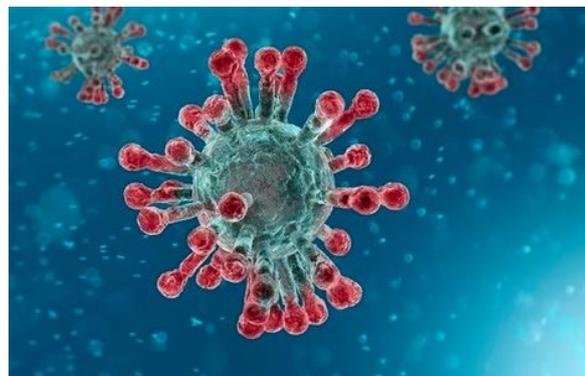


# Covid-19

## People's experience of health and social care services

Final Report  
September 2020



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### Acknowledgments

Our thanks to everyone who helped to promote this Survey and to everyone who took the time to respond.

### Note

A copy of the [Survey](#) and our [Spotlight Reports](#) related to this Survey are available on our website

Healthwatch Worcestershire,  
Civic Centre, Queen Elizabeth Drive,  
Pershore,  
Worcestershire,  
WR10 1PT  
Tel. 01386 550 264  
Email: [info@healthwatchworcestershire.co.uk](mailto:info@healthwatchworcestershire.co.uk)

## COVID-19 REPORT - SUMMARY OF THEMES AND FINDINGS

### A. About Healthwatch Worcestershire

Healthwatch Worcestershire (HWW) 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 service providers and commissioners in order to improve services.

### B. The Covid-19 Survey

A Survey aimed at the general public was developed, in collaboration with the NHS and Worcestershire County Council (WCC), based on Healthwatch England's template to find out people's experiences of health and care service during the Covid-19 Pandemic. The Survey was launched on 22<sup>nd</sup> April 2020 and closed on 23<sup>rd</sup> July 2020. During this period **2,473 people responded** to the Survey. Overall, about one in three respondents considered themselves to be at high risk of Covid-19. The majority of responses were completed online and in the early weeks of the Survey being open. Two "[spotlight reports](#)" were produced so that health and care commissioners and providers could be quickly alerted to our findings and act in response. These are available on our website.

Main themes are set out below. Further detail about the respondents and the findings can be found in the full Report which follows. We have also produced a Report about the impact of [Covid-19 on People with Learning Disabilities and Autism](#) which can be found on our website.

### C. INFORMATION AND COMMUNICATION ABOUT KEEPING SAFE DURING THE COVID-19 PANDEMIC

#### a. Finding, understanding and keeping up to date with 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, significantly more **respondents in the "White Other" group had found this difficult compared to "White British" respondents**, and people who are **carers** told us **slightly more frequently** than other respondents that they found it difficult.

Topics people found **most difficult to get information** about were **testing for Covid-19, Personal Protective Equipment (PPE) and avoiding transmission**.

People who are **carers** reported more frequently than other respondents that they found it difficult to get information about topics that related to their **caring role**, such as: managing existing health conditions, shielding and help for people who do not use the internet.

**People with disabilities** reported more frequently than other respondents that they found it difficult to get information about managing existing physical health conditions, changes to healthcare services and looking after mental health.

We found a higher proportion of later respondents to the Survey wanted information about looking after mental health and wellbeing, changes to the healthcare services that they usually access and managing existing health conditions than those who responded to the Survey when it first came out. We cannot be certain that those who responded earlier would change their views if subsequently asked. **However, it would seem that there may be a change towards the public wanting information about mental health, the re-establishment of health services and management of existing health conditions as time moves on.**

#### **b. Sources of information about Covid-19**

Overall, during the Covid-19 pandemic period people have used mainstream media such as **TV, radio and newspapers and online national information sources** (e.g. Government and national NHS websites) more frequently than local online information sources.

However, when asked **how helpful** people who had used an information source had found it 'other local organisations' websites (e.g. local hospital, voluntary/community organisations, parish councils) 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.**

**Social media** was the third most frequently used information source across all respondents, yet it was rated among the least helpful information sources by those who used it.

Family, friends and neighbours and social media were more frequently being used as an information source by people who defined themselves as 'White Other' compared to 'White British' respondents. **Online information sources were rated as less helpful by people in the 'White Other' group than by 'White British' respondents.**

#### **c. Challenges for respondents with additional communication needs**

**163 respondents** told us that they, or the person they cared for/supported, had additional communication needs. Of these respondents **44% had not been able to find information and advice in the formats or languages needed.** Significantly more respondents in the 'White Other' group (13%) told us they had additional communication needs in comparison with 'White British' respondents (7%).

We heard about the **information and communication challenges** that people are facing during this Covid-19 pandemic. These included the difficulties for people with hearing impairments who lip read when masks are being worn; challenges for people with sight impairments to maintain social distancing when they require guiding; providing clear, understandable information to people living with dementia, people with a learning disability or those with other health conditions that make information processing difficult and providing information in community languages for people whose first language is not English.

#### **d. Use of telephone and video appointments and online health services during Covid-19**

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 picture is complex, for example for some people with hearing impairments being able to book health appointments online and access medical advice through video calls, where no masks are required and therefore lip reading is easier or a BSL interpreter can be made available, can enhance accessibility. However, if the only way to access this is through telephone triage, which may be difficult for some people with hearing impairments, then this benefit may be lost.

**Commissioners and providers 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 and does not reinforce existing health inequalities and digital exclusion.**

#### **D. HERE2HELP WORCESTERSHIRE COVID-19 COMMUNITY ACTION RESPONSE**

**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**.

#### **E. MENTAL HEALTH AND EMOTIONAL WELL-BEING DURING COVID-19**

**One fifth (20%) of respondents told us that Covid-19 was having a great deal or a lot of impact on their mental health and emotional wellbeing. 26% reported that it was having a moderate impact. 32% reported it was having a little impact and 22% no impact at all.**

**The proportion of people reporting that Covid-19 was having a great deal or a lot of impact increased over the time that the Survey was open, with a smaller proportion of people who completed the Survey in the first weeks telling us this compared with those who completed it later. We cannot be certain that those who**

responded earlier would change their views if subsequently asked. **However, it would seem that the impact of Covid-19 on people's mental health and emotional wellbeing may be 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 that did **most (25%) had received this from their family and friends.** Fewer people found support online or from an app, from a community, voluntary or charity group or organisation. **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. Those aged 34 and under, people with a disability, people in the 'White Other' group and people living in Redditch and Worcester City reported that they had not been able to find support more frequently than other respondents.

The **main reasons given by people for not being able to access support** were: do not know how to access support (27); feel that they shouldn't access support at this time or others need it more (17); perception that there is no support available / no point in trying to access support (16) and don't want to/have not tried to access support (13). Further reasons are set out in the full Report.

#### **a. Mental Health Services**

We asked people who had received **communication from mental health services** to rate this. Communication received from Children and Young People Mental Health services and Adult Mental Health services were most frequently rated as poor or very poor by those in receipt of it.

We asked respondents if they, or the person they care for, had **needed to access** a range of health services. Adult mental health services were rated as the most difficult service to access by people who had needed the service. Mental Health Services for Children and Young People were rated as the third most difficult service to access by those who needed them.

Mental Health services for both Children and Young People and Adults were identified as services that people had needed but had most frequently **chosen not to access.**

**Our findings suggest that, given the ongoing effects of Covid-19, the impact on people's mental health and emotional well-being may increase as time goes on. There may be increased demand for mental health services for both children and young people and adults. More information is needed for the public about the availability of mental health services and how to access them.**

Communication from mental health services to those in receipt of them could also be improved.

## F. EXPERIENCE OF HEALTH SERVICES

### a. GP services during Covid-19

There has been a mixed picture in respect of experience of GP services during the pandemic period. It is positive that of those who had received communication from GPs 69% rated it as excellent or good. However, 297 people reported that they had not received any communication from their GP. More people in Worcester City and Redditch reported this than other Districts. People in these areas also rated communication received as Poor or Very Poor more frequently than elsewhere. Carers rated communication from GP services less favourably than other respondents.

In respect of access to GP services 707 respondents who had needed to access GP services had found them easy to access, 250 people reported that they had found them difficult to access and 120 said they had needed the service but had chosen not to access it. Carers and people from the 'White Other' group found GP services less easy to access than other respondents. The comments that we received also reflected this mixed picture. We heard praise for GP surgeries and in particular for the introduction of telephone and video access. However, we also heard about difficulties with: being unable to contact the practice by phone; being unable to get face to face appointments; dissatisfaction with telephone and video appointments; feeling that GP practice is discouraging patients from using the service and being unable to access routine treatment for long term conditions.

### b. Hospital Services

One of the positive changes to health services that people identified was the decreased / more appropriate use of Accident & Emergency (A&E) services. 70% of people who had needed to access A&E found it easy to access.

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.

### c. Dental services

Dental services were unavailable except for emergency treatment for much of the period that our Survey was open, unsurprisingly therefore 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.

#### d. Communication from health services

The communication most frequently rated **excellent or good**, by respondents who had received communication about that service, were from Pharmacy, GP and Hospital Accident & Emergency (A&E) / Minor Injuries Unit (MIU). Communication received that was most frequently rated **poor or very poor** were from Mental Health services (Children and Young People (C&YP) and Adults), Maternity Services, Planned Hospital Treatments and Therapists (e.g. Physiotherapy and Occupational Therapy).

#### e. Ease or difficulty in accessing health services

Looking only at respondents who needed to access each service the services that were **easiest to access** were: Ambulance services, Pharmacy, Hospital (A&E), GP and NHS online.

Services that people had **needed but found it difficult to access** were: Adult Mental Health, Therapists (e.g. Physiotherapy and Occupational Therapy), Children and Young People Mental Health, Hospital Planned Treatments, NHS 111 (Phone) and Dentist.

#### f. People were 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. The most **frequent reason** given was that people did not want to put pressure on the service (46%). A further 29% cited fear of infection and 25% felt that their complaint was minor.

**Additional reasons** given for choosing not to access services were: usual service being closed or not operating e.g. Dentist; being at increased risk of infection e.g. shielding and being unable to contact service / perception will not be able to.

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 both primary and secondary health services which could exacerbate pressures on NHS services as they are re-instated.**

### G. EXPERIENCE OF CARE AND SUPPORT SERVICES

**156 respondents** receive care or support services or cared for someone who required care and support services to carry out daily activities (e.g. help in the home, day care or other social care service). Of these 111 are carers.

**59%** (97 people) had experienced a **change** to their **care or support** service. Most (76) were happy with the communication they received about changes to the service, 40 rated this as fair, 22 as poor and 15 had not received any communication.

When asked for **comment on care and support services** most comments received were about domiciliary care (38). 14 respondents had stopped receipt of their domiciliary care service due to fear of infection. 3 raised concerns about lack of PPE for domiciliary care staff. 4 referred to changes to care initiated by the Council or a private provider. We received a small number of comments about residential care and nursing homes (5), day services (5). We received 11 other comments about social care services including praise for help received from volunteers and local voluntary / community organisations (4), lack of support for children/adults with additional needs and their carers (3) and a lack of PPE for those using Direct Payments (2).

## H. POSITIVE SERVICE CHANGES THAT PEOPLE WOULD LIKE TO SEE CONTINUED

We asked people have there been any positive changes to health or care services due to the Covid-19 pandemic that people would like to see continued. We received 784 comments. The most frequent response was **No, people could not identify any positive changes** to services that they would like to see continued. 246 people told us this. Overall, **20 positive changes were identified**. The three **most frequently cited** positive changes 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)

## I. OTHER COMMENTS ABOUT HEALTH OR CARE SERVICES DUE TO THE COVID-19 PANDEMIC

We asked people if there was anything else that they would like to tell us about any aspect of their experiences of health or care services due to the Covid-19 pandemic. We received **328 additional comments** which have been themed and reported. This comprised 56 positive comments, including **52 comments praising the NHS, its staff and care staff** and 272 comments raising issues or concerns. The **most frequently reported concerns were:** difficult to get access to GP service / appointment; perception of poor Government handling of Covid-19 pandemic (including PPE); difficulties with prescription/pharmacy and delays to diagnosis/ ongoing treatment for conditions other than Covid-19.

## **J. RECOMMENDATIONS**

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 re-instatement 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 re-instatement 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

## 1. INTRODUCTION

Healthwatch Worcestershire (HWW) 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 service providers and commissioners in order to improve services.

