

# COVID-19

One year on, access to health and social care services, and the future

**Monthly Report March 2021**





# What's in This Highlight Report

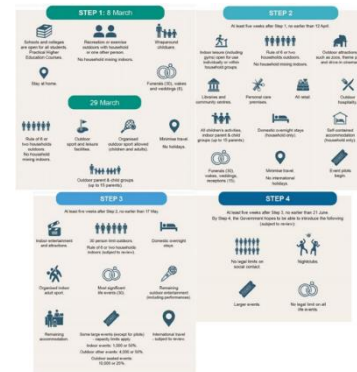
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# Overview for March 2021

The following provides headlines from the feedback received in March 2021. It should be noted that during March 2021, England was still in full lockdown because of the Covid-19 pandemic. However, the Government had announced a proposed roadmap for the country with changes such as opening of sports facilities, shopping and education resuming.



The public awareness of the Governments roadmap may have an influence on public responses but as we move through March, 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 March are:

The following identifies some of the key areas which were drawn from the 610 public responses provided in March 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.

- **51% of people responding felt fine and were looking forward to returning to some level of normality, a further 22% said they felt ok and had developed new coping mechanisms making them more resilient for the ‘new normal’** - This was an encouraging statistic and what we had seen in previous lockdown reports in terms of people’s frustration appeared to be remodelling as hope and strong steps forward.
- **22% of people felt anxious about leaving the house, they also felt they would benefit from support with reintegrating back into society** - What we were not able to ascertain is whether these same people felt anxious to leave the house prior to the pandemic, and therefore if there would be any additional impact on support services. However, what was notable was that anxiety outside the home is a real issue for many people.
- **There was a consensus that people wanted more access to face-to-face appointments where this was appropriate for GP and dental** - 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.
- **People also wanted more support and communication around the options available for people accessing appointments and more support,**

**communication and assistance on how to access them and get the most from them** - This aspect is critical to the continuing development of delivering excellent care. People need support to use the tools, which for some are alien, but be clear that whether the tool to accessing services is face-to-face, text or virtual the experience must be about the impact on the persons reason for contact.

- **It was noted that digital appointment access was not for everyone and as such the current model created a two-tier inequitable approach to accessing health and care** - No one can deny the benefits of digital access to healthcare, access to care anywhere, flexibility and convenience, safe and now robust and reliable but for some a shift to virtual is life changing and something which is intolerable. Therefore, as a system everyone involved needs to look at ways in which they can reassure patients that digital healthcare has its place alongside face-to-face care. As stated above the tools used to engage with patients should not detract or become an obstacle for the assessment, treatment and support for health and care issues.
- **Overwhelmingly people found access to NHS prescriptions much easier and accessible than previously with 79% saying it was easier than before** - This was an outstanding highlight and one which really demonstrates where the changes and shift to digital services have had a significant impact on good patient experience. It demonstrates where digital can be adopted and accepted to make a real difference to the lives of patients, their families, and carers.
- **65% of respondents said the pandemic had negatively impacted their general wellbeing a little or a lot** - There has been much reported on the impact of the mental wellbeing of the population and we also note the impact of potential missed or delayed preventative interaction with health and care services. This combined with the significant backlog and delays in treatment for conditions suggests that an ongoing negative impact of the pandemic will be felt for a long time to come.
- We asked people if they had not used a health and/or care service in the last few months, why not? We noted **7% of people reported that they felt services were 'closed'**, this final aspect is something which should be acknowledged in terms of engagement. The majority of 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.
- 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 there are aspects which need to be addressed. This includes connectivity, making systems user friendly and wherever possible uniform so working across systems is easier with 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** for the elderly, those with disabilities, language, and technology barriers - *working with some local disability or BAME groups would help learn more about what improvements are needed.*
- Some people are completely against digital healthcare, they believe it has no use and is not effective. ***As a system everyone involved needs to look at ways in which patients can be reassured that digital healthcare has its place alongside face-to-face care.***
- **Issues with WIFI and connectivity being in a rural area - need to be resolved.**
- **Big variation in GP surgery information/communication which used the digital services**, individuals were not aware it was available or informed on how to access and use the services - *this needs to be addressed and consistency across all GP surgeries in Lincolnshire achieved.*
- **Digital services be continually developed and improved (quality of calls, connections, registration, apps etc) for booking appointments, ordering prescriptions and for appropriate consultations. By appropriate we mean** there should be a mixture of face-to-face and digital appointments and individuals should be clear on their rights to access face-to-face appointments.

# 1. Background and Rationale for the Research

Between April 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 having 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 on-going 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. Things 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 due to the impact of Covid, all questions these responses will provide some insight to.

In March 2021 we logged **610** responses to our 'one year on' survey from local people.

## *Note to the reader.*

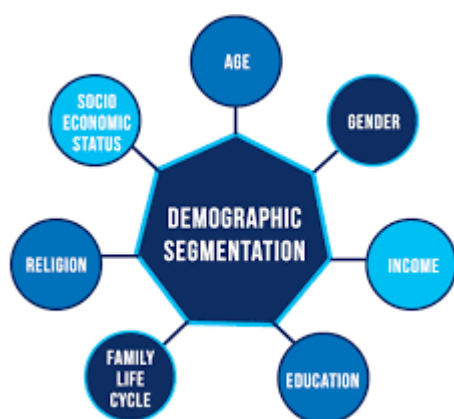
*To keep the main body of the report as concise and relevant as possible, we will only highlight our key findings. The methodology, survey questions (appendix 1), other representative charts and data can be found in the appendices. We intend ultimately, that this work will form one of four core documents and one final summary statement for the period from 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 610 responses from 1<sup>st</sup> to 31<sup>st</sup> March 2021.

### Demographic Overview

We received a total of 610 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 81% (413) were female and 19% (98) were male. In total 22% (144) of the respondents had caring responsibilities and 20% (101) had a disability and a further 43% (216) had a long-term condition. 90% identified as white British. This

breakdown in demographics replicates the common pattern of online responses from the public and whilst there are gaps in representation around males and the younger age groups it does at least replicate the modelling from our first Covid-19 reports in March 2020.

### 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.**

51% of respondents told us that they felt fine and looked forward to returning to some level of normality. A further 22% of people said they felt 'ok', and they had found new levels of resilience during the pandemic which perhaps suggests a greater move to self-care. However, it is important to highlight that 22% of respondents felt anxious about leaving the house irrespective of any vaccination provided.



Whilst on balance people responding to the survey felt positive and more prepared for a ‘new normal’, we must recognise that the extended isolation and significant changes back to some level of normal life will impact for some time. Whilst those presenting a

more challenged position need to be supported, society should also recognise and acknowledge the people that have struggled through the pandemic, with lessons and techniques which can teach us all about self-help and resilience.

