

COVID-19 Survey - Report 1

16th to 29th April 2020

1. Summary

1.1. About Healthwatch Norfolk

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather the views of local residents about health and social care services to ensure they are heard by the people responsible for commissioning and providing services.

1.2. About the survey

We have been working with Norfolk health and social care organisations to look into residents' experiences of accessing information and support during the COVID-19 (coronavirus) outbreak in the UK. It was felt that the best way to collect this feedback would be through a survey, which was launched on 16th April 2020 and will run until further notice.

Every two weeks, the results of the survey will be reported to Norfolk's 'Recovery and Resilience Cell', a virtual meeting comprising of staff from health and social care providers as well as Norfolk County Council and the local councils, and voluntary sector organisations.

The aim of the survey is to gather constructive information from service users that can provide real-time insight into community need, experience and awareness of available support.

1.3. About this report

This report contains the findings of the survey during the first 2 week period of it running, from 16th April 2020 to 29th April 2020. It will be taken to the Recovery and Resilience Cell meeting on 7th May 2020. This report will also be shared with other partners from NHS trusts and clinical commissioners.

The findings are grouped thematically and include numerical results as well as comments from respondents.

1.4. Overview of findings

The full results of the survey for the first two weeks begin on page 3. There were 320 completed responses from people across Norfolk. The key findings are:

- Of those who have been self-isolating, friends and family have been the most common form of help for practical support, followed by local council.

- Of those who have used their local council for practical support, over two thirds (69%) said they were satisfied or very satisfied with the support.
- People told us accessing information can be difficult because there is too much available and it is hard to know what to trust or believe.
- Several respondents mentioned desire for information in different formats, particularly to be more accessible for those with sight difficulties (eg. braille or large font).
- People told us that dentistry and mental health support have been difficult to access during the coronavirus outbreak.
- Of those who have had in-person health or social care appointments, 41% told us that the risks of having in-person treatment during the coronavirus outbreak were not explained to them throughout.
- Of all respondents, 49% have had appointments cancelled or postponed since early March 2020, most commonly hospital or dentist appointments.
- Many respondents who had appointments cancelled or postponed showed concerns about the length of waiting lists. Although this is not necessarily a COVID-19 specific issue, some respondents recognised that the pressures caused by the outbreak may add further to wait times.

2. About survey respondents

From 16th April 2020 to 29th April 2020, the survey received responses from 449 people, of which 320 were completed responses which make up the following report.

2.1. Age

We received responses from across age groups as displayed in Figure 1.

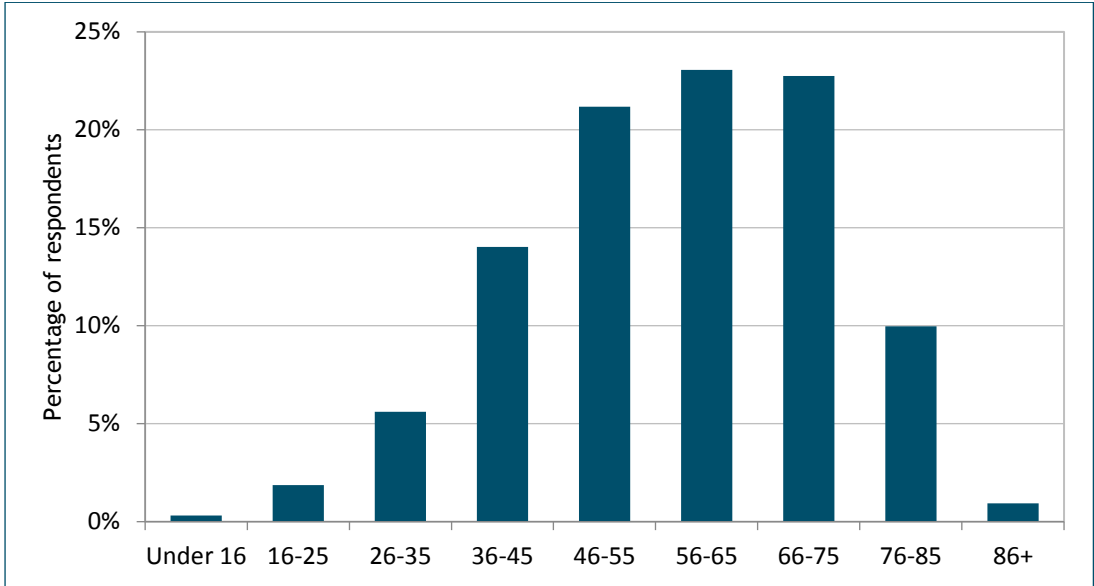


Figure 1. Responses to the question “how old are you/is the person you care for?”

