

What you told us about hospitals in Oxfordshire

August 2025–July 2026



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Summary

This brief report gives a summary overview of feedback given to Healthwatch Oxfordshire from members of the public about Oxford University Hospitals NHS Foundation Trust (OUH) services in Oxfordshire: John Radcliffe, Horton General, Churchill, and Nuffield Orthopaedic Centre.

Between August 2025 and July 2026, we heard from **194 people** with specific comments about OUH services through our online Feedback Centre, by phone or email and paper 'Have your say' forms. In addition, we also heard more generally about hospitals from members of the public through extensive outreach, research surveys and community research projects. This report does not include feedback gathered on maternity services in hospitals, as this will be provided in a forthcoming summary report.

We heard that:

- People described many positive experiences of OUH services, particularly in the quality of care they received from caring, respectful, professional staff, good communication, and feeling listened to and reassured.
- Overall, people's hospital ratings were high, with an average of **4.2 out of 5** across 114 feedback reviews.
- The most common concerns and areas for improvement were aspects of care quality and waiting and delays. These include patients feeling that their concerns were not taken seriously or they were not listened to, difficulties getting appropriate treatment, lack of coordination and continuity of care, and long waits for appointments, treatment, referrals, and test results.
- Communication is seen as an important factor in people's experiences, both positively and negatively.
- Some people with complex or serious conditions described difficulties getting their concerns addressed or navigating the complaints process.

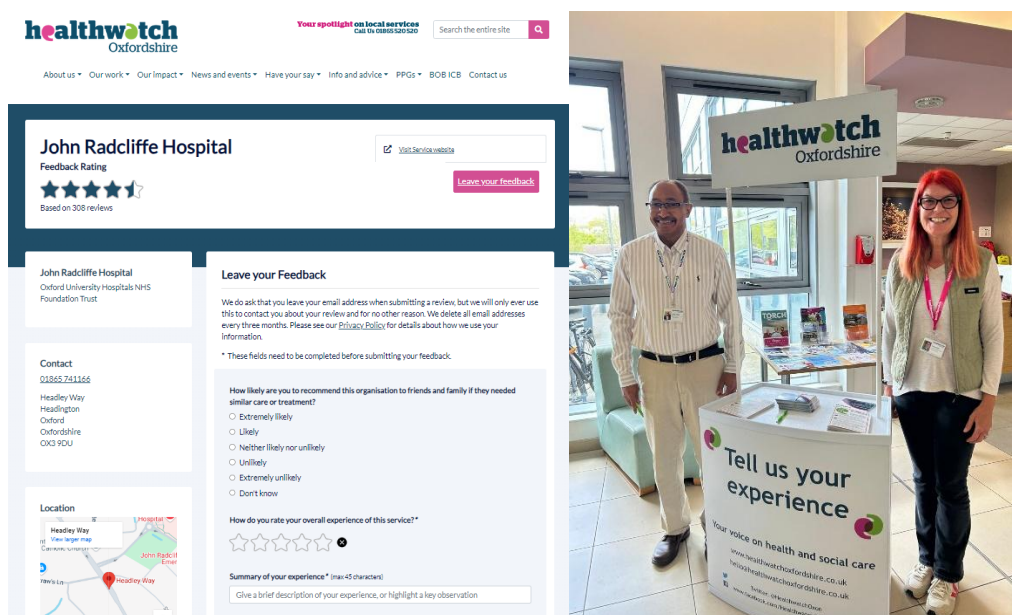
This report and patient feedback will be shared with Oxford University Hospitals NHS Foundation Trust, commissioners – Thames Valley Integrated Care Board (TV ICB), Oxfordshire Place Partnership and published on Healthwatch Oxfordshire website: [Healthwatch Oxfordshire – Reports](#).

Thank you to all who took time to share their views.

Background

Many of the specialist and urgent medical care services for people living in Oxfordshire are provided by four hospitals – the John Radcliffe, Churchill and Nuffield Orthopaedic in Oxford, and the Horton General in Banbury. Together, these four hospitals are run by the Oxford University Hospitals NHS Foundation Trust (OUH). OUH also operates some smaller, specialist units, such as the Early Pregnancy Assessment Unit at Rose Hill, and runs some services in the community, including outpatient clinics at community hospitals across the county. As part of the NHS 10 Year Plan, announced in July 2025, OUH is working with health and care providers and commissioners in Oxfordshire to deliver the three key shifts in health and care: from analogue to digital, treatment to prevention, and hospital to community. This work includes developing new models of neighbourhood health, work to join up hospital, community and social care (for example through Home First), and expanding community-based hospital services such as Hospital at Home.