It was also noted that we found no significant differences to how people felt when comparing those who had received the vaccination (first or second dose) and those who had not, suggesting **vaccinations had no little impact to either the feeling of anxiety following lockdown, or that behaviours of those more mobile had changed little due to lockdown (still went to work, still went out to shop, still took the children to school or cared for others etc.).**

So, to summarise:

- 51% of respondents said they feel fine but looking forward to getting back to some of the things they used to do.
- 35% of respondents said they were worried restriction eased too quickly.
- 29% of respondents still fear catching COVID-19.
- 22% 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
- 22% of respondents are feeling more anxious about going out of the house.
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The following highlights some of the stories, views, and feelings they shared as part of this work in relation to the lifting of restrictions.

### Positive Experiences

“There have been many challenges in dealing with Covid-19 and the restrictions which have resulted but there have also been many positive aspects. I have 3 children and they have benefitted from time away from pressures at school and in the last lockdown they went to school for the days I worked and my oldest had live lessons. This worked better for them all they got more attention, and I got a chance to work with them and understand better their educational needs. It was nice to get a break from the relentless pace of things to do with 3 children in household and we enjoyed more time to relax and connect as a family and a simpler less stressful schedule. It has been difficult not being able to connect with friends and family, but children are adaptable if given the opportunity and have thrived with some aspects of this last year. I would have liked for us to delay going back to school until after Easter so that infection rates could further fall as it is inevitable that they will rise again as restrictions are reduced.”

“Over the past year I have continued to connect on-line with friends, family and key groups. I have also taken the opportunity to do more courses.”

“I have found plenty of new ways to amuse myself, some online, learning a new craft, making sure I keep up with friends by telephone.”



“Although I have missed the activities that usually keep me busy, I have found so much to do at home, make regular phone calls and go for long walks with a friend. My bubble-buddy and I have tea together some days. I have learnt to enjoy time on my own (I live alone) and have learnt new skills especially with the computer. I have learnt to be happy on my own and do not need to be busy with other people all the time. However, I look forward to seeing friends face-to-face, chatting and can't wait for opportunities to travel again.”

### **Concerns for children and young people**

“I feel a level of responsibility that our children's education will have been affected as we are not qualified teachers and we've had to replace the role of a teacher and worry we've taught them incorrect that could affect their future understanding. Worry for their social skills as do our adult skills not being practiced for such a long time. However, we are looking forward to a sense of normality sometime soon and seeing family members”.

“I have a toddler who hasn't experienced as much of the things he normally would be due to lockdown; I am looking forward to being able to get him out and visit places he hasn't been before. I am prepared for things to be different - masks, distancing etc but think we either try to do things with safety measures in place or we will forever be in lockdown - Covid-19 isn't going anywhere so we need to learn to live with it but in a different, safer way.”

“Because my child has been out of education and not doing normal day to day things it has had a massive impact on there mental health before my child was going out and not, they want to stay in the impact of Covid-19 has also caused them to have tics.”

“I suffer with my mental health anyway and lockdown has just made it worse, I've struggled to homeschool my children, therefore their education has suffered as well as their mental health. Every day is like Groundhog Day so understandably they're bored which makes them misbehave and this is hard as I feel I can't control them because my mood is so low, and it really does get me down. But now back at school things are already much easier and as of April 12th I will return to work, I have to financially buy the thought of it fills me with anxiety.”

### **Concerns about future outbreaks**

“I'm looking forward to normality but scared it will increase the Covid-19 risk again.”

“I worry about how other people will be when lockdown etc ends. Hope the majority will be sensible, but I suspect many will just think the world is 'normal' and we will end up in another wave of the pandemic.”

“I worry there will be another spike next winter and the consequences of another lock down both mentally and physically. Winter is much harder than summer to be in isolation.”

### **Mental Health**

“I feel I don't want to interact with people yet I'm depressed because I am not being social. I need to stand in a crowd and feel humanity around me.”

“Because before Covid-19 hit, I was already living with CPTSD, recurrent depressive disorder and acute associated anxiety! Covid-19 had just made it worse, and I fear that there will still be no access to mental health services, even after this pandemic.”

“I struggle with depression and anxiety, it's all made it all so much worse, I'm petrified of someone I love getting it and then dieing, I'm petrified of getting it as I know I won't cope, and I don't want to die”.

“I feel a little isolated and feel the longer this continues the harder it will be to access society again for everyone.”

“I suffer with anxiety and have been struggling with mental health.”

“I've become agoraphobic.”

“I feel ok but after a year shielding, I will be very anxious going into shops and being near people.”

“Depression and anxiety have taken over.”

“I have pre-existing cPTSD and the pandemic helped me in a way, because I knew I wasn't alone in feeling anxious. In 'normal times' I find life much harder.”

“I have physical and mental health illness I had these before the pandemic, my mental health is definitely worse. My children's mental health is worse, it's the right time to start easing things and I am looking forward to seeing certain normalities but I'm also anxious about them too, I can't afford to be sick on top of being disabled. I'm a lone parent that's registered disabled that lives 264 miles away from my nearest family members, my children don't see their fathers. I don't get help; everything is on me”.

“I live alone, and this seems to have not been picked up in policy or support. It's been a very hard year with severe depression due to social isolation.”

### **Support**

“My 12 old autistic son had a mental breakdown at the beginning of the first March lockdown and his mental health as deteriorated throughout the year and trying to find support or help is almost impossible. He apparently didn't fit a lot of criteria”.

“Have been poorly with my lungs the whole time and had needed lots of support from my husband. I feel health care support is not there anymore. So, worry about catching the virus once things get back to a more sociable life.”

### **Concerns about people not following guidelines.**

“Covid-19 is still around, a lot of people still don't take it seriously, don't wash/sanitise their hands, don't keep their distance.”

“Looking at the potential for new outbreaks and virus mutation, I dont think that the government has been strong enough in imposing restrictions and I am

concerned there will be a third wave which will create further lockdowns. Generally, I think people do not yet understand the implications of a global pandemic and sadly, many ignore the guidance, think they are 'free' immediately they have a vaccine.

We also know that people all over the county, country and indeed the world have suffered from economic hardship and other challenges such as home schooling and domestic stresses within the home. However, our Covid-19 'One year on survey for Lincolnshire showed less concern about the financial impact (8%) and the impact on children's education (8%) - This as you might expect did alter across age ranges with 14% of 35-44-year-olds concerned about children's education compared to 2% of 55- 64 years and 65-74 years.

