healthwatch
Wiltshire

Covid-19 Insight Report

Experiences of health, care and community services

December 2020 — March 2021

Contents

Report summary

What is this report about?

This report looks at people's experiences of using health and care services between August 2020 and March 2021. This period covered a second national lockdown and the initial rollout of the vaccination programme.

What did we do?

- We designed a survey that asked people about their use of health care and community services and their experience of using those services since August 2020.
- We publicised the survey through our community and voluntary sector partners and also participated in three local radio interviews to publicise the work.

What were the key findings?

- Covid-19 restrictions and changes to service delivery were generally understood and largely accepted by those who responded to the survey.
- Most of those (68%) who had used services said that it had been easy to get the support they needed. However, there remained a notable proportion (21%) who said that they found it difficult.
- Comments about the quality of care received were largely positive.
- People with a health condition or disability reported a higher level of difficulty accessing help and support.
- Unpaid carers had significantly greater difficulty accessing the help and support they needed.
- Communication, whether good or bad, was an important aspect of many responses to the survey.
- Online systems and phone calls were seen by most as being an efficient system for making contact, however there were several responses that highlighted concerns around this.

Recommendations

The report draws conclusions from the views and experiences that have been shared with us and makes recommendations based on these. We recognise that services have had to adapt. The recommendations make suggestions that aim to improve local people's experiences of health and care services going forwards, based on what people have told us.

Introduction

Throughout the Covid-19 pandemic the way health, care and community services operate has been profoundly affected. This has included postponing non-urgent treatment, reduced face-to-face appointments, care homes and services limiting public access and substantial changes to the way voluntary and community services can be provided.

It remained important to Healthwatch Wiltshire to understand and share local people's experiences of the changes, as services continually adapted throughout the course of the pandemic.

This report outlines what we were told about their experiences from August 2020 onwards, in a survey that ran between December 2020 and March 2021. This period covered a second national lockdown and the initial rollout of the vaccination programme.

Our approach

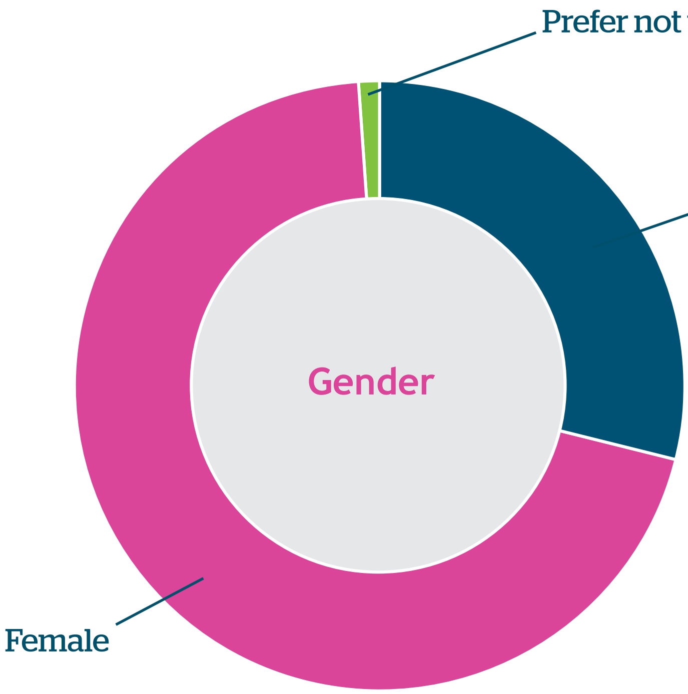
We designed a survey that asked people about their use of health, care and community services and their experience of using those services since August 2020. Our survey provided people with the opportunity to reflect on and report their experience of up to three different services. We also asked our respondents for their views on what they thought should be the priorities for the work of Healthwatch Wiltshire for the year ahead.

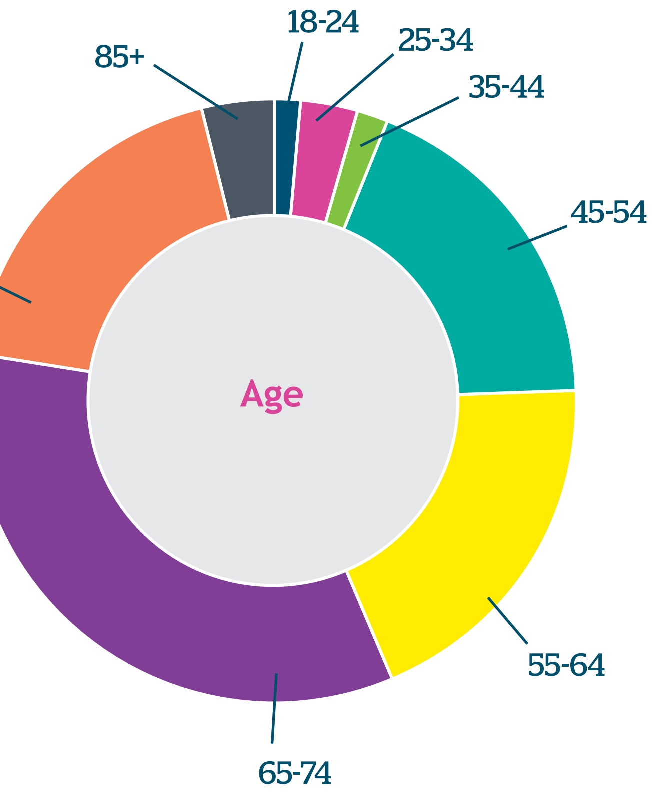
We publicised our survey through our community and voluntary sector partners. We also participated in three local radio interviews to publicise our work, the survey and to try and reach those who were not online. Our survey was available to complete online, on paper or by telephone.

