



COVID-19

How are we coping?

Follow on Report: Week 3
20th-26th April 2020 Results

Overview of Week 3

Week 3 continues to see the survey attract good numbers of Lincolnshire public sharing their views and experiences with a marginal increase in the respondents in addition to those who have consistently responded week on week. It should be noted that as the cohort returns weekly to share their views, this facilitates a more robust tracking of mood and behaviour differences.

In week 1 it was felt that communities wanted to vent their frustrations and fears of life under the grip of a global pandemic, whilst sharing warmth, compassion and community spirit. In week two we saw a slight variance in behaviours, thoughts and feelings which appears to be influenced by media, but also societal restrictions and real or perceived inequalities of lockdown measures, all impacting general wellbeing. Week 2 felt hopeful and inquisitive.

Week 2 saw greater influence of the media in swaying the views of the public in relation to progress being made with regard to 'beating' the pandemic; support for key workers and ultimately the fairness and enforceability of lockdown rules. All these areas impacted communities with increased anxiety and concern for personal health. Week 2 felt fearful in its overall response.

The key features for Week 3 are:

As we might anticipate, many of the themes and trends have remained the same and are highlighted below, however what is worth noting is the change in behaviour from compliant and submissive conduct, to now where we see stronger views and opinions being expressed on a whole spectrum of circumstances where examples dysfunction, challenge, impact and frustration are all evident.

- As with previous weeks, the key headlines remained with respect to concern and worry about others who are more vulnerable; impatience to get back to normal life; concern about the negative impact of new or existing health conditions; and the consistent and growing concerns related to mental health.
- What was significantly different in week 3 was the need of the population to share views and opinions on the lock down restrictions, this dominated much of question 7 with 25% of responses focussed solely around this item. The individual comments clearly providing the expanse of issues that were impacting on people's lives, these ranged from the stress of home schooling, to not being able to get essential supplies, delays in getting back to work and the fear of another outbreak as a result of non-compliance with restrictions, the list was extensive and insightful.

These features will continue to be assessed for any changes which will support community infrastructure organisations, both local and national both in the here and now, and in the future.

Background and Rationale for the Research

As Healthwatch continues to deliver its core function of gathering the current public views and experiences of Lincolnshire residents, it shares in this document the feedback from week 3 of our campaign, asking how local people are coping during the coronavirus pandemic. Where appropriate it also shares comparisons with the preceding weeks to demonstrate any themes and trends.

The 13 week campaign aims to track how people are feeling week on week during the pandemic. The focus of the campaign is to understand how people are coping at different stages, what local people find helpful, but also what their biggest concerns are.

The on-going findings are being shared with the system and other interested partners whose services underpin the Lincolnshire and UK health and care infrastructure, this information will be crucial for future learning. The public voice will help them listen, understand and develop future crisis planning. Healthwatch has most recently participated in discussions with the Local Resilience Forum, providing information which will support current and ongoing strategies related to COVID-19, in addition our work will be included in a submission to the Health Select Committee's inquiry into '*Delivering Core NHS Care and Care Services during the Pandemic and Beyond*'.

In week one 340 responses were received, week two 331 and week 3 has seen 358 responses, at the current time of writing, in total, over 2000 responses have been logged and these are increasing daily.

Reflective Viewpoint

What is worthy of note at this juncture is the seemingly uncoordinated approach of gathering public insight. Week on week, the numbers of surveys asking people how they feel and how they have been impacted grows. Whilst this is a state of 'where we are now', 'what is done is done', there are significant lessons to be learned on the mobilisation of engagement and gathering the public views in a coordinated and meaningful way.

By utilising the plethora of organisations and groups who have a targeted reach, the opportunity to have developed a thorough and overarching picture of COVID impact has been missed. This is not to say that efforts aren't being made to pull the data together, but the effectiveness in terms of cost and resource will be immense.

Note to the reader.

In order to keep the main body of the report as concise and relevant as possible, we will only highlight the key findings. The methodology, survey questions (appendix 1), other representative charts and data can be found in the appendices. We intend ultimately, that this work will form one document where themes, trends and behavioural change can be easily mapped chronologically.