Healthwatch Oxfordshire regularly hears from members of the public about their experiences of using OUH services. People give feedback on specific health and care services through our 'Feedback Centre' on our website ([Find & review a service Healthwatch Oxfordshire](#)) and printed 'Have your say' paper forms as well as by contacting Healthwatch directly by telephone or email. Healthwatch also gathers people's experiences through outreach at OUH hospitals, community events and groups, and engagement with particular communities.



L: Example Feedback Centre page; R: outreach at Churchill Hospital, April 2025

This report brings together feedback and comments received between 1st August 2025 and 31st July 2026. The findings are presented within a context of major changes and an £8 million investment programme across OUH (see article [here](#)). Patient satisfaction with OUH inpatient care is similar to other NHS

Trusts. In the 2025 Adult Inpatient Survey, published by the Care Quality Commission (CQC), OUH patients rated several aspects of inpatient care highly, including privacy, confidence and trust in doctors, respect and dignity, and kindness and compassion. Experiences of leaving hospital were rated lower, with patients and families reporting a lack of involvement in discharge decisions, and going home with insufficient information and support (see article [here](#)).

The data in this report includes general feedback we have received about patients' experiences of hospital services. We will shortly be publishing an additional report based on feedback about maternity services – not included in this report. The data in this report *does not* include feedback about OUH gathered through other means during this time – through our Enter and View visits or our more in-depth research. This insight can be found in additional reports, all of which can be seen on our website at [Reports – Healthwatch Oxfordshire](#). These include:

- **Enter and View** visit reports, for example:
 - [Oxford Breast Imaging Centre at the Churchill Hospital](#)
 - [The Children's Ward at the Horton General Hospital](#)
 - [The Blue Area Outpatients Department at the John Radcliffe Hospital](#)
- **Research** reports, for example:
 - [Views and experiences of palliative and end-of-life care in Oxfordshire](#), July 2026
 - [Hearing from older Chinese people in Oxfordshire – community research report by Derek Ng](#), May 2026
 - [What we heard about cancer and access to healthcare – community research report by Sunrise Multicultural Project](#), March 2026
 - [Using women's health services in Oxfordshire](#), July 2025
 - [Navigating urgent and emergency care services in Oxfordshire](#), June 2025

Who did we hear from?

Between August 2025 and July 2026, we heard from **194 people** about different Oxford University Hospitals (OUH) NHS Trust hospitals:

- **114 people** who left a review of a service at OUH through our online feedback centre or a paper 'have your say' form, including at our regular hospital stands
- **80 people** who contacted us directly by email or telephone, or via a Healthwatch England webform.



Healthwatch Oxfordshire staff at a hospital stand at Nuffield Orthopaedic Centre, November 2025

We have also drawn in insight about hospitals from the **4,671 people** who shared their experiences of health and social care services with us in 2025-26. This included proactive listening to hear from people most likely to experience health inequalities.

During the year we carried out extensive in-person outreach across the county, including through engagement with community groups and events in Oxfordshire's priority areas and with groups representing diverse communities and those more likely to experience health inequalities, such as the Eid Extravaganza, Oxford Sanctuary Fair and Play Days in Banbury, Berinsfield and Witney. We had in-person conversations with people on the street, at libraries and community libraries across the county, for example with men in Faringdon as part of the #30 Chats in 30 Days initiative. We ran research surveys to hear from people living in rural areas and those with experience of end-of-life and palliative care services. We also supported communities to carry out their own research on topics important to them, including working with the Sunrise Multicultural Project to hear from South Asian women about their experiences of accessing health and care services and cancer screening, diagnosis and treatment, and hearing from older Chinese residents.



L: Outreach at Oxford Older People's Day; R: community research with Sunrise Multicultural Project, Banbury, alongside Sam Evans from Oxford Breast Imaging Centre

Those who give online feedback, paper forms or contacting us directly by phone are asked information about their gender, age, ethnicity and where they live; this is to help us understand who we are hearing from. Of those who were happy to share this information via these routes:

- 64% (124) were women and 25% (48) were men
- 31% (61) were aged 65-79 and 26% (50) were aged 25-49
- 69% (135) were White British; we also heard from people of other White backgrounds and some people with Asian or Black British ethnicities, and one Arab person.

Most reviews or comments were about the John Radcliffe Hospital (see Table 1).