Financial impact was also higher for 25-34 years (7%) and 45 -54 years (6%) compared to 55 - 64 years (2%) and those 65 - 74 years (3%), which reflects the different financial circumstances across the generations.

From this we can perhaps deduce that due to the higher demographic response from our older populations that this could have skewed the data in terms of importance of finances and education, or maybe Lincolnshire have been better protected within local industries for people to retain jobs and manage home schooling.

## 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:



- **Re-integrating after long periods of isolation** - Here we heard just the general reengagement with society would be a challenge for some. So, whilst some of the national messages are that we need to get back to normal and get the economy moving, we also recognise it just won't be easy or fair to expect people to return to how things were before when the last 18 months has been so very different. So, in essence 'time to adapt' seems to the message here.  
For other efforts to improve social opportunities was key, having the ability and access to walking and other social exercise groups were states as things which would help (here appreciating that not all people have natural friend and family networks around them and need additional support to socialise and form new bonds).
- **Feeling able to access face-to-face healthcare** - The responses here were quite clear that people had missed the opportunity to engage with medical practitioner's face-to-face during the pandemic and were significantly

anxious about their health and wellbeing. People felt that the ability to have face-to-face appointments with GPs, was very important to them.

- **Communication and Signposting for Everyone** - As we reported in our first survey in 2020, at the beginning of the pandemic, peoples need for communication was essential to their physical and mental wellbeing. What came through here was that communication and signposting to services needs to be for everyone, not just those in crisis or with 'significant' mental health support needs.

None of the above themes may be a surprise in terms of what people want help with to support their well being as we re-emerge from the pandemic, however, the need for equality and a 'whole person' and 'whole community' approach is a strong emerging message.

### Help to re-enter society

"I think just understanding that everyone will not be able to jump back to before Covid-19 ways - maybe some strategies on the NHS website for coping with groups and crowds after so long being considered 'dangerous.'"

"I suffer with anxiety and stress in normal circumstances so coming out of lockdown is going to be challenging for me. Society needs to be patient with me and those of us who will take much longer to get used to the new freedoms. Society MUST understand that individuals will come out of lockdown at their own pace...some quicker than others...and it must not discriminate against those of us who need to take things slowly and build up trust and confidence again".

"I don't want to ask for support. So, I would like an anonymous phone line to just explain my worries and to be reassured in return and encouraged to return to the social norm."

"Support to help me slowly integrate again with the outside world. Support of groups to walk with, exercise....anything that doesn't involve me having to battle on my own".

"That not everyone's situation is the same. As some groups feel confident to meet face-to-face others will not. We may need to look at a mix of human contact and technology to keep in touch".

### Access to services

"A face-to-face appointment with my g.p to allay fears over my physical health problems. I haven't seen my g.p for over a year and feel like I am being fobbed off when I ask to see him. He always passes the buck to someone else."

"Actually, accessing a doctor face-to-face and seeing an NHS dentist after 18 months without seeing one."

"Removal of local access to health has been difficult. caring for 2 people in isolation and having to travel further distances for simple reviews has been a

challenge. A simple contact from usual health care contacts may have been a help. I have not contacted Gp etc. for myself only those I care for.”

### Communication around what support is available.

“I don't know what might help. I don't know what support there is. I'm already struggling to cope with life due to autism and there being no help.”

“More community-based activities, such as walking groups, being set up or advertised. It would be nice to see these for all people, not just those in dire need of mental health support, for example.”

“I really have been fine but as I work in the NHS, I am very aware that people have and will continue to struggle, all we can do is offer support and signpost to organisations to provide healthy safe lifestyles .”

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



Over the last 12 months and certainly during our reports at the beginning of the pandemic in 2020, not only were services restricted but people also told us that they didn't want to risk infection by accessing health and care services, nor did they want to burden the NHS further.

We saw an outpouring of appreciation for the NHS and a rapid introduction of digital and virtual access to health and care. Over the last 12 months little has changed, GP, hospital and care home services are restricted in terms of access and the feeling that a slow phased return to normality are the challenges being faced for some time to come for the health and care sector.

What we are also seeing is that a new digital world of accessing healthcare is here to stay, offering increased flexibility and accessibility for some, and for others an uphill struggle to receive the support they need for themselves and their loved ones.

We are aware services have been restricted for over a year now, but what we are also aware of is that things now have moved on and opened significantly more than we have seen during this whole pandemic.

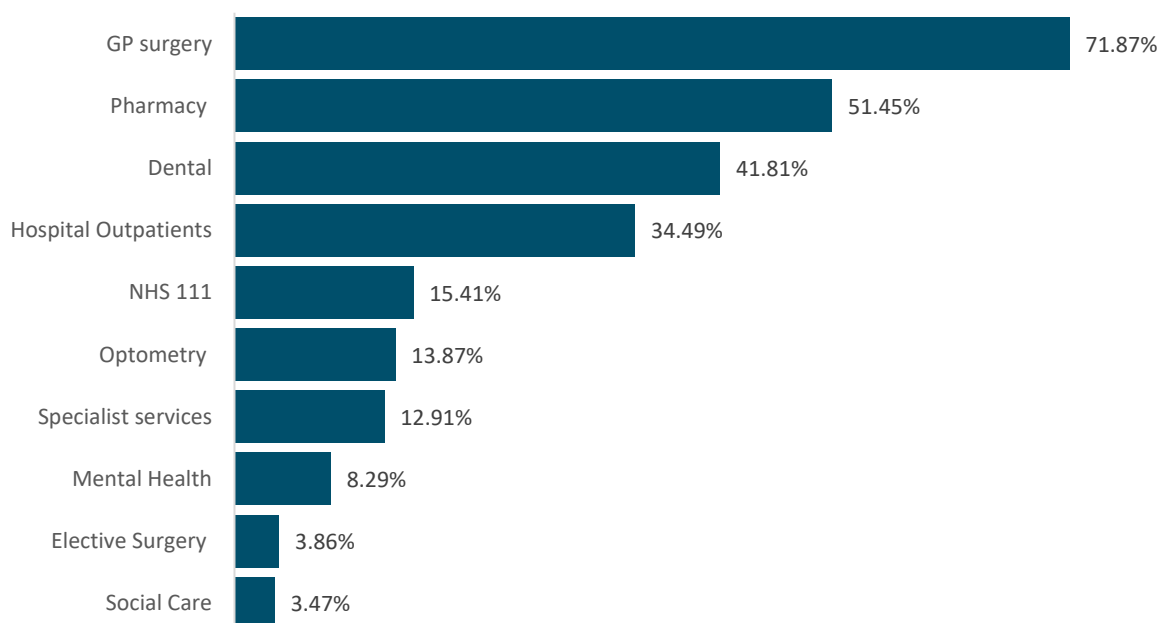
So, what we are really interested in is how people are accessing services now and since the beginning of 2021.

