



COVID-19

How are we coping?

Consolidated Report
For weeks 5-7
4th May to 24th May 2020

Overview of Weeks 5 to 7

This report covers COVID-19 campaign feedback from weeks 5 to 7 (4th to 24th May 2020). The report is a consolidation of 3 weeks information shared by the general public on the impacts encountered as a consequence of COVID-19.

The intention is to produce a further consolidated report for weeks 8 and 9 by the 12th June, this will bring the information we have gathered and shared up to date. This will not only mean we are providing real-time feedback, but also that we can start to report on any common occurrences or anomalies noted in relationships within the data sets.

It is reasonable to suggest from the responses so far that the mood and behaviours of the population have changed as the restrictions, enforcements, anxiety, media reporting and personal impact has evolved.

The responding public have retained their compassion for their communities, but the movement from the shock and fear of the unknown, to the need to take practical steps to adjust to the changes, are now moving into a new phase where there is a need for more localism and recognition from government, media and health professionals that the messages and actions need to be clearly pertinent to Lincolnshire.

The key features for Week 5-7 are:

Whilst there is a high degree of consistency when people are asked how they feel, the newer emerging interests are the drivers for localism, the need for local systems to be demonstrable in communicating locally on the things that matter, when and how will critical services be bought back on board, the easing of lockdown measure that reflects the locality and local risk and more visible and effective communication both at national but more importantly local level in order to build trust with the communities of Lincolnshire.

- There is a notable decline in the quality of information in terms of the public's lower satisfaction levels, with current information being confusing. However perhaps more importantly, lacking localised communication and actions are the pivotal areas for concern.

Reflective Observation: *We are aware that there are some public briefings taking place but the information suggests that it is not being seen or heard within the some 2700 feedback comments received.*

The government and the media 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.

- 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.

- 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 finding, 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 was 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.

These features will continue to be assessed for any changes which will support community infrastructure organisations, both local and national, 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 weeks 5-7 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 participated in discussions with the Local Resilience Forum, contributed to the Health Select Committee’s inquiry into ‘*Delivering Core NHS Care and Care Services during the Pandemic and Beyond*’ and more recently following our raised profile by Healthwatch England we have had numerous contacts with other in the Healthwatch network sharing our methods of engaging with our local population when face to face engagement is impossible.

Between the weeks 5 and 7 we collated 975 responses with a current total of over 2700 responses being logged and these are increasing daily.

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.

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; 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.

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, 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 a more localised perspective, not that of London, but that of Lincolnshire.

Consolidated Results from the Survey weeks 5-7

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 975 responses received during the weeks 4th May to the 24th May 2020. It should be noted that the consolidation aims to pull together the main themes and trends across this time period and focus on the any notable changes.

Demographics

The amount of respondents is deemed to be of a satisfactory trajectory with the majority of respondents returning week after week. 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 previous weeks there are limitations to the sample which are acknowledged. Nonetheless, the focus remains on the consistency of population so comparative analysis can be identified at the end of the campaign period. *The demographic data related to week 1 through to 7 can be found in appendix 2.*

There is no significantly variance at this time to determine any age segmentation related findings, with the 55+ age group over the 7 weeks averaging around 72% of all responses. It is intended that final campaign conclusions will consider any notable differences in response by age.

Throughout there has been a disproportionate amount of female to male respondents which has been accepted as normal pattern of behaviour. However as with the previous week we saw greater likelihood for the female respondent to share concerns about others, providing a more generalised perspective of many of the demographic characteristics, including males, those without capacity and the younger population too.

