

What we heard about GP services in Oxfordshire

April 2025 – March 2026



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Acknowledgements

Healthwatch Oxfordshire would like to thank everyone who shared their views and experiences of GP services with us via our online Feedback Centre, surveys and outreach activities.

Summary

Background

This report gives an overview of themes Healthwatch Oxfordshire heard, based on feedback from **786 members of the public between April 2025 and March 2026** about their experiences of GP services.

GP services have faced significant challenges over recent years, particularly around increasing demand and demographic changes – bringing challenges for patient access to appointments and with differential impact on those already experiencing health inequalities. Recent changes in policy and strategy, both nationally and locally, focus on addressing these challenges – with focus on improving access for patients, and supporting a shift to more integrated, local care, for example as outlined in the Modern General Practice Model (updated 2025), NHS 10 Year Plan for England (July 2025), GP contract changes to access (October 2025) and emerging Neighbourhood Health Framework (March 2026).

Healthwatch Oxfordshire collects and collates feedback from patients and members of the public on GP services via numerous sources – online feedback, phone and face-to-face conversations, surveys, and through community-based research. This report summarises the voices of people’s experiences of GP services in 2025-26 via these routes.

Listening to patient’s lived experiences of care in their own words is important to help identify what is working well and where improvements are still needed. We note that some of this insight was gathered before improvements (for example, update to GP contract October 2025, and new GP Contract 2026-27) were implemented. However, we have continued to hear from patients reflecting both the persistence of these challenges, and the longer-term impact that past experiences of difficulties can have on people’s perceptions and expectations.

Summary of results

We heard about a wide range of experiences of GP practices.

- 43% of people who reviewed GP practices in our Feedback Centre rated their experience of GP services as ‘Excellent’, but 21% also rated them as ‘Terrible’, indicating that many people were also dissatisfied

Key aspects of GP services we heard about were:

- **Access to GP services** – people told us about challenges contacting GP practices and booking timely appointments, especially for those with additional communication and language needs. We also heard about challenges for those with limited public transport, for example in rural areas. People also were concerned about the impact of population growth and new development, where services did not keep up with demand.
- **Communication and information** – people told us that they need clear and effective communication with and between services, and consistency in interpreting offer for those who do not have English as a first language, or other communication needs.
- **Prescriptions and medication** – people told us about challenges with administration and getting prescriptions, including not being able to request repeat prescriptions by phone and practice delays in approving and preparing repeat prescriptions.
- **Quality of care** – most people said they were happy with the care they received, but we heard about some experiences of people not feeling listened to or not getting the care they needed.
- **People's priorities for improvement** – include better access to services, shorter waiting times for GP appointments and referrals, more options for making appointments, and better more joined up support for certain groups such as trans people, for women's health, those with dementia or people with mental health issues.

Throughout, we heard about how **health inequalities** can exacerbate challenges and vice versa. We heard that those who do not speak English as a first language, those who have additional communication needs, or who face barriers to using digital tools or attending appointments such as cost or access to transport, are most likely to struggle to get the support they need.

This report is shared to inform the Oxfordshire Health Overview Scrutiny Committee working group on GP services (April 2026). It is also shared with Oxfordshire Place Based Partnership, and **Thames Valley Integrated Care Board** (TV ICB) and **Oxfordshire GP Alliance** to inform learning, insight and

commissioning of GP services in Oxfordshire and support implementation of the Primary Care Strategy, Neighbourhood Health, and NHS Ten Year Plan.

Recommendations

Based on the feedback summarised in this report, we make the following recommendations:

1. Communicate effectively and regularly with all patients about changes in the delivery of GP services, for example through in-person outreach, Patient Participation Groups, videos and posters, including:
 - Clear guidance on the range of appointment booking methods (online, telephone, and in-person), so that patients can use the method that best suits their preferences and needs
 - Changing approaches to delivering care, such as Modern General Practice and Neighbourhood Health
 - Actively use feedback and listen to lived experience of patients (and with PPGs) to help drive improvements and demonstrate change
2. Address barriers and inequalities in access, including:
 - Digital exclusion – support digital cafés and prioritising availability of phone and in-person options for those that need
 - Transport – support and link people to community transport initiatives, and explore improvements to public transport routes to incorporate GP practices, and for rural areas
 - Language – ensure interpreting is communicated as a right and offered as standard and support is available for communicating with the practice
 - Gaps in geographical provision – work with all system levers, both local and national, to improve pathways to provision of additional primary care service in areas of new development and rapid population growth
3. Ensure that the measures agreed in the new GP contract are implemented fully and promptly, and work to address inequalities in experience and service across the county and within identified cohorts.

Background

Local general practice (GP) services are often the first point of contact for most people when they need health care – providing a wide range of primary care support and services under one roof. Together with Pharmacy First and NHS 111, GP services play a central role in providing initial care, linking patients to more specialist services and helping people manage their health.

GP practices are independent, private businesses whose services are defined and paid for by local Integrated Care Boards (ICBs). In Oxfordshire, the body responsible for this in 2025–26 was the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) (now as Thames Valley ICB, from April 2026).

Challenges and changes

Nationally, primary care is facing major challenges and changes, including increasing demand for services (partly due to population growth and ageing, and more people living with multiple health conditions), which has affected patients' ability to access GP appointments, and increased pressures on staff. People increasingly access GP services over the phone or via the NHS App and online triage and booking systems.

In response, national policy and local strategies have been developed to support more joined up approaches, improve access and patient experience, and reduce pressure on GP services. These include:

- **The NHS 10 Year Plan for England** (July 2025), which focuses on three main shifts: from hospital to community, analogue to digital, and sickness to prevention.¹
- **Updates to the GP contract** in October 2025 (and now for 2026–27), including extended online booking times, move to cloud-based phone systems with call queuing or 'call back' functions and requirement for GP practices to deal with clinically urgent requests on the same day. This also prevents practices from asking patients to make contact another day and capping the number of online consultations that can be submitted.²
- **Neighbourhood Health framework**, announced in March 2026, which sets goals for 2026–27, including ensuring clinically urgent patients are seen on the same

¹ [Fit for the Future: 10 Year Health Plan for England](#)

² [Better access to GPs with same-day appointments for urgent care](#)

day, faster access to GP routine care, and improved patient satisfaction with GP access.³ The neighbourhood approach also encourages GP practices to work with other services to provide care in a joined-up way around patients.

Locally, policy and strategy to improve GP services include:

- **BOB ICB's primary care strategy** – published in 2024, with a focus on effectively directing people to get the right support where and when they need it, and developing integrated neighbourhood teams to support people with complex needs in a personalised, joined-up way.⁴
- **Oxfordshire's Marmot Place programme** to collectively tackle drivers of health inequalities. One of the key Marmot projects in Oxfordshire is around primary care, again developing the work of integrated neighbourhood teams.⁵

The 2025–26 GP Survey showed improvements in patient satisfaction with accessing and using GP services, both nationally and in Oxfordshire, compared to recent years. However, GP Survey responses highlighted stark variation in patient satisfaction between and across Oxfordshire's 64 GP practices; we also know that patient experiences can differ within the same practice.⁶

Hearing about GP services

Listening to patients' experiences of GP services in Oxfordshire is important for identifying which aspects are working well and which can be improved. Feedback from patients provides insight into their experiences of services, barriers to access, and quality of care. Every year, Healthwatch Oxfordshire collects and collates patient feedback on GP services through multiple sources, including face-to-face conversations, online feedback reviews, surveys, outreach events, community led research and engagement with community groups, and contact via social media, email, and telephone. We hear more about GP services than any other type of health or care service.

