

COVID-19

How are we coping?

Final Campaign Report

week 10

7th to 14th June 2020

Overview of Week 10

This report covers the Healthwatch Lincolnshire COVID-19 campaign feedback for week 10 (7th to 14th June 2020). The report is a consolidation of 10 weeks information shared with us by the general public, sharing their highs and lows encountered because of COVID-19.

This is the last report in a series of 10. However, this is not the final piece of work we are doing around COVID19, as we are planning additional engagement which will be carried out in weeks 11 onwards. Our new work has been planned as a direct result of what the public and health and care systems are telling us. The new engagement will focus primarily on 'why significant numbers of patients are not attending health appointments or services' and asks questions about 'what is the public perception and experience of engaging with health digitally, is it here to stay'?

Over the last 10 weeks, we have received responses that have seen the mood and behaviours of the population change as the restrictions, enforcements, anxiety, media and personal impact has all evolved.

Throughout this time the responding public in Lincolnshire have retained their compassion for their communities, but as the weeks progressed this compassion and concern shifted from the wider community and the notion of 'pulling together' to now one which is internalised and focussed and the wellbeing of themselves and loved ones. As the COVID journey moves on and new headlines dominate the front pages, we see a concern that all the work done particularly in the shielding and locked down communities could be up skittled by a move to reenergise our high streets and allowing violent and large protests taking place across the country.

The key features for Week 10 are:

We end this first campaign process with a clear understanding of the changes that manifested between weeks one and ten for our cohort of respondents. Slowly moving from fear, confusion and a sense of community togetherness, to now in week 10 where the messages and lines are becoming blurred.

There appears to be some conflict in advice, guidance and rules, and a frustration that central government is acting in isolation and without consideration for proportionality for local regions. This combined with rule breaking seen throughout the protests and encouragement for people to go out and spend (when many people face losing their livelihoods), somehow seems detached from reality.

- 46% of our cohort still felt that health services were impacting on their health and care negatively and were 'in essence' letting patients down.

- For our acute and hospital services, the messages focus on delayed access to care and treatment. From the feedback there appears little understanding about the continuation of care and the risks of delayed or cancelled services.
- We saw the connection between lacking access to physical health services on the mental health of patients, potentially creating unnecessary increases in demand for mental health services.
- The cohort shared with us their concerns over digital health, and whilst some embraced it, others were hoping it was a temporary measure and felt that vital assessment, diagnosis and treatment was being missed through a lack of physical examinations and referrals. For one patient this was critical in identifying a potential cancer. *(Patient related comment below)*

“I have had symptoms of oral CANCER since the start of lockdown. It has taken 3 MONTHS for the doctors to refer me to ENT. I have had one Dr in April look at my throat for literally 5 seconds, who refused to look at the lump growing in my throat and under my tongue because of covid. They cannot guarantee me that ENT will even look at my throat or mouth for months and meanwhile my symptoms which match all of those of oropharyngeal cancer are getting worse. Disgusting treatment by my Dr’s surgery. I am currently on beta blockers and the stress has caused heart palpitations. And still no further with a diagnosis.”

- Specifically named as services presenting challenges for patients was the lack of access to ‘pain’ services; no or limited diabetic checks and clinics and lack of primary care services for residents living in the counties care homes.
- We also noted the number of patients ‘choosing’ not to access care through, fear, anxiety, not feeling safe and not wanting to burden the system.

Reflective Observation: *with the comments made around mental health there is certainly a need for a holistic wrap around service which encompasses community mental health. There is a knock-on effect when patients are struggling to access assessments, tests and diagnosis for physical health concerns it is impacting on their mental health. There is potential in unnecessarily increasing the demand for services due to not addressing the core need of the patients in a timely way.*

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 during the COVID19 pandemic, it shares in this document the feedback from week 10 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 campaign aimed to track how people felt 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 are their biggest concerns.

These findings are shared with the Lincolnshire NHS and Care system, as well as other interested partners whose services underpin the Lincolnshire and UK health and care infrastructure; this information will be crucial for future learning.

Where has the information been shared:

- With the public
- Local Resilience Forum for COVID-19
- *NHS Governing Body*
- *NHS Lincolnshire Clinical Commissioning Group*
- *Lincolnshire Health and Wellbeing Board*
- *Senior Management level across a variety of stakeholder organisations*
- *The Healthwatch network and Healthwatch England*
- *Care Quality Commission (CQC)*

In week 10, we collated an additional 300 responses with a current total of over 3,000 responses to date being logged. This is the last report in this particular piece of work, but we may well revisit the subject in the not too distant future to explore whether any other significant step changes have occurred. Our new focus is why patients appear to have disengaged with health services and what their views and experiences are of digital health.

Note to the reader.

In order to keep the main body of the report as concise and relevant as possible, we are only highlighting key findings. The methodology, survey questions (appendix 1), other representative charts and data can be found in the appendices of this report. 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 are 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.