A Survey was developed, in collaboration with the NHS and Worcestershire County Council (WCC), based on Healthwatch England's template to find out people's experiences of health and care service during the Covid-19 pandemic. The Covid-19 outbreak and resulting restrictions have had and continue to have an unprecedented impact on our everyday lives. It also necessitated accelerated and significant changes to the way that health and care services were accessed and delivered.

The Survey was launched on 22<sup>nd</sup> April 2020 and closed on 23<sup>rd</sup> July 2020. A copy of **the Survey can be found on our website**.

During this period **2,473 people responded** to the Survey

The Survey has been aimed at the general public rather than specifically at known users of health and social care services, nevertheless about one in three respondents considered themselves to be at high risk of Covid-19. The Survey was widely promoted through HWW networks and social media. Additionally, Worcestershire County Council NHS bodies, and District Councils also promoted and publicised the Survey.

We recognise that not everyone is able to access online surveys. Hard copies of the Survey were provided on request and to organisations working with people who are homeless. The Survey was actively promoted to people from Black, Asian, and Minority Ethnic communities through telephone contacts and social media. A leaflet about the Survey was translated into Polish and Romanian and volunteers from those communities assisted people to complete it.

This final Report sets out our overall findings from the Covid-19 Survey. We have highlighted any differences in findings based on age, ethnicity, disability, caring responsibilities and District. Where relevant we have also noted changes in responses that we have seen over the time period that the Survey was open.

We have already provided two '[Spotlight Reports](#)' to NHS bodies and the District and County Councils setting out our initial findings from this Survey. These Reports were designed to provide **interim feedback to health and care service providers** to enable them to act quickly on any issues identified They covered the period:

- 22<sup>nd</sup> April - 4<sup>th</sup> May
- 5<sup>th</sup> May - 25<sup>th</sup> May

The Reports can be found on our website.

We have also been engaging with people with learning disabilities and autism about their experiences. A separate Easy Read survey was developed and has been used alongside video conferencing and telephone contact. We have issued a Spotlight Report of initial findings from this work and a full [Covid-19 - Learning Disabilities and Autism Report](#) will be published alongside this Report.

## 2. RESPONDENTS TO THE SURVEY

### 2.1 Number of respondents and time pattern when responses were received

**2,473 people responded** to the Survey. Most responses were received in the first weeks that the Survey was open

- 22<sup>nd</sup> April - 4<sup>th</sup> May we received 1969 responses
- 5<sup>th</sup> May - 25<sup>th</sup> May we received 172 responses
- 26<sup>th</sup> May - 23<sup>rd</sup> July we received 332 responses

2,425 were completed online and 48 were paper copies

### 2.2 Respondents who considered themselves at high risk of Covid-19

The Survey was aimed at the general public. Nevertheless **792 people, about 1 in 3 respondents, considered themselves to be at high risk of Covid-19.**

The most frequent reason for this were:

- Due to an existing health condition (524)
- Aged 70+ (367)
- Pregnancy (11)

Other reasons given were: being an **NHS or Key Worker** (29), **aged 60+** and believe themselves to be vulnerable due to age (18), partner or **family member is high risk** (10), crowded / **unsuitable workplace** (7), from a **BAME community** and more at risk (3), **lack of social distancing** by others (3) **smoking** (2), and being **overweight** (2)

Of those who considered themselves to be at high risk **209 (27%) had received a letter or text advising them to shield.**

A significantly **higher proportion of respondents in Redditch and Wyre Forest told us that they considered themselves to be at high risk** of Covid-19 than in other Districts in the County. The most frequent reason given for this in both Districts was that it was due to an existing health condition.

**70 people from Black, Asian and Minority Ethnic communities (36%) considered themselves to be at high risk** of Covid-19 compared to 33% of 'White British' respondents. Of these **29, (42%) had received a letter advising them to shield.**

People who identified as having a **disability or long term condition** considered themselves to be at higher risk of Covid-19 compared to other respondents.

### 2.3 Respondents caring for or supporting someone who is considered at high risk of Covid-19

**779 people** considered themselves to be **caring for or supporting someone** who is considered at high risk of Covid-19. The most frequent reason for this were:

- Person cared for is aged 70+ (506)
- Person cared for has an existing health condition (506)
- Pregnancy (8)

Other reasons given were: family member with a learning disability or autism (10); the carer is in a high risk occupation and sharing premises (9); smoking (2) and being from a BAME community and at greater risk (1).

**282 of the people being cared for had received a letter advising them to shield.**

## 2.4 Age Range of People Responding to the Survey

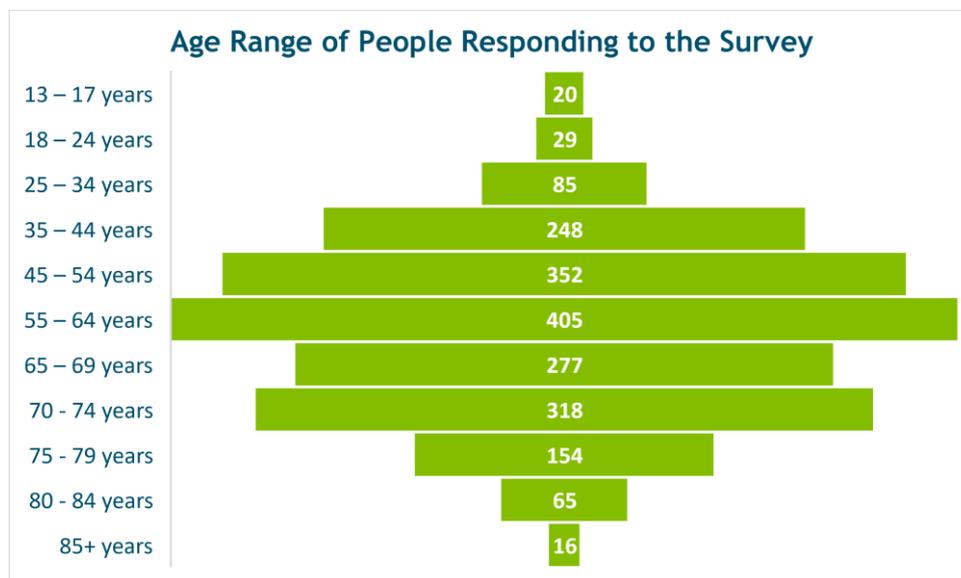


Figure 1 - Age range of respondents

The graph shows the age range of people responding to the Survey. It shows that the fewest responses were received from those aged under 24 and over 80.

## 2.5 Gender of people responding to the Survey

- **1168** respondents are women
- **783** respondents are men
- **20** chose an “Other” option or preferred to say.

## 2.6 Disability/Long Term Condition

**747 respondents** considered themselves to have a disability or long term condition. The reasons given for this are shown in the graph below.

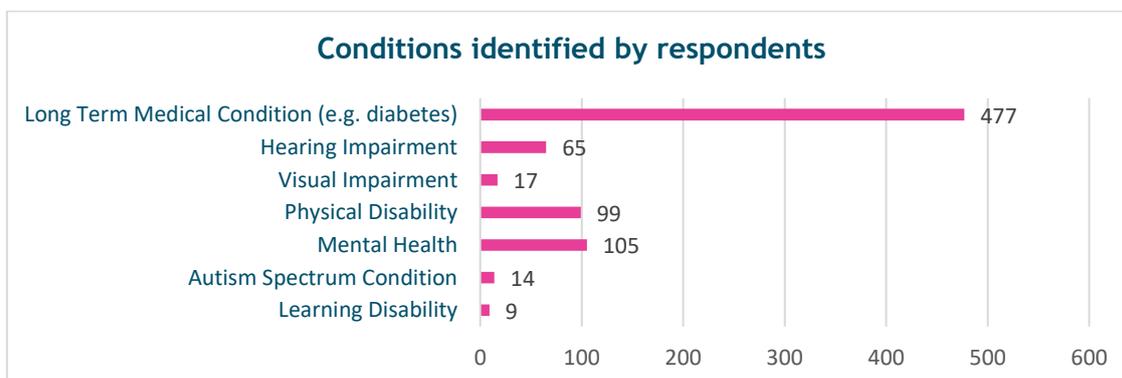


Figure 2 - Conditions identified by respondents

267 people gave “other” as an answer and explained more about their medical condition or circumstances.

A slightly higher proportion of respondents from Black, Asian and Minority Ethnic Groups reported that they had a disability (40%) compared to ‘White British’ respondents (38%).

## 2.7 Ethnicity

The table below shows the ethnic background selected by respondents

White: British / English / Northern Irish / Scottish / Welsh	1742
White: Any Other White background	137
White: Irish	15
Asian / Asian British: Pakistani	5
Black / Black British: Caribbean	5
Mixed / Multiple ethnic groups: Asian and White	5
Mixed / Multiple ethnic groups: Black Caribbean and White	5
Asian / Asian British: Chinese	4
Asian / Asian British: Indian	4
Another ethnic background	4
Asian / Asian British: Bangladeshi	3
Asian / Asian British: Any other Asian / Asian British background	3
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	3
Gypsy, Roma or Traveller	2
Black / Black British: Any other Black / Black British background	1

Figure 3 - Table showing ethnicity of respondents

The table shows that 90% of respondents defined themselves as “‘White British’”, 10% of respondents define themselves as being from an ethnicity other than ‘White British’ as set out in the table above. This includes 137 (7%) of respondents who defined themselves as “White Other”. These respondents were predominantly from the Polish and Romanian communities.

In this report we have used the phrase “people from Black, Asian and Minority Ethnic communities” where we have differentiated the replies received from people from these Groups compared with ‘White British’ respondents. Where we are only comparing results from the “White Other” group we have stated this.

## 2.8 Respondents by District

The graph shows respondents to the Survey by the District in which they live.

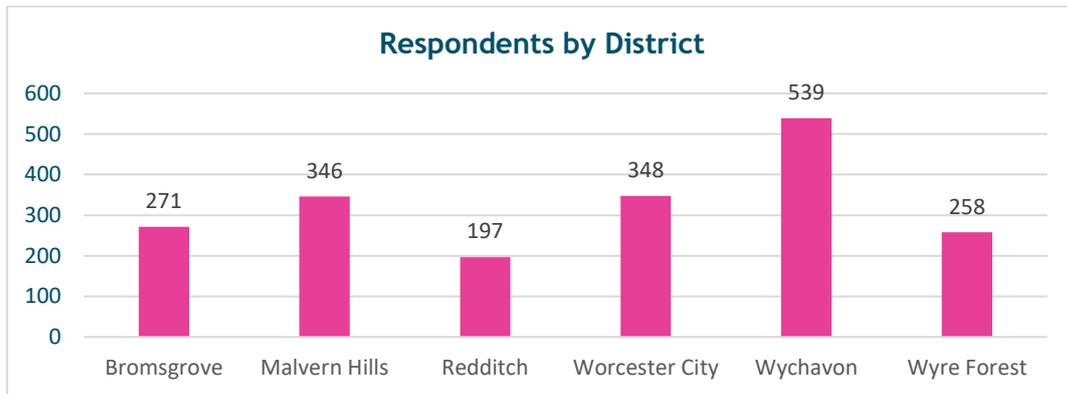


Figure 4 - Respondents by District

Most respondents were from Wychavon, with fewest from Redditch, despite additional promotion of the Survey with organisations and contacts in the Borough.

## 2.9 How did people hear about the Survey?

Most people (536) heard about the Survey from Healthwatch Worcestershire, from Worcestershire Viewpoint (448) or from an email / newsletter from another local organisation (438). The graph below details where else people heard about the Survey, including the “Other” options that people told us about.

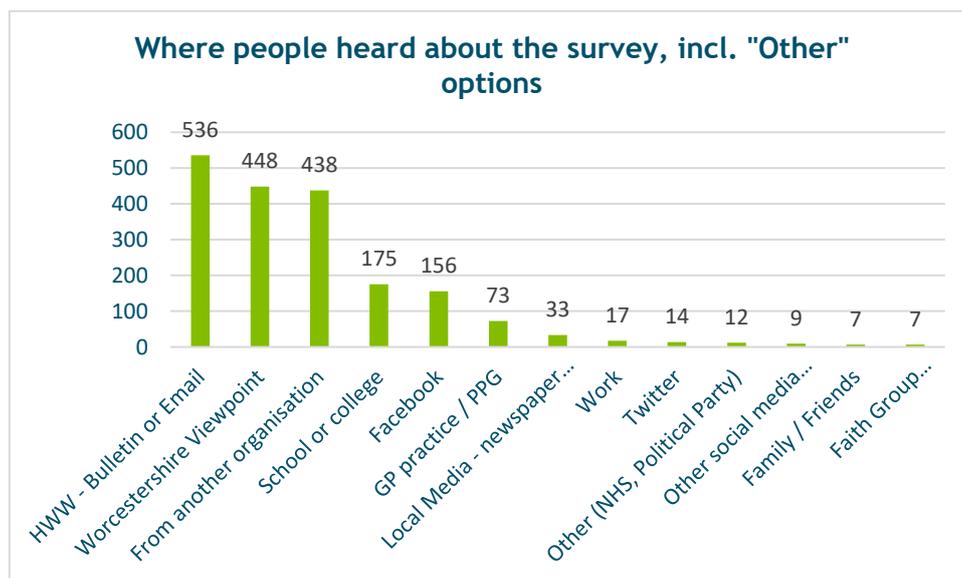


Figure 5 - Where people heard about the Survey

**NOTE** - Not all respondents answered every question, therefore results will not always sum up. Sometimes results have been presented as percentages and at others as numbers of respondents, dependent on what made the answers to the question clearest.