This report summarises the main themes reported by Oxfordshire's residents between April 2025 and March 2026. It builds on the findings of our previous report published in May 2025.⁷ We note that some of this insight was gathered before improvements (such as the new GP Contract 2026–27) were implemented. However, we have continued to hear from patients about some challenges since then, reflecting both the persistence of these challenges, and the longer-term

³ [Neighbourhood Health Framework](#)

⁴ [BOB-ICB Primary Care Strategy](#)

⁵ [Oxfordshire as a Marmot Place](#)

⁶ See also Kings Fund report [Public Satisfaction with the NHS and social care in 2025](#), published March 2026

⁷ Healthwatch Oxfordshire, ['What you told us about GPs'](#).

impact that past experiences of difficulties can have on people's perceptions and expectations.

Who did we hear from?

In total, we analysed **786 responses** across all sources. (Note: In using feedback we have not named individual GP practices). The feedback covered in this report comes from the following:

- **Outreach**, including with community groups, at events, and on the streets – for example, 30 Chats with Men in Faringdon
- **Feedback reviews** via our online Feedback Centre and paper forms
- **Phone calls and emails** via our advice and information (signposting) service
- **Research surveys** including rural wellbeing, end of life care, annual priorities survey, Trans healthcare, digital healthcare and the NHS App
- **Community based research** including with the Sunrise Multicultural Project hearing from South Asian women, and older Cantonese-speaking people

We heard from people from different ages, genders and ethnic backgrounds who have experienced GP services for a variety of reasons.

Source of information	Number of responses
Feedback Centre	204
Digital healthcare and NHS App survey	199
Rural wellbeing survey	157
Advice and information service	38
Healthwatch England online form	53
Community research with older Cantonese-speaking people	20
Community research with Sunrise Multicultural Project, hearing from South Asian women	20
Men's health survey	30
End of life care survey	10
Annual Priorities survey	35
Other outreach activities	20
Total	786

What did we hear?

We heard about a wide range of experiences of GP practices. 43% of people who reviewed GP practices in our Feedback Centre rated their experience of GP services as 'Excellent', but 21% also rated them as 'Terrible', indicating that many people were also dissatisfied.

Key aspects of GP services we heard about were:

- **Access to GP services.** Some people told us they found it difficult to access GP services, including contacting their practice and problems booking timely appointments. Although GP practices offer different ways of engaging with services (telephone, online, in-person), not all patients could access them. High demand and limited availability of appointments add pressure for staff and caused delays and inconvenience for patients.
- **Quality of care.** People usually reported experiencing excellent medical care once they got an appointment. However, some also told us they did not always receive the care they expected or needed, and that providers sometimes lacked understanding of their condition and concerns. We heard some examples where patients felt they were not listened to or taken seriously enough.
- **Communication and information.** People described various communication and information issues related to GP services. While some told us that practice staff communicated clearly and effectively, others highlighted language barriers, unclear or inconsistent information, and limited explanations of conditions and proposed action. Patients valued good communication and coordination between services.
- **Prescriptions and medication** We heard that people experienced challenges with prescriptions and medication. These included difficulties obtaining a prescription including not being able to request repeat prescriptions by phone, practice delays in approving and preparing repeat prescriptions, and practices' in-house pharmacies being unable to provide medication.
- **People's priorities** Priority areas for improvement included better access to services, shorter waiting times for GP appointments and referrals, more options for making appointments, and greater support for certain groups such

as trans people, families experiencing dementia or people with mental health issues.

Throughout, we heard about how **health inequalities** can exacerbate challenges – and vice versa. We heard that those who do not speak English as a first language, those who have additional communication needs, or who face barriers to using digital tools or attending appointments such as cost or access to transport, are most likely to struggle to get the support they need.

This feedback reflects similar themes and issues to those we reported last year, reflecting the persistent nature of these challenges – particularly those that relate to health inequalities – and the time it will take for improvements to be reflected in people’s experiences and perceptions. (Note: we have added dates alongside the comments and quotes to indicate timeframe).

Overall perceptions of GP services

Many people commented on their general views and experiences of GP practices. Positive feedback ranged from *“a very good experience”* and a *“fantastic service”*, to praising staff for being *“knowledgeable and friendly”*, and *“unfailingly polite and kind”*.

Negative comments included *“hopelessly inadequate”* and *“services seem lacking across the board”*. Some people said they felt GP services have worsened in recent years, especially since the COVID-19 pandemic, mainly in booking appointments and getting access to GPs.

People who leave a review of a health service on Healthwatch Oxfordshire’s online Feedback Centre review webpage are invited to rate their overall experience of the service from 1 (“Terrible”) to 5 (Excellent”).

Figure 1 below compares the ratings for reviews of GP services for 2025–26 with 2024–25.

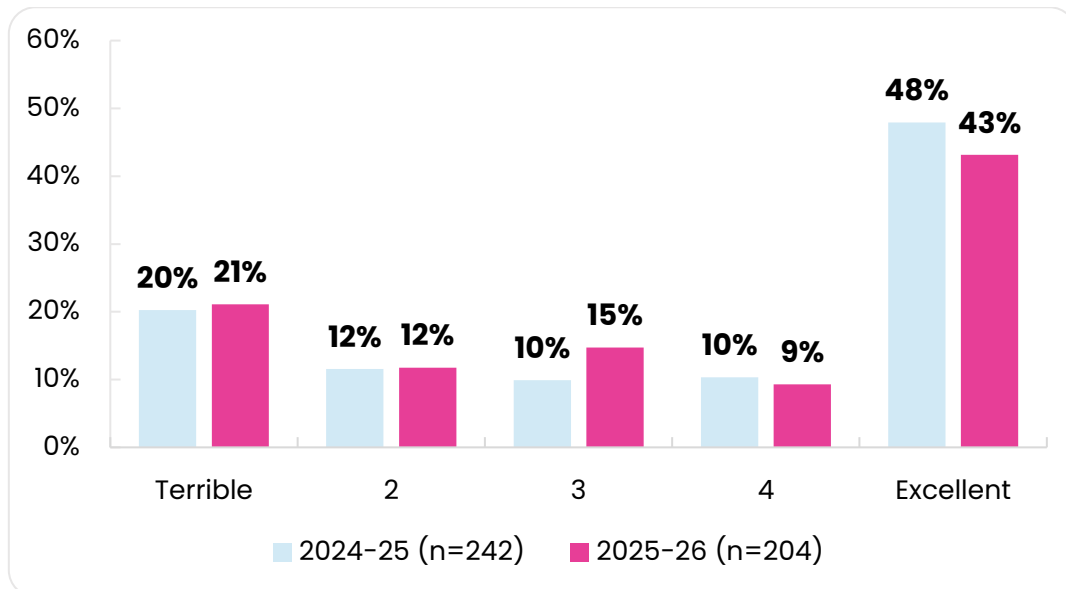


Figure 1. Feedback Centre review ratings of GP services for 2024-25 & 2025-26

The figure shows that 43% of reviewers in 2025-26 rated their experience of GP services as 'Excellent', indicating that most were very satisfied with the service they received. However, 21% also rated them as 'Terrible', indicating that many people were also dissatisfied. Compared with ratings from 2024-25 (48% 'Excellent' and 20% 'Terrible'), the data from the past year shows a slight decline in people reporting satisfaction.

