

# **COVID-19**

## **How are we coping?**

**Consolidated Report**  
**For weeks 1-9**  
**10<sup>th</sup> April to 7<sup>th</sup> June 2020**

# Overview of Weeks 8 and 9

This report covers the COVID-19 campaign feedback from weeks 8 and 9 (25<sup>th</sup> May to 6<sup>th</sup> June 2020). The report is a consolidation of 2 weeks information shared by the general public on the impacts encountered as a consequence of COVID-19.

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 and personal impact has evolved.

The responding public have retained their compassion for their communities but as the weeks progress this compassion and concern is more keenly focused on those within their own family and close knit communities. Now is a time where we see frustrations of restrictions and the lack of clear guidance and enforcement dividing those who maintain the rules and those who do not. What is starting to emerge is a small but steady change and influence in societal behaviours which says ‘if flouting the rules is acceptable for others why don’t I join them, what is the point’.

## The key features for Week 8-9 are:

Whilst there is a high degree of consistency when people are asked how they feel, the now stronger drivers are for action and enforcement to ensure that this period of uncertainty can remain stable and if not going back to normal, it can at least create a smooth transition to a ‘new normal’.

- 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 there was considerable media coverage of political wrangling’s, this did not manifest itself directly into the comments made locally. What was evident and poignant, was the impact this negativity is having on the mental wellbeing of our population.
- 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. These are not just the lower level services but also include services where we had expected a ‘business as usual approach’ to protect some of our most vulnerable patients including cancer, cardiac and mental health services.
- 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.

**Reflective Observation:** *The most notable change in public feeling between weeks 8 and 9 was in relation to enforcement of lockdown measures. The public voice has moved in focus from a simple ‘stronger enforcement of lockdown measures because people are breaking them’, to a growing sense of frustration, upset and anger from those who are abiding by lockdown restrictions against those who aren’t. A sense of ‘why do/should we bother, when others don’t?’ This is critical behaviour trait when managing the efforts made by society to curb the impact of COVID-19 and to ensure that a resurgence is kept to a minimum.*

*From this we can perhaps conclude that the push and pull of societal frustration for rule keepers and rule breakers is caused by a number of factors which influence social concepts;*

- 1. People who are naturally oppositional in culture and this can infiltrate and influence those societal local beliefs*
- 2. People who are in denial with a need to regain control, having increased anxieties, and as we know any level of anxiety can impede judgements.*

*It can be safe to surmise that either one of these factors needs to be addressed otherwise it will continue to escalate. Potentially the only real way of doing this is for those ‘powers that be’ to get on the same platform and pavements as ‘the people’ and acknowledge those norms, and seek to change behaviours through good education and effective communication.*

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 1-9 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 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 ongoing 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 ensured that the voice of the public has been heard at NHS Governing Body, Lincolnshire Health and Wellbeing Board and at Senior Management level across a variety of stakeholder organisations.

Between the weeks 9 and 10 we collated 412 responses with a current total of over 2700 responses being logged and these are increasing daily. It is worth noting that due to a technical issue the responses in week 9 were not fully collected and therefore we present the findings as they were received based on 327 in week 8 and 84 responses in week 9.

*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:

Week 1

- 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.

Week 2

## 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:**

- 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.

## Consolidated Results from the Survey weeks 8 to 9

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 412 responses received during the weeks 25<sup>th</sup> May to the 7<sup>th</sup> 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.



**RESULTS**

### Demographics

The amount of respondents is deemed to be of a satisfactory trajectory with the majority of respondents returning for week 8, however it should be noted that in week 9 due to a technical issue the number of responses captured was 84. The feedback for week 9 is still being reported within this document however we acknowledge the data set may be skewed in demographic responses.

However the impact of this change showed in week 9 the number of respondents increase in the part-time employment field, as well as no responses at all from people who were self-employed, unemployed or a student. The retired category is still by far the highest cohort.

Within the geographic diversification we have consistently seen Boston as the lowest responding area, however during week 9 the trend has seen an increase for the Boston response and marginal decline for Lincoln and West Lindsey areas, putting them in the bottom 2, this is likely to be an effect of the restricted data numbers in week 9.