People often supplied / were invited to leave a comment in answer to a question. These have all been themed and are reported below. In some cases, a single comment was received on a particular issue/topic. We have not always listed these single comments in the Report, but they can be made available on request.

### 3 INFORMATION ABOUT KEEPING SAFE DURING COVID-19

#### 3.1 Finding Information

82% of respondents have found it **very easy or easy** to find the information they need about how to keep themselves and others safe during the Covid-19 pandemic. 5% have found it **difficult or very difficult**.

**Significantly more respondents in the White Other Group (15%) had found it very difficult /difficult to find information compared to the 'White British' respondents. It was not possible to compare results across other BAME groups due to the sample size.**

Slightly fewer carers (79%) and people with disabilities (78%) told us they found it very easy or easy to find information in comparison to other respondents, 6% of carers and 7% of people with disabilities found it difficult or very difficult.

#### 3.2 Understanding Information

82% have found it **very easy or easy** to understand information about how to keep themselves and others safe during the Covid-19 pandemic. 5% have found it **difficult or very difficult**.

Again, **significantly more respondents in the White Other Group (15%) had found it difficult / very difficult to understand information** about how to keep themselves and others safe compared to the 'White British' respondents.

Slightly more carers (7%) reported that they **had found it difficult / very difficult to understand information**

#### 3.3 Keeping up to date with information

74% have found it very easy or easy to **keep up to date** with the changes to information about how to keep themselves and others safe. 9% (117) **have found it difficult or very difficult**.

Once again, **more respondents in the White Other Group (17%) had found it difficult / very difficult to keep up to date with information** compared to the 'White British' respondents.

More people in the 80+ age group told us that it was difficult / very difficult to keep up to date with information than in other age groups.

#### 3.4 Topics it was difficult to get information about

We asked which **topics**, if any, respondents had found it **difficult to get clear information** or advice about and provided a list for people to select from.

**29% of respondents had not had any difficulty.**

However, those topics that people most frequently identified as difficult to get clear information about are ranked below.

Testing for Coronavirus / COVID 19	35%
Using mask, gloves or other Personal Protective Equipment	28%
Avoiding transmission of Coronavirus / COVID 19 (e.g. deliveries, packaging etc)	18%
Changes to the health care services I usually access	16%
Looking after my mental health or emotional wellbeing	15%
Managing existing physical health conditions	12%
Accessing repeat prescription medications	11%
Help for people who do not use the internet	9%
Shielding people who are at very high risk	9%
Symptoms of Coronavirus / COVID 19	9%
Accessing help in my local community (e.g. getting groceries)	8%
Managing existing mental health conditions	7%
What to do if you think someone in your household has Coronavirus /COVID 19	7%
Looking after my physical health	6%
Self-isolation	6%
How to volunteer in my local community	5%
Social distancing	5%
Advice for family carers	4%
Advance care planning and end of life care	3%
Bereavement support	3%
Changes to the social care support I usually access	2%

Figure 6 - Topics it was difficult to get information about

Fewer **people with disabilities** (21%) and **carers** (24%) told us that they had not had any difficulty finding information compared to other respondents

**People with disabilities** found the following topics more difficult to find information about compared to other respondents:

- Managing existing physical health conditions (22%)
- Changes to the health care services I usually access (21%)
- Looking after my mental health or emotional wellbeing (19%)
- Accessing repeat prescriptions (16%)

**Carers** found the following topics more difficult to find information about compared to other respondents:

- Managing existing physical health conditions (17%)
- Shielding people who are at very high risk (14%)
- Help for people who do not use the internet (14%)
- Accessing help in my local community (11%)

We received **102 comments about information topics.**

32 related to the answer options provided.

52 comments related to **other topics people would have found it useful to have information about.**

Most frequently mentioned were:

- Access to supermarket delivery information - accessing slots and getting priority access (13)
- Changes and easing of restrictions (7),
- The definition of vulnerable (5),
- Understanding and trusting government decision making and statistics (4)
- Information for businesses / employers / employees (3).

There were 18 other topics mentioned by one or two individuals.

We also received comments (18) related to the **volume of information and conflicting nature** making it difficult for people to follow.

*‘When changes come about in what I can do it is not clear if I can see my family when, where or for how long’*

### 3.5 Changes to responses over time

We noted that the topics that people wanted information about changed over time. Those responding to the Survey between 26<sup>th</sup> May and 23<sup>rd</sup> July more frequently wanted information about:

- Looking after mental health and wellbeing
- Changes to the healthcare services that I usually access
- Managing existing health conditions

than those who responded to the Survey in earlier time periods.

We cannot be certain that those who responded earlier would change their views if subsequently asked.

**It would seem that there may be a change towards the public wanting information about mental health and emotional wellbeing, ongoing health conditions and the operation of health services as time moves on.**

### 3.6 Sources of Information

Information sources are shown by **most frequently used** source below:

- Media (e.g. television, radio or newspaper)
- Online ‘national’ websites (e.g. GOV.UK, NHS.UK, MIND.ORG)
- Online - social media
- Family, friends or neighbours
- Information received by email or text message
- Information received by post
- Online ‘other local organisations’ websites (e.g. local hospital, voluntary/community organisations, parish councils)
- Online - Worcestershire County Council
- Online District Council websites

**This suggest that overall, during the Covid-19 pandemic people have been looking towards mainstream and online national information sources rather than local online sources. Social media was the third most frequently used information source.**

### 3.7 How helpful has this information source been?

The graph below shows how helpful the people who have used this information source have found it.

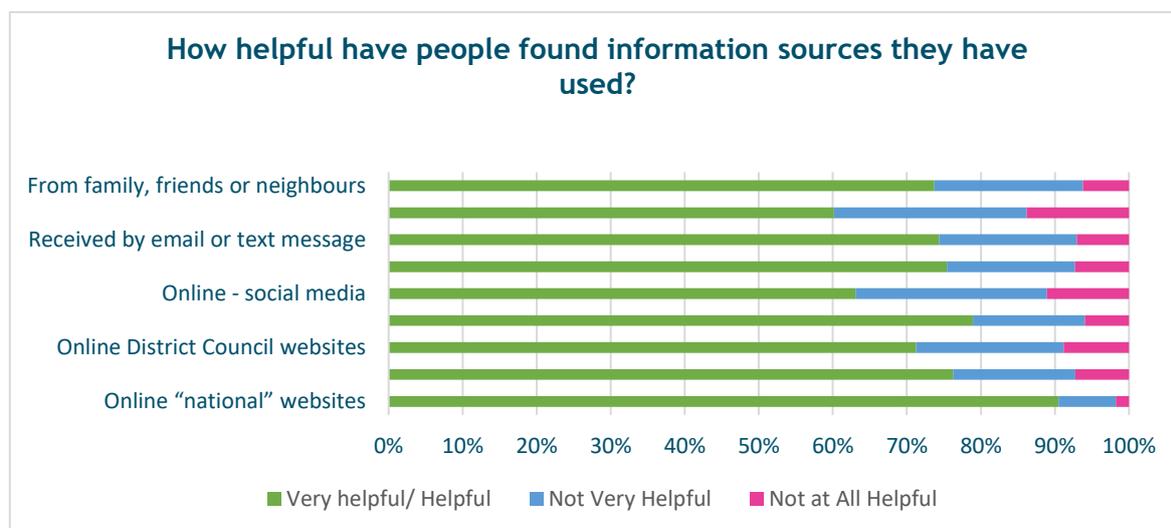


Figure 7 - How helpful people have found information sources they have used

This shows that the **top three sources of information rated as very helpful / helpful** by those that have used them are:

- Online 'national' websites (e.g. GOV.UK, NHS.UK, MIND.ORG)
- Online 'other local organisations' websites (e.g. Local hospital, voluntary/community organisations, parish councils)
- Online - Worcestershire County Council

**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.**

Sources of information most frequently rated as not very helpful / not at all helpful by people who have used them are:

- Information received by post
- Online - social media
- Online - District Council website

### 3.8 Information sources by ethnicity, age, disability and caring responsibilities

People who defined themselves as 'White Other' rated Online information sources as less helpful than 'White British' respondents. For example, 23% of 'White Other' respondents rated online national websites as not very/not at all helpful compared to 7% of White British respondents. There was a higher use of social media as an information source. Family, friends and neighbours were more frequently identified as a helpful information source by people who defined themselves as 'White Other' compared to the 'White British' respondents.

Looking at responses across the **age groups** the table below shows the three sources of information most frequently rated by that age group as very helpful/helpful

### Top Three Most Helpful Sources of Information by Age Group

Age	Source (1 <sup>st</sup> )	Source (2 <sup>nd</sup> )	Source (3 <sup>rd</sup> )
13 - 17	Media (e.g. television, radio or newspaper)	Online 'national' websites	Online - social media
18 - 24	Online 'national' websites	Online - social media	Media (e.g. television, radio or newspaper)
25 - 34	Online 'national' websites	Media (e.g. television, radio or newspaper)	Family, friends or neighbours
35 - 44	Online 'national' websites	Media (e.g. television, radio or newspaper)	Online - social media
45 - 54	Online 'national' websites	Media (e.g. television, radio or newspaper)	Family, friends or neighbours
55 - 64	Online 'national' websites	Media (e.g. television, radio or newspaper)	Family, friends or neighbours
65 - 69	Online 'national' websites	Media (e.g. television, radio or newspaper)	Family, friends or neighbours
70 - 74	Media (e.g. television, radio or newspaper)	Online 'national' websites	Family, friends or neighbours
75 - 79	Media (e.g. television, radio or newspaper)	Online 'national' websites	Family, friends or neighbours
80 - 84	Media (e.g. television, radio or newspaper)	Family, friends or neighbours	Online 'national' websites
85+	Online 'national' websites	Media (e.g. television, radio or newspaper)	Family, friends or neighbours

Figure 8 - Sources of information by age

This shows that for most age groups either online national websites and mainstream media or family friends and neighbours were the most helpful information sources, with people aged under 18 and 70 - 84 finding mainstream media the most helpful source.

For those aged 18 - 24 social media was a helpful information source and for those aged 80 - 84 family, friends and neighbours were a helpful information source.

As the majority of responses to this Survey were completed online, it may be that respondents across all age groups are more comfortable with online information than other people in these age group.

There were few significant differences between responses from people with disabilities and carers and other respondents. The only exception to the pattern reported above is that more people with disabilities and carers reported that they had used Online ‘other local organisations’ websites (e.g. local hospital, voluntary/community organisations, parish councils) compared to other respondents and they more frequently reported that they had found these very helpful / helpful. Carers also more frequently reported than other respondents that they found information from family, friends and neighbours very helpful.

### 3.9 Respondents with additional information / communication needs

163 respondents told us that they, or the person they cared for/support, had additional communication needs. Significantly more respondents in the ‘White Other’ group (13%) told us they had additional communication needs in comparison with ‘White British’ respondents (7%). We asked people to tell us more about this.