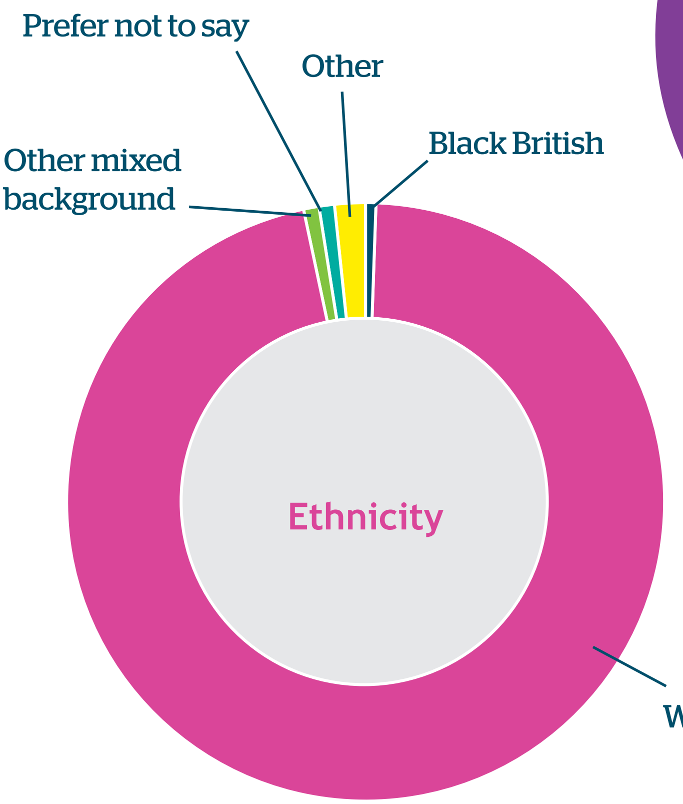
Who did we hear from?

145 people completed our survey. Most of these (96%) did this online, with 3% completing it by telephone and 1% on paper. It is important that this is considered when interpreting the findings.

Here are some demographics of those we spoke to, with 51% considering themselves as having a health condition or disability, while 22% were unpaid carers.





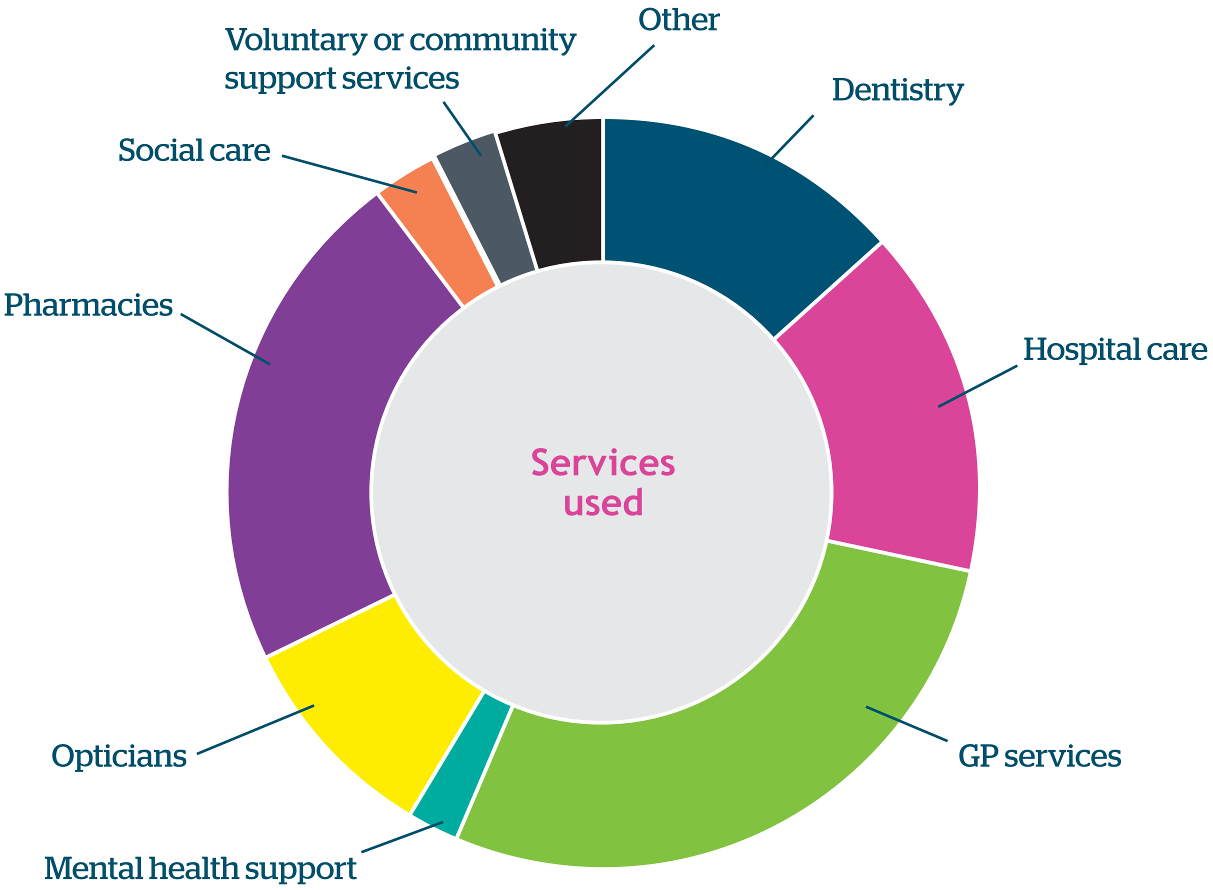


What did people tell us?

