

# COVID-19

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

Final Report May - June 2021

“1359 public voices”





# What's in this Highlight Report

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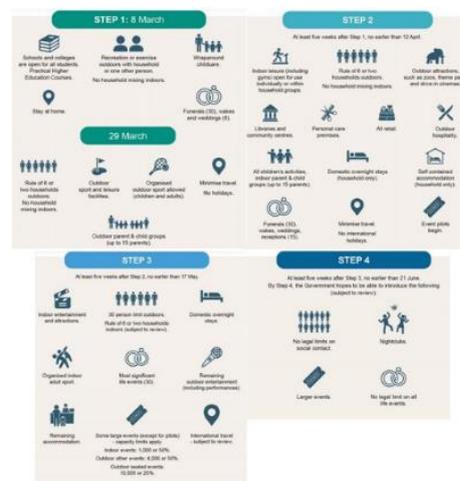
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# Overview for May - June 2021

The following provides headlines from the feedback received in May through to June 2021.

During these months, the English Government continued along its road map to a new normal, with reductions on stringent restrictions as the benefits of vaccination roll out firmly demonstrate an ability to return to some semblance of normal, whilst at the current time keeping death rates low and not putting further strain on the NHS. It is well published that the NHS and its patient waiting times are significantly high which will inevitably in itself lead to some level of harm. However, at the time of writing we see surges in case numbers rising rapidly and whilst daily deaths are still low, they continue to increase, therefore the longer-term impact on our NHS and communities is still an unknown.



The next and final stage of the covid road map is due to complete on the 19<sup>th</sup> July with a complete reopening of society and with the removal of restrictions, however, given the growth in positive cases this may yet be tempered.

## The key features for May/June:

The following identifies some of the key areas which were drawn from the 414 public responses provided between 1<sup>st</sup> May - June 30<sup>th</sup> 2021. It is important to note that throughout the report these headline statements are supported by contextual information and perhaps more importantly the words of the people behind the headlines.

- Down on previous months 42% of people responding felt fine and were looking forward to returning to some level of normality.
- We saw a marginal increase from 19% to 22% of people who felt anxious about leaving the house but also saw an increase in those who felt worried that restrictions were being eased too quickly this rise was from 28% to 33%
- We have not seen any significant variance to alter our commentary from March about the need for continued promotion and development of tools for resilience and self-care, and to stay ever mindful of those with new and existing mental health conditions who are experiencing challenges in accessing care and support.
- Replicated from previous months, there was still a consensus that people wanted more access to face to face appointments and still a fear from

our communities that health care and particularly GP services were still closed when in reality services have never been closed even though the physicality of the front door might have been. This may demonstrate the very literal and physical way people see and use primary care services irrespective of digital developments.

- Slightly down on previous months, 67% 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, referrals, assessments, diagnosis, and ongoing treatment are all cited as reasons for the negative impact.
- Over recent months we have seen a shift in the reasons people felt they were receiving an inequitable service. The main reasons cited for inequality were age, disability and have existing long-term conditions. Geography has moved down the scale.

When specifically asking people how services could be improved for the future the following highlighted 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.**
- **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 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. Questions will also be raised around 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? These are all questions which responses will provide some insight to.

Between 1<sup>st</sup> May and June 30<sup>th</sup>, 2021 we logged 414 of responses to our 'One Year On' survey from local people. In total, across the last few months, we have gathered 1359 public voices.

***Note to the Reader:***

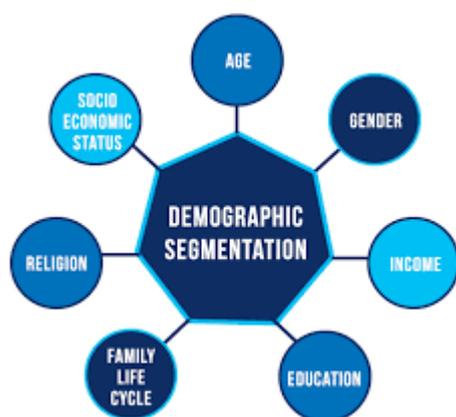
*To keep the main body of the report as concise and relevant as possible, we will only highlight our key findings. The methodology, survey questions (appendix 1), other representative charts and data can be found in the appendices.*

## 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 414 responses from 1st May to June 30th, 2021.

### Demographic Overview

We received a total of 414 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% (271) were female and 18% (61) were male.

In total 20% (66) of the respondents had caring responsibilities, 25% (85) had a disability and a further 51% (169) had a long-term condition. 91% 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.**

42% of respondents told us that they felt fine and looked forward to returning to some level of normality. A further 26% of people said they felt 'ok', this has noted a slight decrease in confidence levels with people feeling less able to cope, the rationale for this is possibly reflected in the increased concern that restrictions are being lifted too early and too quickly.

