

North Oxfordshire Locality Plans – Survey Results and Demographics

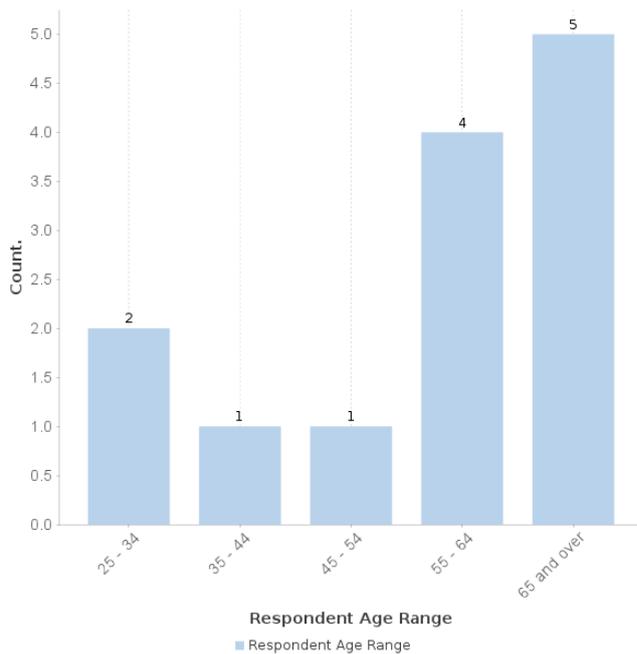
These are the results of the survey that ran from 3 November – 3 December 2017.

46 people registered and followed this engagement activity on Talking Health. Of these 46 people, 13 people then responded to the survey.

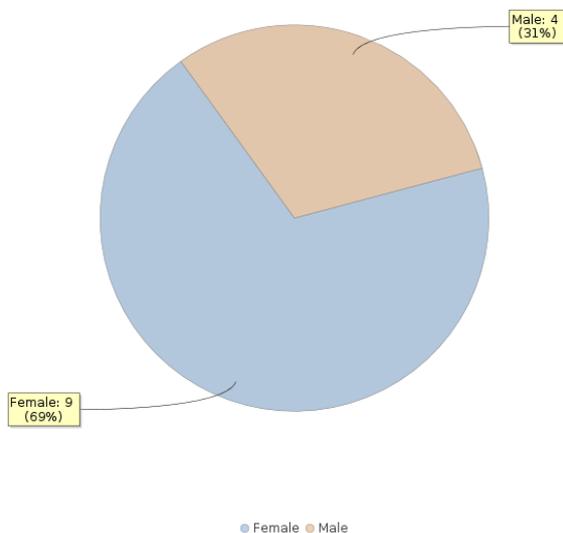
Demographics

The demographics for the 13 people that responded to the survey are shown below:

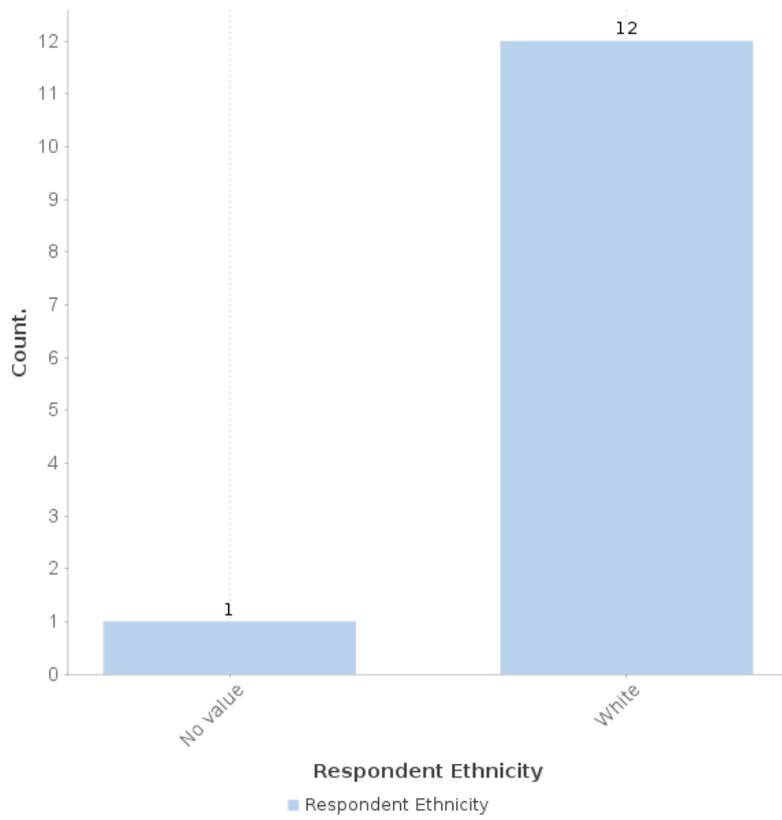
Respondent Age Range



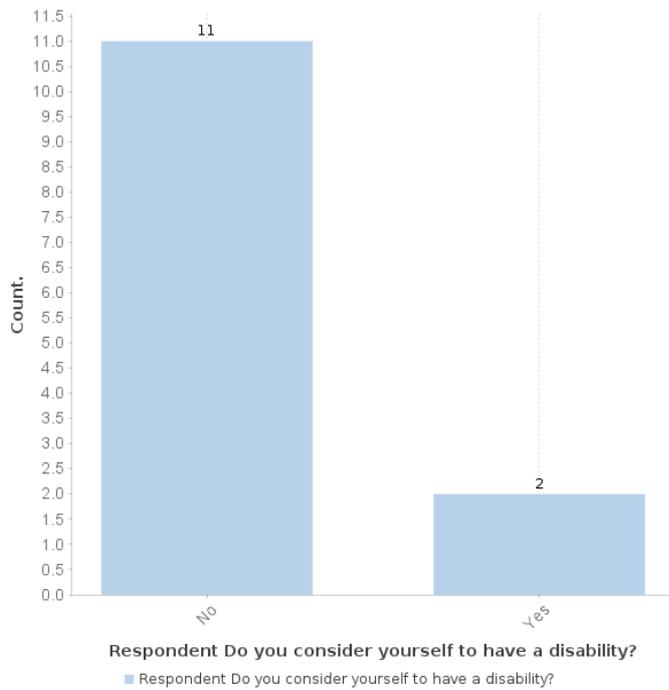
Gender of Respondents



Ethnicity of Respondents



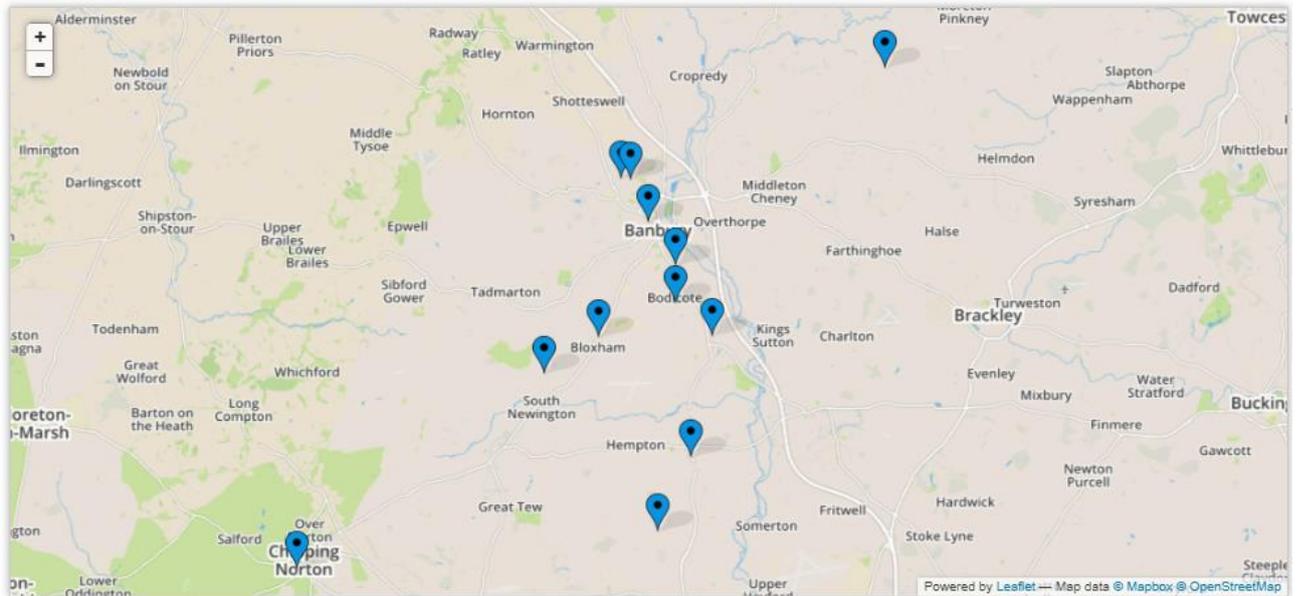
Disability status of respondents



Survey Results

13 people responded to this questionnaire. The map below shows where the responses came from.

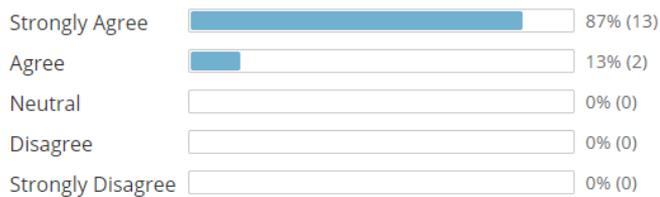
Map of respondents - North Oxon Locality



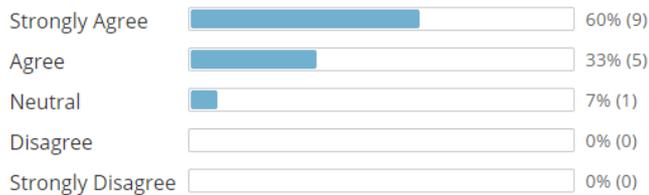
1. To what extent do you agree or disagree with the ideas/suggestions below:

15 people responded to this question. As a whole most people agreed or strongly agreed with the ideas, however, three people provided a neutral response to 'Tackle deprivation and health inequalities'.

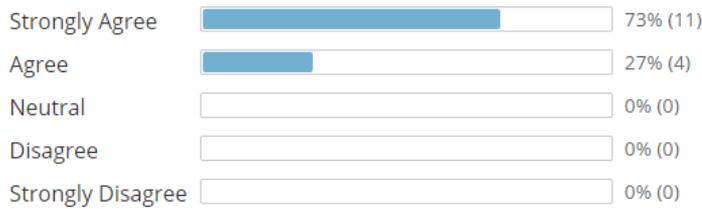
Detailed breakdown for 'Ensure sustainable primary care'



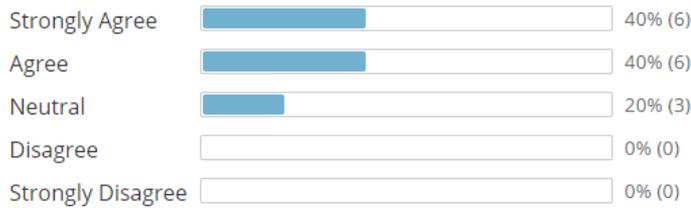
Detailed breakdown for 'Improve outcomes for frail elderly people'



Detailed breakdown for 'Access to the right care at the right time'



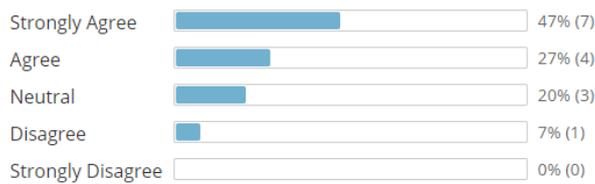
Detailed breakdown for 'Tackle deprivation and health inequalities'



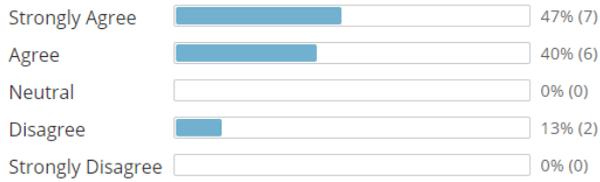
2. Please could you tell us if you agree or disagree with our approach on how to do this?

