

COVID-19

One year on, access to Health and Social Care Services, and the future

Monthly Report April 2021





What's in this Highlight Report

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Overview for April 2021

The following provides headlines from the feedback received in April 2021.

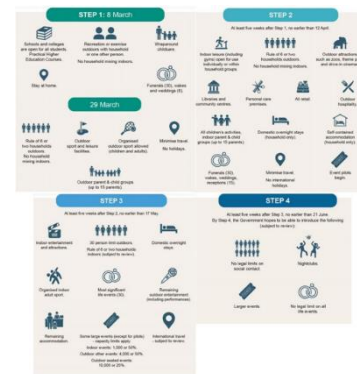
Starting on the 12 April, England started the opening of non-essential retail; indoor leisure facilities; most outdoor attractions; contained accommodation such as campsites and holiday lets and indoor facilities which are not shared with other households. This is a significant change to the high-level restrictions that have been in place previously now allowing more freedom to move around and interact more naturally with society around us.

The public awareness of the Governments roadmap may have an influence on public responses but as we move through April, May, and June 2021 Healthwatch Lincolnshire, through this work, is looking at changes and reflections that will inform our understanding of the impact of Covid-19 and how it is influencing peoples return to a 'new' normal.

The key features for April are:

The following identifies some of the key areas which were drawn from the 338 public responses provided in April 2021. It is important to note that throughout the report these headline statements are supported by contextual information where relevant and perhaps more importantly the words of the people behind the headlines.

- **Up on last month 49% of people responding felt fine and were looking forward to returning to some level of normality, a further 28% said they felt ok and had developed new coping mechanisms making them more resilient for the 'new normal'** - This slow increase to a more normalised sense of wellbeing is possibly anticipated with the changes to the seasons and environment, however it remains to be seen if this momentum continues over the coming months.
- **In April, less people (19%) felt anxious about leaving the house than they did in March** - We commented last month that we were not able to ascertain what a 'normal' % of anxiety would look like pre the pandemic, however as numbers seem to fall, we watch to see if that continues and at what level it plateaus for our respondents. We noted the change is not significant enough to suggest a sudden drop in demand for mental health services but may do so over time.
- **We have not seen any significant variance to alter our commentary from March about the need for continuation of promoting and developing tools for resilience and self-care and to keep a watchful eye on those with new and existing mental health conditions who are experiencing**



challenges in accessing care and support. It is important to say here that this includes all support not just the support which is specially commissioned but more generally how people get help without going through standard referral routes.

- **Replicated from April, there was still a consensus that people wanted more access to face to face appointments** - We know that services are not likely to return to the consistent approach of face-to-face consultation for any service. However, what is evident is that the respondents do not appear to either understand this reality or accept it. To this end there is much more that needs to be done in communicating with the public and building trust and the commentary from April still holds true.
- **68% of respondents said the pandemic had negatively impacted their general wellbeing a little or a lot** - The ongoing and much publicised delays in getting appointments, delays in referrals, assessments, diagnosis, and ongoing treatment are all cited as reasons for the negative impact. It appears that those people that have sat on health and care concerns during the pandemic are finding no relief now the restrictions are being lifted and there is almost an expectation that life, health and care should return to normal at 'pace'.
- **Marginally up on last month we saw an increase in people still feeling services are closed.** This focusses the attention on peoples experiences rather than communication. People being told they can't be seen or won't be seen in a way they wish to.
- Healthwatch is keen to support Lincolnshire residents, particularly people with barriers to communication including IT barriers with 'Digi-Health' support. We would like to work with our local commissioners to receive support to provide this service.
- It is clear from the responses for virtual health and social care to deliver effective and efficient care that there are aspects which need to be addressed such as connectivity, making systems user friendly and wherever possible uniformed, so working across systems is easier and better communication from providers as to how to access and support the access for digital care.

When specifically asking people how services could be improved for the future the following highlight statements were extracted.

- **Improve accessibility** to services particularly primary care.
- **Improve access to face-to-face appointments or provide choice.**

- **Commission and promote more varied mental health support which people can access in a timely way and feel supported.**
- **Commission better dental services that meet the demand of the local community.**
- **Choice** - patients felt the need to be able to choose how was best to communicate to make sure they got the most out of their interaction with services, choosing for people reduced the effectiveness of the contact.
- **Timeliness** - Greater ability to have control over the times when a patient would be called back or contacted as not knowing caused stress and anxiety.
- **Efficient and Effective** - Where patients do not wish to use digital services, the providers must ensure that they have effective and efficient systems in place to cope with patient numbers and contacts.

1. Background and Rationale for the Research

Between March and July 2020, Healthwatch Lincolnshire invited the public to share with us their experiences of the Covid-19 pandemic, and how it was affecting them, both in terms of accessing healthcare services and personally with their emotional and mental health needs. The results were shared locally and nationally with statutory healthcare organisations, to help them better understand the impact Covid-19 was having on people.

One year on, and we are revisiting this work to ask how our communities have adapted to new ways of accessing healthcare, whether they feel excited about getting back shopping, going to the hairdressers or on a night out, or whether there is now an apprehension about going out, not necessarily because of Covid-19, but because it's been so long since we have all been out and socialised, normality can for some feel a long way away.

It is also important that healthcare services better understand what is working well for our county's residents, and where the systems need to focus their resources to help people. It is also useful to tell the system how people have managed to help themselves and ways people might have found to cope and become more resilient.

The ongoing findings of this new work is being shared with our health and care system, along with other interested partners whose services underpin the Lincolnshire and UK Health and Care infrastructure. This information will be crucial for future learning. As we move into a new phase the questions will be about new waves and variants, robustness of the vaccine, true impact of long Covid and the ability of other services to stand up to the fall out, like the ability to

achieve good mainstream health and care services without long waiting lists, and how is our local mental health provision coping with the increase in referrals as a result of the impact of Covid-19, all questions these responses will provide some insight to.

In April 2021, we logged **338** of responses to our 'One Year On' survey from local people.

