



COVID-19

What you told us

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Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT
Tel. 01386 550 264

Email: info@healthwatchworcestershire.co.uk
www.healthwatchworcestershire.



About Healthwatch Worcestershire

Healthwatch Worcestershire provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people’s views are listened to and fed back to services and commissioners in order to improve services.

What did we do?

The Covid-19 outbreak and resulting restrictions have had and continue to have an unprecedented impact on our everyday lives and the way in which we access health and care services and support.

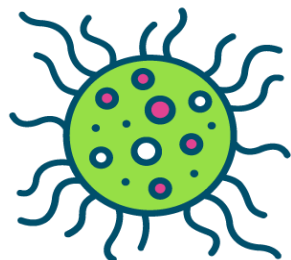
In April, Healthwatch Worcestershire launched a survey to gather the experiences of people in Worcestershire during the Covid-19 outbreak.

Over 2,400 people of all ages from across the County responded to our Survey.

1 in 3 respondents considered themselves to be at high risk of Covid-19. Over 700 respondents said they were carers.

This Report highlights our main Themes and Findings - reflecting what you told us about your experience of Health and Care Service during this unprecedented time.

The [Full Report](#) can be found on our website.





INFORMATION & COMMUNICATION

Topics people found it difficult to get information about

Early On:-

- Testing for Covid-19
- PPE (Personal Protective Equipment)
- Avoiding Transmission

Later:-

- Mental Health and Wellbeing
- Changes to health care services they usually used
- Managing existing health conditions

Topics people wanted information about changed over the time that the Survey was open

Finding Information

Generally, respondents were not having difficulty **finding, understanding and keeping up to date with information** about keeping themselves and others safe during the Covid-19 pandemic. However, carers and people in the “White Other” group found this more difficult than other respondents.

People were using mainstream media such as **TV, radio and newspapers and online national information source** (e.g. Government or NHS website) more frequently than local online sources.

When asked **how helpful** people who had used an information source had found it, local websites (e.g. local hospital, voluntary organisations etc.) and Worcestershire County Council websites were rated as the second and third most helpful information sources after national websites. This suggests that, **although local information sources may not be as frequently used as national sources, when people do use these they find them helpful.**

Online information sources were rated as less helpful by people in the ‘White Other’ group than by ‘White British’ respondents.

Social media was the third most frequently used information source but was rated among the least helpful information source by those who used it.

“Going Digital”

‘44% of people who had additional communication needs had not been able to find information and advice in the formats or languages needed’

There was a mixed picture in respect of the use of telephone and video appointments by GP and other online health services. When asked whether there were any positive changes to health services during the pandemic, 211 people rated this as the most positive change.

However, we also heard about the challenges this posed to people who, for a variety of reasons, either lacked confidence in or found it difficult to use the telephone. People also told us about difficulties for those who did not have access to or use the internet, smart phones, or computers.



The NHS and care services will need to ensure that a move to more telephone / video / online services takes account of the whole range of individual circumstances, information needs and communication requirements.

HERE HELP WORCESTERSHIRE

35% of respondents had heard of Here2Help Worcestershire Covid-19 community action response, whilst 65% had not heard of the scheme. Fewer respondents from Redditch and Bromsgrove had heard of Here2Help than elsewhere in the County. Most of the 98 people who used Here2Help got a quick response (within 48 hrs), however 11 people waited over 72hrs for a response.

Most people who had used the scheme had found it helpful and the majority of comments that we received about it were positive. Of the people who had not found the scheme helpful the most frequent reasons were not being eligible for help or being unhappy with the response provided. There was support for the scheme carrying on beyond the pandemic.

MENTAL HEALTH AND EMOTIONAL WELLBEING



One in five respondents told us that Covid-19 was having a **great deal or a lot** of impact on their mental health.



The proportion of people who told us this increased over the time the Survey was open - suggesting that the impact on people’s mental health and emotional wellbeing is **increasing as time goes on**.



People aged 44 and under, carers, people with disabilities and people from the ‘White Other’ group more frequently reported that Covid-19 was having a **great deal or a lot** of impact on their mental health and emotional wellbeing than other respondents.

Most people told us that they had not needed any support for their mental health and emotional well-being. Of those who did most (25%) had received this from their family and friends. **Only 1% had sought support from a mental health care provider.**

However, 8% of respondents (170) had not been able to find support for their mental health and well-being. Most frequently this was because they didn’t know how or thought that others needed this more.

People who were in touch with mental health services found communication poor and the service difficult to access.

More information is needed for the public about mental health service and how to access them.