Overall findings

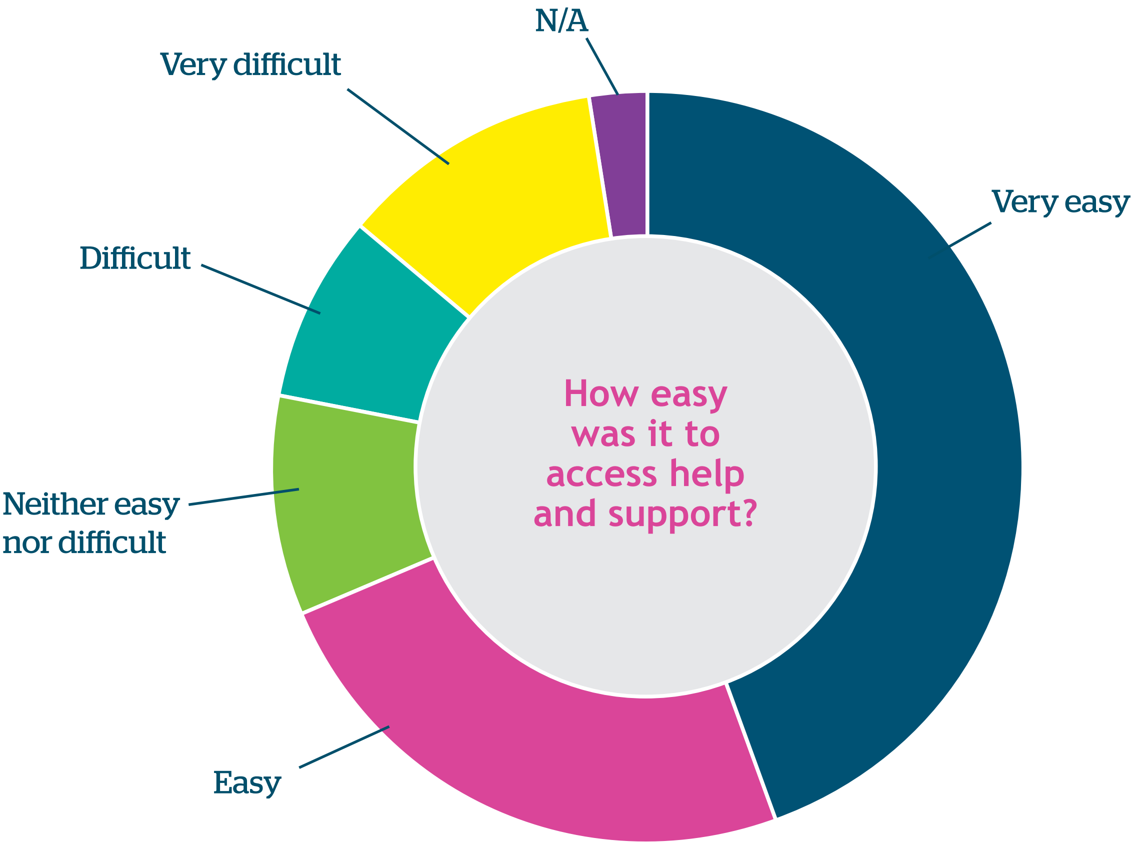
Overall, it is clear from the survey that Covid-19 restrictions and changes to service delivery were generally understood and largely accepted by those who responded to the survey. Responses indicated a high level of compliance with Covid-19 regulations and many participants commented on the need to follow social distancing and related guidelines.

Our survey asked which services had been used from August 2020. Our 145 respondents identified 411 incidences of using services. The breakdown of those used is shown in this chart.



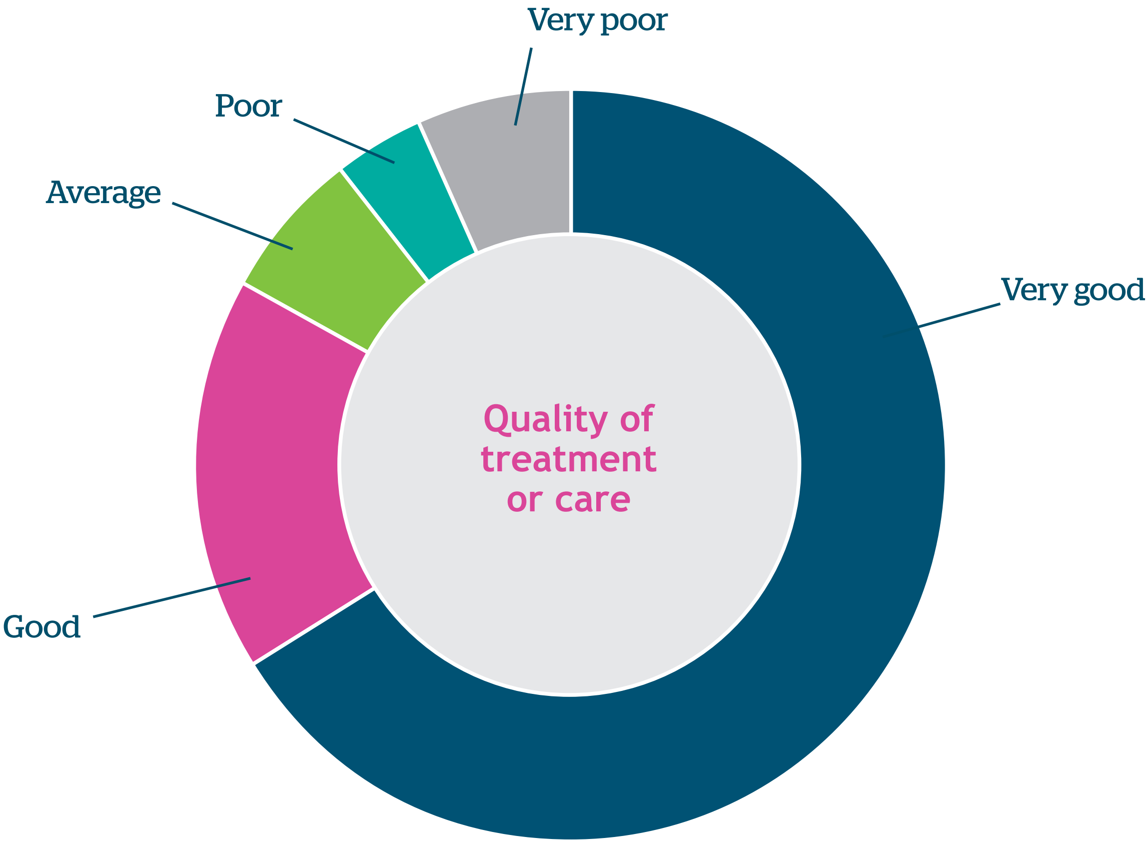
We asked people to share their experiences of up to three specific health, care, or community services they had used. In total there were 247 pieces of feedback about services with 100% of our participants telling us about one service, 73% talking about two services and 31% telling us about three different services.