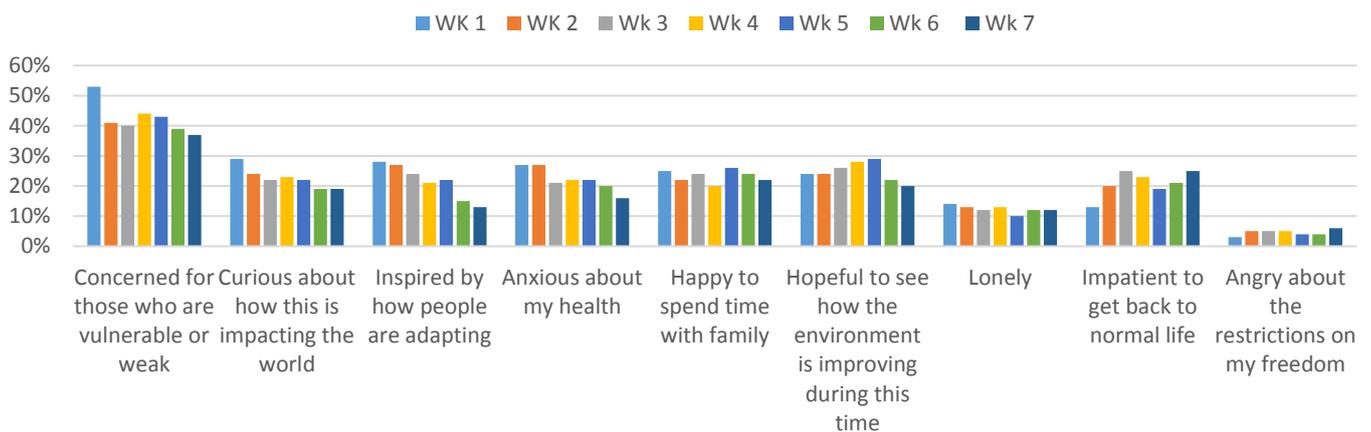
East Lindsey residents account for around 25% of responses with the other local authority areas having less but moderately equal representation, however Boston has remained the lowest participants.

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

NB. It was noted that slightly more people had been tested for COVID-19 during weeks 5-7 than in weeks 1-4. In addition, when looking at the response breakdown, the responses showed some variances in their views and concerns. For example the group that had tested positive were more anxious about their own health, vulnerabilities of those around them and passing on COVID, compared to those who were not tested and had no symptoms, this grouping were focused on maintaining the rules and not being able to see family and friends.

It is important to note these differences as the numbers responding from the COVID positive group are small and their views are overwhelmed by the general populous.

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.

As seen in the chart above the highest descriptor ‘Concern about those who are vulnerable and weak’ has remained consistently the highest overall 7 weeks. However it was at its peak in week 1 and continued on a downward trajectory since that time.

Identified within the week 4 report, people’s acknowledgment and inspiration of how others were adapting had waned, this continues and is the one area where the most change has occurred within these responses.



We see less media coverage in the latter weeks of inspirational stories, instead we start to see politicising of peoples good deeds, the ‘clap for carers’ is a good example where public opinion has changed over time from a coming together of hearts and minds to a reluctance to let it be used as a political vehicle.



It's also noted that anxiety about personal health continues to drop, maybe for some, the services are coming back on line slowly, and for others maybe people are becoming less resistant and more attuned to using the other forms of access such as telephone, Skype and AskMYGP. Irrespective of these trends it worth noting the still significant amount of comments which tell the stories of people with significant ill health not getting the support they need locally.

The respondents have shown compassion throughout, specifically towards those who are suffering with their health as a direct consequence of the virus, whilst still keeping an eye on the end game and looking for the permanent exit route out of COVID-19.



Media Spotlight

the LINCOLNITE on 24 May 2020

Fourth day without coronavirus-related hospital deaths in Lincolnshire

In total, Lincolnshire has had one of the lowest infection rates in the England. Prior to today's case numbers being released, it had a total of 1,063 cases - an infection rate of 140.6 per 100,000 of the population. It's the 14th lowest figure and well below the England national rate of 262.0.

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 from early on have been 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 that they have, or have not been able to use that information to adapt their day to day life.