Table 1. Named hospitals in patient feedback and comments

Hospital	Number of reviews or comments
John Radcliffe	79
Churchill	35
Horton	34
Nuffield Orthopaedic	24
Outpatient clinic in community	4
OUP – site not specified	14

We heard about people's experiences across many departments and services in different hospitals, particularly general outpatient and hospital-based consultants, the Emergency Department/A&E, including the Ambulatory Assessment Unit (AAU), but also Oncology and cancer care, Neurology, Neurosurgery, and stroke care, the Eye Hospital, Paediatrics/Children's services, Obstetrics and Gynaecology, and others (see Table 2).

Table 2. Hospital departments and services highlighted in patient feedback

Hospital department	Number of occurrences
General outpatients and hospital-based consultants	33
Emergency department/A&E/Ambulatory Assessment Unit (AAU)	19
Oncology and cancer care	11
Neurology, neurosurgery, and stroke care	9
Eye hospital	9
Obstetrics & Gynaecology	6
Paediatrics/children services	6
Surgery/Surgery ward	5
Cardiology	4
Haematology	4
Ear, nose and throat, audiology and maxillofacial services	3
Physiotherapy	3
Other	24
Unknown or not stated	20

Notes on data

Maternity – this report excludes data about OUH’s maternity services, which will be included in a separate report, forthcoming Autumn 2026.

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

The nature of feedback can mean that people often comment when they have had a particularly poor experience or a very positive experience. Therefore, feedback is not always representative of the wider patient population. However, analysis of comments can highlight common or important themes, and give insight into patients’ experiences of services as well as areas for potential improvement.

What did we hear?

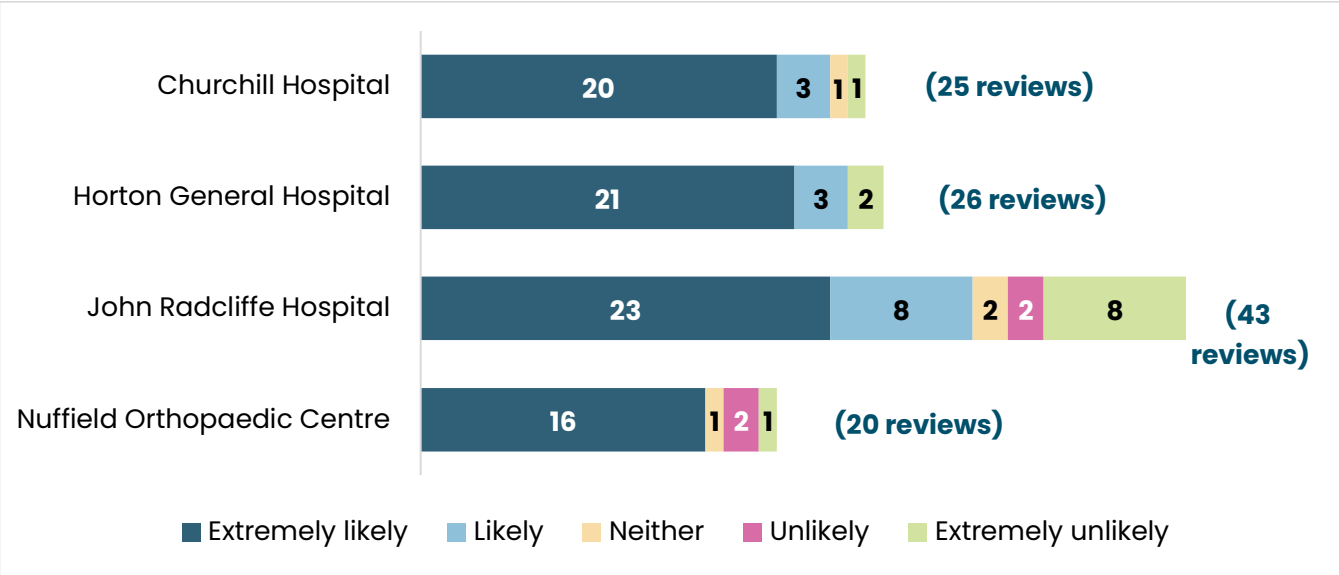
Feedback ratings

People providing feedback via our online Feedback Centre or paper feedback forms rate their experience out of 5 stars, where 1 star is ‘Terrible’ and 5 stars is ‘Excellent’. For all 114 reviews across OUH services, the average rating was 4.2 stars – an increase from 2024 (3.8). For hospital sites that received multiple reviews, average ratings were:

- Churchill – 4.6 stars (25 reviews)
- Horton – 4.7 stars (26 reviews)
- John Radcliffe – 3.6 stars (43 reviews)
- Nuffield Orthopaedic – 4.2 stars (20 reviews)

Figure 1 below summarises how likely people were to recommend the hospital to friends and family if they needed similar care or treatment.