Accessing GP services

Feedback from all sources of information frequently included comments about access to GP services, both before and after the implementation of the new GP contract in 2026-27, which seeks to address some of the challenges raised here. People told us about their experiences contacting GP practices, the availability and timeliness of appointments, access to digital and online services, and transport and parking.

Contacting GP practices

Many people described finding it "difficult to access health care, especially the GP". Several commented via Healthwatch Oxfordshire's Feedback Centre and at outreach events that they had experienced difficulties contacting their GP practice.

Common reasons given by patients were restricted calling times, waiting a long time for the practice to answer (often because many other people are also calling at the same time) or nobody answering, or having to call multiple times.

“Phones aren't answered before 9.30am or after 4.30pm as standard.” (Feedback Centre review, November 2025)

“There is an extremely long waiting time for the call to be answered and 90% of the time the response is “cannot book a routine appointment” as they have not opened and “call back tomorrow at 10am”. This is a barrier for someone that works full time to keep calling at 10am to be on hold for 44 minutes and be told no appointments, try again tomorrow!” (Feedback Centre review, June 2025)

“I phoned for test results last December as they were not on my NHS app and the phone message said they had reached their quota of phone calls for the day.” (Rural survey, January–March 2026)

Unwell people and those who work said they found it inconvenient to have to contact their practice between specific hours or call multiple times to speak to a member of reception staff.

Besides the limited window to call the GP practice, weak mobile signal made it more problematic for residents in some rural areas to make contact and receive calls.

“The doctors' surgery is not easy to access. We have to ring on the dot of 9am otherwise all the appointments for that day are gone. Also, because the mobile signal is so poor here I then have to stay in all day in case the Dr rings on the landline.” (Rural survey, January–March 2026)

We also heard the positive difference that using the NHS App made for some people in contacting their GP practice and managing their health.

“It is easier to access the app than a GP.” (Digital healthcare survey, July–August 2025)

“I can monitor my health issues without having to try and contact the GP surgery.” (Digital healthcare survey, July–August 2025)

“Very convenient for results rather than calling GP practice and waiting in a long queue.” (Digital healthcare survey, July–August 2025)

“The ability to log a problem with my medical practice and receive a call back saves me time.” (Digital healthcare survey, July–August 2025)

“This allows me to communicate efficiently with the practice without having to wait on the phone (very important for working people).” (Digital healthcare survey, July–August 2025)

However, although GP practices allow contact through their website or the NHS App, many patients are unable to use digital devices or prefer to speak to practice staff. Poor mobile and internet coverage may disadvantage rural residents, making it more difficult for them to contact health providers. People also pointed out the limitations of one-way communication via the NHS App, and highlighted the opportunities for the NHS App to make communication more efficient.

“Would like to be able to send messages to GP and other staff who are treating me. I receive messages from them but it is one-way.” (Digital healthcare survey, July–August 2025)

“Although Apps are a good way to get information, they do not always contain the information you are searching for, we can/should never fully replace the requirements of direct access to surgery staff and the need to see GP’s f2f” (Digital healthcare survey, July–August 2025)

“It seems a bit half-baked as most of the things I need aren’t on the app. My GP surgery is still giving me appointments written on a slip of paper. I’m sure a lot more use could be made of the app. I still have to phone up for test results and I cannot change or book any appointments online.” (Digital healthcare survey, July–August 2025).

Although many people commented on difficulties contacting GP practices, we also heard positive feedback from some who said that staff promptly answered the telephone.

Availability and timeliness of GP services

Reviews of GP services via the online Feedback Centre and experiences shared by people at outreach events commonly focused on the difficulties accessing GP services and seeing a GP.

“The majority of my experience with this GP has been spent trying to get access.” (Feedback Centre review, September 2025)

“Have been waiting for one month to get to see the GP, do I need another month to see someone again? It's not fair.” (Feedback Centre review, August 2025)

Some people explained this as a shortage of GP practices and staff in their area. Many highlighted the limited availability of appointments (this is covered in more detail below in ‘**Booking and managing appointments**’). A few people also told us difficulties they had in accessing specific health care staff because they had left the practice or when they were on annual leave. Some people said they felt discouraged from contacting the practice for a non-urgent appointment, even in cases where a health professional had advised them to do so.

“My GP is now going on holiday for two weeks. So, I asked if I could see a different doctor. I was told “No”, I would have ring for an on the day appointment. They are for people with an urgent matter. I am not urgent yet. If my BP goes untreated, I might be. What happens to my husband if I get sick? I don't have a choice in the doctor I am assigned to. It is pointless assigning me to a doctor who can only see me when I can't get to her.” (Feedback Centre review, August 2025)

“I was made to feel I should not be contacting the GP Practice. The receptionist signposted me to other providers which was not good.” (Feedback Centre review, June 2025)

As the above extract suggests, some people felt that system pressures were resulting in the allocation of certain tasks to other health services (e.g. paramedics) rather than managing them at the GP practice. Other feedback made similar claims.

“I was accepted as a new patient, but was told on the phone there was a three-week wait for a routine appointment. Seems no urgency within the practice to change that. I had an infection and that was totally inappropriate. So far they have repeatedly shifted responsibility to other services.” (Feedback Centre review, November 2025)

As these examples show, demand for GP services and difficulties accessing same-day appointments meant that some people were redirected to other services and felt let down. We also heard that patients who were not given a GP appointment turned to NHS 111 or sought treatment at an emergency department.

“This means patients are forced to ring 111 for urgent care e.g. antibiotics needing to be prescribed. If the 111 physician does not ring back within an hour, the call is passed to

the ambulance service. The paramedics are picking up urgent care cases that the GPs should be dealing with.” (Feedback Centre review, April 2025)

“I had an allergic reaction, my face was swollen, I couldn’t get a doctor’s appointment. I ended up at A&E and the doctor said, ‘why have you come here? You haven’t broken an arm or a leg, you’re not seriously ill, you shouldn’t be here.’ My GP practice said there were no appointments for four days.” (Focus group with women of Indian and Pakistani heritage, June–July 2025)

Others also highlighted limited opening times and GP working hours as barriers to access.

“The nurses are excellent, the Doctors however are not full time, no weekend services. People who work can’t access daytime appointments.” (Rural survey, January–March 2026)

Access challenges in rural areas

We heard that it was not always easy for people to reach their local GP practice, especially those living in more **rural areas**. Distance, lack of personal transport, and infrequent bus services, were all barriers to access.