Question 3 - Is the information accessible?	Yes	No	Question 4 - has the information helped you to adapt?	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
Week 4	91%	9%	Week 4	86%	14%
	301	29		285	46
Week 5	91%	9%	Week 5	88%	12%
	294	30		285	39
Week 6	85%	15%	Week 6	81%	19%
	293	52		278	67
Week 7	84%	16%	Week 7	80%	20%
	249	47		239	58

In weeks 4 and 5 the respondents generally felt that access to information that would help them adapt to life under COVID provided high degrees of satisfaction, in percentage terms 90% satisfied for question 3, and in the high 80's for question 4. This could be interpreted as a point in time where lockdown and its limitations of what the populous could and couldn't do, were well documented. Daily briefings had diminished significantly but the focus at this point was around exit strategies and recovery.

In weeks 6 and 7 we saw the lowest satisfaction rates to date with people being less able to find accessible and understandable information, which they felt would keep them and their loved ones safe at a low of 84%. This decline was replicated when asked if they felt the information available helped them to adapt on a day to day basis, falling to a low of 80%.

These changes in belief are significant as we saw in week 4 the beginnings of a shift in the behaviours of the population seeking 'local' information rather than national guidance which provoked the suggestion that one size regulation didn't fit all, and as a community wanted their individuality to be recognised.

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.

Q5.	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Yes %	38%	38%	45%	37%	41%	46%	42%
No %	61%	62%	55%	62%	59%	53%	56%

Yes	127	124	158	124	133	158	127
No	205	202	197	208	189	183	169

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. 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. However, what should be noted is that the split in belief or experiences is fairly equitable with around 40% of the population believing that people have been negatively impacted, whilst the rest believe there has been no demonstrable impact as a result of health and care pulling back their services.

Our focus here has to be on those who feel there is a negative impact.

The stories that have been shared week on week throughout this campaign have clearly sought to show that appointments, procedures, diagnostics and assessments have all been delayed or cancelled having a negative impact on the general physical and mental wellbeing of the patients, family and loved ones. Furthermore what the longer term damage is to these people is yet an unknown and is a stark world for those who find themselves anxious and living without the services they believe they need to live well.

Whilst a many of the comments left by respondents focussed on the inability to access local primary care services, mostly GPs and dentists, there were some real time and real life accounts of people who find themselves in critical situations and not receiving the care needed to support their physical or mental needs, the following draws out just a small number of these cases.

Q5 Do you feel that you or your loved ones quality and safety of care (not related to COVID-19) is being affected?

telephone prescription think following child hope start service treatment first moment
 advice normal ask day mental health unable safe support sure made letter US look
 contact GP ongoing now even told vulnerable one shielding weeks
 hospital appointments see difficult care visit husband delay
 surgery better hospital gave GP s appointment
 covid need speak go want feel son will find phone said
 doctor face face able needs see concerned issues worried
 list contact relative still medication time lockdown also ask go people long
 work worse cancelled condition health routine problem nurse due a help
 mother know routine blood test see gp work home wait review daughter phone call new local
 health problems dentist

“My sister was diagnosed yesterday with stage 3 aggressive breast cancer. She first went to the doctor about it in early March. She was told a week later that she would have to wait until May to see an oncologist. The Covid epidemic may yet kill her because of the delay it has caused in diagnosis and the ongoing delay in treatment”.

“I need to see my glaucoma specialist and can't”.

“My 19yr old daughter needs to see a gynaecologist and had an ‘urgent’ appointment in April which was cancelled and has now been point on a waiting list”. Her problem hasn’t gone away and is effecting her physically mentally and emotionally”.

“Husband had cancer diagnosis in February, his operation was cancelled twice, his care was transferred to Nottingham and we are awaiting a new date next week.”

“My brother is in a care home and unable to access GP services, he has Down's syndrome, had diabetes, and has had a major stroke which has left him bedridden. It makes me concerned that the care home, whilst doing their best don't get any support with his care.”