Refresher: Week Three Key Findings:

- 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; 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.

Refresher: Week Four Key Findings:

- As with previous weeks, the key headlines remained, with respect to concern and worry about others who are more vulnerable, this included key workers.

- The responses queried the local perception of how ‘Open for Business’ are our local NHS services, when compared to the national message.
- Mental health services remained on the radar.
- There were positive messages too around some of innovative tools being used to improve patient access, but concerns that these were not equitable.
- There was a new focus about ‘localism’. The public suggested that lockdown measures, information and support took on a more localised perspective, not that of London, but that of Lincolnshire.

Refresher: Week Five to Seven Key Findings:

5 to **7**

- Concern for others is still high but has continued to decline, as has the inspiration of how others are adapting and coping, this is likely to be a natural progression as the ‘uniqueness’ of the crisis wanes and the new normal starts to take shape.
- The responses suggest Trust and Confidence are lacking as a result of a lack of Honesty and Transparency.
- Anxiety of personal health issues also shows a decline and this may be a result of some services coming back on board, but also less resistance and greater use of new ways of accessing health and care.
- However, despite the above findings, we note a significant number of serious health issues that are not being addressed, with some real tangible concern for the long term impacts on our communities’ physical and mental health.
- There is some positive feedback related to a growing use of a different way of accessing health and care through digital or remote systems, but also reference made to the opportunities it gave some for a more relaxed and better quality of life under lockdown.

8 and **9**

Refresher: Weeks Eight and Nine Key Findings:

- The Government and the media once again came under scrutiny for their handling of the pandemic and communication with the public. The responses suggest trust and confidence are lacking as a result of a lack of honesty and transparency.
- Whilst it is recognised that within the feedback there is now an almost equitable split between those that feel health and care has been effectively negative and those who don’t, it is clear from the dialogue of our respondents that services are far from normal.
- There continues to be positive feedback related to a growing use of a different way of accessing health and care through digital or remote systems, but also a perspective that digital could not always compensate for face to face engagement.

Consolidated Results from the Survey week 10



RESULTS

The following section reviews the results of the campaign 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 300 responses received during the week 8th to 14th June 2020.

It should be noted that the consolidation aims to pull together the main themes and trends across this time period and focus on any notable changes with a view of bringing this public feedback right up to date, providing almost real time responses to a rapidly changing environment.

It is also worth commenting that in addition to direct responses to survey questions Healthwatch Lincolnshire has also received a significant amount of 'free text' data which provides important additional learning and information. This data can be made available on request to our Healthwatch Lincolnshire Contract Co-ordinator Dean Odell by email dean.odell@healthwatchlincolnshire.co.uk

Demographics

The number of respondents is deemed to be of a satisfactory trajectory with 300 of the original 340 (88%) returning for week 10.

Within the geographic diversification we noted that the lowest respondent area was Boston, this has continued throughout with East Lindsey being the highest of the localities responding to the survey, all other local authority areas are represented fairly equitably within the data.

Also, worth noting is that the data is skewed to the 45+ age category with around 6% of the respondents being under 45 years of age. Whilst not representative of the age profile for the county, this does provide a consistent message for those 45 and over.

The demographic data related to week 1 through to 10 can be found in appendix 2.

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

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 are not being met.

Notable Change: We have seen from the data that the highest descriptor ‘Concern about those who are vulnerable and weak’ has remained consistently the highest across all 10 weeks. However, we acknowledge that this has been on a downward trajectory and by week 10 it no longer stands ‘on it own’ when we ask people how they feel, it is now matched by the number of people who are impatient to get back to normal like, whatever that ‘new normal’ will look like.

There have been no other significant shifts in the personal views of the public in terms of how they are feeling. This could suggest that the population of Lincolnshire has entered a phase where the pandemic appears to be threatening their wellbeing in terms of mental and physical wellbeing, economically and in the ability to interact with others socially, without need for restrictive practices.



Media Spotlight

Lincolnshire Headlines for the period 8-14th June 2020

“Lincolnshire leaders’ fears over Grantham Hospital changes”

“Council to cut Lincoln parking fees to entice shoppers”

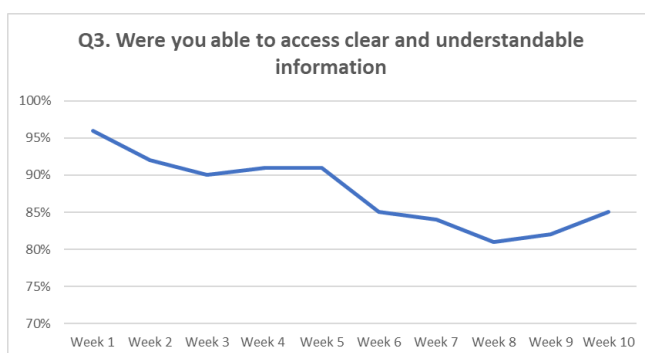
“Fourth consecutive day without COVID-19 deaths in Greater Lincolnshire”

“Factories blamed for spike in Lincolnshire COVID-19 cases”

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?

