

“I do not know what to do or who to see when I am ill”

Hearing from older Chinese people in Oxfordshire

April 2026



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Foreword

From the moment I began recruiting participants, even though I felt I kind of knew some of the problems in regard to the chosen population using Oxfordshire health and social care services, I felt a heavy sense of responsibility to find out more from them. I remember one participant told me that “I do not know what to do or who to see when I am ill.” This sentence stayed with me for days. My initial excitement about ‘doing the survey’ quickly gave way to discomfort and later a quiet determination. I realised that this is a very good opportunity to hold space for their voices to be heard.

Looking back, I have not only confirmed the existing health inequality problems I knew already but there is a much wider spectrum to the issue. For instance, some of the elderly Chinese people simply do not know what kind of health and social care services in Oxfordshire are available. I wish the key findings in the final report would ultimately lead to an improvement in services as well as narrowing the gap of health inequality in ethnic minority groups in Oxfordshire.

Last but not least, through this survey, I have learned that meaningful data does not always come from large surveys alone, but it could be possible that it comes from rapport and trust built in a small cosy interview room. I am honour and grateful to be able to contribute my parts in this survey.

Derek Ng
Community researcher
April 2026

Key findings

“I do not know what to do or who to see when I am ill”

In the context of a greater policy and strategy focus on tackling health inequalities and delivering care closer to home, hearing the views and experiences of ‘seldom heard’ communities – those who are more likely to experience health inequalities but less likely to be heard by health and care services – is crucial. One such community in Oxfordshire is older Cantonese-speaking Chinese people, who told Healthwatch Oxfordshire during outreach that they were experiencing barriers to accessing health and care services, and gaps in communication about changes to these services.

We supported a community researcher who carried out interviews with 20 older Cantonese-speaking people from Oxfordshire.

We heard that older Chinese people had both positive and negative experiences of using health and care services. We heard about barriers to care, particularly:

- Language barriers and patchy access to interpreting support
- Difficulty making GP appointments
- Long waits for care.

We also heard how these challenges, particularly a lack of tailored communication or proper interpreting support, can compound each other, meaning that some people were waiting for an initial appointment over months rather than weeks. We heard that in several instances people chose not to contact health services when they were unwell, or had to go without care despite having tried to seek help.

Other themes we heard about included:

- Problems getting prescriptions,
- Positive and negative experiences of interacting with health and care professionals and receiving treatment, and people’s perceptions of how the NHS has changed during their time living in the UK
- Gaps in how health and care services communicate with this community, with some of the issues people raised indicating that key messaging – for example about prevention, triage and modern general practice – have not been effectively targeted. People suggested ways of reaching and hearing from them including text messaging and outreach to community centres.

Next steps

We are sharing this report with people who make decisions about health and care in Oxfordshire to inform the design and delivery of health services covered by this report, including Thames Valley Integrated Care Board, Oxfordshire GP Alliance, Oxfordshire County Council, Oxford University Hospitals NHS Foundation Trust, and Oxford Health NHS Foundation Trust. We are asking them to:

- Address gaps in interpreting support and GP access, including at the point of booking appointments, which adversely affect people from global majority backgrounds and those with additional communication needs
- Proactively reach out to and build relationships with communities to build culturally appropriate care, information, communication and support
- Ensure the voices and needs of older Chinese people and other 'seldom heard' communities inform service design and delivery.

We will also work with health and care services and local Chinese community groups to produce a translated summary of our findings and key health and care messages, and build opportunities for health and care services to proactively visit and reach out to Chinese community groups.



"I think it would be best if they do more 'roadshows' through the [Oxfordshire Older Chinese People's Centre]. They are like a bridge or link and would signpost us towards the right direction."



Background

In the last few years there have been several significant changes in local and national health policy and strategy, including the [NHS 10 Year Plan for England](#) and Oxfordshire's adoption of the [Marmot Place](#) approach to tackling health inequalities.

Key priorities among these changes are ambitions to:

- Address inequalities in health outcomes, particularly those experienced by people living in socioeconomically deprived areas and from minoritised communities
- Preventing illness by supporting people to follow healthy lifestyles
- Neighbourhood health – ensuring that people can access health and care services near to where they live, with different services and voluntary organisations working together to support people in a joined-up way.

To achieve these goals, it is important to hear the views and experiences of 'seldom heard' communities – those who are more likely to experience health inequalities but less likely to be heard by health and care services – and use what we hear to shape service design and delivery to ensure it is culturally appropriate, fair and effective.

Oxfordshire's Chinese communities

People of Chinese ethnicity may be more likely to experience health inequalities than their white counterparts. Chinese people have the lowest rates of diagnosed ill health of any ethnic group in England.¹ This may be linked to a lower proportion of people from Chinese communities accessing health and care services, as a result of barriers such as lack of interpreting or culturally appropriate service design.²

According to the 2021 national census, Oxfordshire is home to over 8000 people with Chinese ethnicity.³ This is a diverse group of people and communities – including those who have moved to the UK from Hong Kong and mainland China and those born in the UK, and including speakers of Mandarin Chinese and Cantonese Chinese. In the same census, 827 people reported that Cantonese Chinese was their main language other than English. Just under half of these residents live in Oxford city.⁴

Healthwatch Oxfordshire has previously heard from Chinese people in Oxfordshire about some of the barriers they face to accessing healthcare. In our 2022 report on Using interpreters to access health and social care support in Oxfordshire, we heard from 33 members of local Chinese communities. Key

¹ Health Foundation resource, February 2025: [inequalities in diagnosed health conditions by ethnicity](#)

² Ruby C.M. Chau (2008) [Health experiences of Chinese people in the UK](#). Race Equality Foundation briefing paper; Kapadia et al (2022) [Ethnic Inequalities in Healthcare: A Rapid Evidence Review](#). Race and Health Observatory report.