#### Information formats

We were told about the sorts of **information formats** that people needed access to:

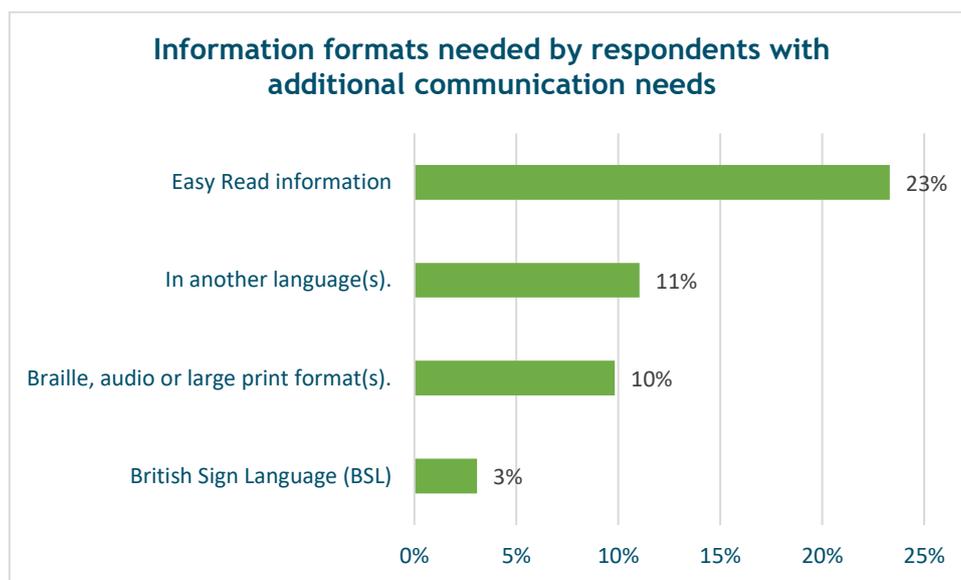


Figure 9 -Information formats needed by respondents with additional communication needs

**44% of respondents who had additional communication needs or cared for / supported someone with these needs had not been able to find information and advice in the formats or languages needed.**

#### Reason for the additional communication need

People (115) also told us the **reason for the additional communication need:**

- Hearing Impairment (26)
- Dementia / age related comprehension issues (20)
- Needed information in a different language (16)
- Learning Disability (11)
- Medical condition which makes information processing difficult (11)

- Autism Spectrum Condition (9)
- Speech/language impairment (8)
- No / little access to digital communication (6)
- Sight Impairment (4)
- Literacy issues (2)
- Mental Health issues (2)

## Information and communication challenges experienced by people during Covid-19

We were also told about the **information and communication challenges** that people are facing during this Covid-19 pandemic.

*'I have a bone anchored hearing aid but still rely on lip reading to assist with confident communication ... but this proves to be very difficult while so many people are wearing masks.'*

*'I fear going to hospital due to communication barriers while they wear mask. - not able to understand the basic lipreading'*

*'They are hard of hearing, find phones difficult and do not use a computer or smartphone'*

*'Social distancing and challenges faced by people with visual impairment, e.g. needing guidance and assistance when shopping.'*

*'X doesn't understand English letters'*

*'I need translation when talk is about specific subject like Covid - basic English only''*

*'Covid-19 seems to affect Caribbean people more than others yet there is no specific information about this accessible or in the news. I think the government is effectively concentrating on age and ignoring the black kids and health workers who are dying in greater proportions.'*

*'X struggles to use internet and speak on phone or send texts'*

*'Find it difficult to use the phone and talk to the receptionist and my doctors are not letting people make appointments on-line'*

*'I find it hard to explain things to my mum who has dementia and lots of other health conditions on what she should do.'*

*'Many old people do not have computers, tablets or mobile phones and those that do know only the very basic operations. So emails, texts, etc. do nothing to help them. Furthermore, they are outside the world of Skype, Zoom, Facebook, etc., thus cut off from virtual chats with friends and family. Importantly too, they cannot buy food online, renew contracts..or search for help (e.g. a plumber).'*

*'Governments communication has been very confusing. Unpaid carers and their contribution has been completely forgotten it seems.'*

**Commissioners and providers will need to ensure that a move to more telephone / video / online services takes account of the whole range of individual information needs and communication requirements and does not reinforce existing health inequalities and digital exclusion.**

## 4. HERE2HELP WORCESTERSHIRE CORONAVIRUS/COVID-19 COMMUNITY ACTION RESPONSE

### 4.1. Awareness of Here2Help

35% of respondents had heard of Here2Help Worcestershire Coronavirus/Covid-19 community action response, whilst 65% had not heard of the scheme.

A slightly higher proportion of people with disabilities (38%) and carers had heard of the scheme (39%) compared to other respondents.

The chart below shows that awareness of Here2Help was higher amongst respondents living in Districts in the south of the county than in the north.

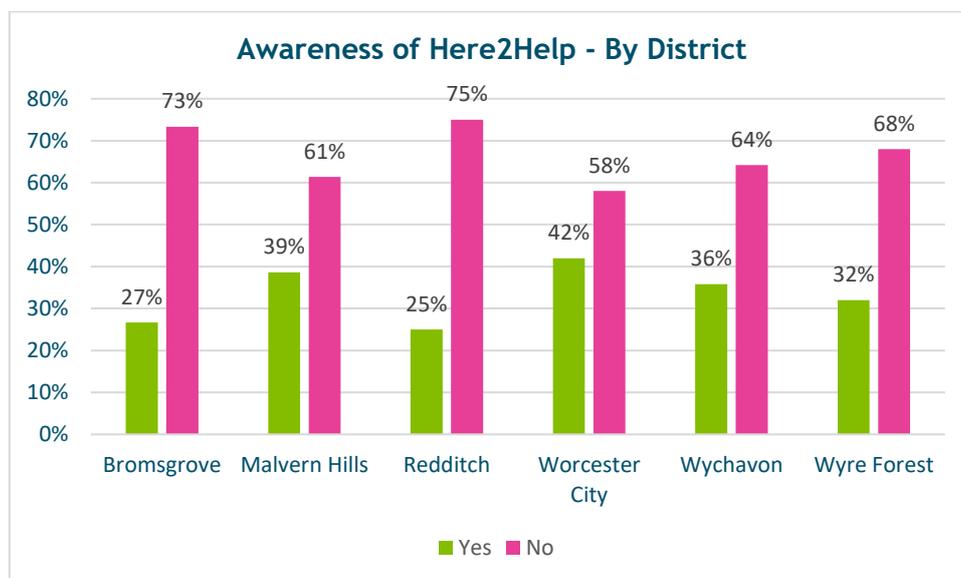


Figure 10 - Awareness of Here2Help by District

Fewer respondents from Redditch (25%) and Bromsgrove (27%) had heard of Here2Help than elsewhere in the County.

### 4.2. Use of Here2Help

Of those that had heard of Here2Help 98 people had used the website or helpline. 44 of these were people with disabilities and 41 were carers. The age profile of people using the scheme is shown below.

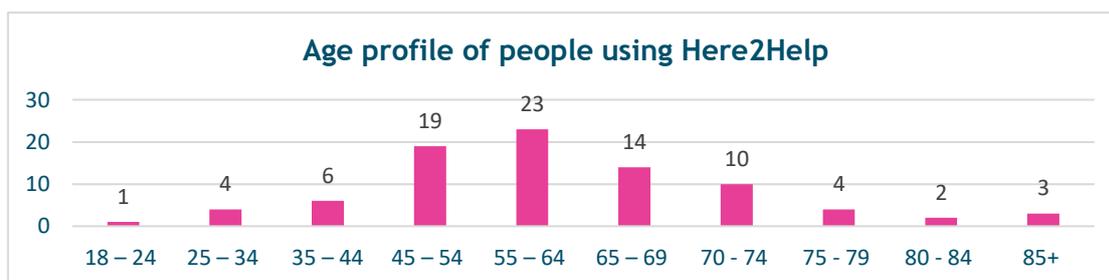


Figure 11 - Age profile of people using Here2Help

Respondents had used it for the following purposes:

- 44 people had used it to request **help for themselves** or someone else
- 36 people had used it for **Advice and Information**
- 17 people had used it to **volunteer** to help

The table below shows how **quickly respondents received a response** from Here2Help. It shows that **most people (57) got a response within 48 hrs**, however 11 people got a response over 72 hrs later.

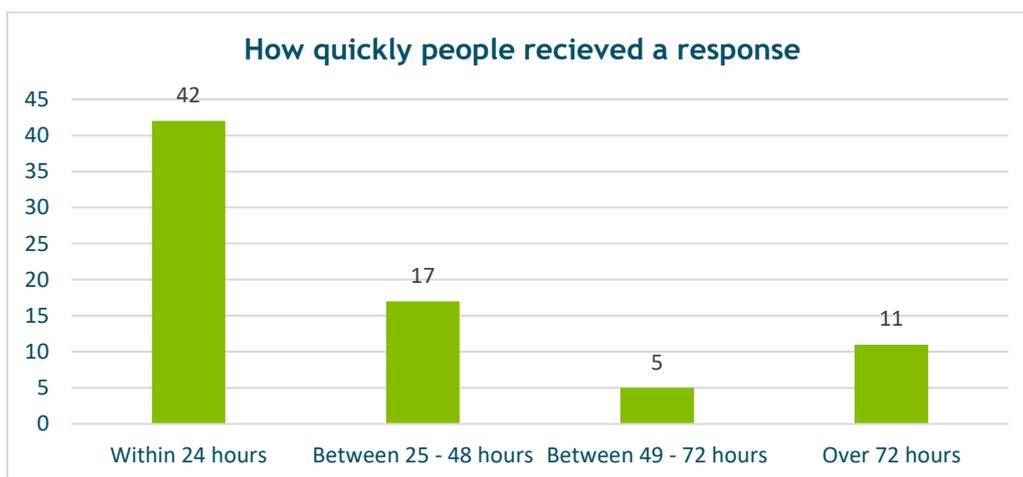


Figure 12 - How quickly people received a response from Here2Help

### 4.3. How Helpful was Here2Help

We asked people **how helpful** they had found the response

- 57 people rated the response as very helpful or helpful.
- 21 people rated it as not very or not at all helpful

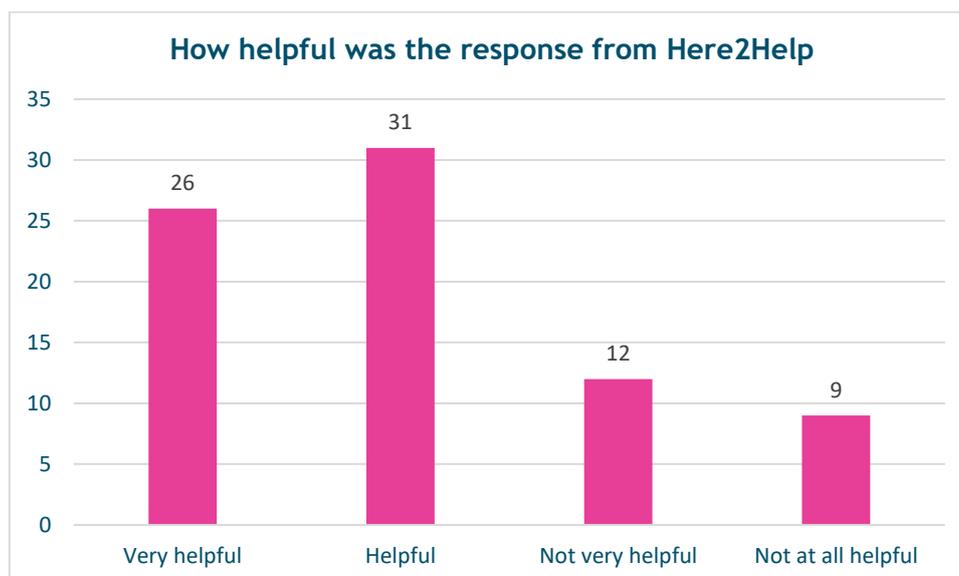


Figure 13 - How helpful was the response from Here2Help

We asked people to tell us more about their experience of Here2Help Worcestershire. We received a total of **65 comments**, of which 49 were coded as positive and 18 as negative. These have been themed and are presented in order of frequency below

### Positive Comments

- Positive experience of good service (26)
- Volunteered but not been required / received response (12)
- Have told others about Here2Help (6)
- Have heard of/called by Here 2 Help but not needed it (4)
- Praise for food parcels (1)

*'Brilliant organisation well organised and caring'*

*'They called me early on to tell me what they were there for and to offer any help I needed, an excellent start'*

*'We were amazed and grateful at all the support, ideas, free food parcel, etc.'*

*'Not used yet but information about who to contact arrived very early so was good to know.'*

*'Brilliant. We needed medication collected from a pharmacy .. delivered to us the next day'*

*'I have used several times for patients. The staff have been very helpful and although may not have had the answer immediately got back to me in good time''*

### Negative comments

- Told not entitled / able to help (8)
- Unhappy with the answer / response provided by Here2Help (3)
- Needs more promotion (3)
- Difficulties with accessing the service (2)
- Person not been called or visited (1)
- Lack of research about an individual before arriving with food parcel (1)

*'I'm over 70, asked for help but told as I don't have symptoms nor significant underlying health problems I'm not entitled to any help.'*

*'I was telephoned by someone and was left 3 messages but with no return number, as my phone does not accept withheld numbers so went straight to answer message. On the 3rd answer message it said that as I had not replied to messages I could not be offered help.'*

*'I received a text message from my Practice with a telephone number. I made 3 attempts to communicate with someone which was a failure. I decided not to waste my time and got a better response/support from a neighbour.'*

*'Learning / sharing more about each other's culture and share between both service provider and service user. Such as when providing food / care package including some multicultural foods / goods will show a greater care.'*

#### 4.4. Continuation of Here2Help beyond the Covid-19 pandemic

There was support for Here2Help to **continue beyond the Covid-19 pandemic**. Of the 710 people who answered this question **479 (67%)** thought it **would be useful** if it did so, while **39 (5%)** **did not**. 192 (27%) respondents did not know. 70% of respondents who are carers supported the continuation of Here2Help.