Note to the Reader:

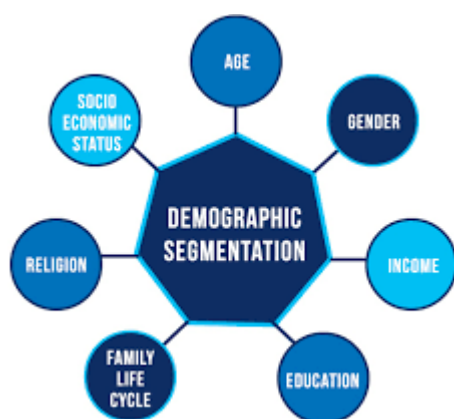
To keep the main body of the report as concise and relevant as possible, we will only highlight our key findings. The methodology, survey questions (appendix 1), other representative charts and data can be found in the appendices. We intend ultimately, that this work will form one of four core documents and one final summary statement for the period March to June 2021.

2. Results from the Survey

The following section reviews the results of the survey and draws out the key features within the narrative. Where public free text comments are relevant; these have been included to add depth and richness to the data. This is based on the 338 responses from 1st to 30th April 2021.

Demographic Overview

We received a total of 338 responses from people across the county. People were asked to share their demographic information to help us try and identify if responses were different for different groups, for example, people of different ages and people with caring responsibilities or long-term conditions.



These questions were optional and where appropriate included open text responses so that respondents were able to self-describe and identify.

Of the total number of people surveyed 78% (221) were female and 22% (63) were male.

In total 20% (55) of the respondents had caring responsibilities, 16% (44) had a disability and a further 41% (114) had a long-term condition. 86% identified as white British.

This breakdown in demographics replicates the common pattern of online responses from the public however we are encouraged to see a slight shift upwards in the participation of non-white British respondents and males in this cohort for analysis.

2.1 PART ONE: Thoughts and Feelings - One Year On

As we evaluated the thoughts and feelings of our Lincolnshire population this time 12 months ago, we reported a sense of fear, hope and uncertainty. Twelve months on, after two Covid-19 waves and a mass vaccination programme, we look at how some of our local people feel now.

We asked how people were feeling as restrictions start being lifted and communities start to return to some level of normality over the coming weeks and months.

49% of respondents told us that they felt fine and looked forward to returning to some level of normality. A further 28% of people said they felt 'ok', this general increase in people feeling better able to cope is possibly reflected in the changes to restrictions being lifted, however the uplift was minimal, and we will continue to watch the trends over the forthcoming months.

However, it is important to highlight that **19% of respondents felt anxious** about leaving the house this was a reduced level of anxiety than we saw in March but not a variance of any significant note. What we have seen is a 7% reduction in people's fears that restrictions were being lifted too quickly, this has most likely been boosted by the high numbers of people coming forward for vaccinations, the continual fall in infection and hospitalisation rates and deaths within the month.



Last month we saw a greater balance of people who were feeling more positive about the future and we noted a smaller number who were clearly struggling with fall out of the pandemic and adapting to a new normal. We have not seen any

significant variance to alter our commentary from March about the need for continuation of promoting and developing tools for resilience and self-care and to keep a watchful eye on those with new and existing mental health conditions experiences challenges in accessing care and support.

To summarise:

- 49% of respondents said they feel fine but looking forward to getting back to some of the things they used to do.
- 28% of respondents feel ok and have built up their own personal coping method during the pandemic and feel more prepared and positive about the future.
- 28% of respondents said they were worried restrictions eased too quickly.
- 26% of respondents still fear catching COVID-19.
- 19% of respondents are feeling more anxious about going out of the house.

The following highlights some of the stories, views, and feelings they shared as part of this work in relation to the lifting of restrictions.

Vaccinations - Optimism

"I feel positive because of the vaccination programme and the low number of cases in this area."

"Having been virtually confined to the house for months it will be good to get back to some form of normality and having been vaccinated has given me more confidence."

"I always look on the positive side and feel very optimistic after having the vaccine."

"We cannot live in lockdown for ever. The vaccination will help to protect many more people and the country needs to get back to a new normal."

Concerns for children and young people

"My children have missed approx. 8 months of schooling during the first lockdown they didn't really have any work from school, the second lockdown my daughter coped with working online however my son is autistic and struggled massively. We

got work in packs from school, but he is by far more behind now than he was a year ago.”

Concerns about people not following guidelines.

“We have a great degree of protection with vaccination but not complete protection and there are too many who are only bothered about themselves.”

“People have become too relaxed, not social distancing, meeting more people than they should. They are visibly mixing households inside”.

“Too many people that get too close and openly breaking the rules.”

Returning to Society - Anxiety

“I generally feel fine about how the route out of lockdown is progressing, but I have some anxieties about going back out into crowded spaces due to the fact that not everyone will be adhering to health advice/common sense!”

“Happy we've had a staged lifting of restrictions but nervous about how it will play out given the spikes other countries have had. Now I am vaccinated I feel less anxious personally but just out of practice at socialising!”

Financial Concerns

“I am self-employed and have lost contracts that need to be replaced. Despite very low income I am unable to obtain Universal Credit and on many occasions, ran out of food with no money to buy. I am maxed out on credit cards owing around 40k.”

Mental Health

“I feel very isolated, living in a village and unable to drive due to health issues. I am now making excuses not to go anywhere where there are many people as social distancing is not a concern for many people. My mental health has suffered and like many people, treatments I need for these issues are on hold and health issues have worsened. My husband has lost 3 family members and I fear for my Mum who is at high risk. Now the vaccinations are well underway things should get better, but I still think restrictions are being lifted too quickly and wonder whether the Indian variant is being monitored fully and if our vaccine will be sufficient.”

“I live alone so the impact of this last lockdown has had a serious impact on my mental health. I was already living with recurrent depressive disorder and acute associated anxiety. My mum has never had mental health problems but now has awful anxiety as have both my children. The easing of lockdown is terrifying. The uncertainty of the future for my children is having a huge detrimental effect on their mental health. I have no idea how to reintegrate into society and it gives me great anxiety. The world has changed beyond all description! What is “The new normal?”

“My depression has worsened; I know I can't cope much longer like this. Financially I am barely holding it together. I'm on ESA and we didn't get help like those on UC. Everything has risen in price and so many businesses haven't survived, what chance do the young have.”

“Shielded for so long that social anxiety has materialised. Not sure I want to go outside my house to meet friends or new people.”