Refresher: Week One Key Findings:

- A concern above all else for those who were vulnerable and weak.
- A concern for peoples own wellbeing and that of their families and loved ones.
- Frustration at mixed and negative messages being given through fake news, media and local and government sources.
- Frustration and concern about the impact on new or existing health and care issues outside of COVID-19.
- Frustration and concern for the lack of support systems within primary care, secondary care and mental health.
- Mixed tolerance levels for how the community is reacting to lock down restrictions and how they are being enforced.

Refresher: Week Two Key Findings:

- Concerns for others was still the highest concern but had decreased.
- Increasing impatience to resume a normal life increased by 7%.
- The negative impact on safety and quality of care was highlighted again.
- This week saw the influence of the media when highlighting key issues.
- Growing concerns around mental health in terms of anxiety, depression, the impact on independence of long term lockdown and ultimately the lack of services to support people.
- An intrinsic link between how lockdown measures were imposed and maintained, and the public's perception of how these impacted on their health and wellbeing was evident.



Results from the Survey

The following section reviews the results of the survey and draws out the key features within the narrative, where public free text comments are relevant, these have been included to add depth and richness to the data. This is based on the 358 responses during week 20th April to the 26th 2020.

Demographics

The volume of respondent's is deemed to be satisfactory trajectory with the majority of respondents returning week after week and the rate of responses for week 3 showing a small increase on week 2. This is a positive level of response with opportunity to obtain a real time view of any behavioural shift.

However that said, as identified in week one there are limitations to the sample which need to be acknowledge and we are working to address the balance, however at this stage also recognise that the focus needs to be on the consistent population so that comparative analysis can be identified at the end of the campaign period. *The demographic data related to week 1 through to week 3 comparisons can be found in appendix 2.*

Whilst we have seen a small increase of responses coming from the 45-64 age grouping, this is not significantly different to determine any age segmentation related findings, with the 55+ age group accounting for 71% of responses.

In relation to gender we see a disproportionate amount of female to male respondents, it is reasonable to make an assumption that this is normal respondent behaviour (based on previous experience) and shows perhaps the inclination of the female population to share more readily health and care related views and experiences than the male population. However what is reassuring is that the male and female split has remained consistent, thus providing a clear view of gender differentiation, which whilst is not specified within this document will provide evidence for conclusions at the end of the campaign period.

Within in the geographic data we see a dip in Boston respondents and an increase in North Kesteven and Lincoln, whilst the distribution of the survey hasn't changed, the demographic has shifted slightly, and future data sets could explore whether this has any significant impact on the restrictions put in place across the localities. We have seen a marginal increase in respondent's classification as retired, this demographic data, similar to age segmentation could provide insight in to the overriding views of the population dependant on 'life stage'. This is an acceptable variance to representation values of our population as we are still able to retain tracking and variance of behaviours within a predominantly set sample group.

The following section provides an overview of the main body of questions where public mood is evaluated.

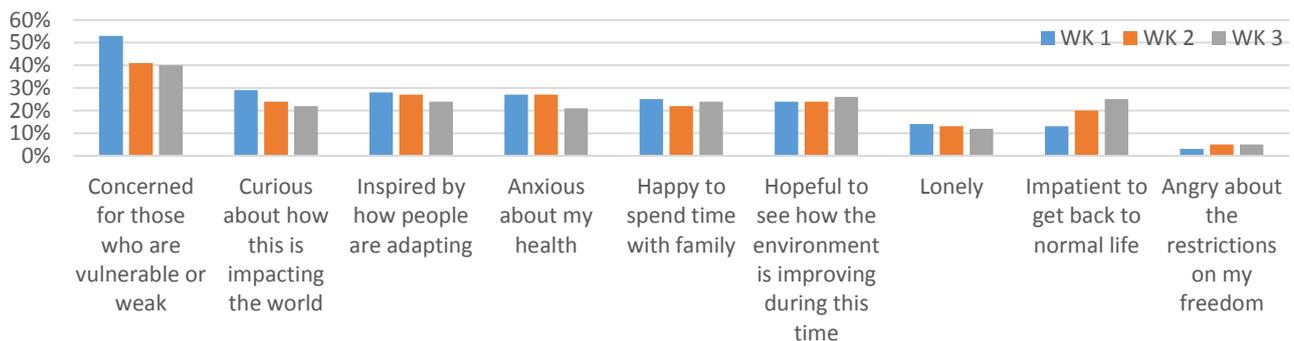
NB. There was no notable change in those responding in terms of whether they have had tested positive or had been tested at all for COVID, with just a marginal increase for those who reported they had COVID symptoms, up 3% on week 1. This is unsurprising as the numbers for Lincolnshire, whilst still too many, have been low in comparison with other areas of England.