“I have spent six weeks being "diagnosed" over the phone with the wrong ailment, when I finally got to see a nurse practitioner and had bloods taken, I finally got the correct diagnosis. A blood test in the first week would have saved a lot of worry.”

“Relative recently diagnosed with cancer had to wait weeks for operation- cancer could be spreading all that time.”

“While my father was alive in the first 4 weeks of lockdown the palliative care was poor and on admission to hospital treatment was non-existent and observation unacceptable despite there being low numbers being admitted. He died because of the lack of care. This may be due to the care at any time as much as with Corona but who knows.”

There were also comments around schools and children going back, concern for safety but also for the inequality, people questioned the sense, children can go back to school but they can't see their grandparents!

It should be also noted that there were some positive and encouraging themes related to getting help quickly, learning to adapt with new systems and processes and people actually enjoying the opportunities the lockdown could offer.

Needed a medication review recently - my GP phoned me. Sorted!

I just rang the health centre and my doctor rang me back to chat I have a very understanding doctor who knows me inside out Lucky me

I am able to access my GP and have consultations over the phone, this is something which I hope will be continued once all of this is over.

Glad to see that NHS and care staff are not travelling all over the county/country and that the NHS is doing more over the airwaves, using Teams for meetings instead of travelling. Let's hope that this also stays. In this day and age staff should not be travelling unless necessary.

I hope that more people continue to work from home.

New 'Ask my GP' online service is brilliant as is the request new prescriptions

Stress levels reduced, and more relaxed enjoying ability to work from home. Glad to have supportive employer.

It has allowed me to greater levels of relaxation

Question 6 - What are your biggest concerns?

From the responses during this time we can see the core reasons for anxiety and concern for everyday health and care are summarised below. Where people were asked to select their highest priorities, their top 3 responses fell under the following categories:

From 56%  53% Concern for own/families' health and well-being

From 38%  40% People not following the rules

From 33%  30% Concern for vulnerable including Key Workers

Whilst we noted no significant changes to the top 3 concerns during the latter weeks, we have noted the interchangeable fluctuation in the order of the priorities, with the continuing impatience of people not following the rules still evident and increasing. This could be interpreted not so much about people going against the grain but moreover, those people inhibiting progress of getting the country out of lock down and enabling others to see their loved ones and friends more freely.

34% of the comments made under this question had some reference to negativity and mistrust of the media and government commentary and decision making. The comments also related to the feeling that lockdown was being eased prematurely and the impact of that was a scary unknown for many.

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

COVID Government Handling of the Pandemic: confusion and mixed messages

Media: negative and divisive press coverage

COMMENTS

COVID Government Handling of the Pandemic

“Not being told the truth”.

“Government ineptitude”.

“Blatant lies by Government in relation to every aspect of handling this pandemic”.

“Unfair criticism of Government in difficult situation”.

Media

“Media is an unhelpful nightmare”.

“Too much conflicting media information”.

“Concern about negative press reporting”.

“The media and gov are scaring people into compliance”.

Easing the Lockdown Restrictions

“Fears of a second wave due to lockdown easing”.

“Coming out of lockdown too soon - schools opening too soon”.

“Schools reopening too soon”.

“Lockdown being lifted too soon”.

“Concern lockdown will be lifted too soon”.

“That the lockdown is eased too soon and there will not be enough time for things to be organised to ensure peoples safety before reopening”.

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

The following question is reviewed based on the responses during weeks 5, 6 and 7. The responses to this question we note appears to be frequently influenced by government and media coverage. In the last report, in week 4, we saw a new trend emerging which related to a clear message for localism. This meant local information, for local people which was appropriate, proportionate and identifiably relevant to the local population.

In context:

At the end of week 5 The Prime Minister addressed the nation to outline the Government’s proposed ‘roadmap for reopening society’. Throughout that week, there was much speculation in the media about which aspects of lockdown might be eased first, including coverage of the perceived risks or benefits of any potential changes.