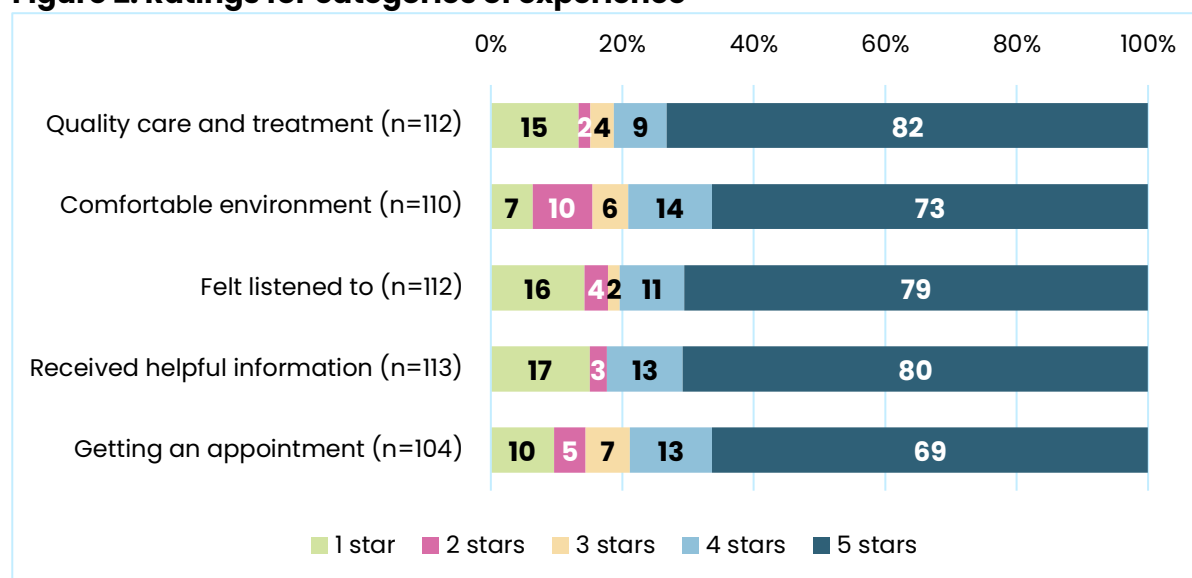
Figure 1. How likely are you to recommend the hospital to friends and family?



Across OUH, most people said they were “Extremely likely” to recommend the hospital they reviewed. Ratings for the John Radcliffe Hospital were more mixed than others but it received a larger number of reviews: of 43 reviews, a total of 31 (72%) gave a positive recommendation (23 “Extremely likely” to recommend and 8 “likely”), while 10 people (23%) said they were “Unlikely” or “Very unlikely” to recommend it.

People also answered questions about how easy it was to get an appointment, whether they received information that was helpful, whether they felt listened to, whether the environment was comfortable and if they felt they received quality care and treatment. Figure 2 shows the results.

Figure 2. Ratings for categories of experience



More than two-thirds of reviews across the five areas of experience were rated 5 stars. The highest-scoring 5-star category was quality of care and treatment (82, 73%), followed by receiving helpful information (80, 71%), and feeling listened to (79, 71%). Getting an appointment scored lower than the other categories.

There was some variation in ratings between hospitals. Horton Hospital received the highest average ratings across all five measures (4.8), followed by the Churchill Hospital (4.6–4.7). Rating for the Nuffield Orthopaedic Centre ranged from 4.1–4.3, while the John Radcliffe received the lowest rating across all measures (3.6–3.8). Within individual hospitals, there was relatively little variation between ratings across the five categories.

Table 3 summarises the number and sentiment of comments in the Feedback Centre reviews and direct contact, which were categorised as positive, negative, neutral, or mixed.

Table 3. Sentiment of feedback and comments

	Feedback Centre	Direct contact
Positive	73	12
Negative	17	59
Neutral	2	5
Mixed	22	4

While most reviews people left in our Feedback Centre were positive, comments made by those who contacted Healthwatch directly were largely negative (see note on data, above)

Themes: What was positive?

Positive feedback collected both in the Feedback Centre and directly from patients mainly focused on aspects of **quality of care and services**.

Quality of care and services

We received numerous feedback and comments describing experiences of very good quality care across OUH. Typical comments included:

“Churchill Hospital has been excellent in caring for my husband and me.” (Healthwatch Oxfordshire Rural survey, 2026)

People who gave positive feedback about experiences of quality care often highlighted more than one aspect. Collectively, quality was associated with caring and respectful staff behaviour, professionalism, reassurance, good communication, and helping people feel comfortable and at ease.