Question 2 - What best describes how you are feeling?

This question wanted to understand how people were ‘feeling’, what was their core focus and noting any areas that may highlight shifts in behaviours, continuing trends, or ongoing concerns that aren’t being met.

The most common answer in week 3 was still that respondents were most concerned for others perceived as vulnerable or weak, however similar to week 2 this dropped slightly and the rise in those feeling ‘impatient to get back to normal life’ rose from 13% in week 1 to 25% in week 3.

Other variances noted this week were the continued but small decline of those people citing loneliness, through the campaign this has been low, however could be included in those that are feeling anxious due to isolation. Another element that has slowed and shows decline are the concerns about the anxiety of personal health needs, this has dropped 6% from week one. This may in part be due to some of the media and government messages encouraging people to get help and support for new or ongoing health needs, providing buoyancy in the mood that the publics general health has not been forgotten, with the caveat that this is certainly not true for some all and stories shared demonstrate where lack of services has severely let people down.



“Anxious about how confident I will feel going out after restrictions are lifted.”

“Depressed and totally fed up” and “Desperately missing family”

“Would like my normal life back but before that I am looking for more strict lockdown as I think that would help to get over all this quicker”

“Concerned about husband awaiting urgent surgery for cancer”

Question 3. Have you found it easy to find clear and understandable information about what to do to keep yourself and others safe during the coronavirus/COVID-19 pandemic? and Question 4 - Do you feel the information and advice given around COVID-19 has helped you adapt to the changes imposed on your day to day life?

Questions 3 and 4 have been identified as having links in terms of the perspectives of the public, and on some weeks commonalities are evident and on others as in week 3, changing perspectives challenge the links and expectations.

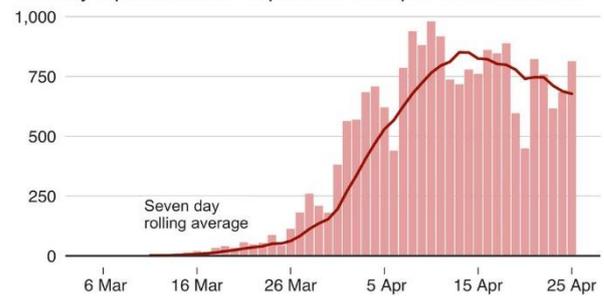
Question 3	Yes	No	Question 4	Yes	No
Week 1	96%	4%	Week 1	89%	11%
	298	13		296	35
Week 2	92%	8%	Week 2	83%	17%
	288	25		269	57
Week 3	90%	9%	Week 3	85%	15%
	321	35		299	53

In week 3, 90% of respondents said they found it straight forward to find clear and understandable information about how to keep themselves and others safe during the COVID-19 pandemic, this is a decrease from week 1 where 96% confidence was felt by the population. During this period the public saw daily bulletins on how the pandemic was manifesting, and statistics aimed at informing the public how their actions had and could change the ‘curve’ of the virus.

However unlike previous weeks where we have seen a correlation and link to satisfaction in question 4, this week saw a marginal conflict in responses.