“I’ve always been fairly anxious because I have cPTSD from childhood trauma. The pandemic has helped me because more people now understand the effects of trauma.”

“This entire lockdown has had the worst detrimental effect on my mental health of which I live with on a daily basis. The isolation and loneliness have been unbearable at times, the changing of government rules every 5 minutes, the scare mongering by the media made me stop watching any of it at all to just be able to get through each day! The entire mishandling of the Pandemic by the Government from day one has caused such mistrust and uncertainty and I’m terrified of a third wave coming.”

We asked people what support (not already out there) would help them cope over the next few weeks and months during the easing of lockdown measures.



In our summary of this question, we have in the table below, included some of the comments from the respondents, the commentary trends focussed on the following:

- **Feeling able to access face to face healthcare** -This theme had not changed from March and the feeling that services were not available or opening more slowly than anticipated evolved into frustration for the responding public. It is worth noting that even prior to the pandemic access to GP appointments has always been cited as a challenge for our Lincolnshire population, so now even with the introduction of extensive IT and digital systems either the ability or the will to use them is limited.
- **Communication and Signposting for Everyone** - Predominantly this month’s focus on communication and signposting related to national reporting and clear messages on dos and don’ts, we saw this with the first and second wave where people were unclear of what could and should be happening and this was replicated again.

None of the above themes may be a surprise in terms of what people want help with to support their wellbeing as we re-emerge from the pandemic, however, the need for equality and a ‘whole person’ and ‘whole community’ felt strongly.

Access to services

"I feel essential services such as the NHS, doctors, care services etc have taken a strong risk averse policy. This has impacted on the support myself and those I care for receive. Waiting lists are longer and everyone is harder to contact and seek support from."

"Access to medical advice for non-emergency ailments."

"Seeing professionals face to face".

"Been waiting for therapy for 5.5 months. What do you think?"

Doctors should be more assessable.

Being able to get through to our surgery is almost impossible.

"My biggest worry is not being able to see a doctor face to face, I have a few health issues I need to sort out but feel the support and help is not there anymore. Also, hospital appointments, I've been waiting for almost a year to see a respiratory consultant about my ongoing lung issue - not good enough. My dog gets better health care than my husband and myself the support is not there".

"Improved access to support such as GP and counselling services.

Major concern is lack of contact with GP care".

Information and Communication

"Clear information about the risks of various activities and advice to help minimise those risks."

"Clear information, papers and media not scaremongering or spreading rumours. I know lots of people who don't read the papers or listen to the news because it is so negative and unhelpful".

"For rules to be explained properly".

"Give more information out to people so that they still comply to the regulations which many are not doing".

Social Distancing

Social distancing should be enforced to make it feel safer.

Enforcing social distancing

Enforcement of the Government's social distancing and face masks rules and ensuring people do not meet up in large groups where Covid could infect lots of people quickly.

Vigilance of authorities to ensure the public do not break the rules and act as if there is no danger.

Support groups

“I would like to be part of a support group to discuss Covid-19. I think this would help my feelings of living on my own and away from friends.”

“Walking groups; gardening groups; outside exercise groups; any social groups to encourage me to get out but not have to do it on my own. I live alone and not been motivated to go out.”

2.2 PART TWO: Accessing Health, Care, and the Barriers - One Year On



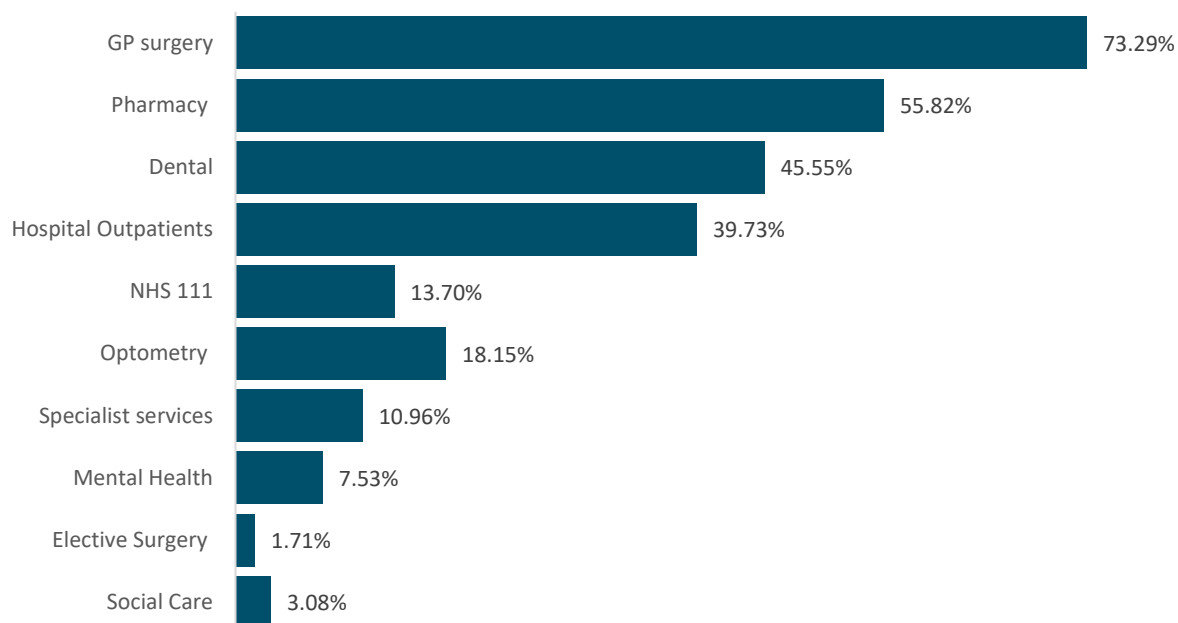
Within this section we are really interested in seeing how people are accessing services now.

“Recovering the NHS backlog in some places could take up to five years: bold transformative approach needed”.

18 April 2021, NHS Providers

We asked people what Health and Social Care Services they had accessed during 2021.

The purpose of this question was to illicit a feel for the points of contact most accessed during 2021. Unsurprisingly primary care in GP practices, pharmacy, and an increase in optometry and dental were the most accessed. Further down the table is mental health, social care and elective procedures (down by half). We were unable to ascertain the reasons for this lower level of access, for example was this a normal level or whether elective surgery, mental health and social care were low because of restrictions on service delivery?