³ [Oxfordshire Data Hub, Census 2021 - ethnic group - Asian, Asian British or Asian Welsh: Chinese](#)

⁴ [Office for National Statistics, Census 2021 - languages in England and Wales](#)

findings included mixed awareness about the availability of interpreter services, and that not everyone was routinely offered an interpreter when booking an appointment.⁵ During an outreach visit to the “Happy Place” (Oxfordshire Older Chinese People’s Centre) in October 2024, we also heard that key health and care messaging about changes to the delivery and availability of health and social care services had not reached all the members of the group, and that people felt their voices were not being heard by services.

Community action research

Healthwatch Oxfordshire takes a community research approach to enable communities who may not always be heard to speak out about issues that are important to them.⁶ Healthwatch Oxfordshire supports community action research in two main ways:

- Working alongside community groups to develop an idea for community research and follow this through the community action research cycle
- Supporting community members who already have an idea for a community research project to undertake a research project.

Community action research is an approach to hearing about people’s needs, views and experiences, and using this to help bring about change. It involves communities themselves in each step of the process. This means working with community members to find out what issues are important to their communities and together listening to community members’ views. It enables ideas and suggestions to be made as to where change or practical solutions can be achieved. Communities bring many strengths to research, including lived experience and local knowledge to understand problems and build solutions, strong networks, relationships and trust, culturally appropriate knowledge and ideas and energy for change.⁷

Four key principles of our community research approach, identified by community researchers from Oxfordshire, are:

- Nothing about us without us.
- Commit to action.
- Value lived experience and time.
- Be open, transparent and accountable.

⁵ Healthwatch Oxfordshire 2022 report: [Using interpreters to access health and social care support in Oxfordshire](#)

⁶ Healthwatch Oxfordshire [Community Research](#)

⁷ For more information about community research, see [Healthwatch Oxfordshire Community research webpage](#)

What did we do?

For this project, we worked with a member of Oxfordshire's Chinese communities, Derek Ng, who is also a professional interpreter and has strong links and trust within the community. Derek focused on hearing from older Cantonese-speaking people, who he knew from experience are more likely to experience language barriers when accessing care. He developed interview questions with support of HWO. He used his networks to approach and interview 20 older members of the local Cantonese-speaking Chinese community. He asked people about their recent experiences of health and care services, including how they found the communication, and what health and care services could do to reach them and make sure their voices were heard. Many of these people have lived in Oxfordshire for several decades.

Derek recorded, transcribed and translated these interviews. Healthwatch Oxfordshire supported with thematic analysis and writing up Derek's findings, also drawing in insight from our 2024 visit to the Happy Place (Chinese Older People's Community Centre).

What did we hear?

We heard that older Cantonese-speaking people had both positive and negative experiences of using health and care services. People told us about barriers to getting the care they need at the right time, particularly:

- Language barriers and barriers to accessing interpreting support, including people not being offered a professional interpreter and/or not knowing they have the right to one
- Difficulties making GP appointments, with additional barriers to those experienced by the general population, including language barriers at the point of contacting the GP practice and being triaged
- Long waits for healthcare appointments and treatment.

We heard how these challenges can compound each other – for example, making an appointment and conveying urgency can be challenging for those who are not confident English speakers, and if they are not offered a professional interpreter or know they can ask for one, people may have to postpone appointments until a friend or family member can accompany them. Derek noted that in some cases, this meant that people were waiting for care over months rather than weeks. We heard that in several instances people chose not to contact health services when they were unwell, or had to go without care despite having tried to seek help.

Other themes we heard about included:

- Problems getting prescriptions,
- Positive and negative experiences of interacting with health and care professionals and receiving treatment, and people's perceptions of how the NHS has changed during their time living in the UK
- Gaps in how health and care services communicate with this community, with some of the issues people raised indicating that key messaging – for example about prevention, triage and modern general practice – have not been effectively targeted. People suggested ways of reaching and hearing from them including text messaging and outreach to community centres.

We mostly heard about GP practices, with a smaller number of people telling us about inpatient and outpatient experiences of hospitals. This reflects the fact that this is the first port of call for most people accessing healthcare services.

Language barriers and interpreting support

One of the main challenges we heard about was communication and language barriers and inconsistent support from health services – echoing themes we heard in our focus on this issue in 2022⁸ and indicating that there is still improvement to be made. This is a particularly important issue because effective communication underpins all aspects of care, including being able to navigate services, make appropriate appointments, discuss treatment, and understand public health messaging.

There was variation in how confident people felt in speaking and understanding English, with several people saying they were mostly happy to have medical consultations in English but might struggle with some medical terminology. There were also differences in people's literacy levels and how confident they felt using a computer. Others told us they would find it difficult to have a phone appointment or book an appointment because of the language barrier.