However it is important to highlight that **22% of respondents felt anxious** about leaving the house, this was an increase in level of anxiety from that we saw in April but not a variance of any significant note. 33% shared a feeling that restrictions were being lifted too quickly yet we saw a decrease in fear about catching Covid-19 (22%)

To summarise:

- 📈 42% of respondents said they feel fine but looking forward to getting back to some of the things they used to do.
- 📈 26% 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.
- 📉 33% of respondents said they were worried restrictions eased too quickly.
- 📉 22% of respondents still fear catching Covid-19.
- 📉 22% 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.

#### **Concerns for COVID-19 Variants**

*“Nervous because of the Delta variant and it’s spread around the world”.*

*“Concerned about the Delta Variant and it's ability to spread - concerned about how I would cope if I caught Covid again given I have Post Covid Syndrome already.”*

*“There may be another mutation and it might be resistant to the vaccine and we will not be prepared.”*

*“The new delta variant is sweeping the country, so it seems foolish to open up. I feel the government cares more about vote winning than making sensible decisions.”*

*“As someone with a lowered immune system I am getting increasingly worried about the Delta strain and rise in numbers of new cases, yesterday there were almost 23,000 cases.”*

*“Fear of more virulent variants causing another rise in cases.”*

#### **A Feeling of Restrictions Easing Too Soon**

*“Since the announcement of easing people have become complacent. Social distancing seems to be becoming a thing of the past. People's attitude is that if ministers are and have not followed the rules, we don't need to.”*

*“Happy with current restrictions, worried about further easing.”*

*“Things are moving too quickly and Covid will not just stop on a given date.”*

*“I think if we rush into opening up and have to lock down again it will be worse than any other lockdown and we have not got enough evidence yet that the vaccine has lasting effects.”*

### Wanting to get back to ‘normal’

*“I just want to get back to normal you can’t hide away forever.”*

*“Because I have been disappointed so often, I’ve given up hope, especially as members of the government go their own way so aren’t affected by the restrictive laws.”*

*“We can’t stay isolated forever.”*

*“It’s dragging on too long now we need to get back to normal living. It feels like we are being held captive.”*

**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 has not changed from March, there is clearly a feeling and acknowledgement that routine healthcare has slipped with routine medication and condition reviews being missed, patients citing difficulty in accessing particularly primary care, and the feeling that GPs are still closing their doors to patients.
- **Communication and Signposting for Everyone** - Confusing messages, lack of clarity and understanding between media fact or fiction. Given that media is for most the only way they hear about changes and news the concerns that people don’t trust the sources needs to be addressed with more messages coming directly from the source rather than the press and social media.
- **Access to Support, particularly for mental health** - The public have consistently talked about the need for better community care for mental health. This is echoed again here, with people moving into new states of mental health and unfamiliar with the care system and how to access it.

### Access to services

*“Local medical facilities being available such as A&E at night, outpatient appointments including restoration of those that were stopped.”*

*“Better access to GPs and Pharmacies when needed not weeks later.”*

*“Access to my GP and more importantly diabetic services!”*

*“Resumption of respite I’ve had 4 days off since March 2020.”*

*“Being able to access decent healthcare.”*

*“Being able to get a doctor appointment.”*

*“People need to be positive our GPs need to let us book appointments to see them. My yearly diabetic check-up is 16 months now.”*

*“Open surgeries where you can book ahead either online or by phone. Instead, we have this insane system where you have to call at 8am for that day!”*

*“Seeing the doctor would be a great start, and not having to use their rubbish online system to do so would help, remember it’s all about diversity and I want to speak to someone and make an appointment, not so hard unless it’s all about profit.”*

### Information and Communication

*“For the scaremongering and negativity in the media to calm down.”*

*“Clear information, it has been very confusing. The papers don’t help by printing fake news.”*

*“A lot more clarity on the numbers of new cases of Covid-19 given the differences between government and the ONS.”*

*“Clear and consistent advice from government.”*

*“Clearer information on what is and isn’t ok as there are many mixed messages.”*

### Social Distancing

*“Some restrictions on the number of people in small, enclosed spaces.”*

*“For it to carry on with care doing the masks etc in very built-up public places if we feel we are at risk. We need to get everyone we can vaccinated.”*

*“Not opening up the country until there are no new variants sweeping through the population.”*

### Resuming Face to Face Appointments

*“Getting back seeing all my specialists instead of phone consultations, as you can’t be examined on a phone and seeing more people who need cancer screening etc plus operations that people need.”*

### Concerns about people not following guidelines.

“I’d like to see everybody being cautious, not just a few, some people don’t sanitise when going in shops, or bother about distancing.”

### Support groups

“Group bereavement counselling. Meeting others in a similar situation who feel as I do.”

“Access to alternative therapies.”