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?

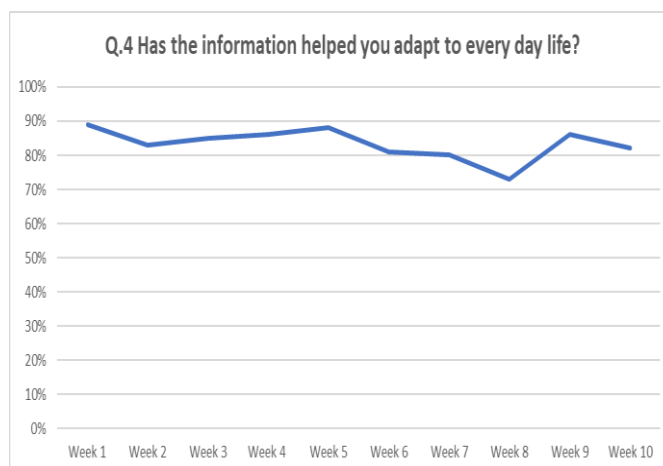
Questions 3 and 4 from early on were identified as having links in terms of the perspectives of the public. Where people feel that they have been able to hear and find clear and understandable information about COVID, and the correlation of being able to use that information to adapt their everyday lives.



In week 10 we have seen a slight rise in the satisfaction rate of accessing clear and understandable information. However, despite this slight increased rise, it should be recognised that this still only accounts for around 80% of the population. There is still around 20% of our population who feel that

the information is lacking. Increased satisfaction may be as a result of lockdown easing and therefore there is an 'air' of things getting back to normal, which may mean that people are less inclined to require 'new' levels of information.

In weeks 8 and 9, where we saw the frustration of advice and rules being made and then portions of the population breaching those regulations leading to reduced confidence in applying the information and advice given. We then saw in week 10 a slight buoyancy in peoples' views of how information allowed them to adapt. This may be due to the announcement during this week of a change in the rules to approve 'support bubbles' from the 15th June, aimed at reducing isolation and improve loneliness. Other information such as the requirement to wear a face covering on public transport was also clear for most, and could be considered a relief that rules couldn't be broken here and that people could be turned away for breach of this rule if they didn't meet the exemption criteria.

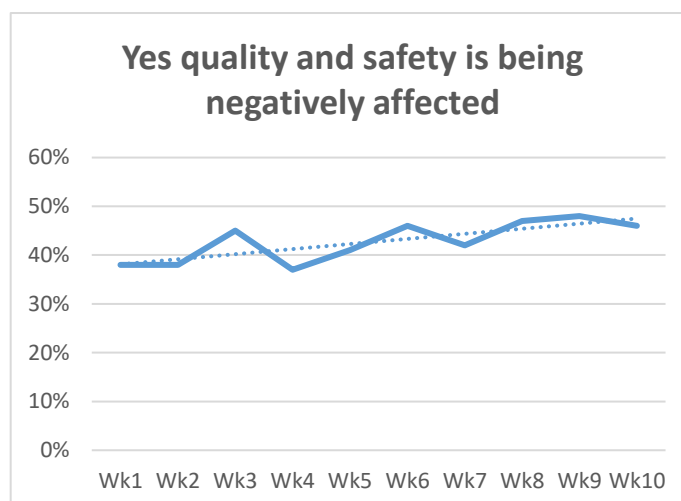


Question 5. Do you feel that you or your loved one's quality and safety of care (not related to COVID-19) is being affected?

Quality and safety are being negatively affected.

Q5.	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10
Yes %	38%	38%	45%	37%	41%	46%	42%	47%	48%	46%
No %	61%	62%	55%	62%	59%	53%	56%	53%	52%	54%
Yes	127	124	158	124	133	158	127	152	39	138
No	205	202	197	208	189	183	169	171	41	161

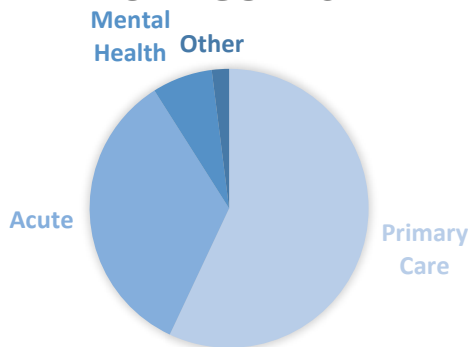
Question 5 sought to understand how people felt health and care was being affected outside the COVID-19 medical condition. The question gave respondents an opportunity to share how they felt the care for themselves, their family and loved ones was being impacted by the pandemic. The variability of how respondents have viewed the quality and safety of services for themselves and their loved ones has only fluctuated marginally over the weeks.