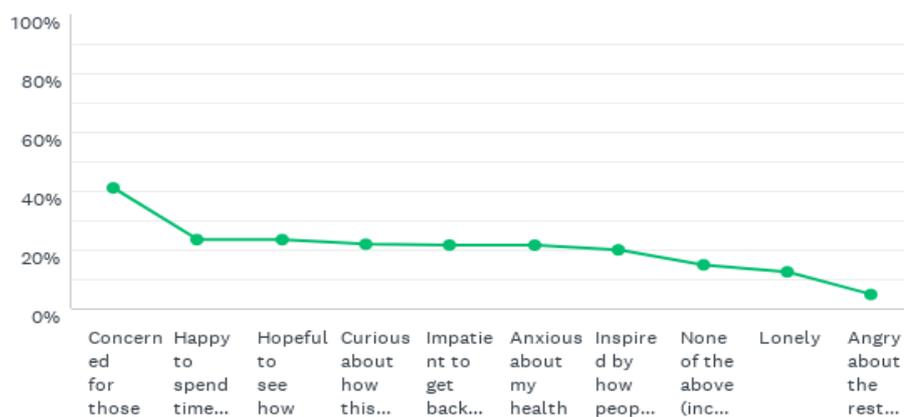
*The demographic data related to week 1 through to 9 can be found in appendix 2.*

## 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 and again this was replicated within weeks 8 and 9 with a 3% test sample, we also saw an increase in the numbers that were showing symptoms but hadn't been tested, although this surge could be as a result of the restricted numbers and the age demographic of week 9.*

### Question 2. What best describes how you are feeling?

#### Q2 What best describes how you are feeling today?



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 across all 9 weeks. However it was at its peak in week 1 and has 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 where it has moved from its high of 28% inspired in week 1 to just 13% at the current time. We can start to disregard this theme as its motivation has shown to be set within the early and more dynamic stages of the pandemic, no longer occurring as we progress through the normalising, recovery phases.

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 is worth noting the significant amount of comments which tell the stories of people with significantly ill health not getting the support they need.

In addition, when looking at the response breakdown we saw an increase in loneliness, this was in the main attributed to the over 55 age group (71%), but of these only 40% categorised themselves as retired, which is probably a true representation of improved health, greater mobility, longer working lives and how they impact on the need for social interaction.

When looking at these smaller sample sizes for week 9 we can see that loneliness has a part to play across all the age groups and life stages with a need for individuals to rebuild connections with family, friends and loved ones, and also an impatience that a 'one rule for one and another for everyone else' seeming to apply. It is important and should not be ignored that the news during this period was dominated by the actions of a Senior Advisor, leaving the population to wonder about the integrity of those leading the country out of the pandemic.

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 Daily Telegraph on 25 May 2020***

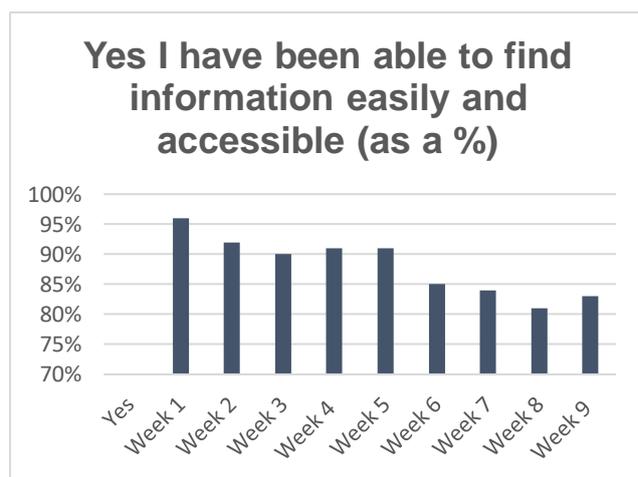
***'He has acted responsibly, legally and with integrity'***

***BORIS JOHNSON stepped in to protect Dominic Cummings last night in a move which caused alarm among some members of the Cabinet. The Prime Minister made an unscheduled appearance at the Downing Street press conference to defend his chief adviser.***