“Specific mental health support and general support/understanding for all unpaid carers.”

“I am okay, but I do think there needs to be more available to people struggling with mental health and their financial situation due to loss of employment.”

“More support for anxiety, depression and ptsd. Nobody is offering the type of support I need. The services out there don’t help they are not specific enough and it’s youngsters with no experience in life that are the counsellors etc.”

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

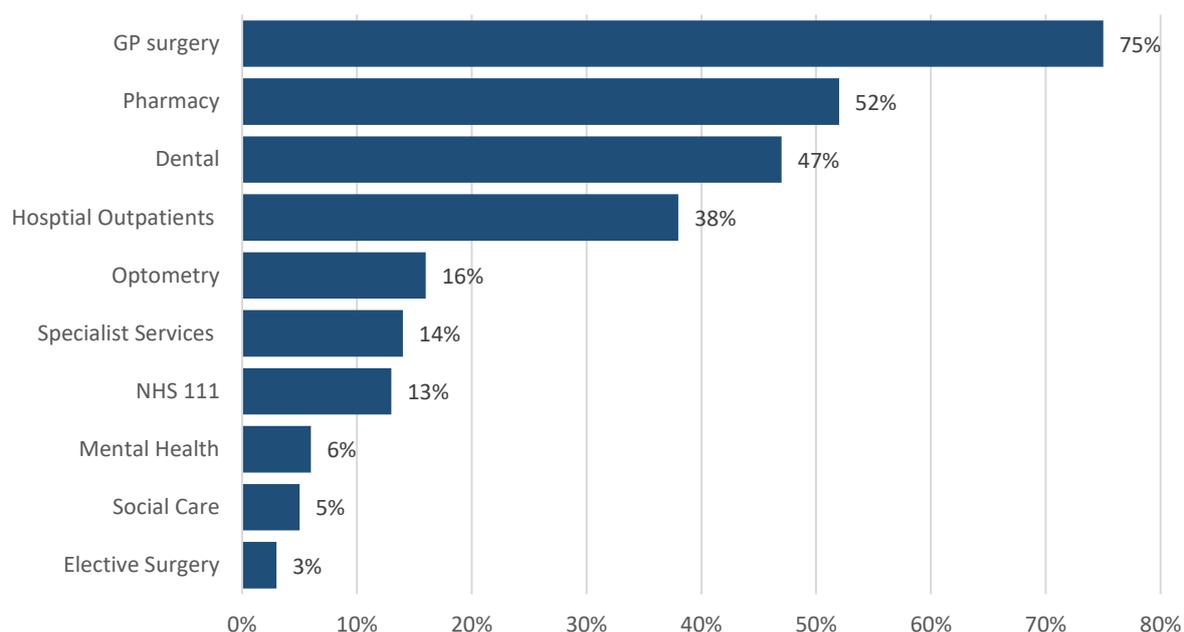


Within this section we are really interested in seeing how people are accessing services now.

**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 hospital outpatients, optometry and dental were the most accessed. At the bottom of the table mental health, social care and elective procedures were all the least accessed by those spoken to.

Table : What health and care services had been accessed during May and June 2021.



**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



askmyGP

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 or by phone and particularly the delays in getting through to someone and seeing them face to face. In addition to delays in medication and condition reviews which would normally have checked on their health and wellbeing routinely.

#### What went well?

“Good communication and understanding of my anxiety.”

“Really really good service but you can see the staff are tired.”

“Used Ask my GP, then was invited to an in-person appointment. I was anxious but reassured by the safety measures in place.”

*“Easy access. Helpful staff.”*

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

*“Door locked, have to wait to have the doorbell answered.”*

*“It can take an hour to get through to the surgery but then most people are very helpful.”*

*“Blood tests asthma check .... well organised but impossible to get face to face doctor’s appointment I give up.”*

*“Communication between hospital and GP surgery, following knee replacement surgery, after practice nurse took out my clips, using a NON-ASEPTIC technique, causing an infection of my wound.”*

*“Couldn’t use the online service as it’s repeatedly turned off after they get swamped in the mornings. I can’t do mornings I’m not fit due to medication.”*

*“Not friendly. Difficult to get face-to-face appointment.”*



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 people felt this was an additional hurdle to jump to get needed access to medical care.

#### **What went well?**

*“Good response. Got back to us within an hour. Listened. Advised. Said we could ring them back again if needed.”*

*“Easy to use very helpful.”*

*“Good experience, clear concise advice given.”*

*“Excellent service used several times in 2nd lockdown.”*

*“Provided helpful advice and reassurance. Follow up call was received within an hour of the initial contact.”*

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

*“Waste of time I needed to see a GP was sent to A&E waited 6 hours still didn’t see a GP.”*

*“Waste of time but it is one of the gateways to treatment.”*

*“Was told to attend Louth hospital (they informed) arrived 15 minutes before they closed. Door locked, not allowed in.”*

## Social Care



The feedback around social care was predominately negative. 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 from the service user perspective a lack of care, concerning also was to hear from a care worker who feels the care industry is in crisis.