As we start to see the peak pass and as we move through the months and the restrictions ease, will we see more people accessing health and social care services or will the backlog present an immovable bottleneck?

*“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 this early period in 2021. Unsurprisingly primary care in GP practices, pharmacy and dental were the most accessed. Further down the table in mental health, social care, elective procedures, and optometry we were unable to ascertain the reasons for this lower level of access, for example was this a normal level or whether mental health and optometry were low because of restrictions on access and backlogs still in place.



## 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, and effective delivery of AskMyGP, good communication and reassurance from obvious safety measures practices had put in place. Fewer patients gave some 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?

“Used ask my GP, prompt efficient service”.

“Beyond excellent”

“Excellent - good communication, easy to access, safety measures in place”.

“No problem with access to see a doctor or nurse”.

“Phone consultations with my doctor which worked fine and with regular follow up calls”.

### What could be improved?

“Not so good. For appointments you have to do it online and contacting doctors by phone takes ages to get through as you are queueing ages.”

“Fed up with never seeing a GP”.

“I feel telephone consultations are difficult and patients are not always diagnosed properly.

“Not so easy to get hold of. It's either the twenty-minute wait on the phone or facing the daunting fight with the e service which I find frustrating.”



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. For many **this provided excellent support during the pandemic, for others they were confused by the automated messages around the COVID-19 advice but as a result this was updated. Communication and reassurance for patients, families, and carers that the questions are relevant and will get them the help and support or signposting is critical to improve confidence in the service.**

### What went well?

“Amazing support during Covid-19 illness”

“Excellent service, prompt, efficient, sympathetic, and knowledgeable”

“Fabulous care”

“Fantastic service, call back within the hour”.

“Had to ring them twice concerning my husband who has a brain injury. Helpful and they contacted doctor who rang back.”

“Very professional efficient. Called back within minutes and advice was very good”.

### What could be improved?

“A confusing automated start to the call. Ended up hanging up and ringing 999.”

“A little scripted. Also, lots of confusion initially about who issued the cert to stay home if you were still unwell after a week of Covid-19 symptoms”.

“Arranged appointment but clinic closed”.

“Awful - neglectful. Was told to stay home in March, not access healthcare unless I couldn't breathe and so have tried my best not to contact again”.

“Effective as long as you know how to navigate the system to speak to a qualified healthcare professional?”

“Did not have the right information.”

“For my Dad who social services said needed an assessment. Got conflicting and contradictory advice, going round in circles and eventually gave up.”

“For my mother when she was ill. It's very long winded and goes through the same questions a lot which brings on anxiety.”

## **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?

“Helpful, despite Covid-19, have received some aids to help me cope with Fibro”.

“It has been stretched to its limit yet still it keeps giving ... amazing”.



“Very positive this was for sorting care for a loved one”.

**What could be improved?**

“Delays getting support when at crisis point.”

“I think they are closed”.

“Long wait to get to even speak with anyone”.

“Not so positive. Looking at re-ablement for my mum when she is discharged from hospital. I just feel like it is brick wall after brick wall.”



**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 access for Lincolnshire patients.

This said as the comments below illustrate, once patients receive access the services were reported to be good.

**What went well?**

“Two emergency care appointments, excellent Covid-19 precautions”

“All my appointments have been carried out with strict rules and safety procedures. Very impressed.”

“All went smoothly, and I felt safe.”

“Appointment went ahead as planned for my routine check in Jan and felt very safe, i.e., social distancing and measures to keep you safe. Dentists at Woodhall spa.

Excellent - safety measures in place, kept me in the loop re appointments and what to do when I arrived”.

**What could be improved?**

“Haven’t been able to see a dentist for nearly two years despite sharp, broken tooth.”

“Haven’t been able to get my annual check-up yet”.

“Haven’t been able to see a dentist for nearly two years despite sharp, broken tooth.”

“Haven't been able to get my annual check-up yet”.

“I had to go somewhere else, my NHS dentist seems to have disappeared.”



## Hospital Outpatients

We know that hospital services have been challenged to deliver services however where have been delivered in the last 3 months people have experienced both good and bad care, perceived or real. There were contradictions throughout with some saying that Covid-19 safety measures were obvious while others reported they were non-existent, others reported kind and supportive healthcare professionals, others reported anxiety over the way they were treated.

What we can take from the hospital experience was that even though these services were still running the delivery was inconsistent providing potentially and inequitable level of care between services, potentially sites and patients.

### What went well?

“A&E had screens up, gynae ward before admitted had Covid-19 test, on maternity I was given private room, scanning was all extra precautions felt very safe”.

“Amazing care & communication”

“Breast Clinic at Lincoln Hospital was outstanding.”

“Excellent service, attended for test but had telephone consultation and it went well.”

“Fantastic care from hospital outpatients. Great Covid-19 safety procedures in place. Good patient care.”

### What could be improved?

“A very long wait, quite an abrupt doctor, nurse was nice though.”

“Anxiety approaching the queue of people being ‘interrogated ‘before entering. There are some people at Lincoln hospital who were far too invasive in their questioning. Embarrassing.”

“Appointment was too short notice. Letter only sent 5 days before appointment”.

“Appts kept getting cancelled and I was prescribed medication without speaking to or seeing a consultant. Recommended MRI has been delayed for 6 months or more.”

“Hospital consultants very efficient and friendly however saw no evidence of social distancing or even cleaning whilst visiting the hospital”.

“Waiting lists appalling. Have had telephone consultations with cardio, gastro and Covid-19 Rehab - feel that these are just tick boxes to say that appts have been made - how cardio and gastro can assess over the phone, especially cardio (pulse, BP, ECG??? could not be done!)”

“Waiting 4 months for referrals to be actioned very stressful”.

## **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.

Some respondents told us that digital appointments via video calls and over the telephone have been very effective for some mental health conditions for others they have found the experience over the phone difficult, from the respondents we heard from it didn't appear that service users were given a choice as to how they accessed services and for some a video rather than telephone would have provide the interaction they needed. Prior to the pandemic and for many years we have heard from patients and families' issues relating to long waits for mental health support and interventions, this appeared unchanged at this time.



### **What went well?**

“All online and on the phone but still very good.”

“Fabulous, they really understand what makes people tick.”

“The Meadows CMHT, Skegness - It's been tricky having telephone appointments but very recently video calls are being offered to those who have access. My nurse has been fantastic throughout and has not left me in the dark. I'm very lucky.”