“The surgeries are a very good distance away and full to the brim so offer very little support and if you don’t drive, it’s almost impossible.” (Rural survey, January–March 2026)

“I try to avoid going, simply because it’s hard to get an appointment and if I can then it’s hoping it fits in with the bus timetable.” (Rural survey, January–March 2026)

“[The] surgery is closed a lot of the time and when I do get an appointment it’s always in [nearby town] and I have to travel.” (Rural survey, January–March 2026)

Although these challenges are not necessarily unique to rural areas, residents who live far from their GP practice or do not have their own transport find accessing them more problematic. Local volunteer driving schemes, or friends and neighbours are often able to offer transport, but this is not always the case, and public transport links are often inadequate, especially in rural areas.

“Nearest doctors’ surgery is either Faringdon or Wantage – so transport can be an issue. And the bus service to Wantage doesn’t drop off near the surgery.” (Rural wellbeing focus group, March 2026)

In other comments people said that their GP service was overstretched and the staff excessively busy. They felt this explained much of the problem accessing services. Some also said that the expansion of population growth and new housing developments in their area has increased the number of patients at GP practices, and service provision had not kept up – something we have heard from people living in towns and villages across the county.

“There has been no input by developers to help secure an increase in GP provision where there are new housing developments, stretching existing services who have small premises.” (Rural survey, January–March 2026)

“How can the GPs continue to function when the size of the village has more than doubled in a very short length of time? Yet the planners take no notice of this when granting permission.” (Rural survey, January–March 2026)

“More medical staff and appointments at the health centres would help cope with all the additional people from the new builds.” (Rural survey, January–March 2026)

“They won’t build a new GP surgery until it’s overloaded – it’s like, ‘we’ll build 1,000 homes first and then you can have another GP.’ And two of our doctors are retiring this year.” (Rural wellbeing focus group, March 2026)

As the above comments show, rural residents clearly felt that the combination of an increasing local population and inadequate planning have made access to GP services more difficult, and highlighted the need for more investment in infrastructure and staff.

Although it is often more likely that people who experience difficulties accessing GP services report them more than those who do not, we did receive **positive feedback** praising access, including comments such as, “*the GP surgery is easy to access and friendly. So is the pharmacy.*” We also heard that in some cases, access to GP services appeared to have improved – possibly linked to implementation of new guidance on access improvements.

“Accessing the GP surgery seems to have improved.” (Rural survey, January–March 2026)

“The surgery had really upped their game recently. I previously had terrible experiences with the surgery. But in recent months they have become brilliant again, just like it was before Covid. Extremely helpful, quick callbacks and can either get help over the phone or willing to see you quickly.” (Feedback Centre review, February 2026)

Access to digital and online services

Feedback showed mixed experiences of using online methods and digital tools to access GP services. Some people told us they found them useful and relatively easy to use.

“Great website and great for patients to use the online services.” (Healthwatch Oxfordshire outreach event, July 2025)

“NHS app is good to manage repeat prescriptions.” (Rural survey, January–March 2026)

“Switching to online services has made access to GP support quick and easier. I don’t have a problem with having virtual contact primarily with GPs although recognise this can all be challenging for those less comfortable with technology.” (Rural survey, January–March 2026)

As the last example suggests, however, not everyone wants to or is able to access GP services digitally. We heard about people who did not use or could not afford to use digital technology or the internet, and others who found the digital tools and services used by GP practices confusing.

“Many older pensioners are not on the internet, and the cost of it is not always possible for them on limited pensions.” (Rural survey, January–March 2026)

“Very hard to get an appointment as I find e-consult very confusing and I cannot use the NHS app.” (Healthwatch Oxfordshire outreach event, April 2025)

“When I try and call the practice they tell me to use the app, but I struggle to use the app. The reception staff need to pick up the phone when patients call to book appointments.” (Healthwatch Oxfordshire outreach event, July 2025)

These examples show that patients who are not able to use online forms or digital tools need to seek help from friends or family or call the GP practice. Others might be put off from making appointments online or using digital tools altogether.

“If you can’t fill in a form [online] you have to ring them up and wait to get through so they can fill in the form for you. If you are feeling poorly, it’s not what you want to do. Sometimes it’s so hard you just can’t be bothered.” (Signposting, May 2025)

“Having to go online to make a possible appointment with GP. It’s easy to do but you don’t know if you can see someone face to face. So if non-urgent, sometimes don’t try for a long time.” (Rural survey, January–March 2026)

The above examples show how digital systems can create additional barriers to access for some, particularly patients who find it difficult to use online services or feel very unwell.

In other feedback, people said online health care was impersonal compared to face-to-face interaction. Some worried that those who do not use digital methods to access services might feel like they were viewed as being difficult.

“You never get to speak to anyone, it’s so impersonal. I filled out a form and specifically said I wanted to speak to a doctor, and they just sent me a link to a website. I felt like I was just a number – that’s how things get missed. It’s worse for the older generation, they don’t want to feel like a problem.” (Signposting, July 2025)

The examples above echo many of the views and experiences highlighted in feedback from our 2024–25 GP services report and Healthwatch Oxfordshire’s 2025 **report on people’s experiences of using digital health care to manage their health care**.⁸ The challenges for people who cannot access or use digital methods, or who prefer face-to-face contact, mean other options remain important or they may face disadvantages in managing their health and care, and might be put off from contacting their GP practice.

Booking and managing appointments

A common theme in the surveys, outreach events, and other feedback was booking and managing appointments at GP practices. The two main issues were appointment availability and the booking process.

Appointment availability

Patients reported mixed experiences and expectations of seeking appointments at their GP practice. There were many examples where people said they

⁸ Healthwatch Oxfordshire, [‘Digital health care and the NHS App: voices from Oxfordshire’](#).

experienced availability issues and had to wait several weeks for a routine appointment.

“I find it very hard to get an appointment I sometimes have to wait over two weeks before I can see a doctor.” (Health and wellbeing event, April 2025)

“The receptionist told me at the time that the clinic was fully booked already for the coming four 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 weeks time when the next set of appointment slots became available. In short, she told me I should expect the earliest appointment to see my GP to be six weeks away.” (Chinese community research, July–December 2025)

“It is impossible to get an appointment. The reception staff tell me to phone back the next day for an appointment. Sometimes that is difficult as I look after my husband.” (Healthwatch outreach event, April 2025)

“I do struggle to get an appointment to see my doctor... They tell you to call back at 10am but by then all the appointments have gone for the day. They do sometimes make an appointment for you and text you about it. When I do go, they treat you really well, it’s just hard getting an appointment.” (Men’s health outreach, December 2025)

“My husband is having to wait five to six weeks just for a telephone appointment” (Signposting call, March 2026)

As the examples above highlight, a common problem when calling the GP practice was congestion during the morning peak calling times. Patients often reported long delays or were unable to get through, or that, when they did speak to reception, all available appointments for that day were already taken. This often meant they would have to try again the next day or request a call back from a GP. In early 2026, there are some signs that this may be improving as GP access improvements are implemented.

One person also highlighted staff absences and GP work rotas as barriers to accessing appointments which meant they could not be allocated an appointment.