### What went well?

*“Brilliant.”*

### What could be improved?

*“Carer refused to come and give me a shower. Multiple Calls to say they have no carers available today.”*

*“Non existent.”*

*“I think they have closed , disgusting not visiting so much missed when just doing phone assessments.”*

*“Told me in the middle of a pandemic to buy my own PPE and wear it when I went shopping to buy food and collect prescriptions or got agency to phone to do this expecting me to pay the agencies full rates which I could not afford, and pharmacy said they would not release meds to anyone else other than me due to the type of meds issued. As a disabled unpaid carer, I have to buy a prepaid prescription as I do not meet the criteria for free prescriptions it is disgusting as I have to wear a wrist splint, I had to buy two different sizes in gloves so twice the expense. My disability was caused via a car crash, not my fault and medical negligence via NHS who refused to treat the injury unless I signed a waiver, I refused so they refused to treat the injury...”*

*“This time I was fobbed off as I tried to self-refer to get some help from an OT, Tonic Health got involved and now will be contacted this week to sort assessment.”*

*“Waiting a long time to receive a full package of care for a loved one and have to keep chasing this up.”*

*"I work as a care assistant and health and social care is in crises and has been without Covid."*

*"One phone call in over a year to ask if I was OK. Not enough at all."*

*"Mum's treatment in her care home has been abysmal."*



## **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, patients talked of an elitist health system where only those that could afford to pay privately were able to get timely treatment.

There are concerns for those patients who are receiving a service, the quality and level of the service is below what they had previously received but this is not reflected in the financial burden of fees.

### **What went well?**

*"Dental surgery very helpful."*

*"A check-up which was carried out professionally with all Covid precautions being taken."*

*"No issues- very good safe procedure in place."*

*"Excellent service."*

*"Very good at helping me with my fear of panic attack."*

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

*"Worried my appointment would be cancelled again for the 4th time. Didn't feel a proper examination took place but I was charged more for the service."*

*"I have at last seen a specialist after being referred in December 2019."*

*"Well organised but dentist hardly touched my teeth for check-up and said they couldn't clean/polish my teeth because of restrictions. Still charged the usual fee though!"*

*"Appointment kept being cancelled due to lack of dentists."*

*"Took me four months to get a broken tooth filled, very poor service when you phone then it's like they don't want to know."*

“Again, have to wait out outside in all weathers.”

“The 'elite" of the healthcare system! No NHS appointments, but pay privately you get an appointment the next day.”



## 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.

This public feedback really tells real stories impacting on people lives in the moment.

*“Husband kept having appts cancelled he got to suicidal stage, and we had to beg to see his consultant . Has been waiting for operation to help with side effects of bowel cancer. It’s been disgusting there had to be other ways of keeping services going.”*

### What went well?

“Good communication.”

“Dermatology - face-to-face. Very good experience.”

“Great service all very helpful at Grantham Hospital.”

“Recent ultrasound and MRI scans organised speedily, and results communicated in a reasonable time scale.”

“Very good got an appointment for rheumatology very quick after emailing the rheumatology helpline.”

### What could be improved?

*“I think the issue here was the specialist not understanding my issue. She wanted to send me to incontinence nurses but I'm not incontinent. She diagnosed a prolapse which is giving me issues, but I felt fobbed off about an operation which was the option she suggested but will not follow up on.”*

*“Referred for feminine prolapse. Telephone consultation for this problem was inappropriate and useless.”*

*“Long wait for appointment, still not had one that was supposed to be 6 months post treatment. Now at 9 months.”*

*“I should have been having regular check-ups for a bleed behind my eye. I have not been seen at the eye clinic for nearly 2 years. The optician had just arranged an appointment for me in July as they found another problem connected to the previous surgery.”*

*“Only get phone call from rheumatologist, all other depts seem to have faded away, ....eye clinic, gastroenterologist clinic. Waiting for referral appointments to liver clinic and cardio clinic for over 3 months with no contact whatsoever as to when that may happen. Was told by outpatients appointment it may take up to a year!”*

*“Not seen 3 different consultants in 18mths , I should according to their good practise be monitored every three months, not had a phone call, nothing. Bet they’ve dropped me from their lists. Just been abandoned. Health deteriorating now. Can’t get to see GP either.”*

*“Only seen my consultant once in 18 months, three other consultants seem to have dropped me from their lists without telling me as have had no contact with then and will have to start the referral process all over again. One new referral in March has still not been reviewed according to NHS app.”*