**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?**

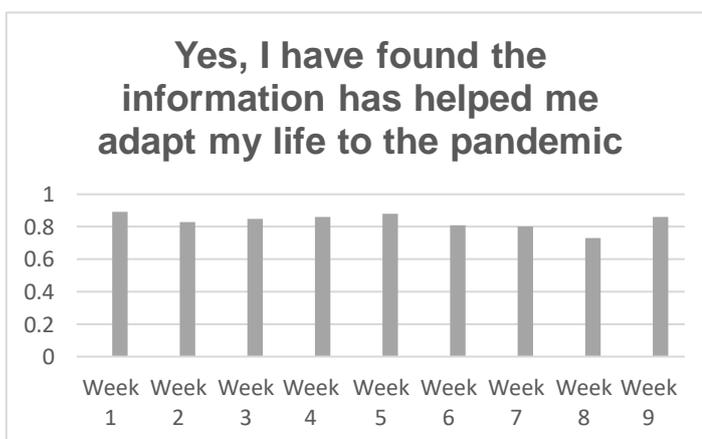
**Question 4. Do you feel the information and advice given around COVID-19 has helped you adapt to the changes imposed on your day to day life?**

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 that they have, or have not, of being able to use that information to adapt their everyday lives.



In week 8 particularly we saw some of the lowest satisfaction rates to date with people being less able to find accessible and understandable information. Taking week 8 where data was more comparable with previous weeks we saw a further drop. We also saw a further decline in the public’s ability to adapt the pandemic guidelines to their day to day lives.

As we see throughout the responses for weeks 8 and 9, the frustration of advice and rules being made and then portions of the populous breaching those regulations, has most likely unsettled people’s confidence in how they personally need to adapt to the ever changing sometimes conflicting guidance and advice.



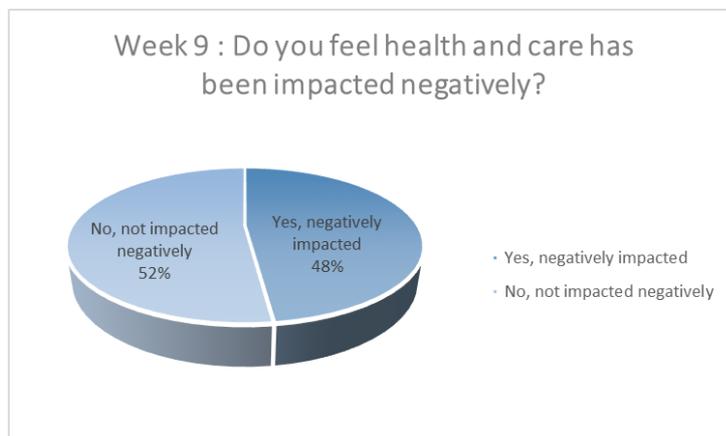
**Question 5. Do you feel that you or your loved ones quality and safety of care (not related to COVID-19) is being affected?**

*Quality and safety is being negatively affected.*

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

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.

However, what should be noted is up to now the split in belief has been fairly equitable however in weeks 8 and 9 we have seen an increase in those that feel health and care has been impacted negatively with a fairly substantial increase of 6% between weeks 6 and 9.





Therefore it is the responsibility of the report to focus on those who feel there has been 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 but with more and more concern regarding the mental wellbeing of our population. It is a stark reminder that whilst the system is potentially not providing services to those already known to them, there are a plethora which are experiencing poor mental health as a result of the pandemic, noticeably we hear about the lack of face to face services and how this is one area where the interaction between people can be more critical to recovery.

The vast majority of comments related to primary care (doctors or dentists), however we share below the other feedback in terms of key themes for mental health, cancelled treatment and cancelled appointments.

What has been noted from the responses is the difference in services, whilst some are reporting the NHS including GP services as being ‘CLOSED’, others are sharing that routine vaccinations are being offered and delivered in timely and considerate manner. This may suggest that the equality of how services are delivered across the county require review to understand best practice and ensure the public are not disadvantaged as a result of ‘localised’ governance and delivery models.