We wanted to know how people had experienced Health and Care Services since January 2021. *Has there been a change to pre-pandemic level of care, have some people experienced an improved level of care or has it been a deteriorating one?*

People commented on a range of services and we found a mix of experiences throughout the following highlights the general sentiment of the respondents and some of the commentary in their own words.

GP Services



In the main the responses about GP services were positive, citing efficient services. Other patients gave examples of the frustrations of having to contact the practice online and by phone and particularly the delays in getting through to someone and seeing them face to face.

What went well?

“Efficient and prompt. No issues at all”

“Excellent. Appointments and contact made via online booking. Appointments have been made quickly.”

“Quick, efficient and professional.”

“Not too long a wait to get through on the phone and got my query answered straight away.”

“I like the askmyGP service. I feel like I have been in touch with the GP more because this service has made it so much easier. In the past, I could never get an

appointment which fitted in with work unless it was an emergency, so didn't bother!"

What could be improved?

"Cannot get through to surgery by phone, eConsult times not kept often running a week late, then phone calls do not come through on allotted time. Cannot get F2F app, tests filed and not acted upon. When you eventually do get to speak to GP, they are good. Just can't get through to the surgery."

"The length of time taken to answer the phone is ridiculous. You can phone as soon as the phone lines open and you are number 27 in the queue."

"Extremely difficult to get phone answered, impossible to get face to face appointments very unsatisfactory and worrying."



NHS 111 makes it easier and quicker for patients to get the right advice or treatment they need, be that for their physical or mental health 24 hours a day, 7 days a week. There were mixed messages of good effective service and frustration that the advice was poor or not accessible. Concerningly one respondent said they had declined the 111 advice to go to A&E as they felt they would be burdening the NHS. There needs to be some dialogue with patients to ensure that they understand this is clinical advice. It would be a useful comparison to see if the patient would have taken the same action of ignoring the advice if a GP in their own practice had told them to attend A&E.

What went well?

"Very positive, clear advice given, and appointment made to be seen by professional in A&E."

"On behalf of my husband. Very good."

"Very good - advised me to go to A&E which I declined as hospitals are overworked"

"Very helpful although the call back time to speak to a nurse was 3 hours rather than the 1 hour quoted."

"Excellent - Professional and accessible."

What could be improved?

"Dental service advice - poor."

"Very poor reply service told to go to GP who won't see you!"

“Very frustrating but also very mixed some very nice and supportive people on initial contact and others not. Found it very frustrating that after taking quite some time giving lots of information to the first person that none of this is passed on to the health professional and had to do it again. The waiting time was from mid-morning to get an appointment after 5pm. normally it would have only taken a short time to visit the minor injury unit.”

Social Care



The feedback around social care was mixed with equal measures of people finding positive and negative experiences in their interactions. Without knowing the personal circumstances and complexities of the individual cases it is difficult to draw any conclusions as to where the challenges in providing an excellent customer experience may be less effective, but as a theme there appeared inequality in services, access, and interaction with social care, some excellent, some not so.

What went well?

“Once I had the correct phone number it has all gone very smoothly. Have been referred to several agencies.”

“Social services have been supportive.”

“Fantastic”

What could be improved?

“Same as...useless”

“Carers are pushed to limit, calls get missed.”

“Adult care is disgraceful. Coercive control practiced.”



Dental

Access to NHS dental services in Lincolnshire prior to the pandemic was and still is a real issue in relation to dental appointments. Many respondents stated they had to go privately as there was no available access to NHS dental services anywhere for Lincolnshire patients.

This said as the comments below illustrate, once patients receive access the services were reported to be good. It was concerning that one patient had ended up having an extraction due to lacking services rather than being treated in a timely way.

What went well?

“Dealt with safely and in a timely manner.”

“No concerns. Appropriate Covid measures were in place and so it felt safe.”

“Dental check-up went perfectly well.”

“Very difficult to get an appointment - appointment excellent.”

What could be improved?

“Still difficulties accessing appointments.”

“During the first lockdown I had problems with a tooth which was infected. Because I was unable to see my dentist, it ended up being extracted which would not have happened if dental services were running as they should.”

“NHS dentist removed me from their list as I hadn't been for a while (wasn't prepared to go when they first reopened as I was pregnant and minimising risk). Can't find any other NHS dentist taking patients, had to pay privately to get a tooth removed that is broken despite being entitled to free dental care now.”

“No communication about reopening”

“Abysmal, appointment has been cancelled 3 times so far!”



Hospital Outpatients

We know that hospital services have been challenged to deliver services however, where they have been delivered in the last 3 months people have experienced both good and bad care, perceived or real. The real stark contrast in these responses was the apparent good care and treatment from those attending their outpatient appointments, to those citing anxiety and frustration due to being on excessively long waiting lists with people waiting a year or more.

What went well?

“Excellent... some delay to appointment but nothing major.”

“Defined timeslots meant quick service.”

“Well organised, efficient, and safe. They should maintain the booking system in the future.”

“Breast Cancer department Lincoln Hospital, excellent service, faultless.”

What could be improved?

“Still waiting for eye appointment since last June.”

“My son’s appointment at QMC has been cancelled from June 2020 to 2022. Without treatment he is unable to hold down a job.”

“Been waiting for two appointments for nearly a year now. Did manage to get a chest X-ray.”

Mental Health

The focus on mental health during the pandemic has been significant with a drive to ensure that people who need mental health services can access them in a way that keeps them safe and supported.

Responses were reflective of the feedback in March, some welcome relief for patients in receipt of care and support, but for the majority - waiting lists, feeling neglected and general lack of support was the contrast.



What went well?

“Brilliant and very speedy. So much support given to me.”

“Really very good”

“Done via Teams. It’s been good.”

“Telephone appointments - excellent.”

“Holly Lodge Skegness - my mental health support has not been affected by Covid; they’ve done really well adapting.”

What could be improved?

“Lip serviceno help whatsoever.”

“Crisis team came out to a friend who wanted to kill herself they did nothing all the help never came 7 weeks ago.”