## 5. MENTAL HEALTH AND EMOTIONAL WELLBEING

### 5.1. Impact on Mental Health and Emotional Wellbeing

One fifth (20%) of respondents told us that Covid-19 was having a **great deal or a lot of impact** on their mental health and emotional wellbeing.

26% reported that it was having a moderate impact.

32% reported it was having a little impact.

22% no impact at all

The proportion of people reporting that Covid-19 was having a **great deal or a lot of impact** increased over time.

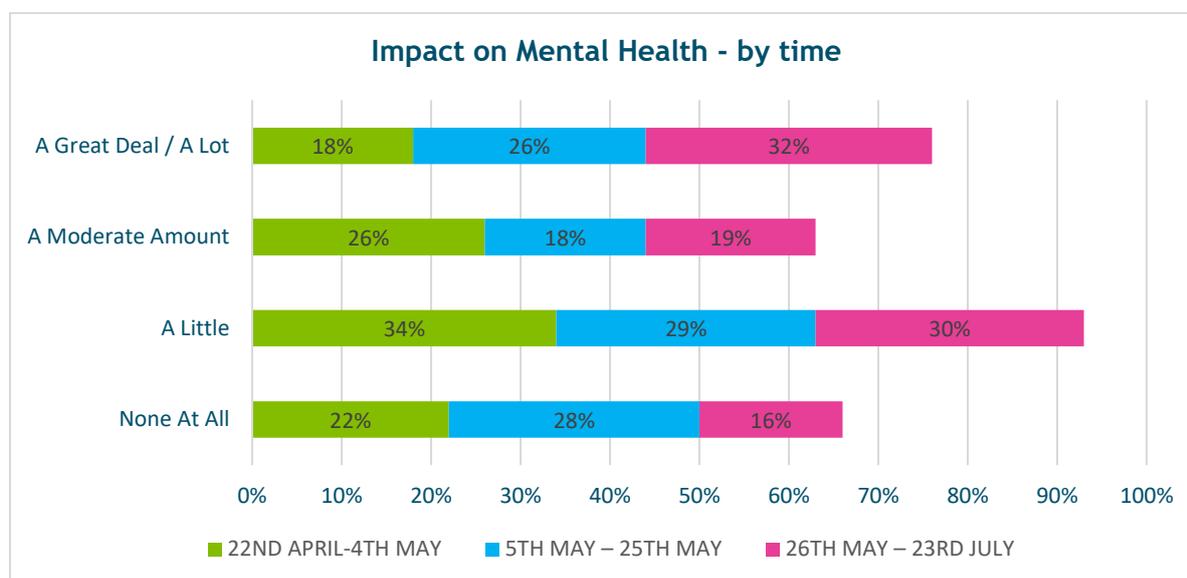


Figure 14 - Impact on mental health by time

In the first two weeks of the Survey, when most replies were received, 20% of respondents reported that Covid-19 was having a great deal or a lot of impact on their mental health and emotional wellbeing. Between 26<sup>th</sup> May - 23<sup>rd</sup> July 32% of respondents reported this, however fewer people responded during this time period. We cannot be certain that those who responded initially would change their views if asked subsequently.

**It will be important for services locally to take available opportunities to continue to survey the impact of Covid-19 on mental health and emotional well-being on both children and young people and adults**

## 5.2. Impact on Mental Health by Age, Ethnicity, Disability, Caring responsibilities and Place

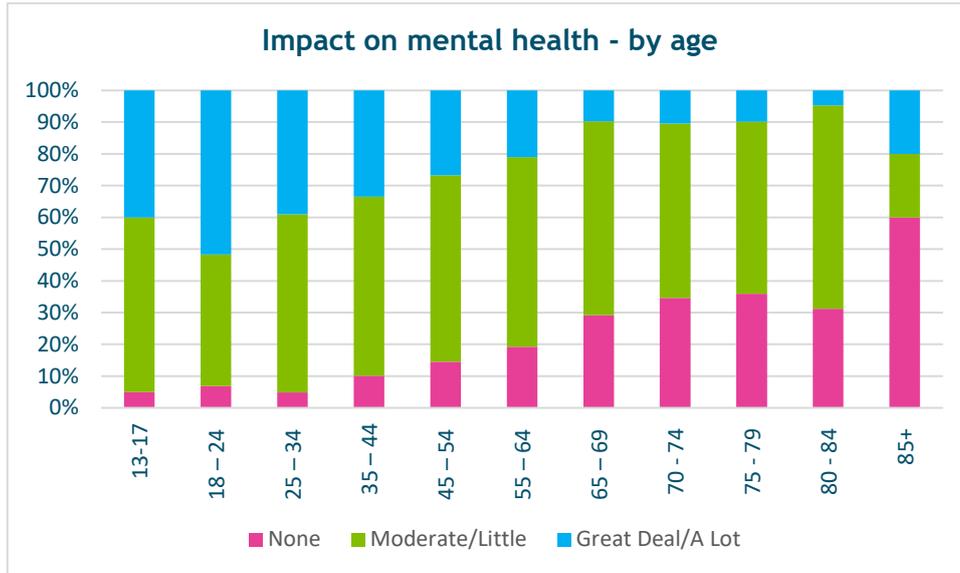


Figure 15 - Impact on mental health - by age

People aged 44 and under 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 age groups.

Looking at differences in responses by ethnicity 26% of people from a 'White Other' background told us that Covid-19 was having a **great deal or a lot** of impact on their mental health and emotional wellbeing, compared to 19% from a 'White British' background.

More **people with disabilities** (27%) told us that Covid-19 was having a **great deal or a lot of impact** on their mental health than other respondents.

**Carers** also told us that Covid-19 was having a great deal / a lot of impact on their mental health (24%), and fewer carers (17%) reported that Covid-19 was having no impact at all compared to other respondents.

People in Bromsgrove (26%), Redditch (24%) and Wyre Forest (24%) more frequently told us that Covid-19 was having a **great deal or a lot** of impact on their mental health and emotional wellbeing than elsewhere in the County.

## 5.3. Accessing support for mental health and emotional well-being during Covid-19

**Most people (57%)** told us that they **had not needed any support for their mental health and emotional well-being** during this time.

Of those that did **most (25%) had received this from their family and friends**. Some people (3%) found support online or from an app, a further 2% from a community, voluntary or charity group or organisation. 1% had sought support from a mental health care provider. The main other sources of support mentioned were via the workplace (21), GP (8) and Church (5)

However, **8% of respondents (170)** had not been able to find support for their mental health and well-being.

#### 5.4. Reasons given for being unable to access support

We asked people to tell us their reasons given for people being unable to access support for their mental health or emotional wellbeing. This was a free text question, options for response were not provided. The answers given have been themed and are ranked below:

- Do not know how to access support (27)
- Feel that they shouldn't access support at this time or others need it more (17)
- Perception that there is no support available / no point in trying to access support (16)
- Don't want to/have not tried to access support (13)
- Services are closed (9)
- Unable to make contact or get an appointment (8)
- Do not want to have support by phone, due to others in house / privacy (3)
- Not fluent in English / services not available in community languages (3)

Other reasons given were: not been offered any support (2); no support appropriate for those with Autism Spectrum Condition (2); person was told they were not eligible (1) and person does not want to access online support (1)

*'I did not know where to get it from and there was no information on where it was available.'*

*'Who do you speak to? What do you say? I'm living alone and climbing the walls. So is half the country. I have no idea who I'd talk to or what can be done.'*

#### 5.5. Accessing Support for Mental Health by Disability, Ethnicity, Age and District

A higher proportion of **people with a disability (24%)** told us that they had been unable to access support for their mental health compared with other respondents.

A significantly **higher proportion of people from "White Other" backgrounds had been unable to access support for their mental health (14%)**, compared to those from a 'White British' background (7%)

Looking at the answers by age the chart shows that those **aged 34 and under had not been able to find support** more frequently than other age groups. Respondents in this age group were also more frequently accessing support from a mental health care provider than those in other age groups.

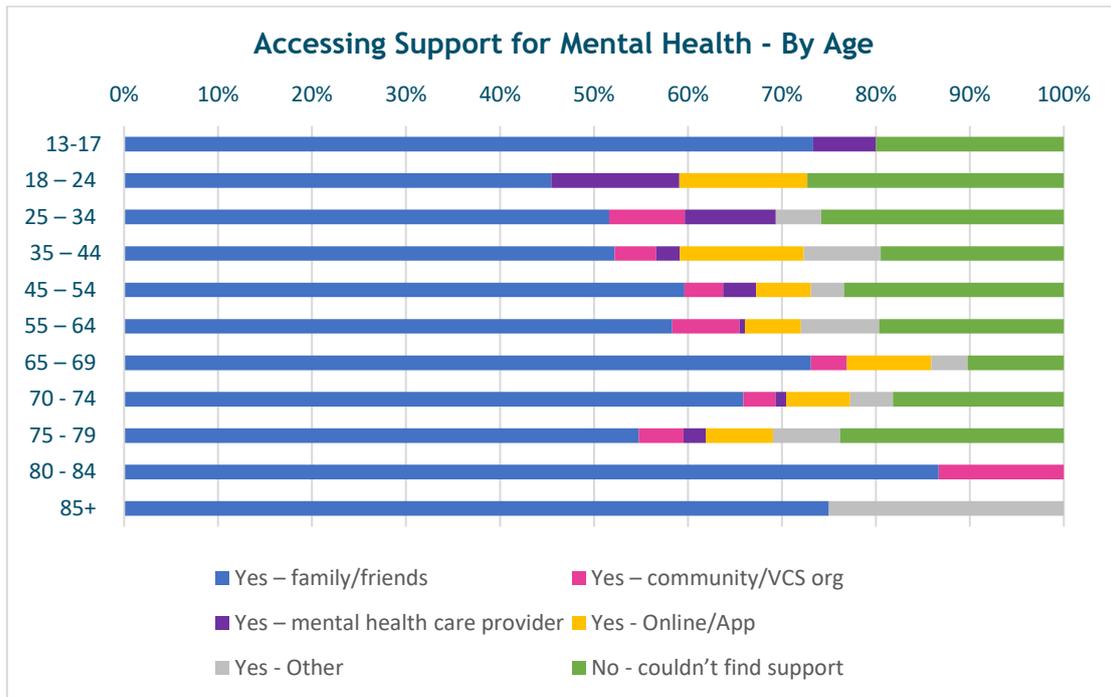


Figure 16 - Accessing support for mental health - by age

The chart below shows that **people from Redditch (28%) and Worcester City (22%) had not been able to find support for their mental health and well-being more frequently than people living in other Districts of the County**

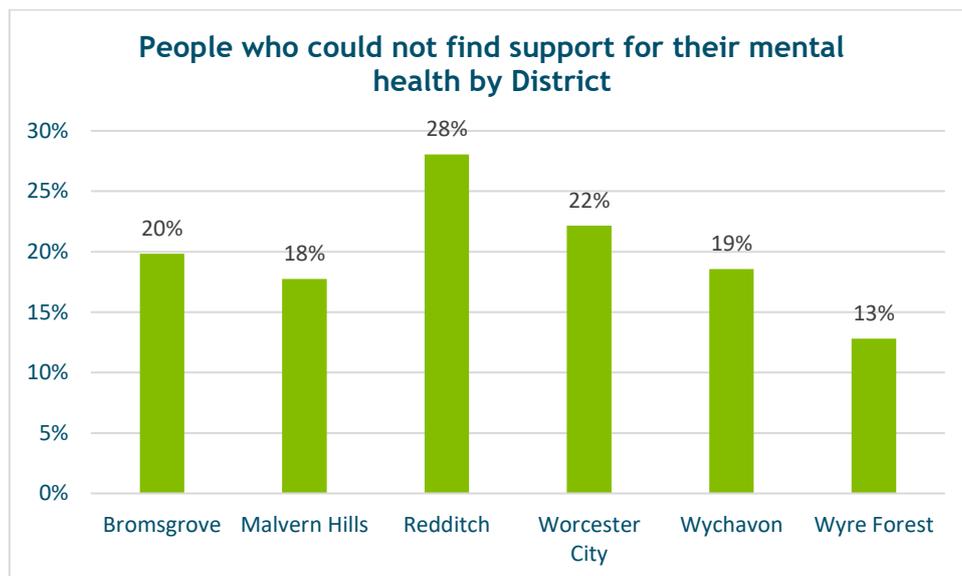


Figure 17- People who could not find support for their mental health by District

## 5.6. Comments about accessing support for Mental Health and Emotional Wellbeing

We asked people to tell us more about their experiences of accessing support for mental health and emotional wellbeing. **We received 136 comments.**

**97 comments** related to the different types of support people had found beneficial, including -

- Keeping in touch with family and friends (42)

- Specific websites, apps and online support (23)
- Support and contact from local voluntary groups (23)

Other comments related to support from community mental health team (5) self-help resources (3) and GP (1)

**26 comments about issues or difficulties relating to accessing services -**

- Lack of availability of appropriate support (10)
- Difficulties of support being online or by telephone (8)
- Difficulties with Healthy Minds / mental health teams (4)

Other comments related to anxiety asking for help (2), difficulty getting through to helplines (1) and lack of support for Post Natal Depression (1)

**12 comments related to specific issues impacting on mental health**

- Caring responsibilities, relating to learning disability, Autism Spectrum Conditions and mental health issues (5)
- Bereavement (2)
- Employment (2)

Other comments related to recovering from Covid-19 (1), being separated from spouse (1), and acquired brain injury (1).