### **What could be improved?**

“Difficult to talk about mental health over the phone.”

“Extremely difficult to get any guidance from especially CAMHS.”

“Hard to access help for loved ones often don't fit the criteria e.g., mild to moderate quite good as is server and enduring nothing for people in the middle though.”

“I have mental health issues, but no one seems to give a monkeys. I wonder if it is even looked upon as an illness anymore.”

“I was offered CBT via Microsoft teams in a group setting - wasn't helpful at all - just looking at a PowerPoint for 4 x 1hr sessions.”

“Not as easy to talk on the phone as face-to-face.”

“The waiting lists are far too long. 9 months wait for high priority!”

“Waited 5 months for CBT.....still waiting to be contacted.”

### **Elective surgery e.g., hip replacement**

The comments below speak for themselves in terms of the challenges that have and continue to face elective surgery. Some patients feeling there are no other options open other than to access private healthcare to gain and maintain pain relief and quality of life.

#### What went well?

“Excellent”

“2 cataract operations. Very well organised”

“Generally good some issues with communication regarding recovery etc due to phone pre-op”

#### What could be improved?

“During my first visit to A&E I was had a CT scan which showed a gallstone as the cause of my pain. I was refused admission via A&E twice and sent home to await a follow-up appointment with a gastroenterology specialist. The pain became even more excruciating, so I arranged a private consultation and had my gall bladder removed at a private hospital. Incidentally, my gall bladder was seriously infected.”

“Had to pay for own hip replacement as was so desperate. It cost me more than £9,000.00 but at least I got it done. It was not pleasant and various issues cropped up such as the raised toilet etc being sent in the car on discharge and not being ready when needed!”

“Hand surgery cancelled for over 12 months.”

### **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?**

Always good.

Amazing staff and treatment considering what they have been going through.

Been really good at making appointments and keeping in touch for the person I care for.

Brilliant, couldn't ask for more.

Camera up and down! They were very good, felt safe though it's taken ages to get a second appointment.

Efficient, helpful, empathic, and reassuring

Excellent - after breast screening was sent directly to have a scan and exploration of lump which proved benign - wondered if it would have been so quick if we had not been in lockdown?

I had my first diabetic eye exam and was very impressed by how efficient the service was and how kind the man was.

I had telephone consultations with two specialists for a long-term condition. I was very happy with this. was very happy with this.

My chemotherapy treatment continued ,very safe environment and hygiene , appointments with oncologist was by telephone ,which I didn't like, next appointment face-to-face.

Phone consultation - saved me lots of time wasted travelling and hanging around a busy waiting area.

### **What could be improved?**

“Appointments continually delayed.”

“Diagnosis of terminal prostate cancer no relative allowed in with me dreadful experience. Earlier in the week at Papworth hospital wife allowed in with me.”

“Difficulty accessing normal services. Nonurgent cancer related treatment stopped.”

“DIY Treatment potential complications in the future”

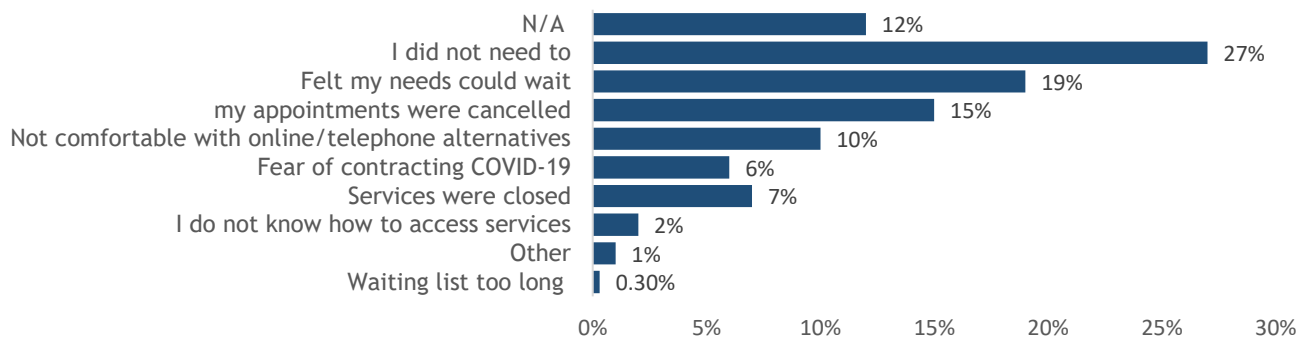
“My husband’s diabetic eye check was cancelled, and he has not been contacted at all by the diabetes nurse at our practice. He was due to have blood tests in January but has been unable to contact the surgery by telephone to arrange an appointment.”

We felt it was important to understand why people may not have accessed health and care since January 2021, 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 table outlining the responses 27% of people responding did not have a need in that time period to contact services. 19% of people for whatever reason felt their needs could wait. Only a very small number declined using services because of fear of contracting Covid-19 (6%).

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 7% 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 convention face-to-face care.

However, the results provided a slightly different picture of experience from the perspective of respondents. We could see 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 told 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.

Overwhelmingly people found access to NHS prescriptions much easier and accessible than previously with 79% saying it was easier than before and 17% saying it was about the same.

From this we would suggest that people are **better able to communicate through written word (such as on AskMyGP)**, where they have the time and space to think and communicate their needs more effectively, **than responding to immediacy of one-to-one video or telephone communication**. We did not examine the reasons for this and believe this an area which would benefit from being developed further. We can see the positive aspects of virtual engagement with healthcare, we can also see some of the challenges, however, we must not overlook the massive step change of improvement in prescription services which has evolved during the pandemic and lessons should be learned and maintained.

How did your experience compare to face-to-face contacts?	Easier		The same		More difficult	
	(n)	(%)	(n)	(%)	(n)	(%)
Booked online appointment	97	38%	45	18%	113	44%
Used Ask my GP (or similar)	75	40%	32	18%	82	43%
Video Consultation	23	26%	20	22%	47	52%
Telephone Consultation	91	25%	84	23%	184	51%
NHS Prescription	243	79%	52	17%	14	5%

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?

“Online booking appointments is faster and easier than calling surgery/clinic and taking up receptionist time.”

“I love the virtual appointments systems with doctors. It feels and is so convenient and saves me so much time that is otherwise wasted travelling, sitting in waiting areas, catching other bugs from other patients also waiting. Glad virtual appointments have been introduced. Should have been done years ago.”

“Telephone consultation better than a 2-hour round trip and online repeat prescriptions that come by post safer and more convenient.”