*“Telephone and video appointments. Not helpful when I have autoimmune disease, problems with medications. Told I needed a change of treatment. Been waiting 8 months so far, appointments cancelled, and still waiting for phone consultation. After a problem occurred with my bloods, I was not consulted for months, then I was told conflicting info, expedited appointment with haematology was not acted upon. Waited 8 weeks to be told I hadn’t got the Myeloma that they suspected. I could go on....”*

*“Husband kept having appts cancelled he got to suicidal stage, and we had to beg to see his consultant. Has been waiting for operation to help with side effects of bowel cancer. It’s been disgusting there had to be other ways of keeping services going.”*

*“I had to wait sixteen and a half months to see a consultant instead of the four and a half months I should have had to wait. This no doubt will have the effect of shortening my life.”*

## 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 appear to be deteriorating, from some initial relief that services were opening back up, to comments now which reflect waiting lists, not intermediary support whilst waiting for services, lack of understanding and lack of appropriate care particularly face to face.



### What went well?

“Accessed online therapy, no issues and very beneficial and convenient.”

“Very good. Quick to get on steps 2 change to start help.”

“Frequent and excellent service online (Teams calls) through the NHS Veterans Mental Health Complex Treatment Service.

Have been very good with support. Video and telephone consults.”

### What could be improved?

“Fabulous initial service but now playing the waiting game with little or no support.”

“My anxiety and depression is worse than ever. Contacted mental health services a few weeks ago. No help available until 8 July.”

“Have accessed various mental health services all of which haven’t help. The people I have spoken to on the phone had no comprehension of what I was going through. Didn’t listen to what I was trying to tell them. All working to a predetermined script. No face-to-face appointments. The only service that helped was Darkside Rising which works by using mindfulness art which really helped me relax. I studied mindfulness myself during lockdown which was helpful to me. Steps2change which is the NHS service should be abolished as useless for reasons already given.”

“I have struggled to get help in this area, only support has been provided by Steps2Change and Tonic Help. Received No help whatsoever from my own Doctor, she stated no provision for adults in this area.”

“STRAINED MENTAL HEALTH SERVICES EVEN BEFORE THE PANDEMIC! SHOCKINGLY WORSE NOW! AND FOR GODS SAKE, PLEASE MAKE VAST IMPROVEMENTS AND SWOOPING CHANGES TO CAHMS. CHILDREN ARE DAMAGED AND DYING INDIRECTLY FROM COVID!!”

“Appalling, uncaring, lack of understanding from Psychology dept, Boston. Have had to find a private counsellor who tries to understand the problem rather than being more interested in whether the patient would engage with them even though they’d already attended several appointments.”

“Services stretched before Covid and even more now. Means that people I care for are not getting the support they need.”

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

Whilst it is encouraging to hear the positive feedback in the areas of some specialist services, it is acknowledged throughout the commentary that people are experiencing limited access to services for initial and ongoing care. It is truly disheartening to hear people share experiences of delayed and missing treatment pathways in care which is so critical to their longer term wellbeing.

### What went well?

*“Excellent clinic - consultant very thorough and re-assuring.”*

*“Cardiology at Papworth - excellent communication and care.”*

*“Breast cancer services . I was diagnosed in March this year . Operated in April having further surgery next month. Can’t fault them in any way.”*

*“Neuro psychology by phone and have been so helpful.”*

*“Oncology, chemotherapy, couldn’t fault it, kept going through the pandemic, excellent service.”*

### What could be improved?

*“Everything is over the phone. What good is a physio appt over the phone! RUBBISH!!!”*

*“Cannot access any specialist services through GP. It feels like they don't want to refer due to waiting list etc.”*

*“Haven’t spoken to the Diabetic nurse for well over a year. My tablets are incorrect. 4 times a day but they give me a prescription for 2 months’ supply. Have given up trying to explain on the phone.”*

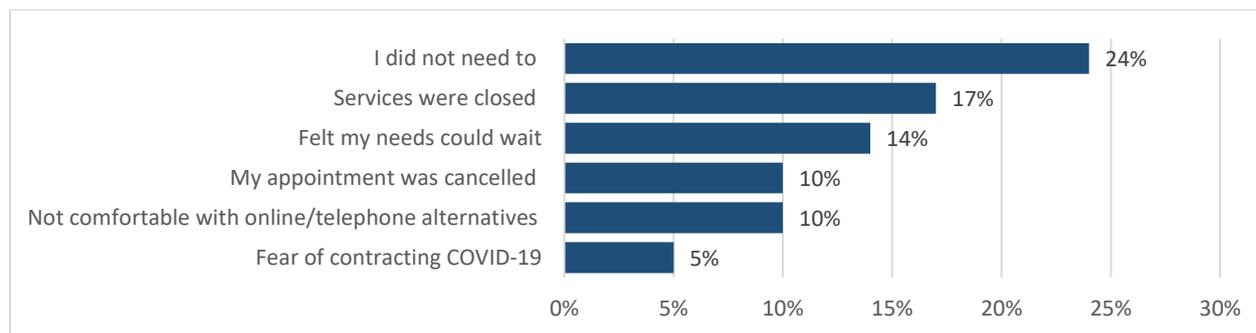
*“Online not good for serious illnesses. Also dislike waiting 45 minutes for what turns out to be a 10 minute consultation on a terminal prognosis.”*