We asked how easy they had found it to access the help and support they needed, and the chart on page 7 shows their responses.



Most of those (68%) who had used services said that it had been easy to get the support they needed. However, there remained a notable proportion (21%) who said that they found it difficult.

We asked about the quality of care they received and the responses to this question were largely positive. This chart shows the breakdown of responses to this question:



Key themes

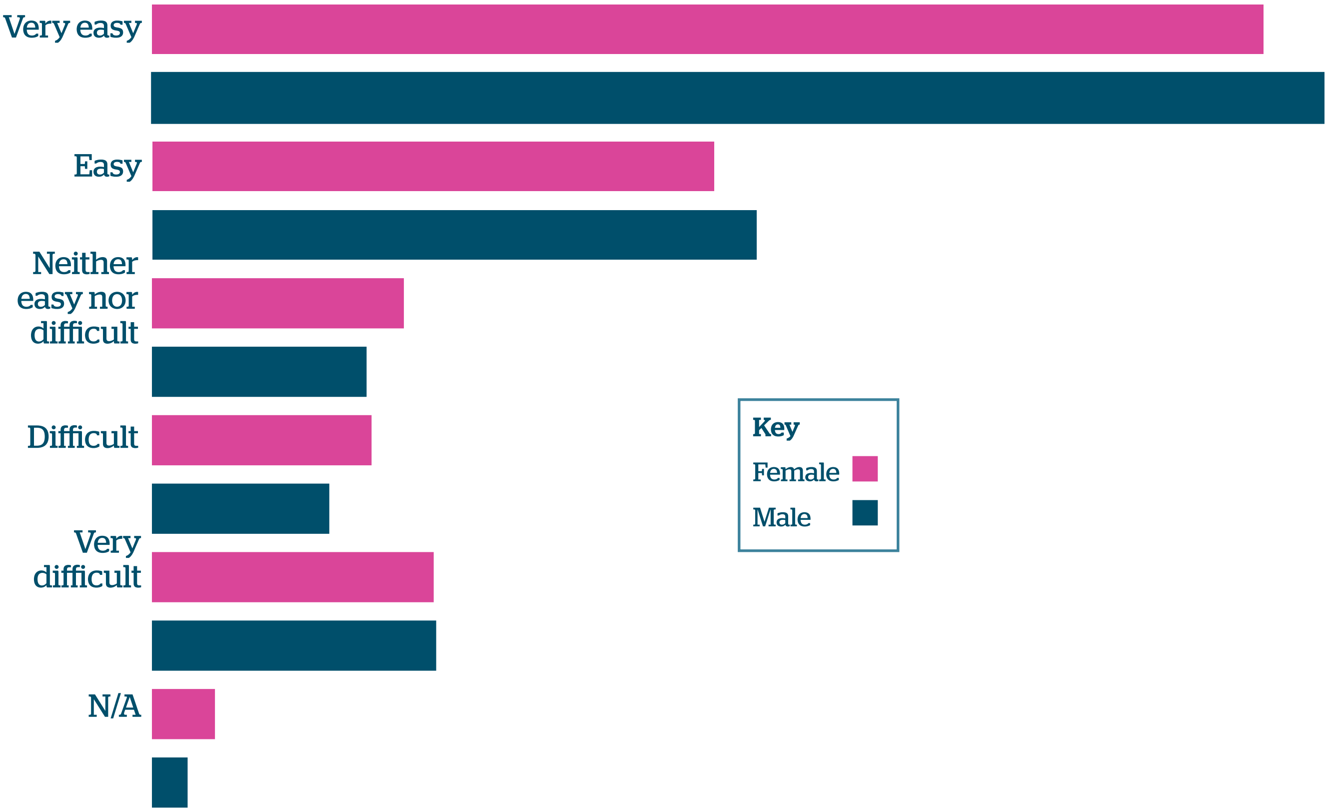
1. How easy was it to access support?

Age

We looked at the survey results as a whole and considered any differences in experiences in different age brackets. The chart below shows a breakdown of how easy the different age groups found accessing support.