Kind, caring and professional staff

Patients frequently praised hospital staff for their **kindness, caring, and respectful behaviour**. Others described receiving **professional, reassuring and attentive care**, with several comments highlighting how staff made them feel comfortable and at ease when they felt anxious or worried.

“I can honestly say the staff were exceptional from start to finish. From the moment I arrived my nurse was incredibly kind and gentle. I was feeling very anxious about the procedure, but she instantly made me feel calm, safe and cared for. The young lady from the anaesthetic team came to speak with me before the procedure – she was so lovely, explaining everything clearly and reassuringly. One of the surgeons also came to introduce herself and talk me through what would happen. She was warm, caring and professional, which helped me feel completely at ease. When I woke up in recovery, the team there were just as kind and attentive.

“Back on the ward, I was once again looked after beautifully by [name] and [name]. They couldn’t have done more for me – so compassionate, patient and genuinely caring. If it hadn’t been for these wonderful people, I would have felt very frightened, but their kindness and professionalism made all the difference. They are an absolute credit to the hospital, and we are truly lucky to have such dedicated staff caring for patients.” (Horton, Gynaecology Day Care unit, feedback review, October 2025)

Others described similar experiences:

"Hospitals are extremely alien to me and I was very nervous of the procedure I was there for. However, the nurses, especially [name] could not have been any kinder towards me and for this, I was really grateful. They all put me at ease and explained everything before and during the procedure so I felt as relaxed and as comfortable as I possibly could in the circumstances. Thank you to all the lovely nurses and the doctor that did the procedure. I was even given a lovely cuppa and a biscuit before I went on my way." (John Radcliffe, gastrointestinal and liver services, feedback review, September 2025)

"I feel I had a very positive experience... everyone was caring and efficient, and I was taken seriously right away. I know some people in Asian communities experience racism and people not taking them seriously, but I didn't have any of that." (community research with Sunrise Multicultural Project, 2025)

A number of people commented on the high quality of clinical care, from diagnosis to treatment, and on health professionals' clinical knowledge and skill. Others also told us about excellent experiences with administrative and support staff, including reception, porters, and the meal service.

"From start to finish the staff were outstanding from the doctors all the way to the porters and food service staff. Every single person made the bad experience of being ill and in pain to as good as was possible both in informing me of everything that was going on and making sure I was comfortable and cared for." (John Radcliffe, inpatient care, signposting, October 2025)

"I had a very good experience in all respects from discussion with specialist doctor and nurses through mask making and scans and the subsequent six weeks of treatment. Everybody has been helpful and understanding throughout. Everything was excellent I couldn't have felt any better about the way I was treated." (Churchill, feedback review, March 2026)

Listening and communication

We heard from some people who valued having the opportunity to **talk about their concerns and needs** with medical staff and appreciated **being listened to**.

"I was given time to discuss my holistic needs in a calm and professional manner by two caring individuals." (John Radcliffe, feedback review, rehabilitation service, September 2025)

“The service was professional, timely, and supportive. Dr [name] was attentive, listened carefully, and explained everything clearly, which made me feel reassured and well cared for.” (Churchill, Sexual Health department, feedback review, January 2026)

We also heard that people valued **good communication**. Examples included being given a full explanation of a patient’s condition, being kept informed about what was happening with their care, clear and coherent advice, and being given information to take away when discharged from the hospital. We also heard about positive experiences of interpreting by hospital staff.

“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.” (Community research with older Chinese people, 2025)

Timely, efficient care

Some people described experiencing good quality services in terms of **timeliness and efficiency**.

“Arriving by ambulance at A&E after a serious fall out walking, my wife was admitted efficiently and without undue delay. I felt she was treated efficiently and with great consideration and understanding for her situation... I felt it was an example of the NHS proving itself at its best.” (John Radcliffe, A&E, feedback review, September 2025)

Themes: What could be improved?