“They dump you unless you say you’re going to top yourself.”

“Ongoing for me but I’ve had to personally signpost so many people in this pandemic as the mental health system here is not fit for purpose!”

“Blocked by Doctor & had to access by myself.”

“My partner still waiting for talk therapy despite a long-term problem.”

“Talked through an assessment by phone. Good to talk but I don’t think I was understood. Of course, I am on a waiting list for some help now and I don’t know what it is. Been a few weeks understandably.”

“Steps to change waiting list far too long, so I have had to self-refer privately instead.”

“Very slow and almost non-existent support for my autistic daughter.”

“Been waiting for 5.5 months for steps to change”.

Specialist services e.g., cancer, diabetes, neurology

Whilst it is encouraging to hear the positive feedback in the areas of specialist services, it is really concerning to read the negative experiences people are having to go through. It is fully acknowledged nationally that the systems are working hard to gain traction of assessment, diagnostics, treatment, and aftercare, however, to read the areas where care could have been improved it is disheartening to see repeatedly communication and delays being cited.

What went well?

“Respiratory care Excellent.”

“Cancer investigation - excellent & speedy. neurology - phone OK.”

“Consultations online have worked very well.”

“Very good, social distancing and cleaning regimes adhered to.”

“Colonoscopy department were fantastic!”

“The Stamford volunteer support group has been a great means of support.”

What could be improved?

“Telephone appointment only - not very good for the patient as she had issues understanding the Consultant and did not have a carer with her.”

“Struggling to get urgent referral at Peterborough they sent me a stupid letter.”

“Cancer aftercare stopped, no contact made.”

“Took me 8 weeks to get a scan for suspected cancer! Why? Because no other illnesses exist now other than Covid, not even the flu! Strange that! Priority health services closed because 80,000+ NHS staff have furloughed themselves without good reason.”

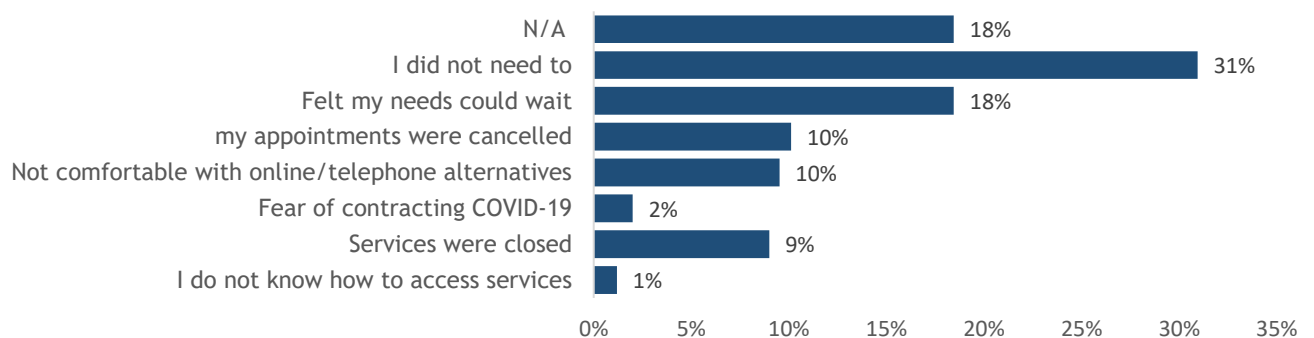
“Ongoing monitoring from Consultant. Exceptionally poor admin support leading submission of a complaint.”

We felt it was important to understand why people may not have accessed Health and Care, this in part may contribute to the communication channels and messages from the system to the patient population.

We asked people if they had not used a Health and/or Care Service in the last few months, why not?

We can see from the chart outlining the responses 31% of people responding did not have a need in that time to contact services. 18% of people for whatever reason felt their needs could wait. Only a very small number declined using services because of fear of contracting Covid (2%) this has reduced from 6% last month suggesting an increased confidence in reduction in contracting the disease.

However, we also note that 10% of the respondents did not use the Health and Care Services because they were not comfortable using digital and virtual technology to access their care. Perhaps more worryingly 9% of people reported that they felt services were ‘closed’, this final aspect is something which should be acknowledged in terms of engagement. All the people accessing this survey did so online and therefore have open communication channels to messaging, but somehow the message that services are open are not being received.



We asked people if they had recently had digital appointments (text, online, video or phone call), as we wanted to know how they felt about them compared to face-to-face consultations.

There is a train of thought that suggests that comparisons ‘can be’ a negative process for some, keeping us forever stuck in the negative perception of one view or other. However, without understanding the mindset of comparison we can never attempt to challenge and change those beliefs.

During the pandemic and indeed as a theme within this month’s responses, the need for face-to-face responses was cited as being one of the key aspects in ensuring people emerged from the pandemic well and assured that their health and care needs were met. As a result, we anticipated from previous feedback we have received, that more people would tell us that virtual health care would be ‘more difficult’ than conventional face to face care.

In March, the results provided a slightly different picture of experience from the perspective of respondents. We saw that online booked appointments fared either easier or the same as a normal face to face contact.

We also saw that the use of systems like askmyGP was viewed to be generally easier or the same as face-to-face contact for the majority of people.

People did tell us that they felt video consultation fell short of satisfactory in their experience compared to a face-to-face consultation. Similarly, this was also felt with telephone consultations.

However, in April we saw a move from the positive to the less positive, and a more difficult experience in terms of accessing services. Where we cited troubles with video consultation in March, in April we saw a significant shift in dissatisfaction for video consultation with only 3% finding it easier compared to 26% last month. Generally, people said they felt like widgets rather than human beings, they found difficulty in reading non-verbal cues from practitioners, they found it difficult to communicate via telephone and connection issues all contributed to poor service user experiences.

	Month	Booked online appointment	Change	Used askmyGP (or similar)	Change	Video Consultation	Change	Telephone Consultation	Change	NHS Prescription	Change
Easier	March	38%		40%		26%		25%		79%	
	April	30%	↓	33%	↓	3%	↓	20%	↓	75%	↓
Same	March	18%		18%		22%		23%		17%	
	April	15%	↓	14%	↓	21%	↓	24%		17%	
Difficult	March	44%		43%		52%		51%		5%	
	April	55%	↑	54%	↑	77%	↑	56%	↑	8%	↑

The following respondent feedback highlights some of the positive comments and not so positive comments related to digital and virtual health and care.