Following the reduction in anxiety over quality and care in weeks 8 and 9, we saw a further 2% drop in week 10 and this came in the face of media announcements in Lincolnshire that the hospital Trust had amassed a large number of patient delays and waiting lists for assessment, diagnosis and treatment. However, with some of the more routine and basic services coming back online such as dentists and opticians this could be the cause for the increased level of confidence that normal services are resuming. However, a caveat to this was still the number of comments related to not being able to access GP or dental appointments which featured in the free text comments shared with us.

We must not ignore the fact that in week 10 there is still 46% of the campaign respondents who feel their health and care is being negatively impacted, and therefore the following section focuses on the real life stories of this cohort when trying to get support for their physical and mental health needs.

% OF COMMENTS SPLIT IN TO HEALTH CATAGORIES



57% of those respondents who felt their health was being negatively impacted referred to the challenges accessing primary care. Primary care challenges included the access to GP Services and Dentists for new or pre-existing conditions.

Whilst some patients stated that they found the new digital functionality helpful and said it could speed up their ability to get help, others felt that it was impersonal, that proper examinations were not being carried out and for one patient that meant they were missing out on a potential cancer diagnosis.

There were a notable number of comments which referenced no services for 'pain management' and this also was impacting people physically and mentally.

Primary care was also referenced in terms of concern for families who had relatives living in care homes stating that they felt general GP and dental care had been put on hold for these patients. In addition, we noted several patients that were not wanting to access care for a variety of reasons but included, fear of catching COVID, worry about putting a burden on the system, generally not feeling safe.

Primary care comments, specifically around dental and GP access

I cannot get any blood tests in the last twelve weeks. One for diabetic

I have had symptoms of oral CANCER since the start of lockdown. It has taken 3 MONTHS for the doctors to refer me to ENT. I have had one Dr in April look at my throat for literally 5 seconds, who refused to look at the lump growing in my throat and under my tongue because of covid. They cannot guarantee me that ENT will even look at my throat or mouth for months and meanwhile my symptoms which match all of those of oropharyngeal cancer are getting worse. Disgusting treatment by my doctors surgery. I am currently on beta blockers and the stress has caused heart palpitations. And still no further with a diagnosis.

Concerns re GP appointments visits etc

COPD and arthritis difficult to get pain relief from Dr.

I am waiting over two months for blood tests. One for anaemia and one for diabetes.

I will have to go online to contact my GP. Hope this changes before I need to see my GP. 71yrs old not much good on computer.

Difficulties for my friend who has a chronic condition causing severe pain in accessing effective medication or support.

My husband is now suffering with his arthritis in his hands and needs an injection, but this service is not currently available.

Brother in care home and very vulnerable with no access to GP services.

Telephone appointments do not make it feel comfortable. We are both feeling just 'another voice' and wonder how things like body language can possibly help with a correct diagnosis.

Still waiting to see my osteopath. Mobility and health effected due to more pain.

Dental appointment cancelled my grandads worried about going to Drs

I could do with seeing my doctor but will wait.

I have a condition which can be greatly improved by corticosteroid injections. I cannot get an injection now with the result that I am in a lot of pain which means that I am getting very little sleep. Lack of sleep and pain exacerbate the impact of lockdown making my mental and physical health much worse.

Pre-existing medical conditions being ignored

Probably need to update some blood tests but have not done this yet as will pick my time when I feel happy not burdening the health service

GPS not offering face to face appointment

A lot more difficult to get a doctor's appointment and missing out on vital treatment.

Would use ask my go

I have had very poor health since the lockdown. I have had to have phone appointments from my GP I have had a phone consultants' appointment, but I felt it wasn't very good as he couldn't see me and assess me properly. I also really need to see another consultant for 2 other things and haven't been able to go which has resulted in me spending my lockdown time mostly in bed being ill due to no care available.

GPS less willing to help

Husband has a shoulder injury, can only contact GP via ask my GP, advice given, getting worse, sent for X-ray, there are changes, now to have physiotherapy. As yet not physically seen by anyone, has taken 4-5 weeks, after telephone assessment has a face to face appt next week.

Smear test due and scared delays may be harmful

GP communication extremely poor during this time.

Not getting usual 1-year check for diabetes, had a follow up for liver function why can't they at least do bloods for diabetes at same time.?

"My Mum is in a Care Home and am worried about that and impact on her Health due to withdrawal of some Services e.g. Dentist

Positivity (below are all the positive comments received)

Doctors surgery much easier to access and there is no queue.

If we need to contact our doctor about anything, we have to ring the surgery and the receptionist will explain what the procedure is.

Phone up surgery talk to receptionist and then receptionist arranges a phone consultation with doctor to ring you back

We have had telephone consultations, and this has been positive

We have had support from the Beacon practice in Skegness with a telephone consultation, a home visit to take bloods, and a date for another telephone consultation next week.