2.2. Location

Figure 2 shows that responses were received from across Norfolk.

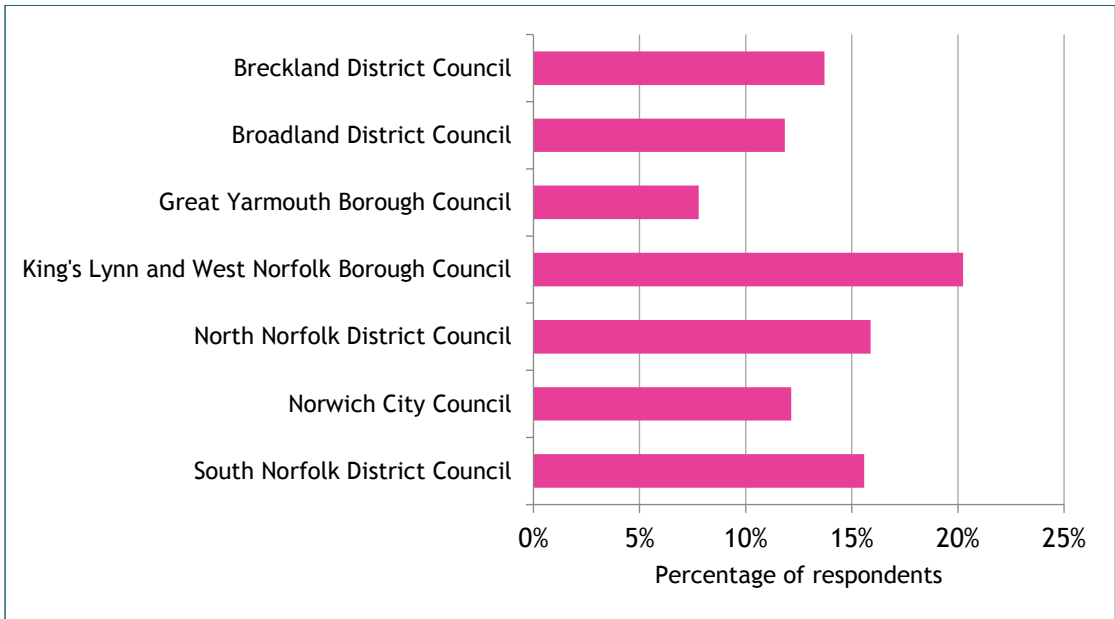


Figure 2. Responses to the question “in which local council area do you/the person you care for live?”

2.3. Disability

A quarter of respondents (25%, 77 respondents) told us that they or the person they care for has a disability.

2.4. Carers

Respondents were asked if they are a carer, 17% (54) of respondents told us they are a carer, of these carers 28% (15) told us they were answering the survey on behalf of the person they care for.

2.5. Internet usage

Most respondents (96%, 308 respondents) told us that they or the person they care for currently use the internet.

2.6. Self-isolation

When asked if they have been advised to self-isolate for 12 weeks because they are at risk due to a long-term condition, are over 70, or for other health-related reasons, 32% (103) of respondents told us that they, or the person they care for, have been advised to self-isolate.

3. Practical support

Of the 103 respondents who had told us they or the person they care for were asked to self-isolate, 36% (37) told us they had received practical support to help them or the person they care for manage in isolation. The most common provider of this support was family or friends with 59% (22) of respondents as displayed in Figure 3.