Week 6 started the day after the Government’s proposed ‘roadmap for reopening society’.

As a consequence, the **main focus of the respondent’s feedback was lockdown measures**. Locally there were specific concerns raised about easing travel restrictions and the potential impact of this on the coastal areas of Lincolnshire.



In addition, the suggestion that **schools would begin a phased reopening** from the 1st of June caused concern that lockdown was easing too quickly without knowing the full implications. As in other weeks, some people gave specific suggestions of measures they would like to see eased (e.g. seeing family members, especially grandchildren), whilst other wanted to see lockdown measures retained in full, or strengthened.

Media Coverage

Media coverage was again a prominent theme, with comments ranging from wanting action on negative coverage, to a perceived lack of media impartiality, and that ‘perceptions of opinions’ rather than facts were being reported.

In following section we share the free text comments and experiences shared by the people responding to the campaign.

Media coverage in week 5 was very much driven by the developments around the easing of lock down and the exit strategy, week 6 saw *significantly less commentary related to the media, however in week 7 media negativity was back as an important theme*. However where it was referenced, it still reflected a population who was tired of scaremongering, information that couldn’t be trusted and negative journalism.

“Stop the media putting their own ideas on line, get them to stick to the facts not opinion!”

“Stop the press making their own thoughts of what should happen next. They’re dangerous if the public are relying on the media for info.”

“One big help would be to stop the media speculating in advance of any announcement. So many mistruths stem from this speculation.”

“Media not constantly speculating and causing trauma with information overload.”

“I work for the NHS so I get clear information, but I do think some of the reporters are politically minded and have axes to grind with government and their decisions.”

*“The media to report facts and not keep forecasting what is going to happen. Their crystal ball is no better *than anyone else’s*.”*

“Stop the media from exaggerating and causing so much alarm. Not just the newspapers but BBC and ITV who are as bad. We do not buy a paper or watch the news anymore as they do not tell the truth.”

“Media keep giving mixed messages, has to look for more positives and be more supportive.”

“Stop the witch hunt by media who just want to scare people.”

“Stop the media giving mixed messages and increasing anxiety and fear.”

“More positive reporting...facts not opinions of journalists. Less dramatic reporting. Focus on positive not just negative.”

“Stop the constant negativity from the media especially the BBC.”

“The media to stop muddying the waters.”

“The media to cease scaremongering, the standard of journalism has been appalling.”

Honesty and Transparency

As seen in question 6 the perception from the public that ‘all is not what it seems or is portrayed fuels a feeling of mistrust, particularly in terms of the government’s actions and information they feed the public. Honesty and transparency has been an overarching theme since day one and looks likely to continue where the public feels there is a reluctance by the government to recognise and acknowledge a flawed and disjointed approach to the collective challenge.

What the public responses may reflect is that the national approach is being ‘done to them’ rather than ‘with them’, the paternalistic approach is not ‘okay’ for many and a clear, honest, transparent, ‘adult’ mind-set would be more palatable and build a level of trust not seen throughout the campaign responses.

Week 5

“More honesty from politicians”.

“Consistent and truthful messages from our government”.

“Truth from the government and media. I don’t believe anything they say”.

“To be told the whole truth”.

Nothing other than be given the true facts total transparency

“Clear and immediate advice from government to stop speculation in the media”.

“Transparency at local and national level”.

“Clear information about school opening, honesty, if it is not safe then would rather continue with restrictions”.

Week 6

“Truth and sensible action from the government. I don’t trust them at all”.

“Clarity and an approach to returning to normality that is not blindly reckless and naïve”.

“Simplified instructions or guidelines as some people do not seem to understand them”.