Coronavirus deaths continue gradual decline

UK daily reported deaths of patients in hospital with coronavirus

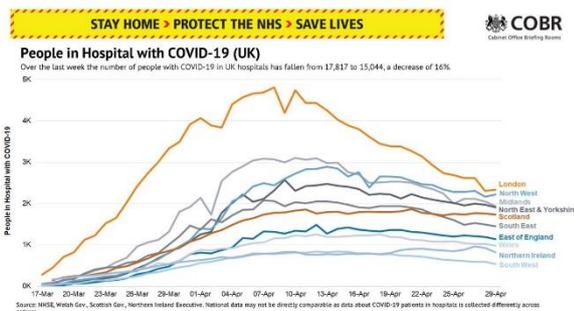


Deaths recorded up to 24 Apr 17:00 BST

Source: Department of Health and Social Care

BBC

Whilst respondents felt less satisfaction in the clarity of information, the respondents conversely stated they felt the information provided them direction in terms of day to day activity.



There are of course limitations in the interpretation of this data, because even though people might feel they know how to adapt from the information being given, this does not mean to say that there is blanket compliance.

Question 5. Do you feel that you or your loved ones quality and safety of care (not related to COVID-19) is being affected?

Quality and safety is being negatively affected negatively.



The question sought to understand how people felt health and care was being affected outside the COVID medical condition. The question gave respondents an opportunity to share how they felt the care for themselves, their family and loved ones was being impacted by the pandemic. A marked increase to 45% from the 38% previously, suggesting respondents felt their loved ones quality and safety of care had been affected negatively during this time. So whilst there has been a marginal dip in the concern felt for the vulnerable, it still remains the highest concern overall further reinforced by this increased awareness of the negative impacts on peoples care. But notable that when asked how people were feeling, people’s anxiety for their own health had decreased slightly.

As seen in the public comments below, despite reassurances that people should seek medical help for new or existing problematic conditions, there is demonstrable evidence across the health sector that people are simply not getting the care needed at the detriment to their physical health, mental wellbeing and that of their family and loved ones.

It is also possible that concern has been bolstered during this week with the emerging issues related to care home reporting, provision of protective equipment and testing.

Accessing GP surgeries, anxiety around not having face to face appointments

“I have needed to see a Dr a couple of times since lockdown and have been unable to - this is causing me great anxiety because I cannot be examined properly”

“Hard to see/speak to doc.... need repeats daughter needs repeat of blood test, partner has ongoing issue which needs face to face consultation.”

“I had 3 stent in late February. I've not had a face to face follow up with a consultant since. Worse still, I'm having terrible chest pain, I'm far too afraid to call for medical help.”

“My father is 87 and he has to have a telephone hospital appointment and he is worried he won't understand”

Mental health

“My mental health is suffering.”

“As before, no heart monitoring for husband, cancer check-ups for me, chiropody, dentistry. More importantly I am struggling with mental health due to separation from family and fear of extended lockdown for my age group.”

“I'm scared of asking for help. I've been told every day that there are people worse off than me and that my problems are as important as people with the virus. I'm worried about my physical and mental health and have no idea where to turn or if my problems are bad enough to justify any attention or support.”

“My mental health is not going well, as I am finding home schooling my son who is in year 8 hard to get him to do some of his work and I am struggling to keep on top of it.”

Serious health conditions

“I suffer from frequent chest infections and now any cough is presumed to be covid19... hence not getting antibiotics when I know they are needed. . . Also my 22 year old son found a lump in his testicle Drs still (2 weeks later) haven't arranged for him to be seen.”

“My husband has severe macular degeneration he has not had an injection for at least 10 weeks. This is very detrimental to his eyesight.”

“Being a victim of Prostate Cancer I am concerned that I will be forgotten or lost in the system. Will my routine monitoring appointments take place, will treatment be available should I need it? Will it be safe to have treatment?”

“Medical review for heart complaint put on hold.”

“My brother has an aneurysm which is checked at regular intervals and his next check-up has been cancelled.”

Question 6 - What are your biggest concerns?