Most people said they relied on friends or family members to help interpret for them in health settings, and/or translate messages from health services.

“Interpreter! I need help from an interpreter. It is quite troublesome if there was no help from interpreter. My daughter could not do the job right as both her Chinese and English languages were not fluent.”

“If you are talking about language barriers, it is certainly an issue. You know I can manage a simple conversation without too much trouble, but not medical terms or the like.”

“Even though there were medical terms which I was not familiar with, I would ask and clarify with my GP. I think I managed.”

“Well, if it is just a simple conversation in the GP surgery then I do not have a problem. However, if I attend a hospital appointment, the medical terms that the specialty consultants use would be too much for me. I do not think I could manage.”

“I think I did manage to understand up to like 70% of the whole conversation. It was because he sometimes used medical terms which I did not understand. So I guess I covered about 70% only.”

⁸ Healthwatch Oxfordshire 2022 report: [Using interpreters to access health and social care support in Oxfordshire](#)

There was also **variation in awareness about interpreting services**. Some people knew about and asked for interpreting services. Comments showed how important it was to be offered an interpreter proactively by health services.

“When I saw my GP, she talked to me in length as she explained to me in great details with the help of a telephone interpreter. My GP is Chinese but she could not speak Cantonese because she was born in England. She is very kind and caring. I had a CT scan and when I saw my GP afterwards, she explained to me the scan results, with the help of a telephone interpreter who did a good job. I completely understood what the scan results was about. The communication between us three was very fluent and clear.”

“They contacted me by phone and offered me that appointment. They also offered me an interpreter to help. It was not the first time I saw them. I saw them before, just that they want to know and check on me regularly. I think I could understand over 80% of what we talked about. In general I would prefer to go through the interpreter when I talked. I found it worked better and clearer.”

“I worried about my poor communication, so I specifically asked for an interpreter to help. My GP patiently listened to what I said and gave me enough time to discuss my symptoms.”

“Once I went with my husband to attend a GP appointment. The GP realised that both of our English levels were not as good. He used the speaker function of his office phone to do a conference call which included a professional telephone interpreter. With the help of the telephone interpreter, everything became clearer. I understood what my GP said about my problems. The interpreter did a very good job in explaining to me which made me feeling more comfortable and very happy. I was well informed of what happened to me.”

We also heard about the positive difference when additional time was allocated for appointments with an interpreter.

“Every time when I book an appointment with my GP, she would organise a telephone interpreter to help me. She knows me and my health conditions well. I understand that a GP appointment with telephone interpreter is for 20 mins normally, but she often offers me up to 40 mins to accommodate my needs.”

One person also reflected the difference talking to someone who knew their language made to how at ease they felt, as well as their understanding of what was happening with their treatment and care.

“I remember once I came in the hospital for a scan. The staff member who helped me was a Chinese girl who was born in England but spoke my language. When she saw me and noticed I am Chinese, she spoke to me in Cantonese right away. My husband had a similar experience as well. He was lucky to see a Chinese consultant who can speak Cantonese. That made his consultation appointment much more at ease.”

However, other people did not know they had the right to an interpreter or that this service was available.

We heard about experiences where people were relying on friends or family members for interpreting but didn't feel confident that everything was being translated correctly. People told us about strategies they use to understand appointments where interpreting is not provided, such as making recordings or written notes to look up later or ask friends or family members to translate.

NHS guidance states that a professional interpreter should always be provided, and strongly discourages health professionals from relying on patients' family or friends for interpreting for a number of reasons, including patient safety, safeguarding, building trust, and confidentiality. High quality translations of written information should be provided in a person's preferred language.⁹

“Did you know how to get an interpreter's help? No, not a clue.”

“I did not know the interpretation service is back available. I used the interpreter service before which was some years ago. But I thought the service had stopped after COVID. That's why I did not check or even ask for it.”

“Yes, when we came across some medical terminologies we had to rely on translation application. He asked me if I speak Cantonese, and he used a translation application to help translate the Cantonese version of pins and needles. I think a translation app would be enough for me. I only need help if I come across some special medical terms which I have never heard of, otherwise I would be okay.”

⁹ See NHS England 2018 [Guidance for Commissioners: Interpreting and translation services in primary care](#) and Healthwatch England webpage [Does the NHS provide an interpreter?](#)

“The doctor kept asking me to repeat what I said. So I repeated my symptoms to him a few times. There was no interpreter help, they did not ask me if I needed one. In terms of overall service, it was not bad. But there were language barriers in communication. Only if they knew and spoke Cantonese so I could express myself in Cantonese. Then they did not have to ask me to repeat what I said three times. I felt a bit annoyed as I needed to repeat my symptoms so many times.”

“The GP gave me time to express my problems and my needs. However, I was not happy with the flow of the conversation due to the fact that I needed help in interpretation. I first told my friend about my health problems so my friend could relay the message to the GP. I reckoned on the day when the GP explained to me thoroughly through my friend about my illness and suggested how to treat it. My friend took much shorter time to interpret back to me which I felt not sure if anything had missed. She explained to me only briefly what the GP said which made me uncomfortable.”