Mixed and negative experiences centred around the following themes:

- Access to services
- Quality of care and services
- Communication
- Waiting, delays and cancellations
- Hospital environment and facilities
- Complaints and service responsibility

Access to services

A number of people described a range of difficulties accessing services or treatment. For example, one person was unsure where to get a retinopathy service they understood was no longer offered at the John Radcliffe:

"I should have a regular retinopathy test and used to have it at the JR. They now don't offer this test but haven't told me how I can go about getting this test elsewhere."
(John Radcliffe, Ophthalmology, signposting, June 2026)

Another person described difficulties helping a family member access appropriate care for long Covid:

"I'm trying to support my sister who has long Covid... She's been referred to the Long Covid Clinic, but it feels like everyone is busy and she's fallen through the cracks. She also can't attend appointments in person - she can't get out of bed. She's had one OT appointment but it wasn't that good, they didn't look at things like what tools would help her." (Long Covid Clinic, signposting, October 2025)

We heard from many people in rural areas, especially older residents, about challenges accessing hospital services. We heard about problems including lack of public transport and direct public transport routes, long distances to hospitals, the Botley road closure, potholes, cost of taxis or other transport, and traffic congestion. We heard that the lack of straightforward public transport options (with some people having to take several buses and walk between stops) meant that people felt they had to drive to appointments, adding to challenges around parking (see **Hospital environment and facilities**, below). While some people were able to use community transport schemes, we heard that not everyone knew about these in some areas, while in other places schemes had limited capacity due to demand and difficulty recruiting volunteer drivers.

“As you are getting older you need hospital care near at hand. It often takes us two hours to get to Oxford Hospitals in the traffic. This is hard when in mid-eighties. More services at the Horton Hospital are urgently needed with the rapid building programme in the area.” (Healthwatch Oxfordshire Rural survey, 2026)

“... bus would take me all day to get into Oxford. Change buses in Oxford. That’s if you felt up to an all-day route to the hospital. Need a car to get to Witney or Banbury hospitals as well. Without a car I cannot get any health services.” (Healthwatch Oxfordshire Rural survey, 2026)

“Buses one per hour into Reading and no buses at all into Oxford. Woodcote get Oxfordshire buses, but we don’t for some reason. Makes it very hard to get to hospital appointments without a car.” (Healthwatch Oxfordshire Rural survey, 2026)

“Travelling to the JR is a nightmare... If I need to go to the JR on bus, it’s two buses and takes about two hours... Botley Road is closed so the bus stops before the bridge and then you have to get off and walk through to get another bus which goes all round the houses to get to hospital... not great if you are not feeling well.” (Outreach with men in Faringdon, November 2025)

Quality of care and services

Many comments and feedback about areas for improvement were related to quality of care and services. These included some accounts of **uncaring, uncooperative, and unprofessional staff behaviour**, as well as being given conflicting information by different health professionals.

“My experience was awful, in PICU doctors would tell us different stories regarding our child every evening and morning. The staff in the Bellhouse Ward are not friendly or welcoming, no one bothered to introduce themselves after we were moved there from PICU. There was no communication between doctors as they would advise differently on our child.” (John Radcliffe, Paediatrics/Children’s Service, feedback review, May 2025)

“Nursing was very good apart from just a few bank nurses on at nights who could be unsure of what to do and in just a few cases [were] cruel and uncaring.” (Churchill, Inpatient care, signposting, October 2025)

Some people who contacted us told us that they felt they had **not been taken seriously** or had **not been listened to** – including because of their gender, weight, age or ethnicity (see also [Healthwatch Oxfordshire report on women’s health](#))

[services](#)). Comments included feeling dismissed when raising concerns about pain or treatment and feeling rushed during short appointments where there was insufficient opportunity to ask questions or discuss concerns. In some cases, this contributed to a loss of confidence in the service.

"I am being treated by Gynae and I felt that my pain was not taken seriously. I complained and met with senior staff when again I was treated in a dismissive manner. I am due to have surgery again and I have no confidence in the service...but the JR are not listening to me." (John Radcliffe, Obstetrics & Gynaecology, signposting, June 2026)

We also heard about challenges where care did not meet people's access or cultural needs, including being able to eat food from their culture or being in a quiet environment.

One wheelchair user with additional needs said that, despite explaining their situation when referred to a consultant, they felt **excluded and unheard**:

"It was in a room that was not suitable for a wheelchair user... I explained that I [could not have the suggested medication] and was sent home... I then waited three weeks for another appointment in an inaccessible part of the building... At no time did I feel listened to or heard - I felt rushed, pressured and given no time to ask questions about things I didn't understand." (Churchill Hospital, signposting, 2025)

We heard examples where patients had experienced a **lack of coordination or continuity of care**. One person who was provided medical consumables by Churchill Hospital through their GP practice described several mistakes because of poor communication between the hospital and the GP practice, leaving them feeling "*stuck in the middle*."