Core reasons for negative impact on everyday health and care and general public perception are summarised below, most of the experiences and opinions fell under the following categories:

- **Concern for own/families' health and well-being:** epitomised by concerns related to new and existing health conditions, general COVID and care sector concerns.
- **Catching or passing on COVID-19:** as swathes of people are still reported in the media as dying from COVID, it is unsurprising that the awareness during week 3 is heightened as the public acknowledge the unpredictability of the virus and at this point, seemingly indiscriminate way is permeates the country, amplifying the fear and need to feel safe.

- **People not following the rules:** restrictions, enforcement, and a continued realisation that for some the restrictions are an infringement of human rights and for others lack of enforcement is creating a critical risk to the wider population.
- **Cancelled/postponed healthcare including:** surgery; chronic condition reviews; ongoing treatments for chronic conditions; initial appointments with specialists; diagnostic procedures and investigations.
- **Primary care:** difficulty accessing advice and appointments; as well as a reluctance to access advice and care, with a focus on safety.
- **Mental Health/anxiety support:** situation is growing levels of need and tension as people feel the support is not there and that the restrictions are exacerbating people's mental wellbeing.

Some of the additional public comments and themes are shared below, with the intention of demonstrating the variety of concern beyond the headlines. It is here where we recognise the individual and uniqueness of the population and of everyone's slightly differing personal circumstances ... as one person clearly remonstrated "*I could have listed 10 concerns not just 3 or 4*".

THEMES

Not being able to have SAFE access to medics.

Welfare concerns for a lot of people later on.

There isn't a way around the situation.

Lack of PPE for key workers.

Hospital visiting.

Bias of TV channels.

COMMENTS

What will be the "Impact on services (including 999) when restrictions are lifted."

"Sometimes the information that we get is conflicting which doesn't help with coping with the situation."

"Woeful lack of appropriate response and approach by government to the situation in terms of testing/tracking/containing the virus. Along with what appears to be a chaotic approach to obtaining medical supplies and Personal protection for healthcare workers. No exiting strategy is making the situation worse, as it's impossible to plan anything going forward."

"We are sure we have had covid as diagnosed by a paramedic, want to know for certain if we are immune as I work in a school and can return to work if so."

Question 7 - Tell us what 'action' local or national, would most help you at this time with those concerns?

In week 3, beginning the 20th April we saw newspaper headlines with public feedback complementing and conflicting in various guises the national print, as the nation entered its 4th week in lockdown due to the pandemic, there is a shift in mood and vocal challenge to the state.

In context:

The media focus during this week was somewhat resigned that the UK would be in lock down for weeks to come. The greatest fear was a second wave of the pandemic with any risky relaxation in restrictive measures.

With this we saw the steady increase of impatience to get back to a normal life, whatever that new normal would look like. Fear of what might happen next and how this was impacting on mental health and the economy were all at the forefront of peoples mind. Irrespective of political view, the nation appeared to hold collective comfort that the Prime Minister had recovered from the virus, the views on how the return should manifest into action were mixed.

Whilst the main themes from week 2 were all represented in week 3 datasets, one topic dominated the comments with 25% of all respondents expressing “an opinion on the topic of lockdown measures”. The majority of people’s comments on lockdown were either in support of the continuation of current measures, or wanting stricter measures, but others wanted lockdown measures to be eased or lifted altogether.



Support for current or stronger lockdown measures

“The only thing that would help is if everyone did as they were told to do to keep safe.”

“Everyone staying at home and people not breaking rules and being selfish.”

“Harder lockdown or curfew implemented and policed.”

“Police doing road blocks.”

“Stricter policing of those breaking Lockdown rules.”

“Stricter lockdown to ensure we stop the pandemic. Heavier fines for rule breakers.”

“National website to report rule breaking.”

“Stronger enforcement of the instructions. Instructions should become regulations.”

Support for easing or lifting of lockdown measures

“Some lifting for lockdown measures to see family and friends but keep to 2 metre distancing.”

“Some easing of the lockdown as regards golf courses.”