“Did you know you could ask for interpretation help?” I heard about it, but I did not know how to get it. That’s why I did not bother. I did ask my GP to write down on a paper the parts that I did not understand. I brought them home and did some researches on what they meant.”

“I relied on my daughter who interpreted for me at the time. I am not literate and not good in communication. If my daughter is busy I have to rely on other people to help record the conversation first, then I forward the recordings to my daughter and let her explain to me.”

We also heard that some people found communicating in English over the phone more difficult than speaking face to face, meaning that phone appointments, for example, were difficult for them and seen as an additional barrier.

“When I am not well, I call my GP surgery. It would take a long while before anyone could answer my call. The staff member will then only offer me a telephone appointment instead of a face-to-face one. They ask me to wait for the GP’s call. I don’t think it is a good practice as it would be difficult for someone like me who is not good in communication in English due to language

barrier. I do not understand those medical terms, and I cannot explain my problems to my GP over the phone.”

“It gets a bit more complicated as well in case you want a face-to-face appointment. They rather offer telephone appointment which is not ideal for me. I do have a problem in using phone as I find it difficult to express myself over the phone.”

People also told us that language barriers affected them when booking appointments, and they relied on family or friends to help with this.

“I asked a friend of mine who could speak better English than me to go with me [to book an appointment]. I felt more at ease with her company.”

“I have not been to see the GP face-to-face for a while. It was my daughter who helped call the GP’s telephone service instead, because I needed a scan.”

We heard how important it is, with new triage procedures in place, for people to be able to express themselves clearly when booking appointments at GP surgeries. (Note that under the current GP contract, GP practices are required to make it possible for patients to contact them online, by phone and in person.¹⁰ NHS England guidelines state that these should be made accessible to people with additional communication needs such as interpreting or translation.¹¹)

“I went to my GP surgery and asked to see my GP, but was told the next available appointment would be around 4 weeks later and they couldn’t offer me anything sooner. I explained to the receptionist that it was because I was taking a new [medication] which needed monitoring. I do need to see the GP sooner so to update him. In the end she gave me an appointment which I only needed to wait one week.”

“You know when I call my GP surgery, due to my poor English, I find it is difficult to communicate with them. Also, sometimes no body answered the phone. It normally takes a long time before someone picks up the phone and serves me. When I get through to the receptionist, I find it hard to express myself due to language barriers. In view of this, I would rather go to the GP surgery in person and book my GP appointment through the receptionist.”

¹⁰ NHS England long read, [Changes to the GP contract in 2025-26](#)

¹¹ NHS England 2018 [Guidance for Commissioners: Interpreting and translation services in primary care](#)

We also heard how important it was for people to be supported by health professionals and services to have the confidence, knowledge and communication to ask questions about their treatment in order to make an informed decision and get the right care.

“When I saw the pharmacist, he told me my cholesterol was over the borderline, and suggested me to take tablet to control it. Without thinking too much I agreed, so tablets prescribed. When I told my son about it after I returned home, he questioned why I agreed to take medication but not to use lifestyle change to lower down the cholesterol level instead? It was because he remembered some years ago, I successfully used lifestyle change to lower it down, so I should try it again instead of taking medication. [...] I just took my son’s advice and did not take the tablets even though it has been prescribed. I started cutting down the amount of food I usually took and became vigilant on what I ate. I went back to the clinic after 8 weeks for a blood test but was refused by the nurse. She said no blood test is necessary as I did not take any tablet so far. I explained to the nurse that the reason I did not take the tablet was I wanted to try lifestyle change option to cut down the cholesterol. But she still refused to do blood test for me. When I arrived back home, my daughter helped me to call the pharmacist to find out the details of the so-called borderline cholesterol level, and asked if tablet was the only option? In the end the pharmacist agreed I could use the lifestyle change option. He also invited me back for a blood test later.”

This experience also highlights the importance of ensuring that public health messages about lifestyle changes and prevention of ill health reach this and other ‘seldom heard’ communities through proactive, tailored communication.

Although comments mostly related to GP services, during outreach to the Happy Place in 2024, we also heard about language barriers and both perceived and actual lack of interpreting in relation to social care support, including signposting services, support from the voluntary and community sector and domiciliary care. People were not aware they might be entitled to support with equipment to make their homes safer, again suggesting a need for more tailored messaging.

“I am a friend with a lady in her 80s, she is so private in herself she wouldn’t have a carer even though she probably needs one – and it would be difficult with the language barrier.”

“Age UK don’t provide an interpreter for 1:1 assessments, they say they don’t have funding.”

Accessing GP appointments

Many people told us they found it difficult to get GP appointments. Challenges included being offered appointments that they could not easily get to, long waits on the phone to make an appointment, and a lack of availability of appointments. These themes reflect what Healthwatch Oxfordshire hears from the wider population, but were exacerbated by additional barriers faced by some older Chinese people such as lack of interpreting support. [Note that several of these experiences relate to a specific practice, which has since upgraded its booking system.]

“I am thankful as I hardly need to see GP lately. When someone is feeling not well, they wanted to see their GP, but it is difficult to book appointment to see your GP nowadays.”

“I don’t quite understand. Every time I call to book an appointment, it seems they are always busy. Sometimes they somehow offer me an appointment in their other clinic which is not convenient to me as I do not have a car.”