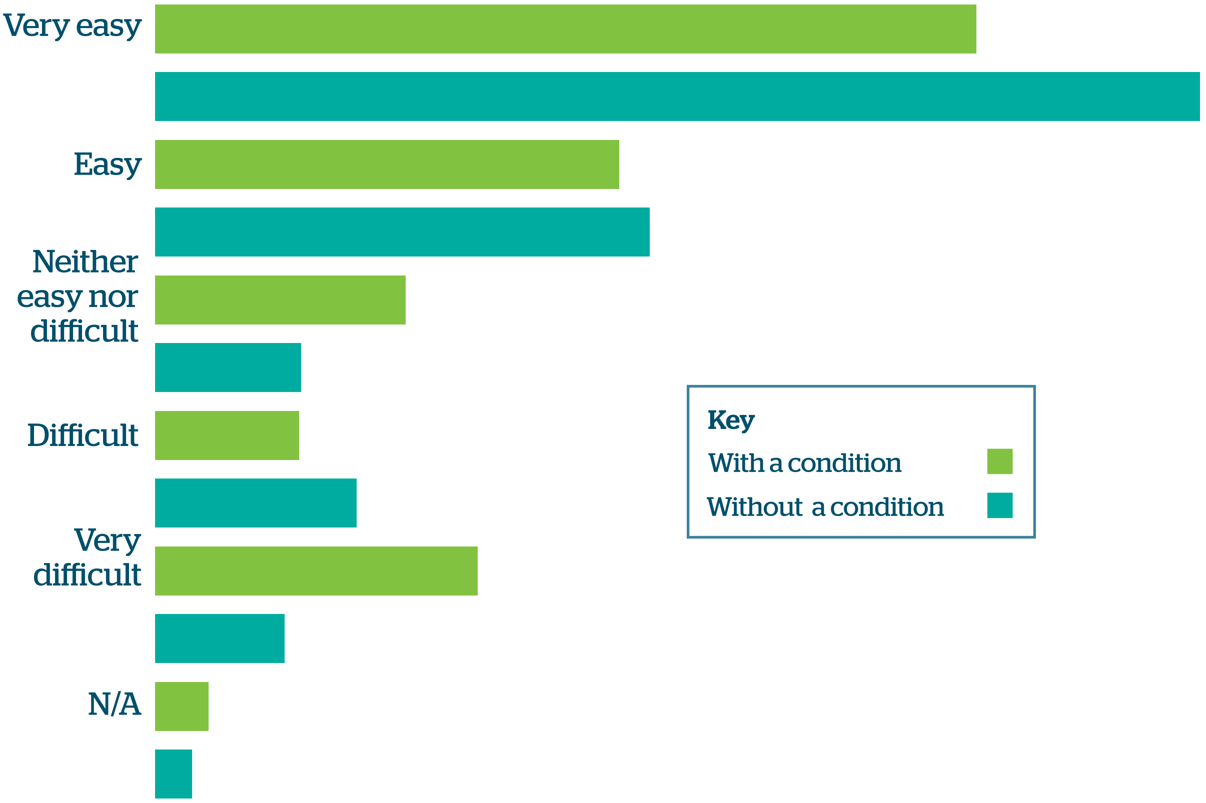
Gender

Those who identified as female reported slightly more difficulties with access than those who identified as male, although the differences were minor.



Disability or health condition

51% of our participants told us that they considered themselves to have a health condition or disability. They reported a higher level of difficulty accessing the help and support they needed than those who said they did not have a health condition or disability.



Responses suggested that those with a physical or mobility disability, hearing impairment or a mental health condition found it most difficult to access the help and support they needed.

Of those who considered themselves to have a health condition or disability, the 65-74 age group reported the greatest difficulty in accessing help and support. The following comments indicate some of the issues that this group highlighted concerning both access and quality of services.

> Health professionals should write my copy of the appointment report in easy read so I and the support staff understand it.

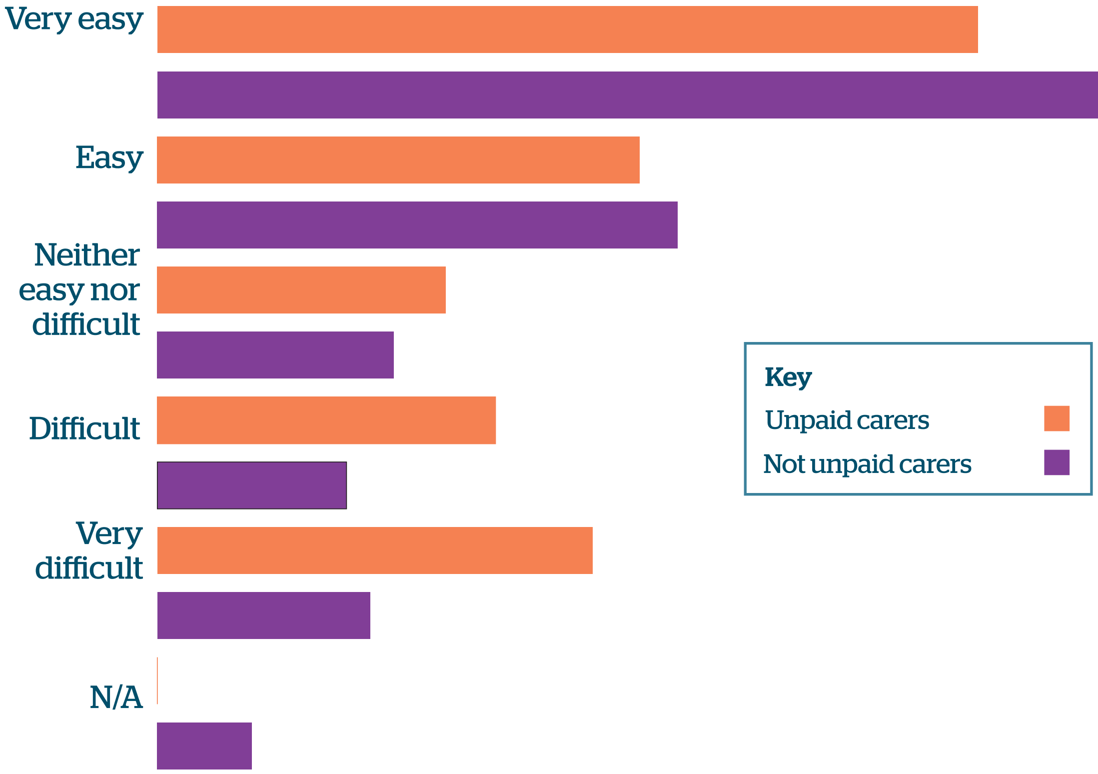
> Yes, it is no good if you are old, lacking mobility being made to wait outside in the cold and rain before being allowed into the surgery!!

> I discovered that being deaf I could not lip read through the doctors mask!!! A more effective visor without the necessity for a mouth mask would have been helpful.