Email GP in the morning and wait for them to contact me by phone, later the same day. Get diagnosed over telephone by practise nurse or GP, send photo if appropriate, pick up prescription from GP/ pharmacy.

We have seen throughout the campaign the **impact COVID has had on the mental wellbeing of our population**. We note that those trying to access mental health support through primary care feel they hit a brick wall, those already accessing services feel that the lack of face to face services has impacted them negatively, and increasingly, we are hearing about the stress and anxiety people are suffering because they cannot have medical concerns addressed in a timely way.

Mental health comments

My daughter is suffering with depression and has contacted her doctors about it, but they will not make an appointment of prescribe medication.

My employer is civil service with strict rules to follow for clinically and extremely vulnerable staff. They are following guidelines for 'fit and well' people and insisting we all attend work. This is making me very anxious and setting off my stress related body issues. I feel extremely low and do not feel protected against this invisible threat. I could do my job from home; my employer just won't provide the equipment to do so.

Mental health, access to GP appointments (AskMyGP is great, but to be issued with continuous repeat prescriptions for mental health issues (not me personally), is not good.

Freedom to do the things we take for granted which impacts on our mental health

I am finding it very hard I suffer with loads of illnesses mental health isn't brilliant, and I hate being stuck in and not being able to do the things I want to do missing seeing my friends

Need to put mum in respite care to give me a break but cannot get a covid test for her. The home will not take her without one. GP was no help and no. reason on the site applies to mums' reason (needed to be accepted into care for respite purposes).

I feel although my mental health is worsening, I feel not able to contact the Dr as he is already very busy

Father living alone far away has been struggling with depression recently and cannot have the company he needs.

"My daughter has severe mental health. She cannot talk via the phone, so therefore her appt with the psychiatrist has been cancelled, until much later in the year.

For our acute and hospital services, the messages focus on delayed access to care and treatment. From the feedback there appears little understanding about the continuation of care and the risks of delayed or cancelled services.

Acute Services, Cancelled and delayed treatments and appointments

I have a daughter who needs tests to confirm a condition and has been told she has to wait 8 months for a biopsy

My father is going blind and hasn't been able to access hospital care

Waiting for a hospital appointment which is obviously delayed

I am waiting to have a tooth removed- the hospital has received my referral but have said that they cannot do anything about it yet

Longer wait for hospital appointment

Cancer surgery was delayed, and care transferred to Nottingham

He was referred to GI too late. He got so sick that we had to take him to A&E he died 5 days later of too late diagnoses stomach cancer

I should have seen a glaucoma specialist but have not

We'll I can't see my gynaecologist he has to phone me, and my chest consultant has to phone me already had to cancel two appointments it's just hard to do a phone appointment

I had an injury which required visits to Pilgrim and Lincoln hospitals. The care I received was perfect and at no time was I concerned about being infected.

My hip operation was cancelled. I am in immense pain.

My partner was due for an ultrasound on a lump that appeared just before lockdown, it is getting bigger, so we are anxious to get the ultrasound

Awaiting a scan, been told may have to wait some months.

I have had my yearly cancer review and mammogram cancelled

Also test for COPD (mild) cancelled

No specialist support for a newly diagnosed life-threatening condition

Still awaiting results of a biopsy taken 3 weeks ago. Anxious that the waiting list for surgery will be too long

Part of my cancer treatment has stopped

Treatment for kidney stones has been postponed leaving me in frequent discomfort and occasionally excruciating pain

Awaiting spinal review telephone consult this week but appt deferred until clinics resume no date

I am awaiting tests for a digestive issue. Grantham hospital has just lost A&E and outpatients. I now have no clue where these tests can take place and am unable to go anywhere else for them due to the nature of the tests and the distance to Lincoln or Boston from my home. Also, these hospitals will not be COVID free and I already suffer from health anxiety



Question 6. What are your biggest concerns?

From the responses we saw all the core reasons for anxiety and concern for local people during the pandemic. Where people were asked to select their highest priorities, their top 3 responses fell under the following categories:

From 46% ↓ 43% Concern for own/families' health and well-being

From 46% ↓ 41% People not following the rules

New Entry 'Not being able to see friends and family' 28%

The top 2 concerns remain the same whilst we saw a new emerging concern which related to not being able to see friends and family, an indication perhaps of the weariness of the restrictions around COVID and a feeling that the government is not responding proportionately to the needs of the population. From the free text comments, we can also see how this may be amplified as anger and frustration around the riots and protesters was played out across the media. This frustration is borne out of restrictions for some and then a seemingly different rule for others

who were able to protest in large gatherings, cause damage and destruction to an already fragile community trying to cope with a pandemic.

For those that are 'shielding' it appears that there is no end in sight.