“My GP surgery recently merged with another one. I sometimes was asked to go to the [other] clinic which I find it very inconvenient.”

“I do believe if the patient does need an urgent appointment, the GP surgery should be in a position to offer one asap. They should offer same day appointment like by the latest in the afternoon of the same day. It is not right to ask the patient to call again the next day to try their luck again.”

“It was problematic. I first tried out the online booking but the system did not work. Then I used my phone to call my GP. I remember I got a recording message saying I was on the queue which was number 14. I continued to hold on the line and waited a long time before someone answered. It was a pretty lengthy wait! More than 30 minutes. The receptionist told me at the time that the clinic was fully booked already for the coming 4 weeks. That’s why their online booking system was not available for patients to use. And they couldn’t offer me anything but would add me on to the wait list. I should expect to receive a call back from them in two-week time when the next set of appointment slots

became available. In short, she told me I should expect the earlier appointment to see my GP would be 6 weeks away.”

During outreach to the Happy Place, we heard that these phone waits could be especially impactful to older people who were likely to be on a pay as you go phone contract.

We also heard about experiences where people were expecting to see a GP but instead saw a different member of practice staff – suggesting communication with patients could be improved about what services are on offer within the GP surgery. This includes updating patients about changes resulting from the adoption of the ‘Modern General Practice’ approach.

“I am on blood pressure tablets at the moment. In the past, my GP used to send me notice reminding me to do annual blood tests. But I have not received any notice in the past two years, so I took the liberty to go to the GP clinic and asked for it. I was fortunate that there was a cancellation on the day so I took it and did the blood tests. They offered me a review appointment afterwards. So I went and thought it was to see the GP, but instead it was the pharmacist who saw me.”

“First and foremost, they said they were extremely busy, the next appointment would be a long wait one. Four weeks they said or even five. But when I went, I did not see my GP but just the nurse. I said I wanted to book an appointment to see my GP. But they replied that they were busy. If I needed an urgent appointment, they could offer me to see the nurse instead.”

“When I called my GP surgery, the lady who answered the phone asked about the reasons I wanted to see my GP. I told her that I hurt my leg [in an accident]. She told me that she won’t be able to offer me a GP appointment in this case but a physiotherapy appointment instead. I argued that I did see my GP when I dislocated my [joint] ten years ago, and why couldn’t I see him this time? She said that’s a different medical problem, it is the physio department to treat my leg, thus she offered me an appointment with the physiotherapist not with the GP. I waited a month to see them, and when I was there, the physiotherapist examined my leg and pinpointed the location of the leg being affected. He gave me enough time to discuss my problems, but later decided it was not his expertise and needed to refer me to his colleague in the same department which took another month waiting time. I was not happy at all. I expected he

should at least investigate further and perhaps got to the bottom of my problems before making such a quick decision to pass on my case. To be honest, at that stage I had no idea what wrong with my leg. I like to see the GP first before any referral or redirection being made. I don't like the idea of sending me to a specialty service without some proper diagnostic tests."

We heard that for some people it was important to have a face-to-face appointment or have enough time in an appointment to discuss multiple issues, but this was not always possible. This could affect people's ability to communicate their illness and get the care they needed, and affect their trust and relationship with the GP practice. Again, these reflect themes we hear from the wider population but may be exacerbated by additional factors such as language barriers, or people delaying seeking care because of barriers faced.

"I need my GP to see me face-to-face so I can express my illness to him. Elderly people like me often suffer from various health problems. I believe GPs need to see for themselves in order to have a clearer picture of their patients' problems."

"I think I was lucky this time as the new GP I saw was very patient and kind. Not the previous ones though. In the past I could only talk about one issue per appointment. If I had more than one, I needed to book another appointment to discuss it. That's why I think I was lucky this time."

"Since my GP surgery being taken over by another GP surgery, I still have not had a chance to meet my GP. I do not know who is who at the surgery at the moment really."

Waiting times at GP surgeries

We heard from some people who were happy with being able to make appointments at their GP practice without a long wait.

"It seems every time when my daughter contacted them for an appointment, they responded promptly. I did not have to wait too long as they would offer me the next available appointment."

"It took only a few days' wait before I saw my GP."

However, many people told us about waits of several weeks for non-urgent GP appointments.

“You know in the past when the GP waiting time was not that long, I could get an appointment within a week or so via their online system. Or in the worst case, an appointment within 2 weeks. But now the waiting time is unacceptable. Having said that if I have an emergency, my GP would offer me a same day telephone appointment. I think it is a good practice and should continue to do so.”

“I couldn’t get what I wanted (a face-to-face appointment). They just offered me a telephone appointment instead. By the time the GP called me, my illness had gone. It seemed to me that they intentionally delayed the call so they did not have to do anything as the illness would settle by itself with time. ”

“When I checked the booking status online, I couldn’t book with my Kidlington GP. They didn’t have anything available in the coming months, but their clinic in Yarnton has got one so I took it. It is for 4 weeks later though.”

“To be honest I knew some friends who failed to get the GP’s attention in a timely fashion, they just gave up and did not follow their illness up which is upsetting to know. As a joke, some friends even suggested me to overstate the seriousness of my illness so to get an urgent appointment from my GP.”