“Limited opening of public services e.g. local tips.”

“Allow more small businesses to open with restrictions if necessary.”

“STOP THE LOCKDOWN/HOUSE ARREST”

“Lift lockdown return to work to save what is left of the company I work for.”

“End lockdown”

“Organised protests. Non-compliance.”

The themes that follow are not presented in terms of priority, but instead provided to give a sense of public feeling at that time. In terms of what was needed to provide direction and safety for the nation was also reflected in the week’s media.



Testing

“More testing for all.”

Exit strategy

“Giving some indication of the next steps, wanting to know what measures will be in place to keep us safe.”

Personal Protective Equipment

“More PPE for all frontline workers.”

Support & Check-ins for vulnerable & ill

“Someone local physically contacting people like myself (75yr old widow, living several miles away from family) to ensure ok.”

“Just someone to call or check up on me from time to time.”

Food shopping/deliveries for the vulnerable

“A few more offers of help with shopping etc. would be appreciated.”

“More supermarket delivery slots and not having to get up at midnight to book them.”

NHS contact/treatment/support

“I would like home visits for those that are ill and counselling.”

“Information on how to access health care for non-coronavirus health issues.”

“More information regarding dental treatment.”

“Mental health advice.”

Honesty & transparency

“Clearer explanations and consistency in information.”

“Truth please respect public are not stupid.”

Changes to Media Coverage - factual and more positive coverage

“Just facts from the media not scaremongering and stupid questions at briefing sessions.”

“The media to stop the negative and vindictive reporting.”

“More positive reporting.”

Financial support

“Extend financial support to all taxpayers. No matter how they earn their income.”

“Can’t manage on my pension but too proud to ask for help trying to live on £135 a week pension my rates are £50 a week I’m left with £10 for food.”

“More financial help for self-employed in tourism etc.”

Vaccine

“Get a vaccine.”

“Vaccine development quickly.”

There was an increase this week in the number of comments on the actions people would like to see around the delivery of education during lockdown and beyond.

Education

“On education there needs to be on-line classroom learning for each school and each school year. This happens effectively in other countries such as Hong Kong. For years 11 and year 13 pupils there is a great, urgent need for structured learning to enable these students to move on smoothly to their new studies, or to get them into the world of work.”

“More about the students taking their GCSEs next year and how this will affect them.”

“If the school work was sent more user friendly as there is a lot in pdf form which has been uneditable.”



Finally

The first 3 weeks of the campaign have provided a fascinating insight into the perspectives and mind-set of some Lincolnshire people, the limitations of the sample size are acknowledged and actions will continue to address these issues. The aim is to be able to identify and share where a 'mood and behaviour' is at any given point, and to report any notable changes which will support the whole community infrastructure meet the needs of Lincolnshire residents.

Watch out for the highlights over the coming weeks and if you want to share or get involved you can do so by simply following this link to take part:

<https://www.surveymonkey.co.uk/r/VBTW2PB>

Appendix 1. METHODOLOGY AND SURVEY QUESTIONS

Methodology

Week one of the survey was launched digitally on the 6th of April 2020 with responses captured through Survey Monkey. The survey is distributed every Friday afternoon through the Healthwatch network to members and stakeholder organisations. In addition, Facebook advertising has been utilised to target the wider Lincolnshire population.

The survey consists of 12 questions including 5 demographic questions, 3 of the questions provide an opportunity for the respondents to give more detail about their experiences through free text comments, some of which are shared within this document.