“Just so convenient, I do not have to wait at the surgery, especially if they are running late. If I had something more serious wrong with me, I would like to have an option of face-to-face but as I have not, it is great to have a quick phone call.”

“The digital service worked well for me because I did not want to discuss the slightly embarrassing nature of my condition with the receptionist before I could speak to the GP.”

“I think the digital services save patients a lot of wasted time and travelling - particularly seeing specialists and outpatient appointments. I think this is a great step forward. Hope they will continue with this after lockdown and the pandemic disappears. The key thing is to be able to speak to someone about the situation. Keep the physical appointments really for initial appointments or the most urgent if there is no other way. I am sure it makes all doctors lives better as well as the patients to do phone and video appointments.”

### **What would have improved experiences accessing services digitally?**

#### **Registration Issues**

“Hard to register”.

“Online consultation forms redundant and repetitive”

“Issues with security verification”

“Lack of clarity on which surgeries are using the technology.”

“Lack of awareness of the services”

“I like to book appointments online but not always available.”

#### **WIFI/Technology Issues**

“Issues with sound quality”

“We all know that online is the way services are going - but for those of us that live in 4G and poor internet rural locations, it’s a right royal pain!”

“A more reliable data signal/broadband connection/phone signal as in rural area”

“IT connection not the best in rural locations”

“I’ve had technical problems so find it difficult as signal here is bad”.

#### **Accessibility Issues**



“It's OK for those who are technology savvy, but my mum cannot even turn on a computer let alone use one. She has a very basic mobile which literally takes calls, and she can text. She feels that her age group have been dismissed.”

“Poor communication skills especially with those who have autism, dementia and mental health conditions.”

“Not good for those whose first language is not English.”

“Hard to get point across if you have speech difficulties.”

“As carer for my father I think it should be noted by the professionals when the client has dementia as this has a great bearing on their ability to communicate effectively. Good communication skills by the clinician are vital. As some people do not have the tech or ability to use it at home a facility where it could be accessed with support of a nurse or carer would help with consultations with specialists.

“My child had a paediatrician appointment about his tics and over the phone he struggles with communication and the paediatrician can't see him due to Covid-19 and he needs to be seen”.

#### **Against Digital Appointments/ Prefer face-to-face**

“Digital video appointments do have their place moving forward for people who may not easily be able to physically make appointments. However, nothing can replace physical presence of a person when discussing, assessing and dealing with any health problem.”

“The telephone consultation still resulted in having to have a face-to-face so felt like just delaying the inevitable and giving the hospital a way of making their waiting list look better.”

“Telephone GP is good for minor things. Patient access needs to allow full record access. A list of services still available on the NHS would be good such as carpal tunnel de compressions and other minor surgeries and clinics still operating.”

“It does not work for most problems and is open to greater misinterpretation”.

#### **Blend of digital and face-to-face**

“Some things are better, like reordering a prescription or a chat for advice over the phone but there needs to be a Balance of face-to-face were needed. The combination is the perfect combination. There should be choices for phone video and a chance to have a face-to-face appointment.”

“Good for smaller issues - but face-to-face needed for more serious complaints.”

“Cannot beat face-to-face - impersonal, can mean that conditions are missed or mis-diagnosed.”

“Digital is fine, but sometimes you need a face-to-face appointment as some things cannot be said/seen/diagnosed digitally.”

We have throughout the pandemic, heard that people haven't been able to use virtual systems for a number of reasons including lacking digital network coverage across the county, lacking knowledge and skills of IT, and lack of the resources to use virtual services. We wanted to explore whether these previous experiences were still relevant one year on.

As anticipated the respondents still cited experiences which related to poor digital networks across the county making access more challenging and unreliable, to enable virtual access to come into its own for the future, digital accessibility needs to be consistent and reliable across the county.

We also heard that for those who were unfamiliar to IT at the beginning of the pandemic there was still a proportion of people where this still existed, getting left behind in the shift to digital access, missing the opportunities but also feeling the strain and frustration of getting access in other ways.

What we did hear from the respondents the negative impact of virtual healthcare on those with barriers to communication and understanding such as dementia, learning disabilities, autism, and people with English as a second language or speech difficulties.

**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.**

Across the board people felt there needed to be a greater balance between face-to-face and virtual consultation to ensure that patients received the most appropriate care. However, what we did hear was that 25% of patients whose first appointment was digital were subsequently offered follow up face-to-face appointments. What we were not able to ascertain was whether people should have received a follow up face-to-face and didn't, or whether there was any pattern related to geography or age in this finding.

We also heard about new **benefits to virtual engagement** in healthcare and that was the removal of barriers when talking about embarrassing issues, or in those instances where the concern is minor, the facility for a quick consultation is more effective and efficient for both patient and health provider.

We have heard previously, and we heard again this time, about the ease at which people have ultimately found virtual and digital facilities to deal with prescriptions and to book Covid-19 vaccinations.

There have always been cohorts of respondents who do not want to engage virtually and who would only ever want to see a healthcare practitioner face-to-face, and this view hadn't changed for these people.

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.**

- **Improve accessibility** for the elderly, those with disabilities, language, and technology barriers - *working with some local disability or BAME groups would help learn more about what improvements are needed.*
- Some people are completely against digital healthcare, they believe it has no use and is not effective. ***As a system everyone involved needs to look at ways in which patients can be reassured that digital healthcare has its place alongside face-to-face care.***
- **Issues with WIFI and connectivity being in a rural area - need to be resolved.**
- **Big variation in GP surgery information/communication which used the digital services**, individuals were not aware it was available or informed on how to access and use the services - *this needs to be addressed and consistency across all GP surgeries in Lincolnshire achieved.*
- **Digital services be continually developed and improved for booking appointments, ordering prescriptions and for appropriate consultations. By appropriate we mean there should be a mixture of face-to-face and digital appointments and individuals should be clear on their rights to access face-to-face appointments.**
- **Improve the software** - better quality calls, apps, registration etc.

**Respondent comments:**

### Positive

“I think continuing to use the app is a good idea. Leaving the surgery face-to-face sessions for those who need them.”

“Feel it works well and saves a lot of time & money for patients as no need to travel every time to see consultants when physical contact is not needed. When

did need to see the consultant, it felt less stressed and more organized due to not having so many people in the hospital at one time?”

### **Could Improve...**

“Registration Issues and guidance”

“The id verification is challenging”.

“Make access easier - lots of questions and is confusing”.

“More information on how to access”.

“Information sheet on how to use”.

“The questions need to be better. Most of the time when I answer it flags up, I must go straight to A&E, I know I don’t need to, so I have to lie just to move on”.

“Clear information, guidance and ease of access i.e., not having to physically visit the surgery to get a number to register for online GP access”.