“I had a helpful consultation with a GP who advised me to book a physio appointment and a follow up appointment with her in four weeks. The receptionist told me I couldn’t

book a physio appointment because the physiotherapist was off sick. He didn't offer any alternative. He then said I couldn't book an appointment with the GP either, as her schedule had not been uploaded. I asked what I could do. He said I could keep ringing the surgery." (Feedback Centre review, February 2026)

High demand and limited availability of appointments add pressure for staff and can cause delays and inconvenience for patients. It is expected that the introduction of online appointment booking during working hours in October last year should ease the morning telephone demand, although it might advantage those patients with digital access more than others.

Although many patients reported challenges with appointment availability, we also heard about positive experiences. Several people told Healthwatch Oxfordshire staff at outreach events about good about appointment availability, such as, *"I always can get an appointment any time I phone in to the practice"* and *"Getting appointments over the last few months has improved which is really good."*

Most people who gave positive feedback had booked their appointment on the telephone. Fewer people seemed to find appointments easy through online requests or the e-consult service. However, one person said, *"I used the online portal to book and within two hours I had a face-to-face [appointment]."*

Some patients with an urgent health care need often said they were able to get a prompt GP appointment at their practice.

"I needed an urgent appointment and was seen the same morning. The whole experience was exemplary, from receptionist, GP and health care assistant." (Feedback Centre review, March 2026)

"I was referred for an urgent GP appointment. Called into reception, which was very, very busy but when my turn came, I was given an appointment for the same day." (Feedback Centre review, August 2025)

The examples above suggest that appointment availability continues to be a challenge, although the introduction of online booking during working hours should help.

The process of booking appointments

Feedback about appointments also included experiences of the booking process. People highlighted various problem areas that affected their ability to book an appointment. They included inefficiencies in the appointment process, limited

options for making appointments, and difficulties using phone and digital methods.

Inefficiencies in the appointment process

Some people gave positive feedback about different aspects of the booking system – especially digital methods – either because the options suited them or they found them useful or easy to use.

“I tend to use the online triage service which is very efficient and responsive.”
(Outreach event, April 2025)

“They have recently gone over to a “fill in a form for an appointment” scheme. Was very dubious to begin with, but it works well.” (Signposting, August 2025)

However, several people also reported that getting an appointment was a lengthy and cumbersome process.

“Making appointments can be very long winded. When I visited to ask for an appointment I was told to go home and they would send me a text message.”
(Outreach event, July 2025)

“Trying to get a routine appointment is a marathon. Finally managed to get one today at the third attempt. (Feedback Centre review, July 2025)

“Doctors surgery make you jump through hoops for an appointment.” (Rural survey, January–March 2026)

One of the problems already identified is the time it takes to get through on the telephone. We heard that people often waited in the queue for 30 minutes or more, or had to call the practice more than once to speak to someone. As a result, some had to use more than one method to try and get an appointment.

“It used to be easy to make an appointment, now it’s difficult. They don’t answer the phone – and then there are lots of options to choose. It’s hard to get through.” (Focus group with women of Indian and Pakistani heritage, June–July 2025)

“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! Must be more than 30 mins.

The receptionist told me at the time that the clinic was fully booked already for the coming four weeks. That's why their online booking system was not available for patients to use." (Chinese community research, July–December 2025)

"The process of getting an appointment was exhausting. You had to phone up at 8 am and be the hundredth in the queue. They have moved to an online form which is a bit better." (Signposting call. March 2026)

As described above, the high volume of calls at peak times means that available appointments quickly become allocated. Some people also reported problems with the online booking systems, either that it sometimes didn't work or couldn't be accessed at busy times.

"It is very difficult to get an appointment due to the online booking system being inaccessible a lot of time due to the surgery being oversubscribed." (Healthwatch outreach event, February 2026)

"Unable to get an appointment with the GP, forced to use an online service that is always unavailable." (Signposting call. February 2026)

Several people told us that it would make a big difference to be able to book an appointment with their GP using the **NHS app** – a function available for some but not all GP practices.

"I would like to be able to make an appointment with my GP, but this is not available." (Digital healthcare survey, July–August 2025)

Some people who found the appointment process challenging and frustrating told us they sometimes delayed or avoided using GP services.

"It just puts you off making an appointment. If I was poorly now I'd probably just call 111." (Rural survey, January–March 2026)

"I just try to self-help as I feel overwhelmed by the whole process." (Rural survey, January–March 2026)

As these examples above show, when patients cannot obtain appointments easily, either because they are unavailable or difficult to use, their access

becomes limited and they are more likely to delay seeking care or practice self-care.

Limited options for making appointments

Another area highlighted in some feedback included restrictions in the methods available to book an appointment. These differ across GP practices, and while some offer a range of options, others are more limited or inflexible. Some people described challenges with specific methods. For example, people for whom English is not their first language, or who have additional communication needs, said it was difficult to communicate clearly or understand information over the telephone, and had to attend in person instead.

"You know when I call my GP surgery, due to my poor English, I find it is difficult to communicate with them... 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." (Chinese community research, July–December 2025)

"I struggle with my hearing and I cannot hear anyone on the phone. I have to go and visit the practice to book an appointment." (Outreach event, February 2026)

Although some practices allowed patients to book appointments in-person, we heard several cases where people were told they could only book online or by telephone. Some people reported inconsistencies or limitations with digital booking systems; despite being instructed to book an appointment or test online or on the NHS app, when they tried it, the function was unavailable.

"I had to book a follow up appointment but she said I need to do it online. The NHS app says I cannot book it online so where do I go from here?" (Feedback Centre review, August 2025)

Difficulties using phone and digital methods

Other people described not being able to book because of restricted telephone timings or situations where both the phone and online options were unavailable at the time. These constraints reduced flexibility and made it more difficult for some people to access the appointment system.

People who do not have access to digital devices or the internet, or who are unable to navigate online services are often unable to book appointments

digitally themselves. We heard from some people who could not book appointments using the NHS app or online forms such as e-consult.

"My mum cannot use a computer and her GP practice has moved to an online triage service, this means when she wants to see a GP we have to do the online triage section for her. This results in her loss of privacy and she is being disempowered from controlling her own access to her GP. She is feeling really upset about this."
(Signposting, February 2026)

"Very hard to get an appointment as I find e-consult very confusing and I cannot use the NHS app." (Health and Wellbeing event, April 2025)

Patients who found it difficult to understand or navigate online forms and tools also experienced barriers in how and when they could book appointments. Those who are not familiar with their practice's online booking system or struggle to use it said they were often left unsure how or where to book – highlighting the need for clear and accessible information about how patients can access care.

Quality of consultations and treatment

Another major theme we heard involved people's interaction with GP practice staff and their experiences of consultations. These included perceptions of effectiveness and appropriateness of care, whether care or treatment focused on the patient ('patient-centred'), and the organisation and efficiency of the service they received.