> New care workers visiting mum have difficulty understanding what needs to be done (they have notes in the care file) and I leave detailed instructions. Mum is unable to tell them what to do and gets agitated if they ask.

Unpaid carers

21% of those who completed our survey said that they were unpaid carers of someone who needed extra support day to day. Unpaid carers had significantly greater difficulty accessing the help and support they needed. They reported that 33% of services they had used were either difficult or very difficult to access. This compares to 17% of services for those who were not unpaid carers.



Here are some of the issues that were highlighted by unpaid carers as being of concern.

> Learning disability awareness and reasonable adjustments severely lacking. As the carer of a vulnerable adult, it is a constant battle to the point I feel the lack of support and care is dangerous.

> Talking in a rude abrupt and uncaring manner. There was no respect to me. I am struggling, I called the helpline for someone to talk to so I can help my daughter, I got off the phone and cried because of the way my call was answered.

> The staff and hospital appeared out of their depth. They seemed to have very little training or knowledge on autism, if any at all. There were no visual resources for X-ray procedures in their minor injury unit, no leaflets. Myself and my son were moved to multiple rooms, my son was asked the same question multiple times by multiple people despite knowing ahead he has autism and severe anxiety and he was displaying anxiety.

2. Communication

The theme of communication, whether good or bad, was an important aspect of many responses to the survey. The difficulty of getting through on the phone was highlighted as a concern. It was also apparent that anxieties about Covid-19 exacerbated the frustration felt by some, as these comments demonstrate:

> In the last few months, phoning the surgery has been terrible. Constantly engaged. I was phoning every 10 minutes for an afternoon, then the following morning. Fortunately, it was not something that needed an immediate action. The surgery seems to have a short call waiting queue (maybe 5), and after that you just get engaged.

> They do not contact you to tell you the result of the Covid test. The call centre person who contacted me the day before was based in Bristol and did not know but told me to assume that everything was OK unless I was told otherwise. Even when I called the receptionist on the morning of the procedure, she told me that she couldn't tell me the result. Obviously, it was OK because they allowed me to come in. The nurse who booked me in told me it was negative. It would have been nice to be told as soon as they knew as I was bubbling with my father-in-law to give me a lift.

Some comments illustrate the feelings of disempowerment relating to communications and delays, involving a range of types of communication with different service providers:

> The information on the letter was confusing. I called to confirm an appointment for the referral as directed but the person said my details were not yet with them and I should wait for another letter. Another letter wasn't received after a month, so I looked online at the booking system. I was directed to call the Ear, Nose and Throat clinic, I did and was passed to a person in the department who told me they were still working out how to see patients because of Covid and would let me know when they were. I've heard nothing for about 4 months now.

> Multiple contacts with GP and other medical services over the same issue. I understand the need to minimise face-to-face contact in the current climate, but having to wait two weeks for an appointment, which is then over the phone, at which point the practitioner decides they need to see you, so another two weeks for an appointment and soon becomes soul destroying after a few months.

> 36 attempts to get through, request for photographs to be sent, a wait for a call back, no appointment availability, eventual face-to-face, referral to consultant. Took weeks and very obstructive processes.

Where people had good experiences of communication, they were pleased to receive a call from a professional to discuss their situation and consider options for care, as the following comments show:

> They took the initiative to call me for an annual review and have made some aspects of it more thorough.

> The doctors and staff are very responsive and reassuring they can see you if needed. They were also very kind doing a welfare call at the start of the pandemic.

> Early in lockdown, I was very impressed with phone service provided, GP called back really quickly, arranged a home visit for my 89-year-old mum. Put in touch with community nurse, who now takes blood tests when required. I have used the GP service regularly during lockdown for my mother. GP always phones back promptly.

These comments indicate that the experience of care is defined by more than the treatment itself and depends in many ways on the quality of communication. It is no exaggeration to say that the experience of care hinges on communication, and where this is lacking can affect the outcome. Our survey responses suggested that personalisation was a very important aspect in this, and that this needed to be part of a wider appreciation of the need to communicate pro-actively.

> Maintained full service during lockdown. Have contacted me with suggestions to help them and my mum as her condition/mobility worsened during lockdown and have liaised with community Occupational Therapy team.

3. Linking services

A wide range of services were referred to in the survey, with GP services, pharmacies and dentistry mentioned the most. Primary care is the focus for most peope, who had the option of describing their experience of three services.

However, a significant percentage (43%) also referred to secondary services, mainly outpatient clinics. Their responses indicate that the way services link together can have a significant effect on the overall experience.

The sequence of referrals from primary to secondary care was captured by one person, who described the stages of their patient journey where services linked together well.

- **First service:** Local medical practice – patient attends medication review and mentions new symptoms. Immediate triage and range of tests booked.
- **Second service:** District hospital – no detail of treatment was given but the person attends on several occasions, ‘in spite of the horrendous virus we are all having to cope with’.
- **Third service:** Psychological services – no detail given but person emphasises the positive outcome (due to a counsellor’s help in dealing with a family issue).

There were further positive comments regarding links between services and these also mentioned links with voluntary sector groups.

> All PPE worn, very professional. Quickly referred to hospital for tests re lung problems.

> My midwife was very good, and she referred me to the hospital GWH if needed. But my local surgery is fantastic. Which is the surgery at Burbage.

> Phone consultation, no other available. Helpful and effective. New medication prescribed and delivered by Boots. Vaccination clinic …. contacted by phone – well stewarded by Rotary and Round Table members, parking available, very short wait. Seating provided under temporary shelter. Info given. Very well organised.

However, many other participants described a situation in which there was a lack of coordination across services and talked about the issues that this caused for them.