“More information on what’s available and how to access it”.

“Advertise the services better”.

“More information to build confidence in using video consultation.”

“Actually, being able to get in & be correctly registered!”

“Explaining how it works”.

### **Improve systems**

“Make it simpler, so many questions that result in seek urgent care right away and won’t let you proceed”.

“Better platforms, Q Health can have quite an effort at times”.

“More user friendly and extensive online health platforms”

“No problems with the computer side of things but I wish the eConsult was less laborious.”

“Make video calls more widely available across services (without compromising security)”

“Services to be more ‘joined up’. AskMyGP could be easier”.

### **Better infrastructure...WIFI/Technology/Security Issues**

“Better IT systems and higher broadband speeds”

“It would be fitting for medical services to up their game with technology and enable email access routinely. The reluctance to do so in the past about engaging in long exchanges with patients’ needs to be replaced by meaningful and helpful ways to manage contact. Some reception and front-line staff too need to modify

behaviour and see their role as custodian certainly of their organisation but first and foremost as a championing ambassador.”

“Confidence in security and confidentiality of online services.”

“Improve quality of calls”.

“Better broadband”

“The issue of privacy and online security could be a worry especially as there is increasing privatisation (which is a huge concern for me)”

“Better network coverage”

“Confidence in using systems and reliable broadband connection.”

“Inadequate internet connectivity is a problem.”

### **Accessibility**

“Need to be more aware of people with disabilities and speech impediments”.

“Would use the service if I had the resources to do so”.

“Better access to my own records to look after my own health.”

“Zoom is better because you can read lips of practitioner.”

“Easier read for people with a learning disability.”

“More aware of people with hearing disabilities and speech impediments”

“all practices being made to use it, simple and effective and puts the patient first.  
“

### **Not interested in digital healthcare services**

“Impersonal . So, nothing would make it as good”.

“Not interested. Personal interaction is best; we are not robots or numbers”.

“Nothing, I have the equipment and skill to use it I personally just don’t feel that digital appts are the way to go for healthcare it’s too easy for medics to miss signs and symptoms without being face-to-face”.

“I don't want 'digital healthcare' - only use that for requesting an appt. I want to see a doctor or nurse if I feel ill.”

“I have used digital service, but I prefer to see a doctor/nurse face-to-face”.

“I prefer to speak to a person I’m not comfortable with digital healthcare, it’s confusing for the elderly”.

“Don't want digital healthcare ,what I want is to be able to have my own GP who knows me ,I have terminal cancer and haven't been able to see a GP since my diagnosis.”

“Would not want this for future consultations even if offered. Would much prefer face-to-face at the surgery consultations. Just feel as there is no support for health issues anymore.”

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 **5%** (28) people felt their overall wellbeing had improved because of the COVID-19 Pandemic, **26%** (137) felt that it has stayed the same and a significant number, **65%** (347) felt their overall wellbeing is now worse.

Healthwatch particularly feel the above findings worth highlighting, the impact on our mental health services, including referrals from GPs and others, counselling support etc if not already will be significantly greater over the coming months or even years.

Also, worth noting is 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.



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

76% - Staying in touch with family and friends remotely.

59% - Exercising outdoors.

43% - Using the internet to continue usual activities.

42% - Reading.

40% - Limiting watching the news.

38% - Watching more films / streaming services.

34% - Spending more time with people they live with

32% - Exercising indoors.

30% - Gardening

28% - Cooking

21% - Learning something new

## 2.4 PART FOUR: Equality

There has been no shortage of published literature highlighting the impact of Covid-19 and more specifically the impact on equalities within our communities. Indeed, in Lincolnshire Public Health

produced an insightful report examining the longer-term impacts of Covid-19 on Lincolnshire people and addressed within it the issue on inequality, *within this report it cited that (see box below):*



*“A review by PHE found that Covid-19 has replicated existing health inequalities and, in some cases, increased them. This is supported by a survey undertaken by the NHS Confederation which finds that the pandemic has exacerbated inequalities, disproportionately affected particular groups and exposed disparities in our communities.”*

*Source : The impact of Covid-19 on Lincolnshire - The Director of Public Health Annual Report 2020*

**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.

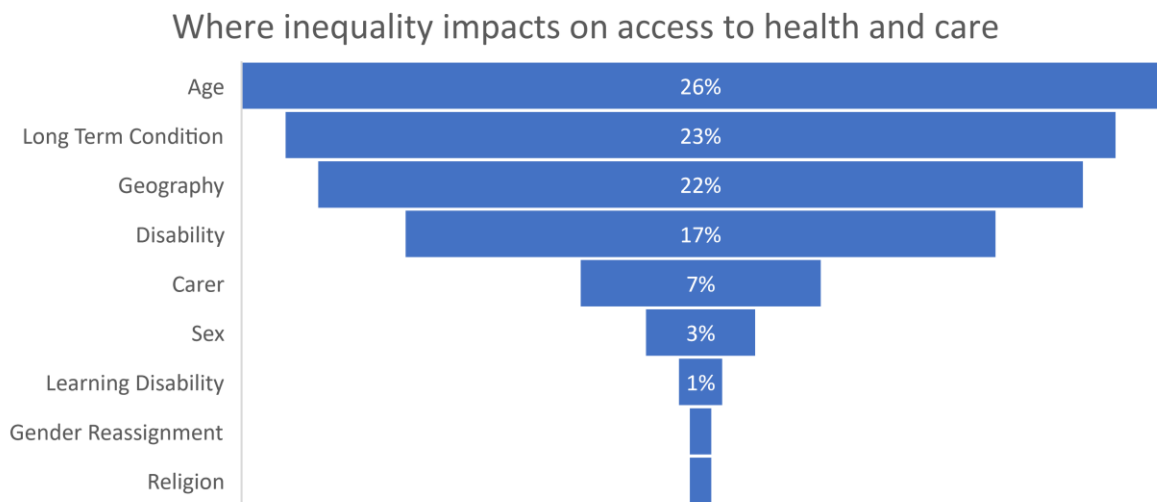
**Age was the biggest reason** people felt they received less favourable care. It was fair to say that **this view was felt across the age ranges**, they were either too young, too old, or too ‘in-between’ to matter. It is understandable particularly when vaccination rolled out with priority given to older age groups, that this would have a greater impact on people’s feelings about equality in other age sectors.

**The next highest response was from people who felt that their long-term condition** meant they received less favourable care. For some being asked to shut themselves away and ‘shield’ almost gave the system a get out clause to ‘leave them be’ as they were deemed to be safe. For those with the condition it sometimes felt like they had been forgotten.