Effectiveness and appropriateness of care

Perceived refusal or denial of care

GP practices operate a triage system, which means that people may be directed to an appropriate health professional within a multi-disciplinary team. This may mean that they are not seen by a GP. There is **still a need for clear and ongoing communication with the public about the pathways to care** within a GP practice, and expectations of care. Several people reported disappointment at what they perceived as being refused care when they expected to be treated by a GP. This process included being triaged by reception staff,⁹ being offered an appointment with a non-GP or directed to another service, the GP reducing or withdrawing medication.

⁹ Reception staff might be trained 'care navigators, although patients do not necessarily know this. See also film made by Oxford Community Champions with support from Healthwatch Oxfordshire, '[The role of GP receptionists](#)' and Healthwatch Oxfordshire webinar, '[GP surgeries: it's all about teamwork](#)'

“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 shoulder 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 like to see the GP first before any referral or redirection being made.” (Chinese community research, July-December 2025)

“After my GP left I was denied the cream which I use daily to prevent eczema in my ears with the result that it recurred yet again and I had to have antibiotic sprays.” (Feedback Centre review, August 2025)

We also heard from several transgender patients who said their GP practices has refused to provide support for gender-affirming care, such as referrals to Gender Dysphoria Clinics or letters to enable them to update ID to match their gender.¹⁰

Perceived inadequacy of treatment

We heard feedback in this area that highlighted the high quality of clinical care provided by GPs and other practice staff.

However, some people said they felt their care had not meet their expectations or need. This included feeling that their GP had not taken their symptoms seriously enough or that their health problem was still unresolved. In some cases, patients felt their physical examination or tests were inadequate or that they had not been offered sufficient treatment.

“I called the surgery because I felt so unwell. The doctor told me to rest for three weeks and continue to take paracetamol which I did. I ended up in A&E.” (Outreach event, September 2025)

“I have had [symptoms] for over four months...I did an e-consult and got a very abrupt call from a GP who told me I didn't need any tests and it was just anxiety... She told me to wait a month and if it was still bad that they would do tests. I am really struggling with the pain and can't have a bath without getting out of breath... I feel not listened to, gaslit, and it's really hard.” (Signposting, November 2025)

¹⁰ See also our report on [Trans and non-binary people's experiences of GP services in Oxfordshire](#)

Perceived lack of understanding or support for a health condition

Feedback showed that some patients felt GP practice staff did not sufficiently understand their health condition, for example for women's health concerns.

"Struggling to get GPs to understand my health concerns with suspected peri-menopause and lipoedema." (Healthwatch Oxfordshire outreach event, May 2025)

"Feel totally neglected by GP and their lack of knowledge in this area or willingness to listen to mothers and refer to specialists." (Signposting, February 2026)

These patients felt frustrated at the perceived lack of understanding and that they were not adequately diagnosed or given the support and treatment they needed. A small number of patients also reported experiencing injury or harm from a misdiagnosis or treatment at their GP practice.¹¹

Patient-centredness and interpersonal care

Feedback highlighted the importance of patient-centred care and interpersonal interactions during consultations with GP practice staff. We heard that experiences were mixed, with some people describing positive interactions while others said they felt dismissed or not listened to.

Staff attitude and behaviour

Many people commented on the attitude and behaviour of staff as an important aspect of their experience. We heard numerous examples where staff were empathic, supportive and professional towards patients.

"Doctor is truly fantastic. She is compassionate, empathetic, as well as exceedingly thorough. Every time I've ever spoken to her, I feel listened to and respected. A real asset to the surgery." (Feedback Centre review, November 2025)

"I always have a positive experience using this practice, staff and the doctors are very caring." (Outreach event, February 2026)

"The second GP was good. He was kind and caring. He explained to me everything in great detail." (Chinese community research, July–December 2025)

However, others described experiencing rude, dismissive or impersonal attitudes. Some people told us they were made to feel "unwelcome" by staff.

¹¹ See also our report on [Using women's health services in Oxfordshire](#)

“I have been hung up on by the receptionist when trying to speak to someone because I cannot use the website. I have rheumatoid arthritis and its impossible for me.” (Signposting, December 2025)

“What should I do if there is a rude nurse? I went for a blood test and the nurse was really rough and rude. I started crying and shaking in the room.” (Focus group with women of Indian and Pakistani heritage, June–July 2025)

“The general service and friendly atmosphere patients once enjoyed at this practice has been lost in recent years, and I now feel unwelcome and basically I am an ‘inconvenient nuisance’. Staff need to be reminded that old age often brings with it medical issues, but we are still part of society and should be treated with respect and understanding.” (Feedback Centre review, January 2026)

These interpersonal accounts shaped patients’ overall impression and experience of GP services, and of seeking care.

Being listened to and taken seriously

Many people commented on being listened to during consultations.

Several told us they did not feel that their concerns were fully heard or taken seriously. One area where this appeared to happen was related to women’s health issues.

“I am going through the menopause and was put on patches. The doctor then rang me and told me to come off the patches and said I had to take gel but that will make me depressed. She didn’t explain it, and I didn’t feel listened to. It took me months to get that appointment and it wasn’t actually any help when I got it. I felt she wasn’t a doctor who wanted to help. I felt fobbed off.” (Signposting, May 2025)

“Treated like a paranoid older female as they would not listen regarding levels of pain, and sent [I was] away feeling completely mistreated each time.” (Signposting, March 2026)

However, others also described feeling that their GP had listened to and understood them in consultations.

“I find everyone helpful from the receptionist to GP. They have dealt with my enquires efficiently and I feel listened to.” (Feedback Centre review, August 2025)

“The GP was very sympathetic, spent time explaining how she could help me and what my options were. I did not feel rushed. I was able to ask lots of questions... I felt listened too, and genuinely cared for by the GP.” (Signposting, October 2025)

Consultation times and format

Feedback on quality also included the time and format of health care consultations. Some people felt that appointments were often too short or they lacked the opportunity to discuss concerns and ask questions. We also heard that this was made worse by a lack of opportunities for face-to-face consultations.

“I have not been able to see a GP in person since before Covid. All requests for appointments are made online, and consultations are phone calls or emails. I have had three phone consultations in the past year for the same problem and just given prescriptions which don't help. This situation is far from satisfactory.” (Signposting, March 2025)

“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.” (Chinese community research, July-December 2025)

“... the GP I saw had virtually no time to discuss my concerns. He mentioned he only had five minutes and scolded me when I attempted to discuss my health issues.” (Feedback Centre review, June 2025)

The factors highlighted in these examples affected patients' ability to discuss their concerns and contributed to negative perceptions of care.

Organisation and efficiency of care

We heard some feedback on organisational aspects of care at GP practices and the efficiency of services. These included the option to see the same or a preferred provider and have continuity of care. Although some people described having excellent experiences with non-GP clinicians such as nursing staff and physician associates, several were disappointed that they were unable to see their named GP or the same one each time.

“I never get to see the same GP. The last time I saw someone, he said 'you're not usually my patient so I don't know your situation'.” (Signposting, November 2025)

“Part of the problem is that all the GPs are part-time so you never see the same person. There's a total lack of communication.” (Signposting, February 2026)

People appreciated being dealt with in an efficient manner and we heard several examples where patients were attended to promptly and comprehensively, from getting an appointment, having a consultation or treatment, to being referred or prescribed medication.