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 24% of people responding did not have a need in that time to contact services. 14% of people for whatever reason felt their needs could wait. 17% worryingly felt that they were unable to use services as they feel they are still closed to patients. The people not accessing

services because they are uncomfortable with a digital or virtual system has remained the same throughout this work at around 10%.



**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.**



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 into June continued dissatisfaction of almost all areas of access. This might be because of people becoming more familiar with practices and therefore the satisfaction level may drop once the new systems become embedded as business as usual. The only area which has consistently bucked the trend in terms of dissatisfaction was pharmacy and access to prescriptions where the public experiences during and post covid have been positive.

	Month	Booked online appointment	Change	Used askmyGP (or similar)	Change	Video Consultation	Change	Telephone Consultation	Change	NHS Prescription	Change
<b>Easier</b>	March	38%		40%		26%		25%		79%	
	April	30%	↓	33%	↓	3%	↓	20%	↓	75%	↓
	May	29%	↓	34%	↑	21%	↑	22%	↑	82%	↑
	June	28%	↓	29%	↓	19%	↓	14%	↓	78%	↓
<b>Same</b>	March	18%		18%		22%		23%		17%	
	April	15%	↓	14%	↓	21%	↓	24%	↑	17%	
	May	15%		7%	↓	18%	↓	16%	↓	11%	↓
	June	10%	↓	16%	↑	4%	↓	15%	↓	17%	↑
<b>Difficult</b>	March	44%		43%		52%		51%		5%	
	April	55%	↑	54%	↑	77%	↑	56%	↑	8%	↑
	May	56%	↑	59%	↑	61%	↓	62%	↑	7%	↓
	June	62%	↑	56%	↓	77%	↑	72%	↑	5%	↓

The following respondent feedback highlights some of the positive comments and not so positive comments.

### What worked well?

*“Ordering prescriptions and updating medication.”*

*“Mental health steps 2 change counselling was great as it could capture more people. You didn't have to talk if you didn't want to and the presenters were available for 1:1 if needed. Love the telephone consultations as you only need to go to the surgery if the doctor needs to see you. This initial service could possibly be triaged by nurse practitioners freeing up doctors time and would cut costs in the long term.”*

*“Easy read and GP passport.”*

*“Online repeat prescription service works well.”*

*“It is much easier to obtain a repeat prescription online as you can order it when the thought occurs to you, you don't have to wait for the surgery to open or hold on the phone waiting to be answered.”*

*“Having agoraphobia, it eases my anxiety having services available online. And I'm far more likely to use them. It's an option I would prefer to access in the future.”*

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

**A need for face to face.**

*“The people I work with (vulnerable adults) are not happy with not being able to f2f with their GP even when the service is available.”*

*“I just cannot see how I can have a thorough initial cardio or gastro consultation via a telephone call.”*

*“Only use digital service to re-order my prescription. Should I need to access any other service I would prefer to speak to a human being, but feel this choice is being taken away from us.”*

*“I have a lesion on my top lip. A video call was a waste of time because it could not clearly be seen.”*

*“Ask My GP works well when it’s not disabled by the Surgery, they also would benefit from not disabling many other services such as appointments many of us still have appointments and checking online the day and time used to be easy till it was turned off.”*

#### **IT Barriers**

*“Not easy to use.”*

*“We live in a village at the bottom of a hill only broadband no fibreoptics so signal in one room only and very intermittent.”*

*“Please understand that not everyone is computer literate. Older people often do not have mobile telephones let alone a computer or iPad.”*

#### **Communication and Support**

*“Telephone consultations can work well. BUT the communication between hospital and surgery is not always there, there is slow communication from the surgery re results of tests. My records cannot always be shared - why are the computers not linked easily???- this is 2021.”*

*“Actually, getting someone from GP surgery to respond to online questions. I submitted a query about a blood test and now 10 days later have had no answer.”*

#### **Inconsistent digital access across Lincolnshire**

*“Our doctors’ website does not facilitate booking appointments which would be easier than trying to get through on the phone.”*

## **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.

- **Timeliness** - Greater ability to have control over the times when they would be called back or contacted as not knowing caused stress, anxiety and inconvenience.
- **Efficient and Effective** - Effective listening from staff to understand the issues and ensure the patient receives the right services, asking the right questions to make sure people are signposted to the right services every time.