Interestingly **when people focussed on geography as an inequality in terms of health and care**, it wasn’t necessarily the fact that they couldn’t reach services within county easily. It was more focussed on the inequality of the county’s services compared to other parts of England and a perception that Lincolnshire is being left behind in terms of care, treatments, technology, and services.

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 am in my 30s, I feel I have been overlooked.”

“I feel once I touched pension age, I've had to fight to get further than gp and feel undervalued.”

“I feel that's once you Re over 70 the GPS don't really have the time for you.”

“I have a chronic, disabling condition and am 72. Although an educated professional I find it annoying that services assume I am compliant at using new technology, smart phones and that I drive and will arrive by car. Appointments, including face-to-face involve using these resources confidently, and I'm not confident in their use.”

“I just feel since reaching my 70's my health has deteriorated, and the support is not out there. E.g.: GP's surgeries and cancelled hospital appointments. I feel many issues I have I can't have addressed for fear of being told I'm a hypochondriac.”

“It is assumed that people who are younger are capable of waiting longer for help but actually they should be treated the same as any other age group in my opinion.”

“Part of the invisible 50+ women - who aren't elderly, past childbearing years and quite obviously gaslighted by medical professionals being told that any ailment is either because we're getting older, let's see how it goes, menopause will cure everything, what do you expect with your condition etc.”

“With my age I do get told im to young to be in pain the way I am”.

“Would love to have knees surgery but keep being told not old enough!”

### Geography - Access to services



“Had to travel an hour for Covid-19 test due to lack of resources in our area.”

“Better during pandemic - no need to visit Lincoln or Boston - services either in Grantham or phone.”

“I feel that in Skegness we can't always access services available in more urban areas.”

“I live mid-way between 2 market towns neither of which are well funded. There's no safe way to get support for my son for me to access health care.”

“I think our local practices are unequal in terms of quality of care. I also believe that Lincoln receives a lot less in terms of finance and new initiatives when seeing all the other high-tech hospitals around the country. I believe that we are as entitled to the same high-quality equipment and doctors etc as anywhere else.”

“It is completely that people from my area have to go 30+ miles for consultations and treatment, and especially emergency treatment at Lincoln or Boston. I am extremely worried of either myself or husband (in 80s) being ill and isolated. It's particularly more worrying with a Covid-19 rife in those areas too.”

“I've not been offered the vaccine as I have ME, I feel I should have been in group 6 but my gp has refused this. It's a postcode lottery some areas have been offered it others refused.”

“The infrastructure in Lincolnshire, roads and distances everyone is obliged to travel mean that we are not often able to access healthcare within 'the golden hour'. Funding for roads, police, healthcare requires a top-down change as the formula's used at government level are flawed, skewed. Ambulance services are stretched, my mother-in-law had to wait in Lincoln for an ambulance crew from Nottingham to take her to Lincoln County Hospital. This is not acceptable and was distressing for her and the family”.

“As we cannot drive for ourselves, it has been very difficult to get transport to our appointments. It is very difficult to physically travel away from home any further than we can walk.”

### **Long term conditions**

“Asthma we were told to be extra careful and long COVID-19 was expected but when it comes to vaccines nobody is bothered about us make your minds up”

“Drs aren't interested in long term disability as their input is limited so they steer away from helping. Living in Lincs makes things worse.”

“Felt totally forgotten by my GP practice regarding the vaccination because they are mostly new and don't know me.”

“Get told nothing they can do, doing all they can! Weight issues seriously lead to prejudice in health care”.

“Government advised cancer service should continue but I feel I was overlooked and failed by ULHT because I did not get my check ups when I should have, causing potential issues which are only now being looked into”.

“I am chronically deaf. I have not been able to get new hearing aid moulds and to get batteries for my hearing aids, I can no longer collect them from John Coupland Hospital. I cannot use a phone due to the extent of my hearing loss, so my husband had to phone for me. Trying to communicate with the assistant at the pharmacy when we are both wearing masks, are standing two metres apart and have a Perspex screen between us has also proved challenging at times.”

“I have complex health issues and was under four specialist, 3 I have not heard from for over 12 months and 1 I’ve had one telephone call in 12 months”.

“I used to receive regular reviews of my medication but now I just get my prescription. I am on opiates, but my pain is no longer under control, but I feel as if, if it is not Covid-19 none is interested.”

“I’ve not had a blood test for either of my conditions for over a year”.

“No real after care when discharged following cancer surgery and treatment helping with side effects”.

“Some aspects of treatment have creased while others are inaccessible.”

“Twice had to travel 1 hour each way for procedures because they were temporarily unavailable at my nearest hospital”.

“My size - I have Lipoedema and have various conditions. Present as morbidly obese. Fat bias.”

### **Sex**

“As a woman I feel that, initially until more was known about Long Covid-19, I was treated as if it was in my mind and I was actually offered counselling - for my meeting with GP for physical symptoms”.

### **Caring responsibilities**

“As an unpaid carer, I’ve had very little support and No respite since 27th March 2020!!! I feel as if society and the government have expected me to do my duty, and then forgotten about me”.

“Single parent. Unable to take child with me to appointments and no one else to look after my child”.

“There needs to be more recognition of family carers.”

### **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.”

“There is little understanding of autism and it shouldn't be like this”.

### **Disability**

My only criticism would be say that disabled people have been affected by the pandemic and Covid-19 security - screens placed so that those in wheelchairs or mobility scooters can't access places. disabled parking bays used for queue management (what because disabled people aren't allowed out - not all of us are shielding) also where a carer has to attend with you - 3-degree questions about that person is here - unless the person in the high viz has medical certificate I am not sharing my sensitive data with you thanks very much.

“Disabled people have received very little help or been shown any respect during these ridiculous lockdowns. Mask exemption is an example of how the disabled are discriminated against at present.”

“My parents didn't access any support in the first lockdown as they didn't understand the letters. My dad has dementia and my mum physically disabled. We have supported but they aren't always truthful with doctors as scared to go to hospital”.

### 3. Finally

The first 4 weeks of our campaign have provided a fascinating insight into the perspectives and mind-set of some Lincolnshire people. 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 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 1<sup>st</sup> 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	
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 0%	3 1%	20 4%	44 9%	92 18%	141 28%	157 31%	47 9%	4 1%	102	610
April											
May											
June											

### Gender breakdown month on month.

	Male	Female	Other	Skipped
March 2021	98 19%	413 81%	0 0%	99
April 2021				
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				
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	I'd prefer not to say
March 2021	114	101	216	189	15
	22%	20%	43%	37%	3%
April 2021					
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								
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									
May 2021									
June 2021									

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