What worked well?

"Drs appointments by phone have helped but have also been seen at the surgery for a physical appointment."

"Time saving is a major factor for digital appointments for me and not having to travel. Will expect services to be available face to face when restrictions allow but would prefer the choice to decide face to face/digital."

Medication very easy to order online. Help with small issues quickly dealt with

"askmyGP is a good service, if I have an urgent problem the surgery will call me and ask me to go in for a face-to-face meeting if they feel I should be seen."

"askmyGP is brilliant! It reduces the need to go into the surgery and is so much more convenient particularly for working people".

"Surgery has a good process in place to submit questions/health issue online and did receive call back quickly. Good to have option to add photos."

"For some people not having to converse can be useful especially for those with Mental Health getting their medication or booking an appointment. However, nothing will or ever will beat a friendly and understanding person on a phone or face to face. We all need human contact."

"A quick call from the Dr solved a problem without me having to travel when I was in severe pain."

What would have improved experiences accessing services digitally?

A need for face to face.

"I find it difficult to explain the health issues I have on the phone much prefer face to face."

"I sat with my father for one of his consultations, a previous consultation without me left him very confused and as medication was changed based on this another was arranged for me to attend. In future it might be useful if people who do not feel comfortable with technology or not able to quickly take in information can visit a place where a nurse or care worker could be with them during the consultation and can support the exchange. The person on phone cannot easily assess if they are really being understood. This way Consultants would be spared face to face visits but may get a better quality of information."

"Sometimes it is difficult to get the message across clearly and to the relevant person using askmyGP. I find video consultations a little difficult as I find it difficult to read nonverbal cues."

"Digital access is not a substitute for face-to-face consultation if the latter is carried out in the way it ought to be. Human beings are not widgets but are being treated as if they are as far as my experience of my GP surgery is concerned. That is probably inevitable if surgeries cannot attract staff, particularly doctors."

IT Barriers

“Sometimes accessing broadband is difficult for short periods and computer plays up from time to time.”

“When the patient line changed to an extra security step, I could not access the service and could not get help from the service and the surgery was unable to help, so I have gone back to the old way by posting the repeat slip to the surgery.”

“askmyGP not good if you are not computer literate and found it inflexible.”

“Nothing worked well. Even their attempts at using technology, failed, since they do not test or use the customer journey.”

Communication and Support

“Clinicians calling at a set time would be helpful. Approximate time only given (morning / afternoon) this was hospital outpatient (telephone)”

“If this is the way we are to obtain primary health care in the future, there has been a distinct lack of information about using it.”

“Clearer communication about how it works, also digital appointments that are timely not where you must wait a week to speak to a GP.”

“Sometimes it is difficult to get the message across clearly and to the relevant person using askmyGP. I find video consultations a little difficult as I find it difficult to read nonverbal cues.”

“I’m not a fan of a consultation by phone. My doctor is rather bullish and does not let me ask questions easily.”

Anxiety

“As I suffer from anxiety and severe depression, I have a real problem with using the phone.”

“I find it difficult to explain the health issues I have on the phone much prefer face to face.”

Inconsistent digital access across Lincolnshire

“My GP isn’t doing online bookings now. If they, where it would be easier than trying to get through on the phone.” (East Lindsey Medical Group)

“Econsult isn’t being answered within the time frame given online.”

It is clear from the responses for virtual health and social care to deliver effective and efficient care there are aspects which need to be addressed such as connectivity, making systems user friendly and wherever possible uniform so working across systems is easier and better communication from providers as to how to access and support the access for digital care.

2.3 PART THREE: You, Accessing Health and Care - One Year On and the Future

Finally, in this next section we look at the future, the bright spots and the challenges that may face our Health and Care system and the residents of Lincolnshire. It is right here to perhaps recognise the impact of Covid-19 on our people, the NHS, voluntary and community sector, volunteers and everyone that has worked at a level of high intensity during the pandemic and to consider whether this will have a lasting impact and how long it is sustainable for.

It is perhaps also right when reading these personal responses to consider not only the physical and mental health impact of Covid-19 on our population but also economic strain, uncertainty and challenges it has given local people.

Here is what people told us would help them, in accessing digital healthcare services now and in the future.

- **Choice** - patients felt the need to be able to choose how was best to communicate to make sure they got the most out of their interaction with services, whether that be digital or face to face.
- **Timeliness** - Greater ability to have control over the times when they would be called back or contacted as not knowing caused stress and anxiety.
- **Efficient and Effective** - Where patients do not wish to use digital services the providers must seek to ensure that they have effective and efficient systems in place to cope with patient numbers and contacts.

Respondent comments:

"I would not wish to see digital become the norm. Without face-to-face misdiagnosis is far more likely. I may be willing to use digital if my illness was minor and just need advice."

"Better response times and being able to book face to face appointments online as we were able to previously, Telephone answering is very slow even to book an appointment digitally."

"Easier booking system. More precise appointment times on a regular basis, I understand that sometimes things crop up but waiting for a call over a long period can be very stressful. Can feel unprepared if call occurs outside of times given."

"Would be good to have the choice of which suits the needs of the issue or the person. The way of booking an appointment needs to change. Sitting in a phone queue for an hour is not acceptable. Flexible type of appointments - on the day (via triage) or prebook online or GP book follow up. Why can't we book future appointments online - choosing the specific doctor & time - like we used to?"

"I do not want to access anything digitally other than the very basic. I have put off trying to speak to a doctor as it is so long winded, I waited 1hr15mins and then

got cut off, this resulted in me running out of tablets and making myself more ill than I was before.”

“Being able to use it selectively and the choice to see someone in person as an option when I feel it is appropriate.”

“I am elderly and feel inadequate in the digital world. I want and need to return to face to face medical help. NOTHING else is acceptable.”

At the beginning of this report, we stated how people felt as a result of the easing of pandemic restrictions and a return to some sort of normality to which the majority felt well prepared and in a good place to move forward. In our survey, we wanted to further develop this by understanding how people felt their general wellbeing was impacting on them.