### Primary care comments, specifically around dental and GP access

*GP surgeries seem to be in lockdown and not visiting elderly patients*

*It feels like NHS services aren't really available. Apart from being able to contact my doctors surgery online. I don't use the phone due to a disability, I couldn't do video calling, I can't get to the surgery and would be too scared to go anyway. I was due to have a care and treatment review before it was postponed due to Covid-19. There's no help at all for autism/mental health, not before Covid-19 and no hope of help now.*

*Very little help from GP practice, appalling.*

*I've still not received any information from my GP regarding the 6-month review of my type 2 diabetes that should have been done in February.*

*Difficult to contact GP or pharmacy.*

*Ongoing health problem. Unable to see a doctor as in my throat and they won't look.*

*... Reluctant to go to GP with a new condition.*

*It is almost impossible to see a GP so I have stayed away and tried to deal with things myself using chemist etc.*

*The government tell us that the NHS is open for business - but this is clearly not the case."*

*Took 2 months of constantly going to GP for my husband to be referred to specialists re lump on his arm.*

*Difficult when you need to see a doctor*

*We have to telephone the surgery and someone will call you back and advise you what to do.*

*Lack of normal GP appointments.*

*Lack of access to GP for long term conditions.*

*Worried about contacting GP for routine appointments.*

*I am going to try for a face to face with my GP, some things are too difficult to do by phone.*

*Unable to have scheduled blood tests. Surgery closed as nurse had Covid-19.*

*No doctor or dentist appointments.*

*Getting doctor's appointment is difficult and my granddaughter's future is looking very bleak at 17 years old.*

*Our GP has been awful and I won't now contact them unless absolutely necessary.*

*Dentists closed, child with orthodontics.*

*Have had niggling tooth since it started. Dentist has sent prescription but it needs looking at.*

*Poor dental services... analgesia antibiotics only.*

*I need to see a dentist, as I have 2 broken teeth which are making my mouth sore. I rang the dentist as was told that I couldn't see anyone, but just to file the sharp edges with an emery board. This has not worked at all.*

*Concerned can't have routine dental work.*

*Lack of dental care.*

## **Positivity**

*Excellent AskMyGp app means I can make contact any working day & get a response within a few hours of non-urgent or under an hour if urgent.*

*Use AskMyGp app.*

*The staff at our practice have all been very supportive & helpful."*

*In a very positive way. As I was 70 in April, apparently I am entitled to a Shingles vaccination. I was contacted by phone yesterday morning, offered a choice of appointment time, either yesterday evening (which I took) or this morning. On arrival at the surgery, the social distancing measures were very impressive, as were the hygiene measures between patients.*

*Our surgery has been fantastic throughout this pandemic.*

## **Mental health comments**

*Loneliness for my elderly Mother. She is starting to have down days where the last two weeks updates have been on the news.*

*Can't get help from doctors as they are closed, suffering in pain and no mental health support.*

*People with mental health issues want to talk to someone face to face so are not getting the help they need.*

*My daughter in law has mental health issues and was scheduled to see a therapist. This has not happened so we are stressed having to cope with her problems as a family without professional help.*

*Although I now know I can access health care and support, my mental health condition means that I withdraw from life when I can. I have several health concerns and I'm not seeking support.*

*Elderly father lives alone a long way from me and is now suffering from depression. No amount of phone calls can take the place of someone being there.*

*Lack of GP services- ask my GP is great, but there are times when a virtual service does not work. My son has mental health issues and keeps getting repeat prescriptions when I would really prefer it if they would see him.*

*Elderly family member has relied on family to periodically visit and attend to matters beyond her capacity. Now reliant on remote telephone calls - and is hard of hearing. Cause of anxiety.*

*When will I be able to see a human being?*

*I am very concerned about the long term mental health issues with very few face to face services across Lincolnshire.*

*If anything crops up, health, mental health, optician, chiropodist, anything, you feel powerless to do anything about it.*

*Mental health and happiness of myself and my family is being severely affected by loneliness.*

*Anxiety over finances and lack of contact with others leading to feelings of isolation and loneliness.*

*I cannot get in touch with my GP. I cannot access mental health services.*

*I have bi polar and was high for around two weeks then the beginning of the week depression set in and I was so ill. I contacted the mental health team who have got me an appointment to see the psychiatrist on Friday.*

### **Acute Services, Cancelled and delayed treatments and appointments**

*I need a monthly blood test for cancer medication. I am told not to go to hospital but Peterborough Hospital repeatedly fails to send me the blood test forms. Without the forms Spalding nurses will not book me an appointment.*

*Delay in getting paediatric referral appointment for child*

*Both neurological diagnoses, all treatment stopped, one review by phone we just updated on what we were doing...*

*I need to see a haematologist as have just received a diagnosis of a blood disorder. Told to phone if I haven't heard in 6 weeks.*