The questions posed are given below:

Questions from the survey

Q1. Have you had coronavirus/COVID-19? - Multiple choice

Q2. What best describes how you are feeling today? - Multiple choice

Q3. Have you found it easy to find clear and understandable information about what to do to keep yourself and others safe during the coronavirus/COVID-19 pandemic? - Multiple choice

Q4. Do you feel the information and advice given around COVID-19 has helped you adapt to the changes imposed on your day to day life? - Multiple choice

Q5. Do you feel that you or your loved ones quality and safety of care (not related to COVID-19) is being affected? - Multiple choice with free text comment field

Q6. What are your three biggest concerns? (Please select 3 ONLY) - Multiple choice

Q7. Tell us what 'action' local or national, would most help you at this time with those concerns - Free text comment field

Q8. Please include your Email address as we would like you to complete this survey weekly - Free text comment field

Q9. What is your age? - Multiple choice

Q10. Gender - What gender group are you in? - Multiple choice

Q11. What was your employment status before the Coronavirus (COVID-19) pandemic? - Multiple choice

Q12. What district area do you live in? - Multiple choice

Appendix 2. DEMOGRAPHIC DATE, WEEK BY WEEK COMPARISONS

Total number of respondent's week on week.

Week 1 - between 6th April and the 12th April 2020	340
Week 2 - between 13th April and the 19th April	331
Week 3 - between 20th April - 26th April	358

Age Segmentation week on week.

	Under 18	18 - 24	25-34	35-44	45-54	55-64	65+
Wk1	0%	1%	2%	8%	20%	32%	37%
	0	3	8	28	66	106	126
Wk2	0.3%	1%	3%	6%	19%	34%	36%
	1	4	11	19	63	113	119
Wk3	.28%	.56%	1.97%	5.06%	21.63%	35.96%	34.55%
	1	2	7	18	77	128	123

Gender breakdown week on week.

	Male	Female	Other
Wk 1	17%	83%	0%
	56	278	0
Wk 2	15%	84%	1%
	50	277	3
Wk 3	17%	83%	0%
	62	293	0

Employment status before COVID-19.

No notable shift as at the moment the same respondents are sharing their views week on week.

Status	Week 1 No.	Week 2 No.	Week 3 No.	Week 1. %	Week 2. %	Week 3 %
Retired	116	118	141	34	36	39
Employed Full time	80	79	85	24	24	24
Employed Part time	51	57	49	15	17	14
Disabled/unable to work	28	28	28	8	9	8
Self Employed	19	20	20	6	6	6
Caring Responsibilities	18	10	15	5	3	4
Other	16	9	15	5	3	4
Unemployed	5	6	2	1	2	.5
In Full time Education	4	1	1	1	.3	.5

Location of Respondents by District

	East Lindsey	South Kesteven	South Holland	North Kesteven	Boston	West Lindsey	Lincoln	Out of area
WK 1	25%	18%	14%	12%	8%	8%	7%	8%
	85	62	47	39	28	27	24	27
WK 2	25%	17%	12%	11%	11%	10%	5%	9%
	82	57	41	37	35	33	16	29
WK 3	23%	15%	11%	14%	7%	10%	10%	10%
	82	52	40	49	26	34	37	35

Appendix 3. TABLED DATA SETS

Q1 - Have you had coronavirus/COVID-19?

	Yes - I been tested	Possibly- Has symptoms, but not been tested	No - Not had symptoms
WK 1	1%	17%	82%
	3	58	274
WK 2	1%	16%	83%
	2	54	274
Wk 3	1	73	284
	1%	20%	79%

Question 1 was asked in order to understand if the views of the public were different depending on the level of exposure they had to the virus, whether that as a patient, family or loved one, carer or key worker. However at this time the sample size of those who had tested positive is too small to draw any robust analysis. There is no significant difference between week 1 and week 2.

Question 2. What best describes how you are feeling?

	Concerned for those who are vulnerable or weak	Curious about how this is impacting the world	Inspired by how people are adapting	Anxious about my health	Happy to spend time with family	Hopeful to see how the environment is improving during this time	Lonely	Impatient to get back to normal life	Angry about the restrictions on my freedom
WK 1	53%	29%	28%	27%	25%	24%	14%	13%	3%
	183	97	94	91	83	80	47	13	10
WK 2	41%	24%	27%	27%	22%	24%	13%	20%	5%
	137	80	90	90	73	79	44	69	15
Wk 3	40%	22%	24%	21%	24%	26%	12%	25%	5%
	141	77	84	75	85	94	41	88	16

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