“Leaking messages from government last week and poor upsetting message on Sunday evening was very difficult for many people mixed messages don’t help...Be alert means different things to different people...be alert in case someone ill around you, be alert to changes around you etc not be alert to 2m distancing. Keep your distance would have been better!”

“Clear, appropriate information helping the public to buy in to requirement and comply with these”.

Week 7

“To have clear concise information from the government - some things are taking a long time to happen, such a quarantine for incoming travellers when other countries have done this in a few days. Daily reports give more questions than answers and are very confusing.”

“Pressuring the Government into being firm, clear and honest.”

“Clarity and unity. We have local groups disagreeing with the Government leading to confusion, arguments and fear.”

“Think the Government are doing a great job keeping everyone informed with their daily bulletins.”

The Exit Strategy and easing of Lockdown measures

Since week 4 the public have begun to share their views on what, how and when lockdown should occur and what that would look like. It is acknowledged that the responses here mostly reflect the demographic and include worry and concern for children going back to school, anxiety that people are still not able to effectively see their loved ones, children and grandchildren were mentioned specifically, and most likely reflecting the respondent's older age group.

Where we see variances of people views, this is potentially as a direct result of their personal circumstances and how trusting or mistrusting of national guidance they are. Those whose livelihoods have been impacted or those who have experienced a loss of any kind are likely to want to offer solutions and processes for exit. While others who are more cautious and are unclear of what the messages and data is telling us, are understandably more reserved and reluctant to see the nation running out of this pandemic lockdown, rather than walk.

The following highlights just some of the views shared:

Support for extending lockdown

Week 5

"Keep restrictions on long distance travel stop people visiting us on the coast".

"Keep lockdown until there are very few cases of virus".

Week 6

"We should have a full lockdown until the virus has passed".

"Keep lockdown strict until there is clear and definite reduction in risk".

"Not leaving lockdown too soon. We don't all live in the south of England".

Week 7

"I feel restrictions have been lifted too early."

"Having the stay at home message back and not have the ease of rules i.e. going to beaches etc."

"Stop people travelling outside of their area."

"Extended lockdown. Local travel only to help keep the rate in Lincolnshire low. Close up the loopholes to stop companies opening too soon, putting their staff and customers at risk."

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

The trends related to children, family and social connections are all evident. From the responses it could be believed that as lock down measures are eased, very little consideration had been given from the government to the general wellbeing

of the wider population who has so far been limited in being able to exercise their ability to act in an adult in their approach to social interaction.

Week 5

“To continue the Lockdown for most but start up some essential businesses to get the economy moving”.

“Ability to see family I would normally see every week prior to lockdown as it can still be done with social distancing - no different to me working with colleagues all day socially distancing”.

“Getting children back to school, missing seeing children, being children”.

“My main concern is around my child returning to nursery. Some indication of when this might happen and if she will be safe would help me”.

“Get people back to work and kids back to school”.

Week 6

“A way to see at least some of my family safely, especially my grandchildren”.

“Being able to see grandson in Nottingham”.

“When can we travel a distance to visit elderly parents, living on their own and in a care home”.

“Being able to visit my children and grandchildren, or to have them visit me. This could be in our garden(s) only for now, using social distancing precautions employed by shops”.

“Being able to visit my immediate family or close friends (who are not showing signs of Covid 19) and spending time with them whilst observing social distancing in their home/garden. Basically, I suppose being trusted to be responsible about this”.

Week 7

“Explanations as to why we’re allowed cleaners in but not family.”

“Being able to travel and see my daughter and granddaughter.”

“I’m increasingly feeling the need to visit my family (who live 2 hour+ drive away). It isn’t feasible to just visit them to go for a walk but I am responsible enough to be able to visit them to sit outside in their garden (or for them to visit me to do the same) and spend a couple of hours in a relaxed way without being sat close. It would be hard not to hug them, but to be able to just relax with them rather than just see them via Facetime would be good now.”

“Easing of restrictions surrounding meeting and spending time with family.”

