Needs Assessment (2017)
- Public Health England (2016) Oxford District- Health Profile 2016. 6 September 2016.
- Rowa-Dewar, N., Ager, W., Ryan, K., Hargan, I., Hubbard, G. and Kearney, N., (2008). Using a rapid appraisal approach in a nationwide, multisite public involvement study in Scotland. *Qualitative health research*, 18(6), pp.863-869





An electronic version of this report can be found at  
<https://healthwatchoxfordshire.co.uk>

With thanks to all the people we spoke to during our visits.

Healthwatch Oxfordshire  
Registered Office: Healthwatch Oxfordshire, The Old Dairy,  
High Cogges Farm, High Cogges, Witney, Oxon OX29 6UN  
Registered Charity number 1172554