“I just find it very difficult to book a GP appointment. Sometimes, it is a long wait. I have heard someone waited 10 weeks to see their GP.”

Waiting times could also be longer to see a specific GP, for example a GP that the person felt comfortable communicating with.

“My GP is exceptionally good. Every time I see her, she has my full attention and explains to me everything in great details. The only issue is that I may not get an appointment with her in the coming week. It could be two or even three weeks later. I know she is very busy, but I don’t mind waiting. If it is urgent I wouldn’t mind seeing another GP. However, if my conditions can wait, I would rather wait for her.”

People told us about long waits to receive a call back from their GP practice, without knowing when they would receive the call. One person said sometimes they never received the call back.

“First of all, I went to the GP surgery and asked for an appointment to see my GP. But the receptionist offered me a telephone appointment instead and asked me to wait for the call at home. But I received the call only two weeks later.”

“If I am lucky, I would receive a GP’s call pretty soon even on the same day. But in some occasions, the call has never arrived. Sometimes, I waited and waited and the call never happened. I know I couldn’t change it therefore I did not do anything. I just pray that my illness would be cured by itself.”

People also told us about waiting when attending appointments or waiting on the phone when booking appointments.

“When I call the GP surgery asking to book an appointment, I often have to wait a very long time before someone is able to answer. Sometimes, it takes even over 30 minutes which is very inconvenient. I am still working and am not possible to hold on to a call at work waiting for over half an hour. It is really not viable.”

We heard that some people did not know where to seek help and support while waiting for care, such as Pharmacy First or 111 – again highlighting the importance of clear communication and guidance to help people navigate to the right place to get care when they need it.

“I think it is hard to get a GP appointment nowadays. It just takes too long a wait. Imagine if you are not well and have to wait over two weeks or longer to see your GP. **I do not know what to do or who to see when I am ill.** A wait of two weeks or longer is just too long.”

Waiting times for secondary care

We also heard about very long waits for secondary care (e.g. hospital) appointments or treatment. People’s frustration with these waiting times may also reflect a need for better communication about ‘waiting well’ – ways to manage health conditions and/or prepare for surgery while waiting for an appointment – including linking in to other services and support such as voluntary and community sector groups.

“I think the services in examining eyes and ears are good. The problem is that the waiting time in the NHS hospital is very long, so they suggested me to go private as it would be much quicker.”

“One evening last year I was feeling unwell and suffered from severe abdominal pain. I asked my son to drive me to A&E at the JR. We were there for many hours and I was admitted to an observation ward in the end. I thought they were going to operate on me within one or two days after observation and some diagnostic tests. But no, I was kept in the hospital for 8 days before they offered me an operation. It was really boring and also frustrating that it took so long. The on-duty consultant often came to me in the morning saying they would operate on me in the afternoon, but later in the day it was cancelled. It happened a few times during my stay. They told me there were many other emergency cases. My case was one of those elective cases. The theatre must offer priority to emergency cases like car accident victims. That’s why my operation cancelled and I had to wait for another day. It happened every day and was kind of déjà vu really. In the morning, I had no breakfast, because I might have surgery later, therefore I was not allowed to eat breakfast. I was like a prisoner and kind of starved. You know in the morning, no breakfast and then no lunch was allowed at noon time. But in late afternoon, they told me that I could start eating as the surgery was cancelled. It was like that, history repeated itself for 8 days. I had the surgery in the end.”

“I was given a specialty clinic appointment at the hospital recently for next June which is almost one year away. I believe it is unreasonable!”

“When I arrived at the AAU, there were many people waiting. They later treated me with [tests]. I was then asked to wait there for the test results. I waited for a long time. It was really a long wait. God knows how many hours I waited! I guess it must be at least 5 hours.”

We heard that some people tried to manage health problems themselves before seeking help, meaning that any waits to see a health professional came on top of this.

“I hurt my leg last February/March, but I did not go to see my GP straightaway as I thought I could manage. However, it was not until another 6 months passed when I desperately needed help.”

Prescriptions

Several people told us about problems around prescriptions, including prescriptions not being sent to pharmacies, and difficulty ordering prescriptions.

“In the past, the prescription given after the consultation was simple and straightforward. But it is more confusing nowadays. For instance, I need to specify or nominate a pharmacy to collect your prescriptions. Also, I would not get my prescription without going through some kind of sagas particularly when they needed changing or repeating, I often got refused by the pharmacy as they claim that they have not been signed off by my GP yet.”

“What I normally do is that I repeat my prescription every month. But in one particular occasion which I planned to travel out of the country, so I asked the pharmacist if I could get an extra batch of prescription before I went away. She asked me to talk to the GP surgery directly, and so I went explaining what I needed. The receptionist said okay. I waited for about 2 weeks and went to the pharmacy to collect them. Unfortunately, they said no order was approved by my GP. I went back to the GP surgery and found out they forgot it. In the end I went away without enough stocks. I couldn't help it as the pharmacist would not give extra medications to me.”