As a result of our survey just 7% (19) of people felt their overall wellbeing had improved because of the COVID-19 Pandemic, 22% (65) felt that it has stayed the same and a significant number 68% (198) felt their overall wellbeing is now worse.

Again, we review the efforts people have made to improve their resilience through self-care and the table below highlights those areas which have had the greatest impact for people. Whilst most ways haven't changed significantly, we did see almost a 10% increase in April of people spending more time with the people they already live with.



What people have been doing to help them stay well during this time.

79% - Staying in touch with family and friends remotely.

64% - Exercising outdoors.

48% - Using the internet to continue usual activities.

47% - Reading.

37% - Limiting watching the news.

34% - Watching more films / streaming services.

43% - Spending more time with people they live with.

28% - Exercising indoors.

38% - Gardening

32% - Cooking



2.4 PART FOUR: Equality

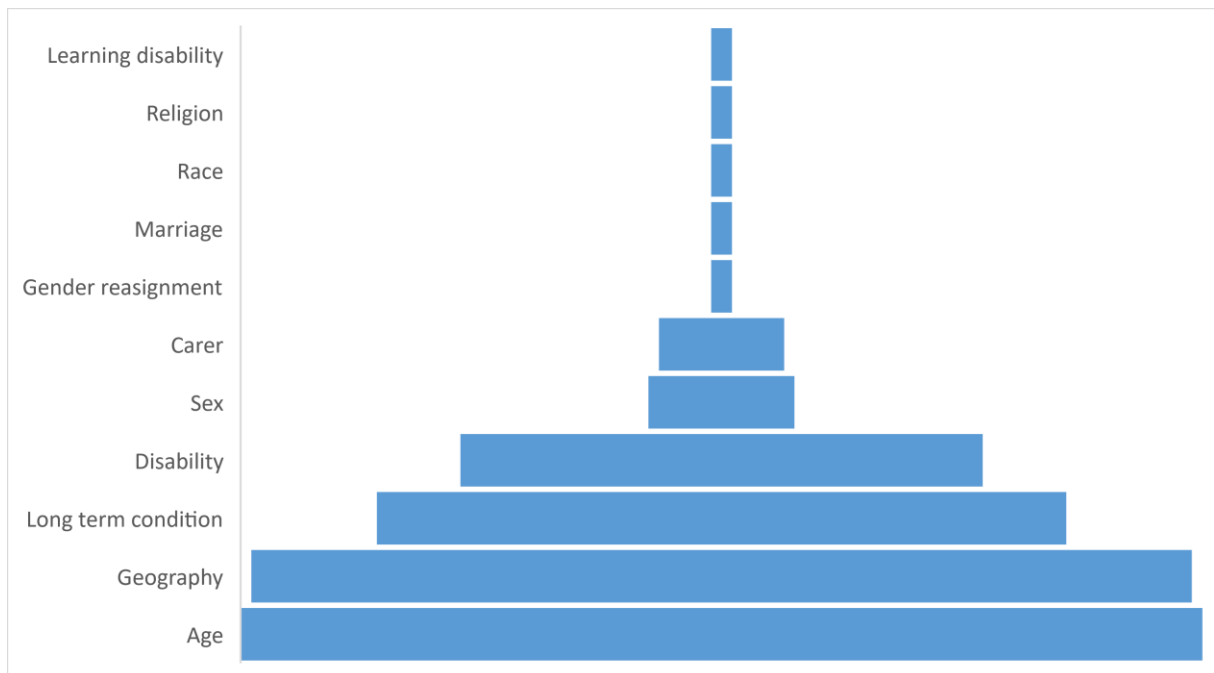
Directly related to equality in care we asked our communities if there was any specific reason that had impacted how they accessed Health and Care in an equitable manner.

The graph below aims to show the key characteristics which respondents drew our attention to in terms of inequitable care. What we were unable to ascertain a true reflection of, was, to what degree this was different to pre-pandemic environments as no benchmark has been set.

As in March, age was the biggest reason given for inequality and this exists across all the age ranges. There was an increase to show geography being the next variable that increased inequality followed by long term conditions and disability.

The patient comments below give a flavour of people's views related to inequality of Health and Care pertinent to their personal circumstances.

Table below shows to what extent people felt their personal characteristics impacted on the inequalities in Health and Care.



Age

“Because I feel when you reach sixty nobody cares I've waited 2yrs for talking therapies and I'm still waiting”.

“Vaccines were not available locally for my age group, moving direct from group 4 to 6. Those of us in group 5 had to travel further for our vaccines.”

"I am a young 67-year-old woman but feel patronised by providers using words like 'bless' and generally treating me as if I am mentally unwell which I am not. I have a PhD and still involved in academic research."

Geography - Access to services

"Been left abandoned by consultants for over 12 months, no phone calls from them, dropped off some lists but not told this has happened until I contact the department. Not able to access GP services as digital system does not work in my area. It's bad."

"The lack of infrastructure in Lincolnshire and test centres in the first wave placed great pressure on the health infrastructure in the county. Lincolnshire was left out, people were being offered swab testing in Wales, Edinburgh, Nottingham. It was ridiculous."

"Rural Lincolnshire is underfunded, and I have been denied surgery due to my mental health".

"Postcode lottery of not living in a city."

"Due to our hospital being commandeered as a Covid free area we have been forced to travel or drive ourselves or partners at least 25/30 miles for appointments at other hospitals. After care has been less and travelling in our 80s is not advisable."

Long term conditions / Disability

"I'm not getting follow ups since I was diagnosed with arterial blood clots in my chest, and I also have COPD but am being referred back to clinic by my GP now."

"I have fibromyalgia and work as a care assistant I can't retire until I am 66 and some of my residents are on less medication than me."

"I have severe MSK, and fibromyalgia pain-I have been waiting 2 years for final treatment from Connect Health and their contractor for a surgical intervention. I really do need a discussion with my GP regarding changes to availability of medication, but so far just can't get an appointment!"

"I have been paid lip service for 13 long months, my health is deteriorating, and I can see no end in sight."

Caring responsibilities

"Less medical support for the person I care for results in more responsibility on me as the carer. Sometimes difficult having conversations with medical professionals about the person I care for - don't feel my concerns are taken seriously and adequately addressed. Unpaid carers seem to be largely ignored and left to "get on with it" with no support or concern for their health and welfare."