Some public comments and themes are shared below with the intention of demonstrating the variety of concern within the top themes. It is here where we recognise the breadth of views but also the wider implications and concerns that the pandemic has unearthed.

THEMES

Public Response to Emotive Issues during the Pandemic: breaking the rules

COMMENTS

As said, concern about protests causing an increase in infection and deaths.

Protesters being allowed to gather in large groups just because it's easier to just let them do it.

Mass civil unrest due to Black Lives Matters protests and the inability of government to address concerns of the protestors coupled with the inability of the police (sheer lack of numbers) to enforce against huge crowd numbers that are so great any social distancing is nil and this will create a second surge. .

Breakdown of law and order.

The protests happening and nothing being done to stop them

Beyond the top 3, the next cluster was concerned with:

- Catching the virus (27%)
- Long term effects of COVID-19 (22%)
- The economy/ local businesses (20%)

Public comments:

Concerned that there won't be a job to go back to.

Concerned about a second spike and second lockdown

Worried as a non-car driver about Public transport

I am stuck in shielding, with no end in sight, probably until there is a vaccine

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

This question is reviewed based on the responses during week 10. The responses to this question appear frequently influenced by government and media coverage and this was certainly evident in terms of the national media headlines, whereas local media focussed on job cuts, schools, racism and health service changes.

In this week, Lincolnshire press reported:

More than 500 jobs are at risk at Bakkavor's manufacturing base in Spalding, Lincolnshire.

Lincolnshire health boss calls for two metre distance rules to remain.

Teachers fear a second coronavirus outbreak after 10 schools in Lincolnshire report confirmed on suspected cases of the virus since reopening in June.

United Lincolnshire Hospitals NHS Trust wants to transfer most chemotherapy and planned cancer and other ops away from Lincoln County Hospital and Pilgrim.

A mother-of-four black children in Lincolnshire has revealed the racist abuse her family has received across the county.

In context:

During week 10 the Government announced the intention for people to create ‘support bubbles’ and encouraged the public to support the economy by going out onto the high street and ‘spending’. From this perspective we saw the shift to the ‘stay alert’ model but with a greater focus it would appear, on protecting the economy rather than protecting the NHS from further spikes.



Furthermore this week saw a series of protests, rallies and riots which fed strongly into the views and commentary of the public, this focussed on frustration and anger that this blatant rule breaking and potential risky situation could increase the likelihood of a second wave.

Where there is a potential link between the press and media coverage it can be most clearly be seen with the comments focused on

transparency and honesty of the Government and a weariness of the media’s constant will to sensationalise and promote drama and bad news.

The shift from health to the economy whilst still enforcing strict distancing rules seem to contradict the need to stay safe and avoid a second wave. We also see growing concern from families with regards to children, their education and general wellbeing.



Media Coverage

Media sensationalism was referenced minimally in week 10, with greater focus being on the stories themselves with the impact of riots and people being urged to shop, over the safety and wellbeing of the nation.

“The media to stop lying.”

“kerbs on the behaviour of the media.”

“Positive factual news reporting.”

“Less negative and sensationalist media reports.”

“Media negativity is draining.”

“The media just needs to be factual and NOT political.”

Clarity, Consistency, Honesty and Transparency

This has been a consistent theme throughout and perhaps demonstrates the impact of poor or unclear communication.

“Consistent science-based actions from govt, with cross party co-operation not the national benefit not political point scoring.”

“Boris and his team making it absolutely clear how the changes affect vulnerable people in all 3 categories.”

“More clarity, more information about the long-term plan, stop this drip feeding of information regarding relaxing the rules- we are not lacking in intelligence, we need to be informed.”

“Knowing that things are getting better.”

“Government messages are a little confusing at times as they appear confused.”

“Clear instructions, lives being put before the economy, the true facts.”

“More clarity, as lockdown eases, for change in advice to individual groups e.g. over 70s.”

The following highlights just some of the other views shared:

Easing lockdown measures - specific actions that people would like to see happen

“Bigger Family Bubble to include married people.”

“To have a socially distancing friend into the home so we can chat. It is not possible this week to meet in the garden.”

“To be able to see my family I have seen one of my daughters but not my eldest as she is in London.”

“Reopening of restaurants and entertainments.”

“Reduce the 2-metre rule to 1 metre.”

“To be able to spend time with our family. Even if it is limited to one household with one other household.”

“Public toilets to be open for when travelling for work and to see family even if social distancing.”

“Authority to travel distantly to offer care.”

“Open everything up. Without the social distancing.”

“Bubbles being extended to households with two people.”

“Stop the ridiculous 2 metre rule and open up the economy NOW. All our young are being penalised for just a few (comparatively) elderly people.”

“Open up economy more in Lincolnshire as there have been fewer cases.”

“Allow more businesses to open up with safety measures.”

Non-specific actions relating to easing of lockdown measures

“Gradual easing of restrictions in line with expert advice.”