“I find the receptionists extremely efficient and helpful. Appointments either made immediately or after consultation. After hospital treatment, I need high pain relief and a prescription was ordered immediately. All three doctors seen and treated by have been excellent.” (Feedback Centre review, March 2026)

“I was referred for urgent GP appointment, called into reception, which was very, very busy but when my turn came, I was given an appointment for the same day. Returned to see GP and treatment prescribed. Called over to chemist and it was issued in under 15 mins. All staff (reception, doctor and chemist) were friendly and courteous. I have no complaints nor concerns.” (Feedback Centre review, August 2025)

These examples demonstrate the positive influence that efficient and professional care has on patients' experiences of GP services. We also heard about the positive impact of proactive care provided by GP services, for example support from social prescribers, and digital inclusion groups run by Patient Participation Groups.

Communication and information

People described various communication and information issues related to GP services. While some told us that practice staff communicated clearly and effectively, others highlighted **language barriers, unclear or inconsistent information**, and limited explanations of conditions and proposed action.

We heard examples of good communication, including when GPs took the time to explain a health condition or medical term, when practice staff communicated well about appointments, or when they sent text messages to patients about health services currently provided at the practice.

Language barriers were a problem for patients whose main language is not English. Some people in the Chinese community and women of Indian and Pakistani heritage said it was difficult for them to communicate with GP practice staff and to understand information in consultations.

People with less confidence with English said they often relied on friends and relatives to interpret. Not everyone we heard from seemed to be consistently offered an interpreter or aware that they could ask for one. Patients appreciated the difference when their GPs gave clear explanations and supported the use of interpreters, including by booking double appointments to allow for the additional time needed.¹²

“He explained to me everything in great detail. 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.” (Chinese community research, July–December 2025)

“Every time when I book an appointment with her, 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.” (Chinese community research, July–December 2025)

Even with interpreters, we heard that communication could still be difficult. People told us that interpreters do not necessarily speak the patient’s language or dialect accurately and are not always available at short notice.

“The translator we get, although it may be a bit of their language, they still can’t understand the person – in Pakistan there are different dialects, Urdu is the official language but some people can’t understand it.” (Focus group with women of Indian and Pakistani heritage, June–July 2025)

“If I needed an emergency appointment, I wouldn’t be able to get one until the next day and I would have to take a family member with me to interpret.” (Focus group with women of Indian and Pakistani heritage, June–July 2025)

We also heard from some people with hearing difficulties who found communication difficult with practice staff.

“I have two hearing aids and I can’t always hear what they say, especially if they are foreign and you see different doctors each time, and you feel bad asking them to

¹² See also our film, ‘[Getting language support from your GP surgery](#)’, made by Oxford Community Champions and Healthwatch Oxfordshire

repeat things when there are other patients they need to see and my taxi waiting for me.” (Signposting, July 2025)

The above examples highlight the potential problem of communication and language barriers in health consultations, and the need for patients and practitioners to have enough time to clearly communicate and understand each other.

Practice organisation and administration

We heard some feedback around aspects of GP practice organisation and administration, including the triage process, GP callback facility, safekeeping of samples, records, and test results, and the complaints process.

The triage process involves patients entering symptoms in an online tool or discussing them with a member of practice staff to identify the most appropriate next step. We heard examples of well-organised GP services, especially for patients needed an urgent consultation. Others described the triage system as a barrier to getting an appointment. Some people said they felt they were inappropriately triaged and, as a result, denied an appropriate appointment. We also heard from patients at GP practices where online triage had been introduced who did not have access to a computer or the internet had to ask other people to enter the information for them.

“My mum cannot use a computer and her GP practice has moved to an online triage service. This means when she wants to see a GP, we have to do the online triage section for her. This results in her loss of privacy and she is being disempowered from controlling her own access to her GP. She is feeling really upset about this.” (Signposting, February 2026)

Patients who were unable to use digital or online tools felt restricted from accessing their own GP services and experienced loss of privacy.

Some feedback commented on GP practice responses or follow-up after an initial contact or consultation. People reported mixed experiences, with some saying they received prompt responses after reporting unusual symptoms, abnormal test results, or being unable to arrange a telephone appointment.

“I had a very positive experience at [the] GP Practice. I submit information for consultation online and often submit feedback and I always get a response back very quickly.” (Healthwatch Oxfordshire outreach event, July 2025)

The following comment describes exemplary practice at a GP practice that followed up on patient request for callback.

“Phoned on a Monday morning and after a long wait (more than 30 in the queue), explained the problem to the receptionist and was offered a telephone appointment for that day. GP called within a couple of hours and asked if I would come in for a physical examination on the same day. After the examination, I was diagnosed and prescribed medication which I picked up at the adjacent pharmacy straight after and hobbled back to the car. I started treatment that afternoon and within three days was able to go back to normal duties with care. The GP also emailed further information about my condition and a link to exercises.” (Feedback Centre, March 2026)

However, some people reported waiting a long time for a GP callback after being kept on hold in a telephone queue or not getting through.

“Phones aren't answered before 9.30am or after 4.30pm as standard. Unable to book an appointment to see GP using app as option not allowed by surgery. Waited almost six hours for call back that never came, despite requesting same day appointment at 9.30am when phone line opened due to acute symptoms worsening.” (Feedback Centre, November 2025)

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.” (Chinese community research, July–December 2025)

Several people said they were sent a text message response instead of the opportunity to discuss their concerns in person or on a telephone.

“Received long text message which did not answer questions or allow for discussion. Also showed GP had not read my records. Felt I was not important enough to phone.” (Feedback Centre, August 2025)

I've called a few times during my high-risk pregnancy and have basically been fobbed off with text messages every time rather than a phone call.” (Feedback Centre, July 2025)

Some people reported mistakes being made at their practice such as being given the wrong appointment date or that the appointment time they were given had not been recorded. Other examples included samples going missing, and inaccurate information being recorded in health records.

A number of people contacted Healthwatch Oxfordshire to report or ask for advice on complaints about GP practices. In some cases, they were frustrated and angry at the lack of response from their GP practice or BOB ICB. Some people reported that they had escalated their complaint to the Parliamentary and Health Service Ombudsman but were told that too much time had passed to process them. Patients at some practices said they wanted to complain about a service they had received but were worried they might be identified or being viewed as “awkward”, or that it might impact their access to GP services.

Coordination and continuity of care

Government policy direction is in support of Neighbourhood Health and more seamless and integrated care. Feedback on coordination between services focused communication, referral, and information-sharing between services. When this happened well, it greatly improved patients’ experiences and ensured a smoother journey through the health system. We heard some examples where coordination across health and care had worked well.

“I am particularly allergic to a generic medication, so the Allied Pharmacist lead on duty from [NHS service provider] and the [GP practice] receptionist sorted my problems straight away on the same day without issues. Thank you very much. This is excellent service and collaboration for patient service.” (Feedback Centre, November 2025)

“NHS Palliative Care Nurses who communicated with the GP.” (End of life care survey, October 2025–January 2026)

We also heard numerous examples where patients said that services had not coordinated well or shared information to ensure ‘joined-up’ care.