"I'm an unpaid carer, no-one cares about us."

Learning Disability

"Doctor said I needed to show that I was suffering with ADHD, which I proved with a 6-week course with a therapist. Only to be told there are no services I can

access. I have also been denied a scan of my back as I believe I have at least 1 bulging disc causing pain, again this has been denied. I have been lectured on how to avoid Lactose, despite being Vegan nearly 6 years and the only lactose is in the medication the same doctor keeps prescribing. I have refused several of these as there is no point. Because I have Fibromyalgia and am Male it seems I am not allowed to say I am struggling with everyday life and I should just push on through the pain. Which is different to the ladies I speak to that have had plenty of help for this condition.”

Mental health

“Anyone living with mental health problems is discriminated against. It had always been this way. I also believe you are discriminated against depending on your social standing in society. The rich have immediate access to everything, the poorer people in the community just get left to fend for themselves!!”

3. Finally

The 2nd month of our campaign has provided a fascinating insight into the perspectives and mind-set of some Lincolnshire people and in many ways no major shifts in perspective but some timely reminders of areas for consideration and review within our Health and Care sector. We acknowledge any limitations of the sample size within our survey responses and actions to expand responses from a wider demographic of people will continue to address these issues.

Our 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 to meet the needs of Lincolnshire residents.

Where relevant we have also included suggestions and comments where our findings have highlighted areas that could be addressed or should be noted for a focus on improvements.

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.healthwatchlincolnshire.co.uk/news/2021-03-02/covid-19-one-year-access-health-and-social-care-services-and-future>

Appendix 1. METHODOLOGY AND SURVEY QUESTIONS

Methodology

Month one of the survey was launched digitally on the 1st March 2021 with responses captured through Survey Monkey. The survey is distributed via the Healthwatch and HWLincs networks, to members and stakeholder organisations. In addition, Facebook advertising has been utilised to target the wider Lincolnshire population.

The survey consists of 15 questions and additional demographic questions, some 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 asked are given below:

Questions from the survey

1. Right now, what are your feelings towards the restrictions being lifted and a return to more normality over the coming weeks and months? Multiple Choice
2. Why do you feel this way? Please take this opportunity to explain your answer to Q1 in more detail. Free Text
3. Please tell us what support (not already out there) would help you cope over the next few weeks and months during the easing of lockdown measures. Free Text
4. Thinking about recently (the last few months), have you accessed any of the following services? Multiple Choice
5. If you have accessed services, please share your experience below, both good and bad. We want to hear your experience of access, were there any issues related to timeliness and communication, was there any anxiety about being treated? Multiple Choice
6. If you have not used a Health and/or Care Service in the last few months, why not? Multiple Choice
7. If you recently received digital appointments (text, online, video or phone call) how does it compare to a face-to-face consultation? Would you say it was...? Multiple Choice
8. Please tell us about anything that worked well or would have improved your experience accessing services in a digital way. Free Text
9. If your first appointment was a digital appointment (e.g., phone, video call) were you offered a follow up face to face appointment? Multiple Choice
10. If you are unable to access digital services, please tell us the reasons behind this. Multiple Choice
11. Thinking about your future health and care, please tell us what you feel would help you in accessing digital healthcare services now and in the future. Free Text

12. Have you received a COVID-19 vaccination? Multiple Choice

13. To what extent has your overall wellbeing been affected by the COVID-19 Pandemic? Multiple Choice

14. What are you doing to help you stay well during this time? Multiple Choice

15. People in our communities should receive equal services irrespective of their status do you believe you have been treated unequally based on any of these characteristics? Multiple Choice

Appendix 2. DEMOGRAPHIC DATA, MONTH BY MONTH COMPARISONS

Total number of respondent's month on month.

Month 1 - March 2021	610
Month 2 - April 2021	338
Month 3 - May 2021	
Month 4 - June 2021	

Age Segmentation month on month.

2021	Under 18	18 - 24	25-34	35-44	45-54	55-64	65 - 74	75+	Prefer not to say	Skipped	Total
March	0	3	20	44	92	141	157	47	4	102	610
	0%	1%	4%	9%	18%	28%	31%	9%	1%		
April	0	0	6	16	41	87	101	31	2	54	338
	0%	0%	2.11%	5.6%	14%	31%	36%	11%	0.7%		
May											
June											

Gender breakdown month on month.

	Male	Female	Other	Skipped
March 2021	98	413	0	99
April 2021	63	221	0	54
May 2021				
June 2021				

People who had received a COVID-19 vaccination

	Yes - First dose	Yes - second dose	No	Skipped
March 2021	405	13	121	71
	75%	2%	22%	
April 2021	199	65	36	38
	66%	22%	12%	
May 2021				
June 2021				

Do you consider yourself to be a carer, have a disability or a long-term health condition?

	Yes, I consider myself to be a carer	Yes, I consider myself to have a disability	Yes, I consider myself to have a long-term condition	None of the above	Prefer not to say
March 2021	114	101	216	189	15
	22%	20%	43%	37%	3%
April 2021	55	44	114	115	9
	20%	16%	41%	41%	3%
May 2021					
June 2021					

Which Council District do you live in?

	Boston Borough	East Lindsey District	Lincoln City	North Kesteven District	South Holland District	South Kesteven District	West Lindsey District	Out of area
March 2021	26	90	42	67	66	147	53	21
	5%	18%	8%	13%	13%	29%	10%	4%
April 2021	16	51	27	27	28	87	27	19
	6%	18%	10%	10%	10%	31%	10%	7%
May 2021								
June 2021								

Ethnicity

	White British	White Other	Prefer Not to Say	Mixed Asian and White	Asian / Asian British Indian	Mixed Other	White Irish	Gypsy, Roma or Traveller	Other
March 2021	461	29	13	3	2	2	2	1	1
	90%	6%	3%	1%	>1%	>1%	>1%	>1%	>1%
April 2021	243	16%	8	1	1	1	2	10	0
	86%	6%	3%	>1%	>1%	>1%	1%	4%	0%
May 2021									
June 2021									



Proud to deliver



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