*‘Didn’t know where to start and didn’t think they’d have time for me’*

*‘Couldn’t get help before the COVID-19 pandemic, didn’t waste time trying to get any now!!’*

*‘Just thought I needed to deal with it on my own, even though it's difficult.’*

*‘No services were available in Polish so cannot talk freely, so was limited to information I can read and understand’*

*‘Not offered. And it’s the messages being sent to vulnerable high-risk people that is causing most of the anxiety and damage to my mental health.’*

*‘I had no place to ask for mental health support as I speak English poorly. I was afraid that because of measures taken due to Covid-19 pandemic in hospitals I will receive worst care and it .. was hard as I was not able to access doctors in usual way.’*

*‘It’s still really hard to access mental health support or get diagnoses as an adult’*

*‘I have a partner that is suffering from extremely poor mental health and .. is suicidal ..... GP says a councillor will ring in a week or so. We are still waiting... very poor non-existent access to adult mental health services’*

*‘More support from the mental health team, no contact in 10 weeks. I appreciate they are busy and I don’t want to be a burden so haven’t bothered them’*

*‘Very slow response to rapid deterioration in mental health of those already receiving treatment for mental health problems ..’ ‘His (mental health) services went to online and he doesn’t trust online’*

## 6. EXPERIENCE OF HEALTH SERVICES

### 6.1. COMMUNICATION ABOUT CHANGES TO HEALTH SERVICES

We asked people how they would rate the communication that they, or the person they care for, have received about changes to a range of health services due to the Coronavirus/Covid-19 pandemic. The table below sets out all the responses.

Respondents were able to say that they had not received any communication from the service or that it was not applicable to them.

**Table rating communication by Health Services**

	Excellent	Good	Fair	Poor	Very Poor	Not received any communication	Not applicable to me	Total
Pharmacy	390	532	249	74	38	509	250	2042
GP	465	620	323	103	63	297	156	2027
Dentist	158	329	220	107	63	841	297	2015
Community Healthcare and Nursing services	63	80	76	30	18	421	1328	2016
Therapists (e.g. Physiotherapist /Occupational Therapist)	66	96	78	40	30	318	1396	2024
Hospital – Outpatients	114	207	148	76	42	298	1139	2024
Hospital – Planned Treatments	91	156	114	69	44	238	1300	2012
Hospital - A&E and Minor Injuries Units	55	75	45	27	14	303	1506	2025
Maternity Services	9	12	13	6	5	134	1825	2004
Mental Health Services (Adults)	16	35	29	32	36	240	1623	2011
Mental Health Services (Children and Young People)	10	15	20	15	25	177	1742	2004
Children, Young People & Family services (e.g. health visitors, school nursing)	36	54	37	16	16	196	1648	2003

*Figure 18 - Table rating communication by health services*

Some services would only be expected to communicate with respondents if the person had some contact with the service and it was relevant for them to do so. We gave people the option to say that communication with the service was not applicable to them. However, some people may have stated that they did not receive communication from a service when in fact this may not be applicable to them.

### Communication from GP services

There are some services, such as **GP services**, which are universal and from which people could have expected to receive communication.

The chart below shows the receipt of communication **about GP services by District**, and the rating that respondents gave to the communication received.

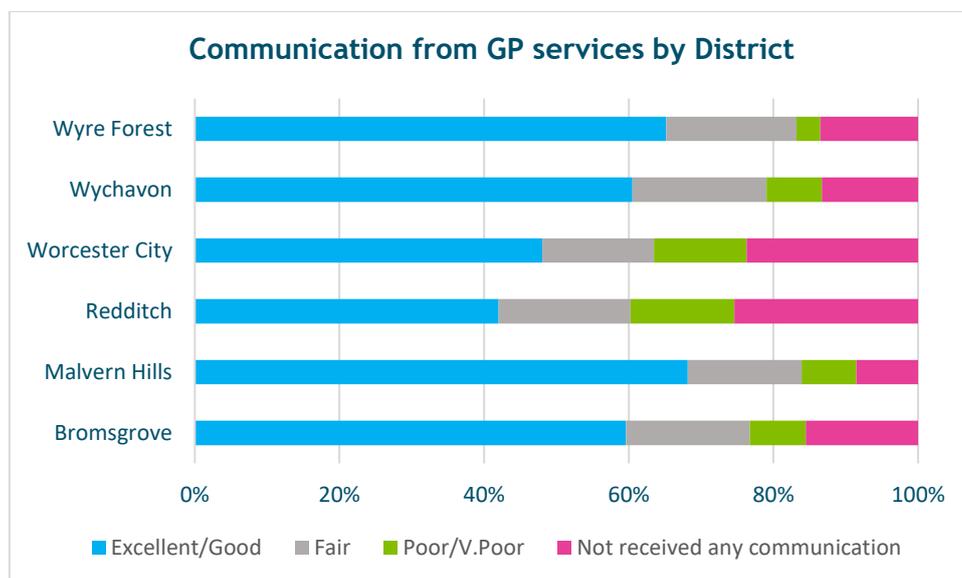


Figure 19 - Communication from GP services by District

This shows that more people in **Worcester City and Redditch** reported that they had **not received any communication** about GP services than in other Districts. People in these areas also rated communication received as Poor or Very Poor more frequently than elsewhere.

We also looked at responses from carers in receipt of communication from GP services and compared these with other respondents. The table below shows that **carers rated communication from GP services less favourably than other respondents**.

	Excellent	Good	Fair	Poor	Very Poor
Carers	29%	33%	23%	9%	5%
Non carers	30%	43%	19%	5%	3%

Figure 20 - Table showing carers rating of communication by GP services

### 6.1.1. Rating of communication

Looking across the County only at people who had communication from the service the Chart below shows how this was rated.

Chart showing how communication is rated by people in receipt - by service

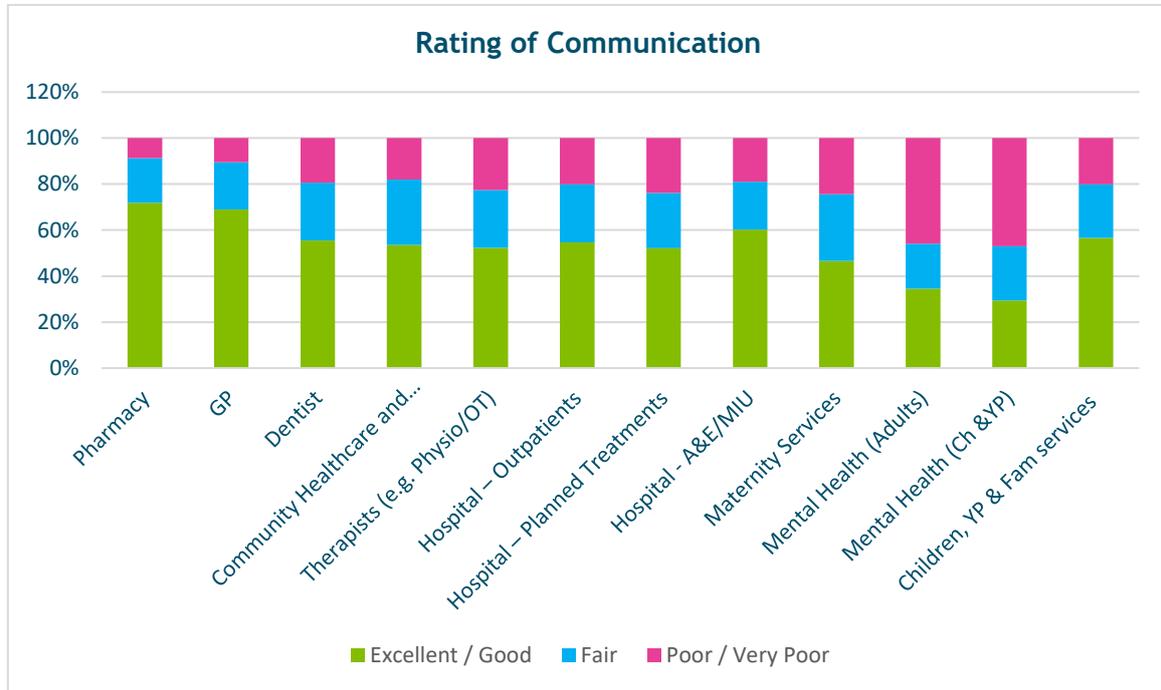


Figure 21-Rating of communication by service area

It shows that communication received from the following services that were most frequently rated **Excellent or Good** are:

- Pharmacy (72%)
- GP (69%)
- Hospital - A&E / MIU (60%)
- Children, Young People and Family Services (57%)
- Dentist (56%)

Communication received from the following services most frequently rated as **Poor or Very Poor** are:

- Mental Health - Children and Young People (47%)
- Mental Health - Adults (46%)
- Maternity Services (24%)
- Hospital - Planned Treatment (24%)
- Therapists - Occupational Therapy, Physiotherapy etc. (23%)

We received 14 comments about communication from services not listed as answer choices. We had 1 positive comment about 4 services: Cardiac Rehabilitation services, Lymphoedema service, Orthotics and NHS 111.

We had 10 negative comments relating to: Hearing aids (2); NHS 111 (2); 999; Admiral Nurse; Cervical Screening; Gender Identity Development Service - London Tavistock; Orthotics and an Optician.

#### POSITIVE COMMENTS ABOUT COMMUNICATION FROM HEALTH SERVICES

*'Healthcare staff and their support staff have done a great job in reassuring people in very scary times'*

*'GP sent texts to explain changes to service'*

*'We have been kept fully informed by text messages, emails and the Facebook page of our surgery'*

*'Everyone has done their utmost to help patients!'*

*'Where I have had appointments scheduled (ear nose and throat clinic), dentist, orthodontist - they have all contacted me to explain arrangements for re-scheduling'*

#### NEGATIVE COMMENTS ABOUT COMMUNICATION FROM HEALTH SERVICES

*'There hasn't been a great deal of communication from the healthcare services with regards to changes to their services. It would have been very helpful if GPs send letters with more information on how to access the service and to reassure people that they can still use them without fear of burdening the NHS. I also feel that the guidelines announced on TV would have been better received and understood if they were communicated at a local level from GP's surgeries'*

*'There's been poor coordination across the NHS in Worcestershire e.g. changes to GP surgery access and pharmacy delivery schedules without text messages or emails. Patients discover these when they visit the website e.g. to renew a prescription which is far too late!'*

*'I understand the pressure everyone must be under. I just feel organisation and communication should be a priority. If I had not picked up and chased my maternity consultant I would not have been on the correct medication and would not be being monitored like I should'*

*'I was informed that a procedure planned for 31st March was cancelled and one further communication but I have no idea when it might be rescheduled.'*

*'Children's outpatient appointment - presumed cancelled, but no communication as to plan going forward'*

*'Did not receive my blood results from hospital. Was told to see a dermatologist. They cancelled my appointment before this. Had been waiting a long time Doctor has said urgent Specialist meant to have rebooked....no heard anything'*

*'Physiotherapist, self-referred prior to lockdown, then I received a letter to say I had been discharged because of Covid 19, very unsatisfactory.'*

## 6.2. ACCESS TO HEALTH SERVICES

We asked respondents if they, or the person they care for, had **needed to access** a range of health services.