*Cancelled hospital appointments.*

*Hospital appointments were cancelled and I felt very worried about the risks of going to hospital if I had to.*

*Still have part of my cancer treatment not happening.*

*My husband waiting for MRI scan.*

*Hospital appointment has been postponed (heart condition).*

*Lack of outpatient follow up for 2 specialities although pleasingly I have had a respiratory consultant telephone appointment and a follow up arranged. I thought they would be under the most pressure.*

*Hospital investigatory clinics have been cancelled so symptoms have not been investigated*

*Had hospital appointments cancelled, I don't understand why all hospitals are treating Covid-19 patients, and there has been no indication of when appointments will be restarted.*

*Need hospital outpatient services to resume ASAP.*

*Waiting for hospital appointments that were cancelled / postponed.*

*Family member has kidney disease and was set to have a transplant - cancelled.*

*When will elective surgeries re start?*

*Hospital appointments have been postponed. Still not heard when they will recommence.*

*My mum suffers from COPD and heart failure and in February was told that the cardiology team would get in touch but they haven't and she has been suffering and worsening,*

*Can't see a doctor, waiting for cardiology appointment, just worried about the back lash of this.*

*My mum has heart failure she has had no contact from hospital during lockdown.*

*Hospital appointments for my husband have been cancelled at the last moment without notification. He doesn't know how long he will now have to wait to see the heart specialist.*

*Operation cancelled no new date yet.*



## **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 53%  46% Concern for own/families' health and well-being

From 40%  46% People not following the rules

**New Entry 'Concern about catching and passing on the virus was the third highest in people's concerns'.**

The top 2 concerns remain the same whilst we saw a new emerging concern which related to the catching and passing on of the virus. This would seem to be an unusual reaction, given that number of cases had dropped dramatically, however this might be as a result of the easing of restrictions which many felt was too early. This might also be contributed to by the continued and growing concerns of people flouting the rules of lockdown and potentially putting others at risk.

A significant number of the comments made under this question had some reference to negativity and mistrust of the media and government policy and decision making.

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-19 Government Handling of the Pandemic:** confusion and mixed messages

**Media:** negative and divisive press coverage

## COMMENTS

### **COVID-19 Government Handling of the Pandemic**

Government officials to obey the rules

Mixed messages from government affecting how people continue to comply with restrictions

It's just gone on for too long... The newly built hospitals were barely used... It was supposed to be to not overwhelm the NHS... They appear to be underwhelmed if anything

Government continually getting things wrong.

Government inaction and the failure of their staff to follow the same rules as the general public

Duplicity of Government. Thou shalt stay at home but the small print was not wildly publicised

Mixed messages from the Government and scientific

### **Media**

Being misled

Media misinformation which is undermining progress

BEING TOLD THE TRUTH FROM MAINSTREAM MEDIA

### **Easing the Lockdown Restrictions**

Consider that restrictions are being eased far too early

Unclear guidance about Lockdown easing

Huge amount of tourists here. Tiny seaside hamlet. 100s of people here

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

- Concern for vulnerable people including keyworkers
- Not being able to see friends and family
- Long term effects of COVID-19
- The economy/ local businesses

## 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 8 and 9. The responses to this question we note appear to be frequently influenced by government and media coverage however this was not as evident in weeks 8 and 9 where the public appear to disregard the actual story, but rather focus on its underlining meaning.

### In context:

During weeks 8 and 9 the Government and media shared news relating to a Senior Government Advisor who had breached their own lockdown rules.



However even though the coverage and air time given to this story was immense, it did at least for the people of Lincolnshire take a back seat when compared to the more pressing need for recognition and action to address the needs of the population.

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. As we heard from one family, the media and news was

having a negative impact on the mental wellbeing of elderly family members, where news and media were one of the only links to the outside world.

*Loneliness for my elderly Mother. She is starting to have down days where the last two weeks updates have been on the news. I have chatted with her so that she can open up. She doesn't feel the latest updates are helpful, the news is becoming almost like brain washing. TV gets turned off but this is her company. The radio updates too. It's like she can't escape the news. I understand how she feels because I'm feeling the same.*

The most notable change in public feeling between weeks 8 and 9 were in relation to enforcement of lockdown measures. The public voice has moved in focus from a simple ‘stronger enforcement of lockdown measures because people are breaking them’, to a growing sense of frustration, upset and anger by those who are abiding by lockdown restrictions against those who are not. ***A sense of ‘why do/should we bother, when others don’t?’*** This is critical when managing the efforts made by society to curb the impact of COVID-19 and to ensure that a resurgence is kept to a minimum.