“The lack of connectivity and information sharing between services is something I have complained about. It is exhausting (as a carer for someone who is aphasic) to have to constantly provide case history to medics who don't know my Mum. She would be much better off with a regular doctor who got to know her.” (Rural wellbeing survey, January–March 2026)

“I was offered a phone appointment but I needed face to face... in order to diagnose. When I arrived, there had been mix up and I had no appointment. The duty doctor then called and suggested I had an X-ray and then see the physio. Arranged an X-ray at community hospital. Saw physio who suggested exercises but knew nothing about the X-ray and did not have it to refer to. Exercises did not help. Problem remained for three months then got mostly better. No follow-up from the GP except a survey about the service. This example is pretty typical of my experience of my GP practice.”
(Signposting, September 2025)

We heard that patients sometimes had long waits to be referred from their GP practice and unsatisfactory experiences at referral services.

“Long waiting time to get a GP appointment and to be referred to the special referral clinic. I had to wait six months to get a special referral appointment.” (Healthwatch Oxfordshire outreach event, February 2025)

“It took three months for my urgent referral to come through. No problems with the doctors or the treatment but it's sometime slow getting appointments at hospital.”
(Rural survey, January–March 2026)

“I need a new knee and am in agony, awake all night in pain. I've had my third appointment with [NHS service provider] and they are hopeless. You see someone, and then there is no check-up, no follow-up, so you have to go back to your GP and get referred again. The GPs just hand you off. I can't get a referral to anywhere else... There is no communication, not even an acknowledgement of the referral.” (Signposting, June 2025)

We also heard from people about experiences of care that was not joined up between their GP practice and other services, such as lack of communication between specialist consultants, GPs and the patient about their health.

“No records available from my records held in three other hospitals. Two are in my GP ICB and the other is in a neighbouring ICB.” (Digital healthcare survey, July–August 2025)

Prescriptions and medication

Many people told us they had experienced challenges with prescriptions and medication. These included difficulties obtaining a prescription including not being able to request repeat prescriptions by phone, practice delays in

approving and preparing repeat prescriptions, and practices' in-house pharmacies being unable to provide medication.

“Second time in recent months I've been left without prescription medication. They can't deal with simple repeat requests.” (Feedback Centre, June 2025)

“Every month the practice takes four days to ok the prescription and then it takes roughly two days to get it as their dispensary or any other pharmacy then has to order it in... There should also be an automatic repeat prescription service for anyone with a prescription, with a periodic review.” (Signposting, April 2025)

Some people reported difficulties obtaining medication from the GP practice for conditions such as ADHD because there was no shared agreement with BOB ICB at the time. A small number also said there was often confusion between their practice and the pharmacy, or that they had been given the wrong medication.

“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 saga, 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.” (Chinese community research, July–December 2025)

A note on data

Our approach to data collection focuses on gathering meaningful qualitative insight into people's experiences, rather than obtaining statistically representative data.

Not all the Feedback Centre reviews we receive are published for public view, as they may contain information which is difficult to anonymise. Where someone has had a particularly poor experience, we will make every effort to enable the provider to give direct feedback to that person with their permission, and to help respond and resolve the issue together.

The nature of feedback can mean that people will give feedback when they want to comment on a particular poor experience, or a very positive experience, so overall this may present a less representative view. However, analysis of patient comments brings out common themes, giving insight into experiences of GP practices, and highlighting areas for potential improvement and change.

Feedback on patient experience is also nuanced depending on the individual, their circumstances, and background. Some report positive experience whereas others may not – sometimes highlighting experiences linked to health inequality.

Public priorities for GP services

In December 2025 Healthwatch Oxfordshire asked Oxfordshire residents what their health care priorities were for the coming year (2026-27). Participants highlighted a variety of priority areas related to GP services. These are summarised in **Table 1** below.

Table 1. Suggested priority areas for GP services in Oxfordshire for 2026

Priority area	Example quote(s)
Improved access to services	<p>“Easy and reasonably quick access, locally, to diagnosis and ideally treatment. Increasing the number of (a) health visitors for the youngest, and (b) one-stop places for diagnosis/treatment/care for the elderly.”</p> <p>“Accessible health and care - particularly for rural areas.”</p>
Shorter waiting times for GP appointments and referrals	<p>“Access to GP without long wait and without triage by reception staff.”</p> <p>“Able to have quicker access to the doctor of your choice, or any doctor, also without waiting in a queue at 8am.”</p> <p>“Getting timely appointments and referrals to specialists if necessary.”</p>
More options for making appointments	<p>“It would also be convenient to be able make an appointment in person at the surgery. The surgery I attend refuses to do this. Priorities should be ensuring patients come first and able to make appointments in person.”</p>
More services and support needed for certain groups	<p>“Easily accessible health care for my elderly parents’ dementia care.”</p>

	<p>"Doctors need to understand mental health and more resources should be put in adult mental health."</p> <p>"The disparity in access to even the most basic provisions across GP surgeries and even between GPs at the same surgery is a huge problem for many trans people."</p>
<p>Continuity of care – e.g. being able to see a named GP</p>	<p>"I like to see one particular doctor and most times I get an appointment, I think it's important to see the same doctor if you have long-standing health problems."</p>
<p>Quality of care – e.g. being listened to</p>	<p>"That I actually get listened to, because sadly I have found that not the case for mental health."</p> <p>"Women's equality in health care - not having women's pain dismissed when men's pain wouldn't be."</p>
<p>Improve access to and functionality of digital systems</p>	<p>"NHS app should be easy to use."</p> <p>"The current NHS app is causing many issues for the older generation. Ensuring computer systems are fit for purpose"</p>

Useful information

Healthwatch Oxfordshire reports:

- [What we heard about cancer and access to healthcare](#), March 2026
- [Hearing from men in Faringdon](#), November 2025
- [Digital healthcare and the NHS App: voices from Oxfordshire](#), November 2025
- [Trans and non-binary people's experiences of GP services in Oxfordshire](#), October 2025
- ["Just listen to me": Using women's health services in Oxfordshire](#), July 2025

See Healthwatch Oxfordshire website for [all research reports](#) and [all community research projects](#).

Healthwatch Oxfordshire resources:

- [Accessing the health care you need](#), including registering with a GP and accessing interpretation and translation services
- [Understanding language support at your GP surgery](#) – film made by Oxford Community Champions and Healthwatch Oxfordshire
- [Role of GP receptionists](#) – film made by Oxford Community Champions with support from Healthwatch Oxfordshire
- [Patient Voices – Making a Difference Together](#) – film showcasing the work of Patient Participation Groups in Oxfordshire
- [10 Year Health Plan for England](#) – webinar recording, September 2025
- [GP surgeries: it's all about teamwork](#) – webinar recording, January 2025

Have your say – give feedback on your GP practice or other health and care services via our [online Feedback Centre](#).



healthwatch
Oxfordshire

Healthwatch Oxfordshire
Office F20
Elmfield House
New Yatt Road
Witney
OX28 1PB

www.healthwatchoxfordshire.co.uk
01865 520520
hello@healthwatchoxfordshire.co.uk