Respondents were able to say that they had not needed to access the service or that it was not applicable to them. Looking only at people who had **needed to access the service** the table below shows the numbers of people needing to access services.

	Yes, Easy to Access	Yes, but difficult to access	Yes, but I chose not to access	TOTAL
Pharmacy	1229	308	35	1572
GP	707	250	120	1077
Dentist	89	133	131	353
Community Healthcare and Nursing services	80	45	24	149
Therapists (e.g. Physiotherapist or Occupational Therapist)	77	83	49	209
Ambulance Services	79	8	9	96
Hospital - Outpatients	161	128	58	347
Hospital - Planned Treatments	123	116	62	301
Hospital - A&E or Minor Injuries Unit	81	13	21	115
Maternity Services	15	6	4	25
Mental Health Services (Adults)	33	46	35	114
Mental Health Services (Children)	11	18	17	46
Children, Young People and Family services (e.g. health visitors, school nursing etc.)	45	25	16	86
NHS 111 Online	139	49	31	219
NHS 111 Phone	115	90	33	238

Figure 22-Table showing ease of access to health services

The chart below shows how easy or difficult this was, or whether the respondent had needed to access the service but had chosen not to.

## People who needed to access the service - ease / difficulty of doing so or chose not to access the service

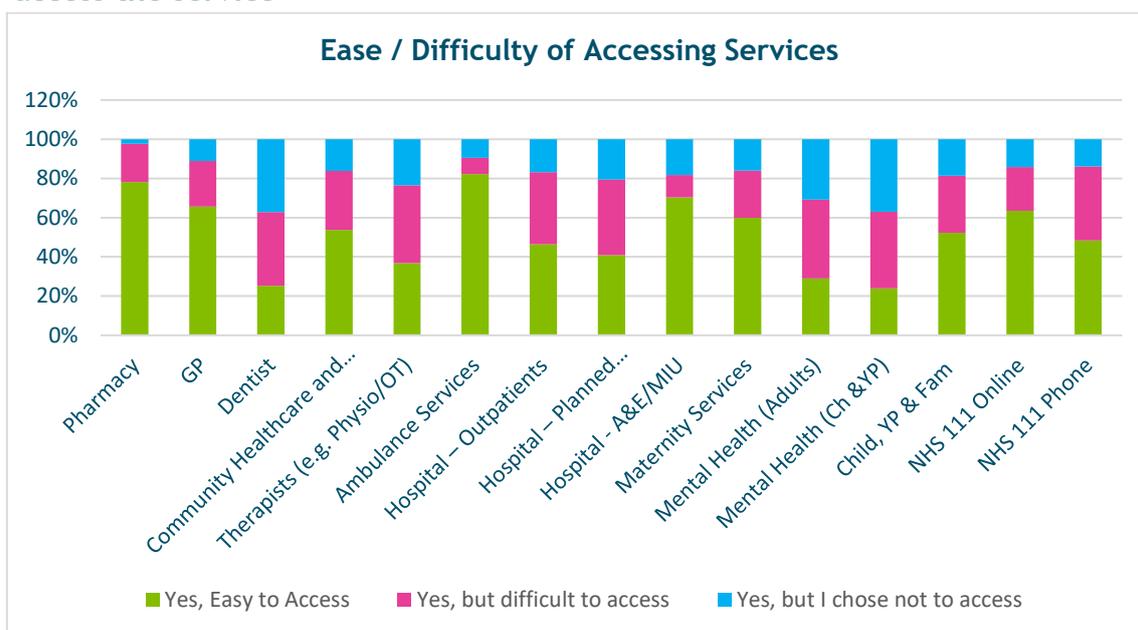


Figure 23- Ease or Difficulty of accessing services

Of the people who had needed to access the service, those that were **easiest to access** were:

- Ambulance Services (82%)
- Pharmacy (78%)
- Hospital - A&E services (70%)
- GP (66%)
- NHS 111 Online (63%)

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

- Adult Mental Health (40%)
- Therapy (e.g. Physiotherapy and Occupational Therapy) (40%)
- Children and Young People Mental Health (39%)
- Hospital - Planned Treatments (39%)
- NHS 111 Phone (38%)
- Dentist (38%)
- Hospital Outpatients (37%)

### Access to GP services by carers and 'White Other' group

There was a difference in how carers who had needed to access GP services rated this compared with other respondents. The table below shows that **carers rated access to GP services less favourably than other respondents**. Carers also found it more difficult to access pharmacy services than other respondents

### Table showing how easy carers found it to access GP services

	Yes, it was easy	Yes, it was difficult	Chose not to access
Carers	61%	29%	9%
Other respondents	69%	19%	12%

Figure 24 - Table showing how easy carers found it to access GP services

It should also be noted that a **lower proportion of people who defined themselves as “White Other” found it easy to access GP services (53%)** compared with ‘White British’ respondents (76%).

#### 6.2.1. Experience of accessing health services

We asked people to tell us more about their experience of health services. We received **397 comments**. This comprised **155 positive comments** and **242 comments raising issues or concerns**.

#### Positive comments / praise for services

THEMES	FREQUENCY
GP Practices – good service / organisation / use of telephone and video consultation	56
Pharmacy services – customer service and use of deliveries	30
Acute Hospital services	25
NHS 111	15
Ambulance	10
Community services	8
‘Ask My GP’	3
999 services	3
Out of hours GP	2

Figure 25 - Positive comments

Please contact us for a list of topics where a single comment was received.

#### EXAMPLES OF COMMENTS RECEIVED

*‘I do appreciate that every health care service is doing their best to adapt to the situation and of course are not going to be able to provide services in the same way as pre Covid-19’*

*‘Very satisfied with our Surgery and GP’s’*

*‘Much improved GP service due to less demand’*

*‘Telephone consultations have worked well both with GP & Oncologist’*

*‘I like the virtual doctor’s appointments. They were accessible and my issue was sorted out very quickly’*

*‘Prescriptions being delivered to my home’*

*‘More use of pharmacists for general NHS needs’  
 ‘Time it took to obtain a prescription was much faster than normal’  
 ‘X (pharmacy) have been excellent when you visit them to get a prescription made up. They were always calm and patient even when things became really difficult and pressured and I was very impressed with them as they appeared to dispense to vulnerable groups such as drug users. Thank you’*

*‘Ambulance service brilliant. Worcester Royal Beech A staff 5 star. Very good and prompt repeat prescription service at GPs’*

*‘Rheumatology phone advice line at WRH followed up by shield letter from consultant ... similar good shield letter response from GP surgery after several phone calls about my large number of risk factors ... Creative suggestions of online video with exercise suggestions from WRH Physiotherapists as my follow up request for exercise advice got side-lined due to COVID19 and outpatients ... postponed. Have had good telephone and letter contact from all of them explaining arrangements for remote follow up until situation resolves.’*

*‘Experience with Respiratory Nurses at WRH was absolutely outstanding - telephone consultation which addressed all my urgent needs and arranged for an x-ray and blood tests all in the safest way possible for me as I am shielding.’*

*‘Worcs Acute Riverbank provided advice and care twice for my daughter.... Staff at the trust provided exceptional care as required and have made follow up calls to check our NHS care is working smoothly.’*

*‘I thought the NHS 111 proactiveness was impressive and 111 seems to have established itself well in the minds of the population. I was aware of the NHS Direct but not 111 before coronavirus’*

### Comments raising issues or concerns

THEME	FREQUENCY
Accessing GP / information and treatment given by GP	52
Unable to access urgent dental care	41
Accessing pharmacy or medication	38
Concerns about cancellation of outpatients appointments / delays to referrals	34
NHS 111 – getting through / waiting times / not receiving advice required	17
Lack of mental health support	11
Delays to diagnosis/treatment – Cancer, Neurology	9
Feeling not been recognised as high risk of Covid-19	5
Lack of access to Physiotherapy	5
Maternity – follow up care / access to pain relief	3
Concern about lack of language interpreting services / no service available in community languages	3
Do not use NHS services / not registered	3
Social distancing measures in hospital	2
Child and Adolescent Mental Health Services	2

Access issues due to sensory impairment	2
Care following discharge from hospital	2
Lack of condition specific information	2
Covid-19 Testing	2

Figure 26 - Comments raising issues or concern

Please contact us for list of topics where a single comment was received.

## EXAMPLES OF COMMENTS RECEIVED

*'All changes even as they were necessary cost me a lot of stress and worry'*

### GP

*'Health services are not available. Can get a phone consultation with a doctor but can't get a time so often miss the calls as working. Hopeless. Took 2 weeks and spoke to a doctor, can't see one'*

*'Consultation by phone is not effective and I don't believe it is possible to help a person with any problems without seeing the symptoms''*

### Dentist

*'Dentistry ... Received no actual information from anybody. Phoned dentist in second week of lockdown with a dislodged crown, call handler told me this was not considered an emergency so no dentist was available (not even for advice).'*

*'My son had a tooth abscess at the last weekend - it was impossible to find a dentist and the information given on the NHS website was useless'*

### Pharmacy / Medication

*'I could not get my medications from the pharmacy as they had run out and the substitute I was given I had an immediate allergic reaction'*

*'Being new to the area it has shown weaknesses in the system that I've not experienced before. The 28 day prescription policy, I just do not understand! I rely on medication for life and to have only one month's supply, particularly in a time like this is very worrying'*

*'My parents who are self-isolating due to severe health issues (leukaemia) were told they had to get a prescription from the Worcester hospital and it couldn't be posted etc (we are in Kidderminster). I was still working at this point and it was impossible for me to get there in the limited opening hours for this essential medication. Incredibly stressful'*

### Hospital - Outpatients

*'I did have a .. follow up appointment at Kidderminster hospital ... However, I received a letter cancelling that appointment. That made me uneasy as the letter did not propose to re-arrange the appointment, but to cancel it, which has left me in limbo, as I shall have to follow up the ... department for another appointment. Incidentally, my first appointment was in February and their report on me has not been completed and therefore not passed to my GP.'*

*'All of my outpatients appointments have been cancelled. I am worried I will not be given new appointments. Or will I have to wait another 8 months to see consultants'*

*'I was due to have a routine eye check for glaucoma at Worcs Royal Hosp. I rang to ask if the appointment was still going ahead. I was told 'no, it's been cancelled'. I then received a text message reminding me to attend!!..'*

*'Telephone consultation with my oncology consultant - did not remember who I was - should have been by video'*

### **Delays to diagnosis/treatment - Cancer, Neurology**

*- My daughter needed an MRI scan ... She could not get one as a physio had to do the referral and they weren't accepting any patients. She ended up paying for a private scan and was called straight into hospital for further .. neurosurgery. If she hadn't paid for the scan she could have been permanently disabled and incontinent'*

*'How to get appointments for existing illness? (in my wife's case breast cancer)'*

*'postponement of vital MS treatment. X is now in MS relapse otherwise might not have had and as a result will now have some degree of extra permanent brain damage'*

### **Physiotherapy**

*'Physio cancelled and done by telephone. Exercises given caused me problems. Called and left messages. No one got back to me'*

### **Hospital Inpatients and Discharge**

*"Patients were VERY rapidly discharged from hospital, due to fear of person catching COVID-19. In my husband's case I thought it was an unsafe discharge and his health deteriorated when he came home, even though the Promoting Independence Team was providing support.'*

### **Testing**

*'119 cannot provide a test to people who are either unable to get to a test centre or do not have an email address'*

### **Having Covid-19 in the community**

*'I am very concerned about the apparent lack of service for those suffering from Covid-19 at home, particularly what is being offered for palliative care there has been an imbalance 'at the expense of non-Covid patients in ensuring normal hospital investigations and treatment continues. This has been hugely worrying'*

### **Reinstatement of NHS services**

*'GP and local surgeries are not offering nurse lead treatments unless life threatening which leaves people without medical help for basic wellbeing. A blanket ban on all these treatments/tests is not acceptable 10 weeks on from lock-down. GP surgeries are not overrun and should be using full PPE and staggered times to keep the public well. This ban has been taken to extremes and gone on for too long.'*

*'is about time the local GP's started seeing some patients again. As for the test and tracing issue why can you not access the tests via local GP services, and why are they not going to be involved in local tracing issues'*

*'I think that 'routine' care, screening etc has been abandoned unnecessarily, and for far too long. The long-term serious consequences of this will be devastating'*

### 6.3. People who 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.

Services that people had needed to access, but had most frequently **chosen not to** were:

- Dentist (37%)
- Children and Young People Mental Health (37%)
- Adult Mental Health (31%)
- Therapy (e.g. Physiotherapy and Occupational Therapy) (23%)
- Planned Hospital Treatments (21%)

We asked the people who had chosen not to access a service they needed the reason for this. **903 people** responded. The chart below shows the reasons given.