Some people reported having to chase appointments and navigate services without a clear health professional taking overall responsibility for coordinating care. One person whose daughter required regular scans and tests said:

"I have to chase every six months for the appointments. No one takes responsibility for co-ordinating her care... we see different consultants with no overall responsibility for her. I feel like her PA and I am exhausted." (Oncology and cancer care, signposting, June 2026)

Communication

We heard about a variety of difficulties related to **communication** between hospital teams, primary care providers, and patients or their families. For example:

Communication between services is not good, e.g. results and letters from hospitals to GPs and patients. (Healthwatch Oxfordshire Rural survey, 2026)

One person said that poor communication between different health teams resulted in confusion and delay in providing their care. Another person described getting confusing information about their treatment, being told they had been discharged then given an appointment for surgery.

Some concerns were raised about a lack of communication and coordination during discharge, including families feeling excluded from decisions about a loved one's care. For example, one person described not being consulted about their mother's care:

"[She was] kept in an acute hospital for a couple of days and was then being discharged to a community hospital for rehab. Ended up being discharged to a care home. We as a family were not consulted about this and we are unhappy... We are being batted from pillar to post with no one taking responsibility." (OUH, Inpatient care, signposting, June 2026)

We also heard from people who do not have English as a first language about difficulty getting professional **interpreting support** in their appointments.

Waiting, delays and cancellations

A common theme in feedback reviews, signposting, and community outreach activities was related to **waiting and delays**. This included long waits for telephones to be answered, not having calls returned, lengthy waits for appointments, and delays getting treatment, referrals, and test results.

"Still waiting over a year for a follow up from the hospital after a heart attack." (Healthwatch Oxfordshire Rural survey, 2026)

"I've had to wait four months for something that was really giving me anxiety. I have got a lump and when you go to the doctor and say 'there's a lump' and they refer you, you just want to be seen there and then. But I had to wait to be seen for four months and I couldn't sleep." (community research with Sunrise Multicultural Project)

There were concerns about long waiting times when attending hospital, including spending several hours in urgent care settings, and **cancelled appointments**.

"Been waiting months for a neurology appointment and they keep cancelling! It's been months..." (OUH, Neurology, signposting, July 2026)

“Follow up appointments routinely cancelled meaning monitoring not being carried out.” (OUH, corneal clinic, signposting, December 2025)

“I was kept in the hospital for eight days before they offered me an operation... 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... 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... 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 eight days.” (Community research with older Chinese people, 2025)

Some people felt that delays were caused by **staffing pressures** and they were frustrated by the consequences on their care.

“Will take at least two months to get MRI results... Blaming short staff. No point reducing waiting lists if you have to wait months for results.” (John Radcliffe Radiology, signposting, December 2025).

We also heard about **inadequate staffing** and the consequences on quality of care for themselves or a loved one:

“The ward was so short staffed that patients weren't being responded to when they rang their bell. They were lacking in empathy, two staff spoke in their own language when finally attending to my husband. At one stage I had to ring the hospital switchboard from home to ask why his bell wasn't being attended to for two hours – he was sat in his own mess. The bed manager went to check for me but didn't update me. Asked to speak to ward manager – said they would speak to me but they went home instead!” (OUH, Inpatient care, signposting, February 2026)

Hospital environment and facilities

Among the feedback on the hospital environment, a common complaint across OUH sites (which Healthwatch Oxfordshire has highlighted over the years) was around **parking problems**. Complaints ranged from lack of spaces, excessive charges, paying on entry without knowing how long would be needed, and insufficient space for disabled drivers. For many patients, these problems often turned positive experiences into a cause of stress and frustration.

“There is so little parking at the Oxford hospitals that you have to get there WAY ahead of the appt to stand a chance of getting a space. This, in turn, blocks up spaces but there's no choice. Hugely expensive too... It is stressful enough without the added worry and cost of parking.” (Churchill, signposting, March 2026)

“Parking absolute nightmare, have to allow over an hour to park with a blue badge and often just can't park at all. All the car park spaces are full from 8am in the morning and stay full all day.” (John Radcliffe, signposting, March 2026)

“Everything was good, but the problem is parking. As you pay on arrival you never know how long to pay for. They should change the Horton parking to pay when you leave so you are charged an accurate amount.” (Horton, feedback review, November 2025)

This is a well-known but persistent problem, and despite improvements including the introduction of Automatic Number Plate Recognition (ANPR) parking, additional blue badge spaces and a park and ride link to the John Radcliffe, it continues to have a significant impact on patient experience.

Other challenges around the hospital environment and facilities include problems with accessibility, such as difficulty moving through the narrow corridors of the Eye Hospital as a wheelchair user.

Complaints and service responsibility

We heard from a number of people, particularly those describing complex or serious conditions, who reported experiencing considerable difficulties obtaining what they considered appropriate treatment, medication, diagnosis, or clear information about their condition or treatment. They described feeling that their concerns were not taken seriously, and spoke of barriers navigating the complaints process, or being treated poorly when raising concerns.