From this we can perhaps conclude that the push and pull of societal frustration for rule keepers and rule breakers is caused by a number of factors which influence social concepts;

1. People who are naturally oppositional in culture, these people over time can infiltrate and influence those societal local beliefs
2. People that are in denial with a need to regain control, having increased anxieties, and as we know any increased level of anxiety can impact judgement

It can be safe to surmise that either one of these factors needs to be addressed otherwise it will continue to escalate. Potentially the only real way of doing that is for those ‘powers that be’, to get on the same platform and pavements as ‘the people’ and acknowledge those norms and seek to change behaviours through good education and effective communication.

## Media Coverage

Media coverage whilst a prominent theme, the commentary actually contained relatively few comments directly referencing the main news story.

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

During week 9, like so many of the recent weeks, media has featured negatively in its role. So whilst in week 9 commentary was lower it still cited a population who are tired of scaremongering, information that couldn’t be trusted and negative journalism.



## Week 8

*“Stop going on about Dominic Cummings in the media and be more open about the science.”*

*“Media to give good news, there is some! Too much anti-government bias on the media!”*

*“I wish the media would stop being so aggressive.”*

*"I think we all need less news on TV and radio. The journalists are hyping us all which is why this lockdown is affecting people, but we need to keep calm. I thought I was coping, all in my life we are supporting each other. Less news definitely. I have shingles. I was healthy, but it seems my immune system has got low and I believe it's from the stress of Covid-19. I fear for others."*

*"Make sure the media does not cause more stress by giving unconfirmed messages."*

*"Positive messages from the BBC in particular and a recognition that there are good things happening e.g. Re support for business."*

*"For the mainstream media to stop whipping the masses up into a frenzy by their ridiculous and biased opinions."*

## **Week 9**

*"Shut the press and TV scaremongers up!!!!"*

*"Stop the press from speculating and misinterpreting issues."*

*"Shorter updates. Less media programmes."*

*"Broadcasting on national TV the Chris Witty University lectures on the subject so everyone can understand what is known about the invisible disease."*

## **Honesty and Transparency**

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

## **Week 8**

*"Guidelines are not enough, we need clear rules that everyone should abide by, regardless of status. Government officials should be totally honest, how can we trust them when they keep moving the 'goal posts'? They should also take responsibility for their mistakes and apologise when things go wrong (as they inevitably will, because we have not been in this situation before) instead of trotting out the same glib replies over and over again. This may be because they don't know the answer but if that is the case why not just say so - I'm sure the public would respect them for being honest. At the moment I neither trust this Government nor believe a word they say."*

*"Information. Make it factual, make it regular. Put it on the radio, in emails, in local publications, council publications. Not in newspapers or social media as too many have opinions and only read or hear what they want to read or hear."*

*"A better government who does not lie."*

*"Transparency and honesty from the Government, with them following the same rules as everyone else."*

*"Truth from the Government."*

*“Clearer instructions for healthy over 70s...vulnerable but not needing to ‘shield’.”*

## **Week 9**

*“Need a clear and truthful message from Government without them making ridiculous pledges and targets that cannot be met.”*

*“Information consistency and clarity.”*

## **The Exit Strategy and easing of Lockdown measures**

As the restrictions and lockdowns have moved into weeks 8 and particularly 9 we see a greater sense of frustration from those that are abiding by the rules to those who are clearly not.

The frustration wasn't focussed on the media coverage of the Senior Government Advisor directly, but instead directed itself to the system as a whole to bring about some common sense to the exit strategy for the benefit and general wellbeing of the population, the economy and its health.

As we move into week 10 and with the protests seen across Europe and particularly England we may see a reflection of the risks placed on people contracting and spreading the virus as a result.