“Being able to meet 2 family members provided we used the garden and kept apart.”

Local information/support

This has been the emerging theme for a number of weeks. More recently with the focus being taken away from high numbers of COVID related deaths; a focus on COVID related hotspots; the implications of working and living in highly populated, demographically diverse communities to now, what this means for Lincolnshire, this included the need for local data on new cases and death, and what local actions are being taken in response to that data.

From the responses it is clear that locally people feel the information and actions have been overshadowed by national guidance and media. Little has been translated to the public that is pertinent to the local population, other than perhaps the media coverage of whether car parks and toilets should re-open in Skegness.

In addition to which, localised data and investment into facilities would make the public feel safer in their communities and would appear a natural next step, public hand sanitiser facilities and local track and trace and testing as a priority.

Week 5

“Local updates in other forms than Facebook to elderly and others want something written that they can take their time to digest. As keep saying, not everyone has IT and internet access”.

“More localised news bulletins and advice”.

“Local news about covid 19 in my area”.

“To have more in news about how local NHS services are affected and coping”.

Week 6

“Better information locally that the public messages actually reflected what’s happening locally”.

“To know where the virus is locally. How many have caught it and where the ‘hotspots’ are”.

“Transparency of local data of cases and deaths close to me (Lincoln) not just for the county”.

“Local strategy for testing, tracing and controlling”.

“More hand cleaning facilities in public”.

“Local action is vital. Track and trace should be in place at a local level, testing should be local with information about outbreaks”.

Week 7

“Local information on C19 cases and deaths within a 5 mile radius.”

“Local action should depend on cases and number of deaths. I feel National needs to hold the reins but local must carry the weight and make choices to suit.”

“...a leaflet of local companies getting back to work so we can use them.”

“Local daily figure of covid in Skegness would be helpful.”

Other areas of focus in actions

One of the clear and evident themes suggests that whilst the public may still be nervous, it also felt the immediate crisis was beginning to abate. At this juncture we see different questions being asked about health and care, ‘what would the new health and care system look like, how quickly will routines services be brought back on board, how quickly will urgent services resume’, all these questions appeared vague in clarity from the public perspective.

The following illustrates some of the questions being asked about health and care.

“To know GP and hospital are running routine appointments again.”

“Doctors and hospitals opening up to non Covid 19 follow up appointments for pre-existing medical conditions.”

“Opening the dentists.”

“Restart home support for elderly mother as I am doing everything including sheltering my lung compromised husband and am tired.”

“Sort out surgery staff some of who are intransigent and arrogant, I should not have to explain why I need an appointment, no means of identifying urgent need.”

“GPs doing their job.”

“GPs being able to do their jobs, normal access to consultants in hospital.”

“Better care for those with long term health conditions”.

“Wishing to hear about routine dental care locally and when it will be back up and running again”.

“A local information source preferably GP about what to do to get tested and what to do if you are ill. Dialling 111 seems inadequate I feel like our doctors are abandoning us to the government”.

“Clear guidance on what health services are still available”.

“Recognition of the safety or lack of it with diabetics. Of Covid deaths 25% are diabetics no shielding provided”.

The following presents some of the wider elements where the public feel that action needs to be taken.

- **Stronger enforcement of lockdown measures**
“Higher penalties for those breaking restrictions”.
“People doing as they should and not pushing the boundaries”.
 - **Financial support**
“Actual financial help for the disabled. Food is now costing us much more”.
 - **Social distancing**
“More stringent ‘policing’ to enforce social distancing, both inside and out”.
 - **Food shopping/deliveries for the vulnerable**
“Better availability of certain foodstuffs and delivery access”.
“More supermarkets having specific time for customers over 70”.
- Other views around more testing, availability of vaccines and provision of personal protective equipment have also appeared in smaller numbers.

Finally

The first 7 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 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 - 20th April - 26th 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

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

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

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%

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

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

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

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