15 people responded to this question. The majority of respondents agreed or strongly agreed with the approaches shown. A small number gave a neutral response to 'Harnessing skills of a wider group of health professionals such as nurses and therapists, including building on successes of pharmacists and mental health workers' and two disagreed with 'Expanded primary care visiting service for older and vulnerable people. The service is made up of a team of emergency care clinicians working closely with GP practices and other community health and social care services who provide home visits to patients on behalf of their GP'

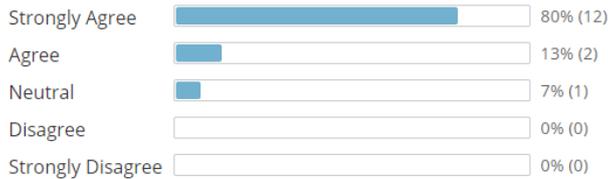
Detailed breakdown for 'Harnessing skills of a wider group of health professionals such as nurses and therapists, including building on successes of pharmacists and mental health workers'



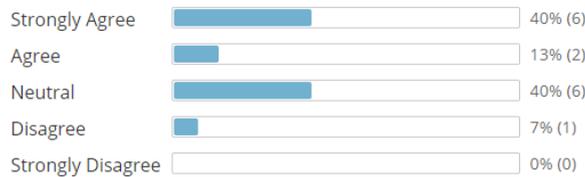
Detailed breakdown for 'Expanded primary care visiting service for older and vulnerable people. The service is made up of a team of emergency care clinicians working closely with GP practices and other community health and social care services who provide home visits to patients on behalf of their GP'



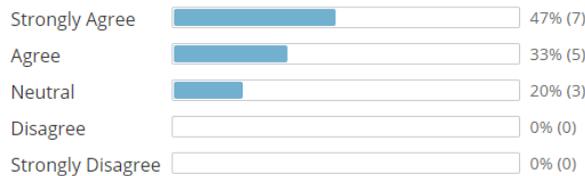
Detailed breakdown for 'Support for recruitment of clinical staff'



Detailed breakdown for 'Expanding social prescribing such as referrals to weight loss classes, exercise classes or taking part in sport'



Detailed breakdown for 'Integrated urgent care facilities in Banbury so patients know where to go for appropriate treatment'



3. What do you like / works well at your GP Practice?

15 people responded to this question. The key points raised related to:

- Face to face appointments with GP
- Local referrals to the Horton, not the John Radcliffe
- Ability to walk-in for appointments
- Repeat prescriptions emailed to pharmacist
- Evening appointments
- Specialist clinics – well woman, asthma etc

Always able to get an appointment within a few days and on the day if urgent.

Being able to collect my prescription at the practice.

4. What could be improved at your GP Practice?

15 people responded to this question. The key themes raised were:

- More emergency on day appointments

- Waiting times for routine appointments
- More GPs

However, getting an appointment with a GP now takes a long lead time, and getting a follow up appointment with the same GP or even a first appointment with a specific GP takes a long time, if not impossible.

5. Do you have any suggestions for how services could work/be improved?

13 people answer this question. The key themes raised were:

- Increase funding
- Streamline repeat prescription service
- Install blood pressure machines in the surgery
- Text message patients for appointments
- Telephone screening for face to face appointments
- Increase opening times of first aid unit
- More minor injury treatment to stop people going to A&E
- Increase appointment time with GPs

Cut out unnecessary hurdles. Eg I have been assessed by GP as needing physiotherapy but I have to be reassessed by physio service.

local triaging of urgent/same day appointments so only those that need to be seen that day are seen and the appointment is not wasted.