> After approximately 6 weeks, I telephoned my surgery to ask if the results had arrived. They told me to call the Cardiology dept direct. I did this but was told that a 14-page report had been sent to my GP. After about 3 calls to the surgery (one where I had to wait 10 minutes for an answer) the receptionist said she would make sure my GP was given the report. Another week passed and I called again. They offered me a telephone appt with my GP (in four weeks' time) unless I was happy to talk to a Locum Doctor. I opted for this. He could not have been more helpful and reassuring and said that nothing of concern had shown up on the heart monitor. It would have been nice to know this a bit sooner!

> More joined-up sharing between the orthodontic team and the maxillofacial consultants. For example, we arrived for the operation not really knowing what was going to happen and what procedure was being carried out.

> The pain relief prescription was ready in time but the inhalers were not. The surgery took 4 days to get the prescription for the inhalers sorted out which involved multiple phone calls to the surgery during which I was assured on each occasion that the prescription would be ready for collection from the pharmacy the following day. On each visit, (involving a 3 mile walk with cracked ribs) I discovered that in fact the prescription had not been signed off by the surgery. Finally after yet another series of protracted calls and a wait of nearly 2 hours the prescription was finally sent to the pharmacy and I was able to pick up my Ventolin. The whole escapade was ridiculous and served to highlight the continuing issues with prescriptions at the surgery, a situation that has not changed in years, since I first started dealing with them over mistakes in my grandparents' prescriptions years ago.

> Initial referral by the GP was made but without response and unfortunately, we had to hit crisis before the mental health team came in like the cavalry and saved the day.

4. Digital and remote technology

Although we tried to raise awareness of our survey to those who may not use the internet, the majority of participants (96%) completed it online, and therefore it is unlikely that we have heard from many people who may be digitally excluded.

However, there were many comments from our participants about their experiences of remote appointments and the use of digital technology. Both online systems and phone calls were seen by most as being an efficient system for making contact, assessing whether a face-to-face visit was required and for dealing with issues that may not require one.

> I think the initial phone call is excellent. It saves sitting in a surgery with sick people as has been the custom for years and can always be followed by a face-to-face if required.

> I like the e-consult – for me it is fast and the surgery responded very quickly.

> The e-consult service works well for those who can use it and probably helps with reducing face-to-face meetings when they are not always needed.

> Used the e-consult, received a call back quickly and an appointment that day. The appointment was on time and very Covid safe, referred for a blood test, this was also efficient. Used it on a second occasion, received a call back same day with advice.

It was also clear from our survey respondents that many of them had begun to use digital technology, particularly online groups, to support their wellbeing during this time, and this was an aspect that they cited as being good about the services that had provided this.

> Very good. Very clear info given re precautions, which were followed. Online sessions for exercises and personal tape provided by therapist.

> Alzheimer's Support Music for the Mind sessions have been brilliant and a great help for mum and me. Carer Support Wiltshire online carer cafes and monthly newsletter for me, and WSUN online craft group for me. We are self-isolating, so this is the only entertainment/activities we have.

> I attend Slimming World weekly session on Zoom.

> I started taking Tai Chi fitness classes [face-to-face] just before Covid and have [now] been taking four classes a week online ever since.

> Have regularly used the phone and internet technology to maintain some degree of contact with family, friends, colleagues, and health services.

However, it must also be noted that there were several responses that indicated concerns about the use of remote and digital technology, which included being able to access it, it not working effectively, or that it was not always used appropriately.

> The form is standard and does require a level of competence to use that may disadvantage some people.

> The service has been completely unacceptable for someone of 84 years of age – still haven’t actually talked to anyone.

> Very difficult to contact. No 17 in the queue for appointment. No alternative method available for making appointment. Doctor available not known to me. Substituted medication by pharmacy to one doctor had never heard of in 23 years of practice. Had to ring for every appointment for follow up as appointments not released at time of consultation. Doctor Link misdiagnosed and told me I had corona[virus] when it was clear that I didn’t.

> No way to book specific times for a phone call for a doctor. I have to sit by the phone all day and just wait.

> I also tried to register for the online health centre service, which is pushed on their website, but then I’m told that part of the registration involves bringing proof of ID to the centre, directly contradicting their other instruction of avoiding going there if you can.

> Access to GP is essential, but need to have easy surgery visits ... phone or skype appointments NOT suitable for many situations.

> Nothing was good about a consultant ringing me and making a snap judgement over the phone without seeing me or any test at this time...

> I was “miffed” that it was safe for me to have two face-to-face meetings with nurse practitioners but couldn’t have a face-to-face with a specialist, felt as though this was a slight double standard. Purely personal view but shouldn’t the standard apply to all?

Overall, the responses from our participants regarding remote and digital technology said it can offer important advantages to some, and its greater use during the pandemic led to some discovering unexpected benefits.

However, it isn’t a ‘one size fits all’ approach and there needs to be careful consideration of what it is used for and of the need to ensure equitable provision for those who cannot access it for a variety of reasons.

Another issue that was highlighted is that there appears to be some disparity in how well some systems work across the county.

Conclusions and recommendations

From what local people have told us we make the following conclusions and recommendations.

The Covid-19 pandemic meant rapid changes for the way health and care services operated. Our survey respondents were largely accepting of these and recognised their necessity during this time. Many people made more use of remote communication and technology than before to access health, care and community services. However, the responses to our survey show that this can create barriers for some individuals and is not suitable in all situations.

With this is mind, and as restrictions are reduced, we make the following recommendations:

- Consideration is given as to how access and experience of health and care services can be improved for groups such as unpaid carers and those with disabilities and long-term health conditions, so that they are not disadvantaged.
- The use of digital technology for healthcare appointments is evaluated further to establish what works well and what doesn't.
- An evaluation of telephone systems and how they are used by GP practices with the aim of improving call waiting times and reducing the inconsistency of experience of these between practices.
- Further work is undertaken to understand situations that may be most suited to remote and digital appointments and those best served by face-to-face ones, and how this can be effectively assessed and agreed between the provider and service user.
- Work continues to improve the way that services link together.
- That joint working and partnerships between health, care and the voluntary services is promoted, and support is given to continuing and maintaining some of the positive relationships developed during the pandemic.
- For voluntary and community services to consider offering a range of both online and face-to-face groups in the future.