Chart showing reasons given for choosing not to access a needed service

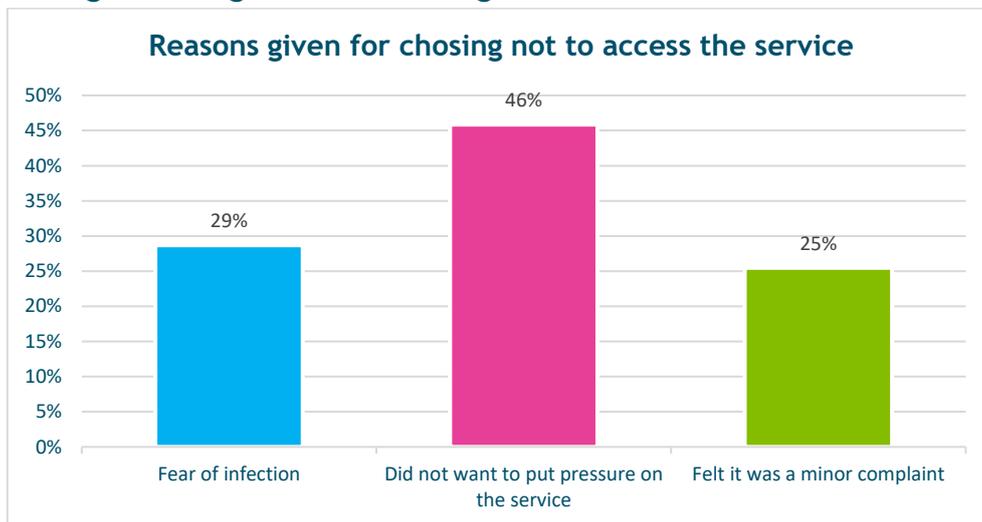


Figure 27- Reason given for choosing not to access a needed service

This shows that 46% did not want to put pressure on the service, 29% cited fear of infection (29%) and 25% felt that their complaint was minor.

Additional reasons given for choosing not to access services were:

- Usual service being closed or not operating e.g. Dentist (31)
- Being at increased risk of infection e.g. shielding (14)
- Unable to contact service / perception will not be able to (13)
- Current situation means issue not a priority (7)
- Feeling their needs should not be priority for NHS (7)
- Messages discourage people from accessing services (4)
- Did not have the right support to enable them to access services - e.g. isolated, language barriers (4)
- Switched from NHS to private provider (1)

*'I don't want to waste peoples time or be a burden when there are people worse'*

## 7. EXPERIENCE OF CARE AND SUPPORT SERVICES

### 7.1. Changes to Care and Support Services

We asked respondents if they, or the person they care for, receive care or support services to carry out daily activities (e.g. help in the home, day care or other social care service). **156 respondents** answered yes to this question. 116 of these were carers.

**59%** (97 people) of people receiving care and support services had experienced a **change** to their service.

We asked how they would rate the **communication** that they, or the person they care for, have received about changes to care or support services due to the Coronavirus / Covid-19 pandemic.

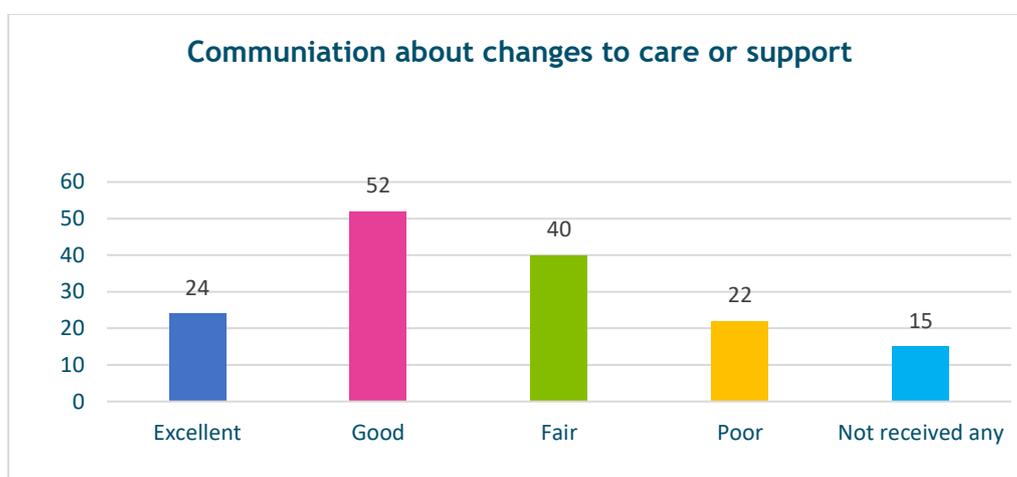


Figure 28 - Communication about changes to care and support

Most people (76) rated communication as Excellent or Good, however 62 people rated it as fair or poor. 15 people reported that they had not received any communication.

**Carers** more frequently rated communication as “fair” or “poor” than other respondents to this question.

### 7.2. Comments about Care and Support Services

We asked people to tell us more about their experience of care and support services. We received a total of **59 comments**. These have been themed and are set out below. We received **38 comments about domiciliary care**:

- Person had stopped receipt of the service due to fear of infection (14)
- The service was carrying on as previously (13)
- Concern re lack of PPE for domiciliary care staff (3)
- Change to service initiated by private provider (2)
- Change to service initiated by Council (2)
- Praise for domiciliary care provider (1)
- Poor handover from home from hospital services to domiciliary care services (1)

*'We use XX [name of provider] for our care support and they keep in touch and were able to offer care but I have cancelled it as I am too afraid of them bringing infection into the house. They do have PPE and have not had any Covid-19 cases yet but I will wait until my oncologist says it is ok.'*

*'I used to get regular live in respite care [name of provide] for my wife. As I cannot go anywhere this has had to be stopped currently so I support my wife continually.'*

**We received 5 comments about residential care and nursing homes:**

- Concern about the availability of PPE (2)
- Concern about perceived pressure to accept a nursing home placement for their relative that they were unhappy with (1)
- Concern about being unable to visit a relative (1)
- Praise for a care home setting (1)

**We received 5 comments about day care:**

- Praised for providers who are making regular telephone calls and checks (3)
- Concern that a day service was closed with short notice (1)
- Concern about the pressure closure of day services placed on carers (1)

**We received 11 other comments about social care services:**

- Praise for help received from volunteers and local voluntary / community organisations (4)
- Lack of support for children/adults with additional needs and their carers (3)
- Concern re lack of PPE for people using Direct Payments (2)
- Statement of changes to service in an assisted living setting (1)
- Concern not enough done to reach people perceived to be excluded (1)

**POSITIVE COMMENTS**

*'Care Agency we use for my mother via a direct payment - XXX - they have been excellent - both with the service they provide and their communications - they have been emailing me with details regarding how the carers are trained to cope with the virus and how they will keep her safe - it helped to allay my worries over whether she could be kept safe. They are excellent.'*

*'Services for my mum have been on the ball and outside agencies like carer's support, Alzheimer's.org have all been excellent.'*

*'I have received telephone calls from our social worker and also Worcestershire Association of Carers'*

*'I received a huge support from Polish volunteer. She helped me with my shopping and walking my dog'*

## NEGATIVE COMMENTS

*‘No day service, no extra care service or respite, it’s a bleak outlook for family carers’*

*‘All day services and extra care support suspended. Having to provide these at home as well as caring for my 86 year old wife.’*

*‘I am also a foster carer with one child in situ we can only have virtual online contact, if a problem arises it is very difficult for it to be dealt with straight away. We can email, ring, text social workers but no physical contact at all’*

*‘Social Care. They have communicated reasonably well. The problem is that they were not given resources such as PPE or access to testing for staff or residents until late in the day.’*

*‘Very little advice available on getting additional support for a vulnerable person safely. I have had to break all the shielding rules to care for my father, because there was no one else we could trust to take the same level of precautions and nowhere to go for practical alternatives. Existing social care services were and are under immense pressure with inadequate PPE and consequent sickness levels’*

## 8. POSITIVE SERVICE CHANGES THAT PEOPLE WOULD LIKE TO SEE CONTINUED

We asked people have there been any **POSITIVE changes** to health or care services due to the Coronavirus / COVID-19 pandemic that people would like to see continued. We received 784 comments. These have been themed and are reported in order of frequency in the table below.

The most frequent response was **No, people could not identify any positive changes** to services that they would like to see continued. **246 people told us this.**

The positive changes that were identified are listed in the table below. The three most frequently cited positive changes 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)

THEME	FREQUENCY
No, could not identify any positive changes to services	246
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
Praise for neighbours/ friends/ community response / local organisations	32
NHS/ Organisations working better together /"Can Do" attitude	22
Praise for GP surgery (incl. prompt response, prescriptions over phone)	19
Praise for pharmacy / dispensing GP practice (including delivery service)	18
Positive lifestyle changes - exercise, looking after mental health	17
Improvements in service/ less bureaucracy and meetings	14
Appropriate use of GP surgery / other health service (excl. A&E)	14
Heightened awareness of Older People, Care Services and Carers	13
Better physical environment (less noise, cars etc.)	11
Good information from NHS / LA/ Govt	10
Improved hygiene / cleanliness in health and care settings	9
Positive experience of electronic prescriptions process	8
Appreciation of free parking at hospitals	5
Praise / increased awareness of 111	3
Access to online services (e.g. Apps)	3
Praise for WRH	1

Figure 29 - Positive changes

*‘We have experienced excellent telephone support from GP using phone camera on one occasion to view the problem. This seems an excellent use of time and technology to prevent visits to surgery, if it was developed in the future I feel it would allow more time for patients who need personal consultations. We’re in our 70’s and were able to cope with the technology, although I appreciate that would not be the same for everyone’*

*‘People thinking seriously about whether they need to be seen, particularly at A&E, and taking responsibility for self-treatment where appropriate’*

*‘The NHS staff, care home staff and carers have all worked incredibly hard and placed their lives on the line while treating others ... it has helped people to recognise the value of the services we receive’*

## 9. OTHER COMMENTS ABOUT HEALTH OR CARE SERVICES DUE TO THE COVID-19 PANDEMIC

We asked people if there was anything else that they would like to tell us about any aspect of their experiences of health or care services due to the Covid-19 pandemic. We received **328 additional comments**. All the comments have been themed and are reported in order of frequency below. This comprised **56 positive comments** and **272 comments raising issues or concerns**.

### 9.1. Positive comments

We received **52 comments praising the NHS, its staff and care staff**.

We also received 1 positive comment/praise about the following: pharmacy, breast cancer care, SENCO and special schoolteachers and improvements to family life.

### 9.2. Issues and Concerns

These are reported in order of frequency in the table below.

THEME	FREQUENCY
Difficult to get access to GP service / appointment	25
Perception of poor Govt handling of Covid-19 pandemic (incl. PPE)	23
Difficulties with prescriptions / pharmacy	20
Delays to diagnosis/ongoing treatment conditions other than Covid-19	19
Poor communication / support about or for "shielded" group	15
Lack of access to dental treatment	15
Generalised concern about negative impact on other health conditions due to focus on Covid-19, not specific to an individual	14
Poor communication by health services	13
Negative impact on mental health due to Covid-19	12
Lack of proactive contact by health or care services	11
Concern about cancellation of Out-Patients appointments/ delays to referral	11
Lack of community testing for Covid-19	10
Lack of support for mental health issues	10
Difficulty accessing community-based support services (incl. food delivery)	9
Difficulty with phone consultation	9
Lack of support for care homes / care sector	7
Decline in standards of health care due to Covid-19	7
Difficulty accessing social care services	7
Concern re maternity services	5
Worry / distress due to Covid-19 (non-health issues e.g. finance)	4
Concern about cross infection if using health services	4
Gaps in system / lack of co-ordination	3
Decline in standards of healthcare over time (not Covid-19 related)	3
Concern for those without access to internet	3
Difficulty accessing community testing	2
Lack of support for those with Covid-19 at home	2
Concern re lack of communication about hospital inpatients	2

Figure 30 - Issues and concerns by frequency

## 10.RECOMMENDATIONS

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 re-instatement 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 re-instatement 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