### Respondent comments:

*“Video live links to doctors from booths in pharmacies, or hospitals where you can talk direct and they can assess minor issues without face to face. A&E could be streamlined in this way. Our local Pilgrim hospital is an absolute nightmare. There seems to be a lot of repetition and faffing about and waiting times are ridiculous. Video A&E would mean parents would not need to drag children there unless necessary and I would not have to sit in the car park for hours whilst my elderly mother is waiting assessment, not knowing what is going on.”*

*“All services working off the same “hymn sheet”. Too many different access points Not the right info to gain correct access GP not keeping patients up to date.”*

*“Easy read People understanding learning disability patients Learning Disability nurse.”*

*“Simplify it ... have more options instead of red flashing up saying you need to access urgent services etc! This happens for the simplest issues!”*

*“As one gets older there is a need to more holistically address health problems as a whole.it would seem that GP's only want one problem in one consultation which is ridiculous.”*

*“I would prefer to have a face-to-face appointment with a Doctor when I have a medical issue.”*

*“I found the telephone consultation inconvenient as there was no set time - it was just said a doctor would ring in the afternoon so anywhere between 12 - 6pm.”*

*“Staff who use them need to be better at listening & communicating and picking up on significant information.”*

*“I think that having digital healthcare services, as long as personal information is kept securely is a good way to move forward.”*

*“Knowing when the doctor is going to call and being able to understand what they are saying and not feeling rushed - Being able to make a specific timed appointment.”*

*“Would like ability to email surgery as do not always need GP intervention. It's sometimes with nurse specialists.”*

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, where we have seen a peak in people spending more time with their family and the people they live with, we have now, not unexpectedly seen a decrease in this, most likely as a result of the restrictions being removed. People are tending to get out more and spend time and visit people outside the family home and take part in more normal activities such as the gym and swimming pools.



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

- 69% - Staying in touch with family and friends remotely.
- 52% - Exercising outdoors.
- 45% - Reading.
- 43% - Using the internet to continue usual activities.
- 40% - Gardening.
- 38% - Spending more time with people they live with.
- 37% - Limiting watching the news.
- 34% - Watching more films / streaming services.
- 28% - Exercising indoors.
- 27% - 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.**



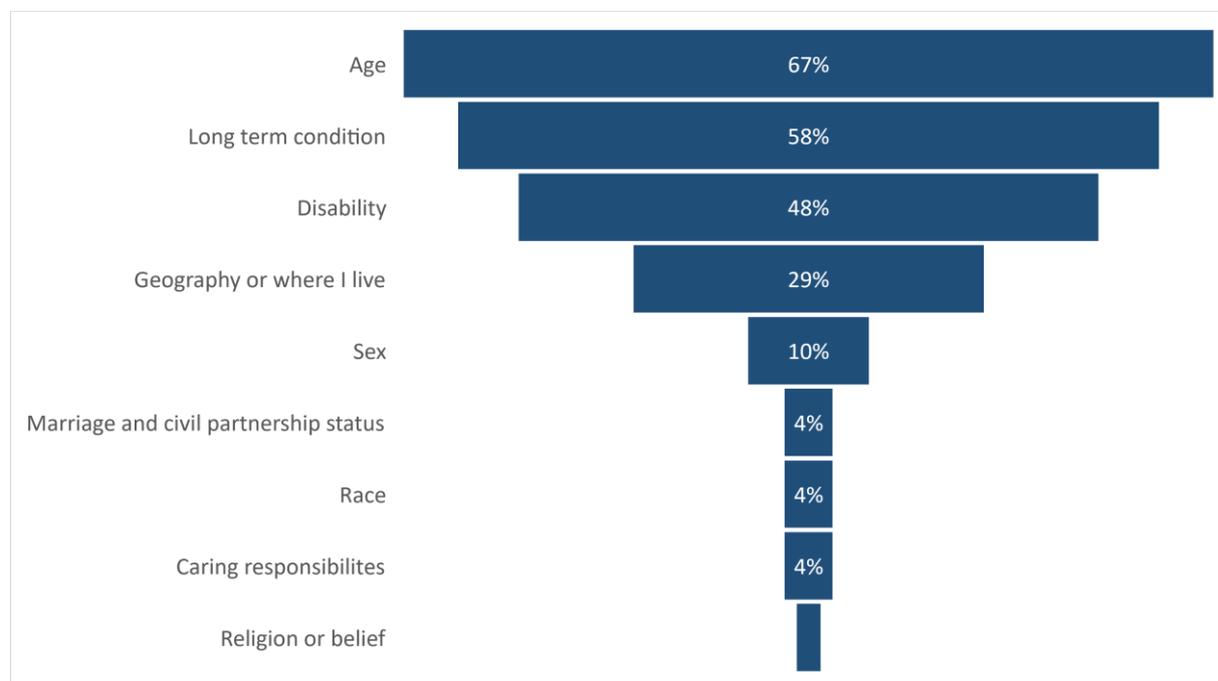
The graph below aims to show the key characteristics which respondents drew our attention to in terms of inequitable care. What we were unable to ascertain a true reflection of was to what degree this was different to pre-pandemic environments as no benchmark has been set.