“He decided to prescribe some medication to me as I complained about pins and needles on my hands. He also suggested me to go to A&E if the pains became unbearable. He said I need to take the pain killer one a day. I asked if I need to collect the prescriptions from the pharmacy the next day, and he said yes! I was disappointed and unhappy the next day when I was at the pharmacy to collect it. They said there was no prescriptions for me as the GP had not done one. As a result, I needed to book another appointment with another GP to rectify their mistake. It took one month [from first contacting the GP to receiving the medication].”

“I waited and waited for the prescriptions and heard nothing. Good that I called them later and only to find out they’d forgotten my case. Then they asked me to collect the prescriptions.”

Staff and quality of care

Once people saw a health professional, we heard praise for the quality of treatment received, and for effective and caring staff.

“The staff members working in the GP surgery, particularly those nursing assistants who help doing injections. Are they part of the surgery’s team? They are all very good and have done a good job.”

“I think I am fortunate to live in the area where the quality of the GP’s service is very good. From nurses to GPs, they all know me well as I have been with them for so long. I notice that the turnover rate is high there. Just that the surgery’s work ethic and culture are good which as a result they could maintain the good quality service. For instance, when the old receptionist left, the new one joins in, the good practices remain and continue.”

“The GPs, nurses, staff members on average are kind and patient. They are doing their best. However, due to increase in population, they have gradually become busier than ever. Inevitably the waiting time is getting longer and longer. I am sure the long waiting time to see the GP is the main issue, but not the staff members who are hard working.”

“It was amazingly quick that I was allowed to go home the next day after surgery. It was all good after about one week. When I visited the Chinese Elderly Centre afterwards, my friends there told me I looked like my usual me. They couldn’t believe I had had a surgery one week ago.”

Unfortunately, we also heard experiences where people felt a lack of care from health and care professionals, or were unhappy with the care they received.

“I just felt they didn’t care and wanted to rush me. The nurse told me it was nothing serious and possibly an old age issue. I think my communication was alright. But I just felt they were making excuses and said they were short of staff and extremely busy.”

“I think some of the staff members are a bit non responsive, like they don’t really care. For instance, I came across one receptionist was enjoying her cup of coffee and chips. She ignored the incoming call and let the patient queue up and waited. I don’t think it is a good practice. I once suffered from a lengthy wait (all on my own without other patients around) at the clinic witnessing the GP enjoying his cup of tea. It took ages after his tea break before calling me into the consultation room. It gave me an impression that the staff members there were lazy.”

“[The physio] just asked me to describe the pain areas on my leg. He also took off my shoes and requested me to show him my walking posture. He then removed all the supporting gadgets I brought from my shoes and gave me some harder cushions to replace them. He asked me to use the new cushions for a month before returning to the clinic to see him again. After trying those hard cushions for a month and appropriate exercises he asked me to do, I found the pain moved from one area to another area of my leg. I told the physio about the outcome in my next appointment with him. To my surprise, he suggested that I should use the old gadgets I brought previously from now on. He also added two extra exercises I could do. And offered me an ‘open’ appointment which means I could go back to see him as needed in the coming 6 months. I just felt like they did not have a clue how to help me. I have been waiting for two months to get to this stage, and I needed to go through another 6 months uncertainty period. It seems they were putting me in a trial.”

Perceptions of changes in the NHS

Those we heard from have lived in the UK for several decades, and noticed significant changes in how care is delivered, particularly in general practice. People noted both positive and changes, including increased difficulty in getting face-to-face appointments or care that felt more person-centred such as home visits. This may reflect a lack of effective communication from services about why these changes have been made, to help manage people’s expectations.

“All services worked well in the past. But they have all changed, God knows since when. Patients can’t see the GP face-to-face nowadays. Even I called the surgery to book a GP appointment, they won’t offer me one, but to see the pharmacist instead. I do not have any suggestions, but only hope that the health service would give priority to children and elderly patients, and offer

them sooner appointments. You know children and elderly people are vulnerable and need more supports. If they could not get a sooner appointment they need, it would affect them psychologically as well.”

“I think the overall service in the hospital is better than before, it has improved. Having said that the experience with my GP surgery is not the same which is more troublesome. It is really difficult to get a GP appointment now. Very often when you call the surgery, they would offer you other alternative like a telephone consultation instead and ask you to wait for their call.”

“Now is not as good. You know the NHS is under funding and lack of resource nowadays. Let me share one example with you. It was like twenty odd years ago. Once I visited my local GP due to a stomach ache. After the consultation at the GP clinic, my GP visited me at my house the next day to check on me which made me feeling special. It was certainly a personal touch which I missed and has lost forever.”

One person suggested a need for more preventative monitoring of people’s health, for example through regular check-ups to promote early diagnosis. This highlights the need for existing and developing prevention work (for example under the Oxfordshire Health and Wellbeing Strategy and Neighbourhood health) to work with community groups on tailored, culturally appropriate health promotion.

“I hope the government and local authority should put in more resources particularly to look after elderly people. I believe they need extra attention and helps. Also, if they could shorten the GP’s waiting time and hospital’s waiting list would be great. For instance, they could offer regular tests to them. Check their blood sugar level every now and then. I believe more regular check-ups would lead to early discovery of serious illnesses before it is too late.”

What could health and care services do to reach you?

Overall, what people told us indicated the need for proactive, tailored and culturally appropriate communication to reach and build relationships with this community, working alongside local networks and groups.