Stronger enforcement of lockdown measures

“Act on mass gatherings to break them up and enforcement of social distance rules.”

“People attending demos should isolate for fourteen days afterwards. They are just spreading the virus we have all been fighting. Makes all the shielding and lockdown we have all done a waste of time.”

“Stop all mass protests or find another way to enable them to do it. I understand the anger but so many lives are being put at risk.”

“We just need the idiots not following rules, to obey them. Protesters are beyond belief.”

“Stop the protests taking place.”

“Policing of people not following the rules.”

“Stopping protests where people are not obeying social distancing. Punishing thugs and hooligans who are defacing our statues and war memorials.”

“Stricter action on those breaking the rules that are keeping us as safe as possible.”

“Do something about people who are not following rules, when the majority of us are.”

“If there was more control over people breaking the advice ie country wide BLM demonstrations.”

“Enforcement of social distancing and crowd dispersal.”

“Hard punishment for activists and protesters gathering in groups.”

Specific concerns about easing of lockdown measures

“Not opening the caravan parks. If these are opened our local hospitals may not cope also that many people from all over the UK coming to our small coastal town could cause another wave of the virus.”

“Limiting travel so that the area where I live is safe to exercise without the many tourists many of whom ignore social distancing.”

Other areas of focus in actions

One of the clear and evident themes suggest that whilst the public may still be nervous, it also felt the immediate crisis was beginning to abate. This has been consistent over the last few weeks and we see a driver for health services to resume at pace.

The following illustrates some of the questions being asked by our population.

Need for Local information/support/facilities

“Quickly available local information about CV-19.”

“More local facts and figures, rather than national.”

Need for NHS contact/treatment/support

“Getting doctors surgeries to actually treat their patients.”

“Open up dentists, opticians etc.”

“Hospital, GP, physiotherapy services, non-covid must be restored...”

“GP practices need to start offering full services again.”

“Being able to go to doctors, face to face! Seeing a dentist!”

“Move the covid patients to nightingale hospitals and hospitals up and running.”

“Tests for people who need it to get respite care before their carer has mental health issues themselves.”

Testing

“Being able to access testing easily so we don’t have to quarantine our kids all the time. Test should be quickly attainable with very fast results.”

“I would like to see if I have had the virus.”

Education and Childcare

“Grandchildren’s schooling being affected, they are missing their friends, school itself, and home schooling ‘not the same’ they say.”

“Clarity on childcare provision for summer.”

“Cancel school summer holidays to reopen schools.”

“I’m concerned how my grandchildren’s’ education will be affected...it seems to be all about the economy and nothing else now. but I don’t see how schools can suddenly become twice or three times the size they are to allow for the 2m rule.”

Finally

The 10 weeks of our campaign have provided a fascinating insight into the perspectives and mind-set of some Lincolnshire people. Whilst the limitations of the sample size are acknowledged, consistency is a constant benefit.

Our work aimed 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 and meet the needs of Lincolnshire residents.

At week 10 we are taking a break from gathering the experiences of people and focus instead on some of the emerging themes from the campaign, seeking to delve into them further. In addition to which, we will be ensuring that the voices from the last 10 weeks and the thousands and thousands of free text comments are seen and heard by those who are able to make a change to people’s lives, and they will be challenged to report back publicly their actions in response to the public voice in accordance with local and NHS constitutions.

Appendix 1. METHODOLOGY AND SURVEY QUESTIONS

Methodology

Week one of the survey was launched digitally (via our website and Facebook) 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 DATA, WEEK BY WEEK COMPARISONS

Total number of respondent's week on week

Week 1 - 6th April - 12th April	340
Week 2 - 13 th April - 19 th April	331
Week 3 - 20 th April - 26 th April	358
Week 4 - 27 th April - 3 rd May	333
Week 5 - 4 th May - 10 th May	325
Week 6 - 11 th May - 17 th May	348
Week 7 - 18 th May - 24 th May	302
Week 8 - 25 th May - 31 st May	328
Week 9 - 1 st June - 7 th June	84
Week 10 - 8th June - 14th June	300

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	.2%	.5%	1%	5%	21%	35%	34%
	1	2	7	18	77	128	123
Wk4	0.3%	2%	2%	7%	16%	35%	39%
	1	7	5	22	50	110	123
Wk5	0.3%	1%	3%	7%	17%	35%	37%
	1	3	10	23	52	110	115
Wk6	0.3%	0.3%	3%	8%	15%	36%	38%
	1	1	10	26	50	119	127
Wk7	0.4%	1%	3%	6%	12%	37%	41%
	1	2	9	16	35	106	118
Wk8	0%	.31%	1.57%	6.6%	13.52%	36.48%	41.51%
	0	1	5	21	43	116	132
Wk9	0%	2.41%	2.41%	3.61%	14.46%	38.55%	38.55%
	0	2	2	3	12	32	32
Wk10	0%	0%	1.4%	4.2%	13.9%	34.2%	46.15%
	0	0	4	12	40	98	132

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
Wk 4	19%	81%	0.3%
	60	258	1

Wk 5	14%	85%	1%
	43	269	3
Wk 6	13%	86%	0.3%
	45	288	1
Wk 7	17%	82%	1%
	50	238	2
Wk 8	15%	86%	.63%
	46	269	2
Wk 9	15%	83%	1.19%
	13	70	1
Wk 10	14%	86%	
	39	245	1

Appendix 2. DEMOGRAPHIC DATA, WEEK BY WEEK COMPARISONS

Employment status before COVID-19.