As in March, April and May, 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. This has changed somewhat during June and now the inequality focus has remained as age as the primary reason, however second to this now comes long

term conditions and then disability. Therefore, suggesting that those with existing medical needs are suffering more than most to get the care they need.

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

*"I feel, as a woman of my age I am not taken seriously by my GP and my Covid and Post Covid Syndrome is not being taken seriously and being invalidated."*

*"Because I'm male in my 40s and disabled. Apparently, it's all my fault (everything) and no help exists for people that fall into that category."*

*"Older so just left, doesn't seem to matter about older or disabled people."*

*"I am more than 84 years of age and am treated as if I am senile which makes me very cross."*

*"Seems as though there is less concern for older people."*

*"I have various long term health issues and disabilities. I have found even more so during lockdown that because of my age etc nobody wants to help me or not want to listen to my concerns."*

*"Seem to be written off as old and therefore conditions not treated, "it's an age thing to be expected" when you know it's another complication of your existing condition."*

*"They write you off as age related problems that should be put up with, rather than a new medical problem that could be sorted with a little care,*

*You get to 60 and it seems your written off as things are age related and you have to 'put up with it' rather than being treated."*

### **Long term conditions / Disability**

*"I had diabetes due to chemotherapy, my GP during a phone consultation didn't give me any dietary advice, he told me to Google it, no follow up appointment or care, I feel this was due to both my age 69 and my ovarian cancer that is incurable."*

*"Feels like oh you've got long term illness just get on with it and manage."*

*"Feel my heart condition has not been checked for a long time."*

### **Geography - Access to services**

*"Long and expensive journeys to attend hospitals when previously it was local."*

*"The health service is not very good in Lincolnshire, the nearest main hospital to me is Boston. I cannot drive due to diabetic neuropathy in my feet."*

*"I know people in different areas where GPs are offering face to face appointment rather than being assessed by a receptionist then a nurse then a nurse over the phone just to be fobbed off with tablets."*

*"My surgery dispenses to some patients but not others based on where they live. I cannot physically use high street pharmacies so rely on someone to fetch my medication for me."*

*"Believe health care in Lincolnshire is underfunded and we have to travel to get to hospital. Louth's hospital is good."*

### **Caring responsibilities**

*"It has taken months to be recognised as a carer and receive carers support. Volunteering has been allowed but I am always refused due to age as I will be more vulnerable. That is my decision."*

*"As a carer we continued to be ignored. Bottom of the food chain... we never count."*

*"I am disabled myself due to arthritis. I am an unpaid carer for my husband who is in a wheelchair. He has become quite reclusive. This has a detrimental effect on my mental wellbeing."*

### **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."*

### **Mental health**

*"I have PTSD and many people do not understand the effects of trauma and this sometimes makes it difficult for me to access the help I need. I get the impression*

*some staff have no concept of the condition and feel the need to try and fix me when they have no training in the area.”*

### **3. Finally**

The final months of our campaign have 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 has been to 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.

We want to express our thanks to all those who have taken part in this work and are pleased to be able to share their voice with the people who are charged with looking after our local population’s wellbeing.

## 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	338
Month 3 - May 2021	230
Month 4 -June 2021	181

### 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	0	1	2	3	27	73	59	16	2	47	230
	0%	0.6%	1.09%	1.64%	15%	40%	32%	9%	1.09%		
June	1	0	3	6	18	54	49	16	0	34	181
	0.7%	0%	2%	4%	12%	37%	33%	11%	0%		

### Gender breakdown month on month.

	Male	Female	Other	Skipped
March 2021	98	413	0	99
April 2021	63	221	0	54
May 2021	33	150	2	45
June 2021	28	118	0	35

## 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	62	123	16	29
	31%	61%	8%	
June 2021	8	137	12	24
	5%	87%	8%	

## 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	43	46	90	61	8
	23%	25%	49%	33%	4%
June 2021	22	38	77	47	4
	15%	26%	53%	32%	3%

## 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	6	49	22	21	28	34	15	10
	3%	26%	12%	11%	15%	18%	8%	5%
June 2021	9	26	14	15	17	42	14	8
	6%	18%	10%	10%	12%	29%	10%	6%

## 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	164	6	7	0	0%	1	1	0	0
	91%	3%	4%	0%	0%	>1%	>1%	0%	0%
June 2021	134	5	3	1	0	0	1	1	0
	92%	3%	2%	>1%	0%	0%	>1%	>1%	0%



*Proud to deliver .....*



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