EXPERIENCE OF HEALTH SERVICES

GP Services



There was a **mixed picture in respect of GP services:**

- ✓ 69% who received communication from their GP rated it as excellent or good
- ✓ 707 people who had needed to access GP services found them easy to access
- ✓ 211 people told us that they thought the use of telephone and video for GP/NHS appointments was a positive change

However, we also heard that:

- 297 people hadn’t had any communication from their GP - more people in Worcester City & Redditch told us this than elsewhere
- Carers rated communication from GP services less favourably than other respondents
- Some people told us it was hard to get through to their GP on the phone, they couldn’t see their GP face to face, they were not happy with telephone and video appointments and they couldn’t get treatment for long term conditions

Hospital Services



People identified the decreased / more appropriate use of **Accident & Emergency (A&E)** services due to Covid-19 as a positive change. People who had needed to access A&E found it easy to do so.

However, we also heard from people about **difficulties accessing planned treatment and outpatients’ appointments**, many of which were postponed due to Covid-19. Whilst there was understanding of the reasons for this there was also concern about when services would be re-instated, delays to referrals, impact on waiting times, and delays to diagnosis and treatment. **Further communication with individuals and the public is needed to address this.**

Dental Services



Dental services were unavailable except for emergency treatment for much of lockdown, so they were identified as services that people chose not to / found it difficult to access. However, we also heard that **finding information about the availability of emergency dental services was difficult** for people. We are still hearing of people finding it hard to get routine treatments or find an NHS dentist.

Communication from health services

Communication most frequently rated **excellent or good**, by respondents who had received communication about that service, were from:

- ✓ Pharmacy
- ✓ GP
- ✓ Hospital (A&E) / Minor Injuries Unit

Communication received that was most frequently rated **poor or very poor** were:

- Mental Health services (Children and Young People and Adults),
- Maternity Services
- Planned Hospital Treatments and Therapists (e.g. Physiotherapy and Occupational Therapy)

Ease or difficulty in accessing services

Looking only at respondents who needed to access each service the easiest to access were:

- ✓ Ambulance services
- ✓ Pharmacy
- ✓ Hospital (A&E)
- ✓ GP
- ✓ NHS online

Services that people had needed but found it difficult to access were:

- Adult Mental Health
- Therapists
- Children and Young People Mental Health
- Hospital- Planned Treatments
- NHS 111 (Phone) and Dentist

People are choosing NOT to access health services

When we asked people about accessing services we provided an option for people to tell us that they had **needed to access a service but had chosen not to**. 903 people told us their reasons for this:

- Did not want to put pressure on the service
- Fear of infection
- Felt that their complaint was minor



Services that people had needed but had most frequently chosen not to access were: Dentist, Children and Young People Mental Health, Adult Mental Health, Therapists (e.g. Occupational Therapy / Physiotherapy) and Planned Hospital Treatments.

These findings suggest that there may be pent up demand for health services which could put pressures on NHS services as they are re-instated.

EXPERIENCE OF CARE AND SUPPORT SERVICES



156 respondents received or cared for someone who received care and support services.

97 people had experienced a change to their care or support service.



Most were happy with the communication they received about changes to the service, but 15 people had not received any communication.



Most comments that we received were about care at home - 18 people told us that they had stopped their care because they were afraid of infection.

Other comments were concerned about PPE supply (7), praise for local organisations and lack of support for children/adults with additional needs and their carers.

POSITIVE CHANGES THAT PEOPLE WOULD LIKE TO SEE CONTINUED

When asked if there were any positive changes to services that people would like to see continued the most frequent response was:

No, people could not identify any positive changes - 246 people told us this.

Overall, **20 positive changes were identified**. The three **most frequently** are:

- Use of telephone and video for GP / other NHS appts (211)
- Decreased /more appropriate use of A&E and Emergency services (67)
- Increased funding / appreciation of / praise for the NHS, its staff and care staff (61)

ACTIONS FOR THE NHS AND CARE SERVICES

Overall, there are many positive messages from this Report. People recognised the unprecedented challenges presented to health and care services by the Covid-19 pandemic and were appreciative of NHS and care staff. Nevertheless, the findings from the Survey have identified some issues that need to be addressed as we move forward into the next phase of reinstatement of NHS services. These are reflected in the recommendations below.

Information and support

1. Promote the availability of local information sources across the County
2. Ensure that information is accessible, and produced in a range of formats and in community languages to meet diverse communication needs
3. Target information to reflect the needs of specific audiences e.g. carers and people with disabilities
4. Further promote the availability of the Here2Help scheme, particularly in the north of the County

Access to services

5. Explain to patients and the public the plans in place to ensure that increased use of telephone, video and online health services does not disadvantage individuals or re-enforce existing health inequalities and digital exclusion
6. Proactively contact individuals to reassure them about expected appointment waiting times, planned treatments and their ongoing care, and provide advice and guidance as appropriate
7. Provide and further promote information to the public about the reinstatement of both primary and secondary health care services
8. Provide and further promote information to the public about the future management of ongoing health conditions

Mental Health

9. Use available opportunities to survey the impact of Covid-19 on the mental health and emotional wellbeing of both children and young people and adults
10. Further promote communication about mental health services to the public - addressing the perception that services are unavailable / inaccessible
11. Improve communication from mental health services to those in receipt of them