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

	Retired	Employed Full time	Employed Part time	Disabled/unable to work	Self Employed	Caring Responsibilities	Other	Unemployed	In Full time Education
Wk 1	116	80	51	28	19	18	16	5	4
	34%	24%	15%	8%	6%	5%	5%	1%	1%
Wk 2	118	79	57	28	20	10	9	6	1
	36%	24%	17%	9%	6%	3%	3%	2%	0.3%
Wk 3	141	85	49	28	20	15	15	2	1
	39%	24%	14%	8%	6%	4%	4%	0.5%	0.5%
Wk 4	133	65	55	25	16	11	9	5	3
	41%	20%	17%	8%	5%	3%	3%	2%	0.9%
Wk 5	129	62	52	17	23	7	10	11	3
	41%	20%	17%	5%	7%	2%	3%	4%	1%
Wk 6	153	70	52	19	19	9	6	6	1
	46%	21%	16%	6%	6%	3%	2%	2%	0.3%
Wk 7	146	49	39	12	21	10	4	7	2
	50%	17%	13%	4%	7%	3%	1%	2%	1%
Wk 8	145	55	50	20	25	7	7	8	1
	46%	17%	16%	6%	8%	2%	2%	3%	0.31%
Wk 9	40	14	23	4	0	2	1	0	0
	48%	17%	27%	5%	0%	2%	1%	0%	0%
Wk10	54%	14%	13%	7%	6%	2%	2%	2%	0%
	156	41	38	18	16	7	5	7	0

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
WK4	18%	20%	15%	18%	7%	8%	7%	8%
	58	65	48	59	24	25	24	28
WK5	20%	20%	12%	16%	7%	9%	8%	8%
	65	62	37	52	22	29	27	24
WK6	22%	16%	8%	15%	8%	9%	13%	8%
	77	55	29	53	26	32	43	28
WK7	25%	13%	13%	15%	6%	9%	10%	9%
	75	38	40	44	18	27	31	26
WK8	21.91%	17.59%	12.04%	15.12%	6.48%	9.57%	9.57%	7.72%
	71	57	39	49	21	31	31	25
WK9	25.30%	14.46%	16.87%	16.87%	9.64%	6.02%	6.02%	4.82%
	21	12	14	14	8	5	5	4
Wk10	23.5%	15.8	15.15%	14.14%	4.38%	7.7%	9.43%	9.76%
	70	47	45	42	13	23	28	29

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%	20%	79%
	1	73	284
Wk 4	1%	16%	276
	4	53	83%
Wk 5	2%	12%	86%
	5	40	278
Wk 6	1%	17%	82%
	4	60	283
Wk 7	3%	14%	83%
	8	42	250
Wk 8	1.83%	13.15%	85.02%

	6	43	278
Wk 9	3.61%	21.69%	74.7%
	3	18	62
Wk 10	2.36%	10.10%	87.54%
	7	30	260

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
Wk 4	44%	23%	21%	22%	20%	28%	13%	23%	5%
	148	76	71	74	66	92	44	76	18
Wk 5	43%	22%	22%	22%	26%	29%	10%	19%	4%
	141	72	70	70	84	95	34	63	12
Wk 6	39%	19%	15%	20%	24%	22%	12%	21%	4%
	135	67	52	68	83	75	41	74	15
Wk 7	37%	19%	13%	16%	22%	20%	12%	25%	6%
	112	58	40	48	67	61	37	76	19
Wk 8	30%	17%	13%	17%	26%	15%	11%	23%	5%
	100	56	42	57	86	48	37	76	17
Wk 9	35%	22%	7%	19%	19%	24%	19%	25%	10%
	29	18	6	16	16	20	16	21	8
Wk10	29%	17%	13%	18%	22%	17%	10%	30%	6%
	89	53	39	54	65	50	30	89	19

hw | lincs

Proud to deliver

healthwatch
Lincolnshire

Written by Healthwatch Lincolnshire

HWLincs delivering Healthwatch Lincolnshire

1-2 North End

Swineshead

Boston

PE20 3LR

www.healthwatchlincolnshire.co.uk

info@healthwatchlincolnshire.co.uk

www.hwlincs.co.uk

enquiries@hwlincs.co.uk