What will we do with this information?

We will share this report with our stakeholders across Wiltshire including the council, the Clinical Commissioning Group, NHS services and our voluntary sector colleagues, to highlight what has worked well during the pandemic and what could be improved upon.

Thank you

Thank you to all the individuals who shared their experiences and to the community and voluntary organisations who shared our survey. Thanks also to our volunteers who gave their time to support us with this project.

Appendix

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Share your experience of health, care and community services in Wiltshire

1. Background

Healthwatch Wiltshire is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved and share their views with those who have the power to make change happen.

We would like to hear your experiences of health, care and community services to help us identify how services are adapting and working as the Coronavirus pandemic continues. Please use this survey to share your experiences of services that you have used from August 2020 onwards.

This survey also asks you what you think the priorities should be for Healthwatch Wiltshire next year.

The results will be collated and shared with those that plan and pay for health and care services. All responses are anonymous, and no individuals will be named.

The survey should take between 5 and 15 minutes to complete depending on your answers. By completing this survey you are agreeing to Healthwatch Wiltshire using your responses.

1. Which of the following services have you, or someone you care for, used from August this year onwards?(Please tick all that apply)

☐ Dentistry
☐ Hospital care e.g. inpatient care, outpatient clinics, accident and emergency
☐ GP services
☐ Mental health support
☐ Opticians
☐ Pharmacies
☐ Social care e.g. care homes, and home care
☐ Voluntary or community support services

☐ Other (please specify):

We'd like to hear about how these services worked for you. You can tell us about your experience of up to three different services.

2. What is the name of the first service you, or someone you care for, used?(Please give us as much detail as possible for example hospital name and department, name of GP Practice, or care agency or care home name)

3. What was good about this service?(Please tell us the things that worked well for you)

4. Is there anything you thought could have been improved?(Please tell us what didn't work so well for you.)

5. How easy was it to access the help and support that was needed?

☐ Very easy
☐ Easy
☐ Neither easy nor difficult
☐ Difficult
☐ Very difficult
☐ N/A

6. How would you describe the quality of treatment or care you received?

☐ Very good
☐ Good
☐ Average
☐ Poor
☐ Very poor

7. Is there anything else you would like to say about this service?

8. is there another service that you would like to tell us about?

☐ Yes
☐ No

9. What is the name of the second service you, or someone you care for, have used?(Please give us as much detail as possible for example hospital name and department, name of GP Practice, or care agency or care home name)

10. What was good about this service?(Please tell us the things that worked well for you)

11. Is there anything you thought could have been improved?(Please tell us what didn't work so well for you.)

12. How easy was it to access the help and support that was needed?

☐ Very easy
☐ Easy
☐ Neither easy nor difficult
☐ Difficult
☐ Very difficult
☐ N/A

13. How would you describe the quality of treatment or care you recieved?

☐ Very good
☐ Good

☐ Average
☐ Poor
☐ Very poor

14. Is there anything else you would like to say about this service?

15. is there another service that you would like to tell us about?

☐ Yes
☐ No

16. What is the name of the third service you, or someone you care for, have used?(Please give us as much detail as possible for example hospital name and department, name of GP Practice, or care agency or care home name)

17. What was good about this service?(Please tell us the things that worked well for you)

18. Is there anything you thought could have been improved?(Please tell us what didn't work so well for you.)

19. How easy was it to access the help and support that was needed?

☐ Very easy
☐ Easy
☐ Neither easy nor difficult
☐ Difficult
☐ Very difficult
☐ N/A

20. How would you describe the quality of treatment or care you recieved?

☐ Very good
☐ Good
☐ Average
☐ Poor
☐ Very poor

21. Is there anything else you would like to say about this service?

22. Please tell us about anything else that has supported your health, care and wellbeing during the coronavirus pandemic from August 2020 onwards and how this has helped you.(These might include people, other services, clubs, activities and hobbies)

23. Which areas or issues about health, care and wellbeing do you think should be priorities for Healthwatch Wiltshire next year?

1.

2.

3.

Tell us a bit about you

By telling us more information about yourself, you will help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

24. Please tell us the town or village you live in?

25. How is this survey being completed?

☐ Online
☐ On paper
☐ On the telephone

26. Are you?

☐ Male
☐ Female
☐ Prefer not to say
☐ Prefer to use my own term

Please specify term you prefer to use:

27. What is your age?

☐ Under 18
☐ 18 - 24
☐ 25 - 34
☐ 35 -44
☐ 45 - 54
☐ 55 - 64
☐ 65 - 74
☐ 75 - 84
☐ 85 +
☐ Prefer not to say

28. How would you describe your ethnic group?

☐ African
☐ Arab
☐ Bangladeshi
☐ Black British
☐ Caribbean
☐ Gypsy or Irish Traveller

☐ Indian
☐ Pakistani
☐ White British
☐ White Eastern European
☐ Other white background
☐ Other mixed background
☐ Prefer not to say
☐ Other (please specify):

29. Do you consider yourself to have a health condition or disability?

☐ No
☐ Mental health condition
☐ Visual impairment
☐ Hearing impairment
☐ Learning disability
☐ Physical or mobility disability
☐ Prefer not to say
☐ Other (please specify):

If you consider yourself to have more than one of the above please note these here.

30. Do you care for someone who needs extra support day to day?

☐ Yes
☐ No
☐ Prefer not to say

31. If you would like to be added to our mailing list, please provide your email or postal address.Your details will be held securely and in compliance with data protection laws. They will only be used for the purposes of carrying out Healthwatch Wiltshire activity. Your details will not be shared with any other organisation. You may withdraw your consent to us holding your details at any time by emailing info@healthwathchwiltshire.co.uk or calling 01225 434218.

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