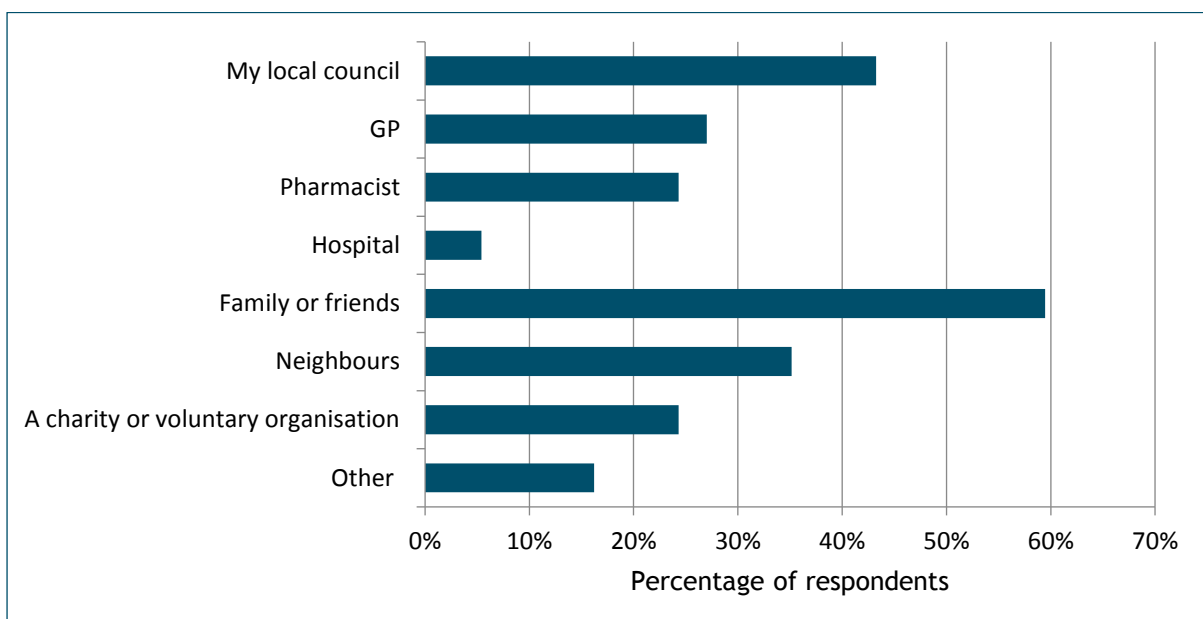


Figure 3. Responses to the question “who has provided this support?”, respondents could select more than one option. Other responses included: government, village hub, Suffolk County Council, and Iceland deliveries.

3.1. Local Council Support

Of the 37 respondents who told us they or the person they care for had received practical support, 43% (16) told us that practical support was received from the local council. Table 1 displays the types of support people are receiving.

Table 1.

Covid-19 support arranged for respondents or the people they care for by their local council.

	Percentage of respondents	Number of respondents
Food ordering and deliveries	33%	5
General information and advice	33%	5
Picking up prescriptions	33%	5
Weekly check-ins	27%	4
Advice on staying well	20%	3
Contact with community groups	20%	3
Support to register as vulnerable	20%	3
Guidance and signposting on keeping active	13%	2
Accessing online services	7%	1
Arranging assisted bin collections	7%	1

Over two thirds of respondents (69%, 11 respondents) were either satisfied or very satisfied with the practical support they had received from the local council as displayed in Figure 4.

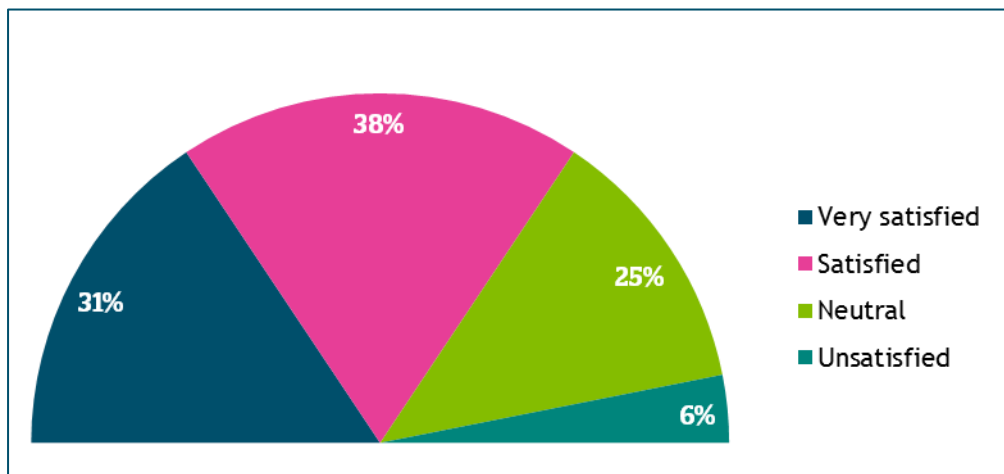


Figure 4. Responses to the question “how satisfied are you with the practical support you/the person you care for have received?”

Those who answered that they received support from their local council were also asked to comment on whether there is any support they would like but have not received. Seven people responded to this. Three people said ‘no’, one person adding “[Norwich City Council] were the only ones who made sure I received help whilst I am isolating”. The other responses had varying requests for support¹:

“It was left late into the self isolating, plus confusing as you initially called norfolk county council, they went through questions, this was passed to city council, you got a call & went through similar questions. There was no mention of the Government food boxes”

Norwich City Council resident

“Not sure I feel in limbo as diabetic and Ceoliac as well as a host of things I. Seriously worried about my mental health as I am not allowed to be in the same room as my husband even and they have asked to come out isolation in a couple of days”

North Norfolk District Council resident

“Arranging emergency home and heating repairs”
Kings Lynn and West Norfolk Borough Council resident

“more help with connected services i.e. having medication delivered by pharmacies, more information about what help is available locally”

North Norfolk District Council resident

4. Information about Coronavirus

4.1. Format of information

Respondents were asked how they or the person they care for have found information about coronavirus. The responses to this question are displayed in Table 2, the most common information source was television broadcasts with 76% of respondents (242).