Some reported receiving inadequate responses or explanations from hospitals, or no or lack of acknowledgement or response from Patient Advice and Liaison Service (PALS). Together, these experiences left patients feeling that their concerns had not been addressed and that there was a lack of responsibility or accountability for responding to them.

“I have a formal complaint with the JR hospital and to be honest they just don't take complaints seriously. This has been going on for over six months – how can they learn if they don't even acknowledge and deal with complaints in a timely way? PALS tell me they don't have enough staff and resolution meetings are set up and cancelled sometimes with only a day's notice. I take time off work to attend these and then they don't happen.” (Signposting, June 2026)

Useful links

- Have your say – leave your feedback with Healthwatch Oxfordshire on a local health or care service here: healthwatchoxfordshire.co.uk/services
- OUH Patient Advice and Liaison Service (PALS) – for feedback, comments and complaints: www.ouh.nhs.uk/patient-guide/feedback/pals.aspx

See also:

- Healthwatch Oxfordshire **Enter and View** reports:
 - [Oxford Breast Imaging Centre at the Churchill Hospital](#)
 - [The Children's Ward at the Horton General Hospital](#)
 - [The Blue Area Outpatients Department at the John Radcliffe Hospital](#)
- Healthwatch Oxfordshire **research** reports:
 - [Views and experiences of palliative and end-of-life care in Oxfordshire](#), July 2026
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Healthwatch Oxfordshire our friendly staff are here for you to help answer questions or give you information on health and care services in Oxfordshire. If you need more information or advice call us on **01865 520520** from 9am-4pm Monday to Friday Visit our website www.healthwatchoxfordshire.co.uk (with translation facility) or email us on hello@healthwatchoxfordshire.co.uk

Healthwatch Oxfordshire ami-nia simpátiku funsionáriu sira iha ne'e atu ajuda hodi hatán pergunta sira ka fó informasaun kona-ba servisu asisténsia no saúde nian iha Oxfordshire. Se Ita presiza informasaun ka orientasaun barak liu tan entaun telefone ami iha **01865 520520** husi tuku 9 dader to'o tuku 4 lokraik, Loron Segunda to'o Sesta. Vizita ami-nia sítu www.healthwatchoxfordshire.co.uk (ho fasilidade tradusaun) haruka email mai ami iha hello@healthwatchoxfordshire.co.uk

ሄልዝዎች ኦክስፈርድሺር (እኛ) ተግባቢ ባልደረቦች አሉን፤ ጥያቄዎቻችሁን በመመለስ ለመርዳት እንዲሁም በኦክስፈርድሺር ውስጥ ስላሉ የጤናና የእንክብካቤ አገልግሎቶች መረጃ ለመስጠት የሚችሉ ናቸው። ተጨማሪ መረጃ እና ምክር ቢያስፈልጓችሁ በስልክ ቁጥር **01865 520520** ደውሉልን፤ ከሰኞ እስከ አርብ፤ ከጥዋቱ 3 ሰዓት እስከ ቀኑ 10 (9 ሌሌም - 4 ፒሌም) ጥሪ እንቀበላለን። ደግሞም

- በ www.healthwatchoxfordshire.co.uk የሚገኘውን ዌብሳይታችንን ጎብኙ፤ የትርጉም ርዳታ መስጫ አለው።
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Healthwatch Oxfordshire wafanyakazi wetu wenye urafiki, wako hapa kwa ajili yako ili kusaidia kujibu maswali au kukupa habari juu ya huduma za afya na huduma zilizoko Oxfordshire. Ik iwa unahitaji habari zaidi au ushauri piga simu kwa **01865 520 520** kutoka saa 3 asubuhi hadi saa 10 jioni, Jumatatu hadi Ijumaa. Tembelea tovuti yetu www.healthwatchoxfordshire.co.uk (pamoja na huduma ya kutafsiri) tutumie barua pepe kwa hello@healthwatchoxfordshire.co.uk .

منظمة هيلث ووتش لديها موظفين ودودين يعملون لمساعدتك والاجابة على الأسئلة أو إعطاء المعلومات حول الصحة و خدمات الرعاية في أكسفورد و ضواحيها. إذا احتجت معلومات اضافية أو نصح يمكنك الاتصال على الرقم ٠١٨٦٥٢٥٠٢٥٠ من الساعة ٩ صباحاً و حتى ٤ عصراً من يوم الاثنين وحتى الجمعة.

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Oxfordshire

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

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