The following highlights just some of the views shared:

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

*“Scrap lockdown, just protect the vulnerable.”*

*“If we have to go to work, why can't we see our families if we social distance?”*

*“Being able to meet up with family.”*

*“Allowing social distancing within gardens for families and friends as I can't go out to public places due to shielding.”*

*“Being able to have my partner in my house, just one person would help people living on their own.”*

*“Care homes need clearer guidance on how and when we might be able to visit our loved ones again.”*

### **Non-specific actions relating to easing of lockdown measures**

*“Getting rid of lockdown altogether as I don't believe it's necessary.”*

*“Get the economy moving!”*

*“Time to get the economy moving!”*

### **Stronger enforcement of lockdown measures**

*“Better monitoring of rules being broken and action taken.”*

*“Fines for groups not abiding by social distancing rules.”*

*“Stricter enforcement of lockdown rules. Too many people have flouted them.”*

*“Greater crackdown on those breaking the rules and restrictions being lifted far too quickly!!!”*

### **Specific concerns about easing of lockdown measures**

*“Not allowing people to travel where they like as this is worrying.”*

*“Do not send schools back.”*

*“There is a sudden narrative to ‘free’ the shielded when this is the only protection we have. I am worried who is behind this. No one should be removed from shielding without a discussion.”*

*“Stop people travelling 100s of miles to go to the seaside.”*

### **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 routine services be brought back on board? How quickly will urgent services resume?’ all of these questions appeared vague in clarity from the public perspective.

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

#### **Local information/support/facilities**

*“Information about the level of infection in my area e.g. the R number.”*

*“More co-ordinated services and one central call hub for Lincolnshire.”*

*“More local information with easy access.”*

*“Local councils to be more supportive of the latest Government guidelines as we move forward...went to Boston yesterday and benches still taped up!”*

#### **NHS contact/treatment/support**

*“Doctors and hospitals, areas not affected by Covid-19 should get back to work before people die unnecessarily e.g. cancer patients.”*

*“Hospitals to start routine appointments again.”*

*“Able to see a doctor when you need to.”*

*“Being able to access proper diagnostics at hospital. GP absolutely useless.”*

*“Access to medical treatment in Covid free environment.”*

*“Full medical services restored.”*

*“As a shielded person ways to get my treatment before things get much worse.”*

*“Reopening of dentists.”*

*“Communication from my GP and my psychiatrist telling me how to access support. Is there a system?”*

*“It’s ridiculous that the NHS has not found a way to continue with treatments and investigations by now.”*

*“An indication when operating will begin again.”*

*“For NHS services to resume.”*

*“More detailed info for shielders, acknowledgement that not all shielders are old, vast majority are between 19 & 65 info from clinical commissioning group.”*

## **Testing**

*“Antibody testing through whole population.”*

*“Better testing and contact tracing.”*

*“Nationwide testing to see how widespread the infection actually is, identify those with the virus who are asymptomatic and those who have antibodies indicating they have had the virus.”*

## **Finally**

The 9 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 and 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 <sup>th</sup> April - 19 <sup>th</sup> April	331
Week 3 - 20 <sup>th</sup> April - 26 <sup>th</sup> April	358
Week 4 - 27 <sup>th</sup> April - 3 <sup>rd</sup> May	333
Week 5 - 4 <sup>th</sup> May - 10 <sup>th</sup> May	325
Week 6 - 11 <sup>th</sup> May - 17 <sup>th</sup> May	348
Week 7 - 18 <sup>th</sup> May - 24 <sup>th</sup> May	302
Week 8 - 25 <sup>th</sup> May - 31 <sup>st</sup> May	328
Week 9 - 1 <sup>st</sup> June - 7 <sup>th</sup> June	84

### 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

### 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

## 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%

## 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
WK 4	18%	20%	15%	18%	7%	8%	7%	8%
	58	65	48	59	24	25	24	28
WK 5	20%	20%	12%	16%	7%	9%	8%	8%
	65	62	37	52	22	29	27	24
WK 6	22%	16%	8%	15%	8%	9%	13%	8%
	77	55	29	53	26	32	43	28
WK 7	25%	13%	13%	15%	6%	9%	10%	9%
	75	38	40	44	18	27	31	26
WK 8	21.91%	17.59%	12.04%	15.12%	6.48%	9.57%	9.57%	7.72%
	71	57	39	49	21	31	31	25
WK 9	25.30%	14.46%	16.87%	16.87%	9.64%	6.02%	6.02%	4.82%
	21	12	14	14	8	5	5	4

## 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

## 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

# hw | lincs

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