We asked people what health and care services could do to reach them and hear their voice. Everyone had different preferences about communication. Although most people were not confident using a computer, many could use a mobile phone and were happy to receive text messages. Several people said

they find it helpful receiving information from their GP practice by text message. People told us that receiving messages in writing (e.g. letter or text message) also made it easier to ask a friend or family member for help with translation.

“Perhaps they could notify me by sending me a letter about the services they could offer. I shall then ask someone who knows English to translate the contents for me.”

“I guess the GP could send me letters by post. I could then ask someone who are fluent in both Chinese and English to translate for me.”

“My GP used to remind me about my appointments and their services available by texting me before the appointment date.”

“Text message is also good. I remember I got messages from my GP from time to time regarding closing of clinics for training purpose on certain dates. Text messages work for me.”

“I prefer text messaging. I think it is very convenient nowadays to send text messages via patients’ mobile phones to let them know services like flu jabs etc. that their GPs can offer.”

“I think by letter is better than phoning me, even text messaging is better than phoning me. Because phone line is not always reliable, sometimes the line is not clear.”

“You know they often send reminder about booked appointment to me. I mean like yesterday and this morning, the nurse at the surgery sent me text messages to remind me about the forthcoming appointments.”

Two people told us they were worried about being scammed by phone or email, and preferred not to be contacted via these channels. One person also pointed out that relying on family members to translate was not ideal. By contrast, another person said they preferred to be called by phone with interpreting help from family members.

“You know a phone call would work too, but nowadays there are too many phone scams. I am not sure the caller’s identity thus I would rather not to

respond. I think text message is the best as I could check through the message details from NHS and verify its authenticity. I feel more secure.”

“Normally when I receive letters of this nature from my GP, I would give them to my children for them to explain to me what are the contents of the letters before I contact the GP surgery for actions. But now, I believe they don’t do letter any more due to environment reasons. I guess they might email me now instead if they want. But I am not familiar with the email system and not sure if I can manage. I am worried about being scammed so I have to rely on my children to help me. However, my children do not have the interpretation skill to do the job right as they can’t speak fluent Cantonese. At the end of the day, it is the professional interpreter who could help us more.”

“I think they could call me directly to let me know. When I know it is a call from my GP surgery, I would ask the caller to hold on for a second, then ask my children to take over and help talk to them. I don’t want the authority to send me information by post. It just takes too long. I prefer they use the phone to call.”

One person said they are happy using the NHS App.

“I downloaded the NHS App already. It is easy to use and convenient. I know there are many health information published and updated on the App.”

Other suggestions included communicating via family members or outreach to community centres.

“The best is to go through my daughter or send me a letter by post.”

“I think they could consider using local Community Centres like the Chinese Elderly Centre.”

“I think it would be best if they do more ‘roadshows’ through the Chinese Elderly Community Centre. They are like a bridge or link and would signpost us towards the right direction. I am quietly vigilant and would hesitate to disclose my personal details to strangers or third parties through a phone call. ”

People also mentioned responding to feedback surveys by text. However, one person was unsure about whether this would make any difference.

“Well, I remember they once sent me a text message which included a link to a portal for me to feed back. I think that was a good idea. But it seems it was only an one off. I guess if they set up a permanent portal for patient to reflect their opinions on and give feedback would be great.”

“My GP always send me a text message after my visit, asking my view on their services during my visit. I gave them ‘very good’ or ‘excellent’ comments if I was happy. But sometimes I gave them 5 or 6 out of 10, or even 2 or 3 out of 10 when I am not happy.”

“As a patient, I do not think I have any authority over my GP. I couldn’t change the way they work.”

Useful links

- [Happy Place](#) (Oxfordshire Older Chinese People’s Centre)
- [Oxfordshire Chinese Community & Advice Centre](#)
- [Getting language support from your GP surgery](#) – film by Healthwatch Oxfordshire and Oxford Community Champions
- [Using interpreters to access health and social care support in Oxfordshire](#) – 2022 report by Healthwatch Oxfordshire
- [Meet your GP practice team](#) – resource from Thames Valley Integrated Care Board
- [Does the NHS provide an interpreter?](#) – Healthwatch England resource
- [What we heard about GP services in Oxfordshire](#) – and other recent Healthwatch Oxfordshire research reports

Your voice on health and care services:

Introduction to Healthwatch Oxfordshire in Traditional Chinese



您的健康護理服務之聲

Healthwatch Oxfordshire 是一間獨立慈善機構，服務對象是健康及社會護理服務的使用者。我們致力找出本地居民最重視的議題，確保服務決策者能有效聆聽居民的心聲。我們亦能解答本地健康服務方面的疑問，為您提供相關的協助與建議。

- 歡迎將在牛津郡使用 NHS 健康及護理服務的體驗告訴我們——有哪些做得好的地方？又有哪些地方需要改善？
- 就本地健康護理服務議題發聲，讓決策者聽到您的意見
- 敬請瀏覽我們的網站，查看有關健康護理服務的最新問卷調查、資訊及新聞動態、
- 您可以透過我們的網站，就使用健康護理服務的體驗留下評論
- 我們的熱心員工樂意解答您的疑問或顧慮，或就牛津郡的健康及護理服務為您提供資訊
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