6. If there is anything else that you would like to tell us about primary care services in North Oxfordshire, please do so.

10 people responded to this question. The points raised were:

- Communication
- Population growth and demand
- Need retain services at the Horton Hospital

I have to say that we are well served in North Oxfordshire but that said we cannot afford to take on any cuts in services or be penalised because of rural isolation.

Banbury needs to retain it's A&E service but also have a minor injuries service to manage the non-life threatening issues.

The JR is far away from Chipping Norton, we need the Horton A&E services to stay open. The travel time and parking issues to the JR make it difficult to go there, even to visit other patients. We need the Horton to stay open and to keep the staff expertise there.

Following this survey, the draft plan for North Oxfordshire was published incorporating the feedback above, and was made available for further comment between 4 December 2017 and the 17 December 2017.

29 people gave further feedback and the analysis of their responses is shown below. In general people took a lot of time to write in depth detailed responses to this part survey.

Whilst we have summarised the themes below, the detailed feedback will be shared with the colleagues working directly on these plans over the forthcoming months. It is important to note that these are working plans, so ideas and points raised through this engagement process will be explored further as part of our ongoing work and engagement with local communities.

1. We would like your view on the priorities in the plan (pages 20-36) – have we got them right?

28 people responded to this question and raised the following points/concerns:

- Affordability of the plans
- Access to other health professionals
- How will you deliver the plans
- Maintain acute services at the Horton
- Improve the retention of staff
- Insufficient time to digest and respond to the plans
- Proposals are too vague to comment on

I agree, but funding, recruitment and retention issues will be prevalent I feel.

We need the expansion, however the phrase 'get your house in order' ring true here, we should focus on providing adequate basic care first before introducing new services. Simply put we need more money to put GPs and other health staff where they need to be.

You do not seem to have grasped the basic issues at stake here. Page after page of business gobbledegook does not address the actual problems. Parts of your plan are stating the blindingly obvious and the question is not whether or not you should implement them, but why on earth are you even talking about them. Why were they not implemented years ago when the problems first became noticeable?

2. Do you agree with the expansion or introduction of new services within the community to meet the challenges we face?

29 people responded to this question and raised the following points/concerns:

- Work with other organisations to address loneliness
- Access to mental health services and CAMHS waiting times is lacking plans
- Funding
- Recruitment and retention of staff

- Rural issues not addressed

The planned increase in community-based services is desirable, but is dependent on funding and staffing availability, both of which are currently inadequate for current needs, let alone increased future needs.

Priority needs to be given to recruitment and retention of staff.

Lovely idea but how will it be funded and what is the impact on funding for existing services?

3. Are there any gaps in our Plan? What do you think we have missed?

29 people responded to this question and raised the following points/concerns:

- Funding/costs
- How will the plans be implemented
- Insufficient time to respond in detail to the plans
- Access to services
- Local government planning infrastructure, CCG needs to be involved
- Concern about services in Chipping Norton
- Integration of health and social care
- Unclear about urgent care provision in the plan
- Recruitment and retention of staff

You have missed the requirement for access to local acute services, A&E, children's ward, maternity etc. As a resident of North Oxfordshire I do not want to rely on a geographically distant & overstretched hospital that is impossible to park at.

The plan is poorly portrayed for any clear understanding of changes. There is no current state vs new state comparison, which I believe is a deliberate action. There is also a reliance on the A&E and first aid at the Horton and chipping Norton, which is in contradiction to the phase 2 of the OCCG consultations around these support services.

To be able to turn around the lack of primary care staff needs more than suggested here, needs wider recruitment, needs money and need even more to understand the frustrations of Primary care staff, why they unhappy, why they are not applying for jobs.

Very scant mention of integration and joined up thinking AND budgets with the Social Care, with preventative measures, with education, with the Voluntary Sector, this could be the way to resolve resource shortages by having less ill people, less unhealthy ways of life, more community working. Look to the longer term, not just the next Budgets.