Table 2.

How respondents or the people they care for have found information about coronavirus, respondents were able to select more than one option. Other responses included: letter from the government, employer, and charity and voluntary organisations.

	Percentage of respondents	Number of respondents
Television broadcasts	76%	242
Online news articles	63%	200
Official websites/articles	60%	191
Social media	49%	157

¹ Please note: comments in italics and quotation marks throughout the report are direct quotes from survey respondents. These have been left unchanged to ensure originality. Any major spelling or grammar errors are noted with “[sic.]”.

Radio	36%	116
Newspapers	31%	98
Through friends/family	24%	76
Local council	23%	72
GP surgery	15%	47
NHS app	14%	44
NHS 111 (online)	10%	31
Through a carer	3%	9
NHS 111 (phone)	3%	8
Other	9%	29

The most common format respondents would prefer to receive information about coronavirus was through email with 38% of respondents (120), the responses to this question are displayed in Figure 5. However, it is worth noting that the majority of the people who answered on behalf of a person they care for would have preferred the information to be received through a personal letter (71%, 10 respondents).

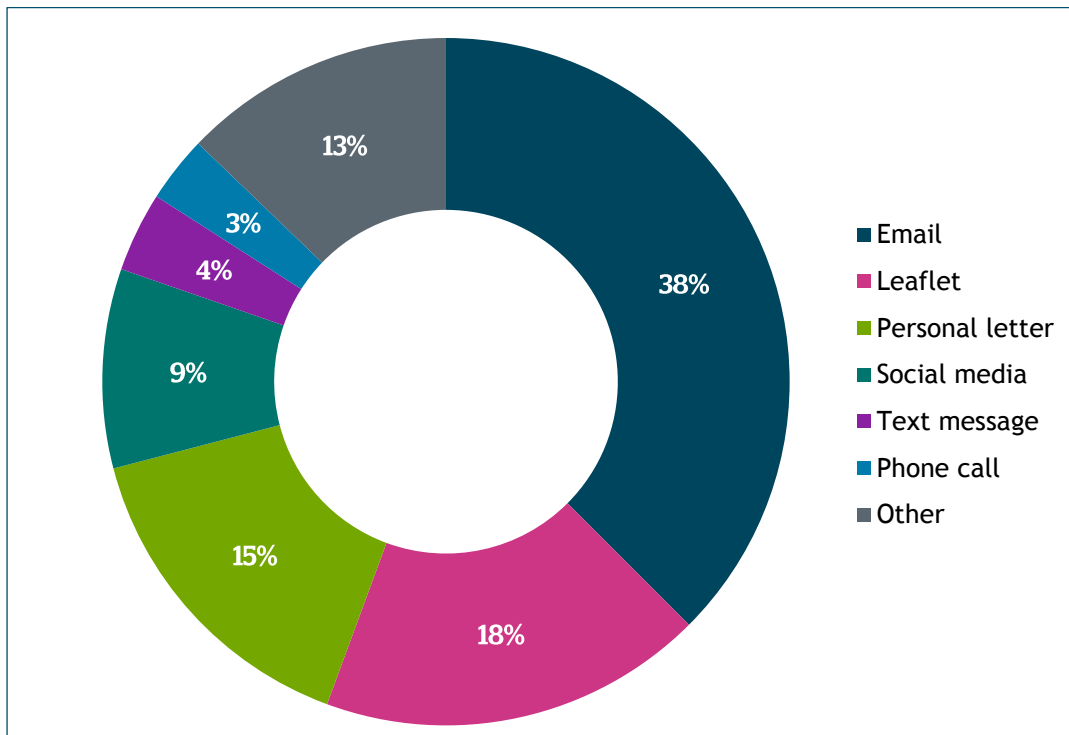


Figure 5. Respondents preferred way of receiving information about coronavirus for themselves or the person they care for. Other responses included: television, websites (particularly official ones), and British Sign Language.

4.2. Extra information or guidance

Respondents were asked if they felt they had received all the information about coronavirus they feel they, or the person they care for, need at the current time; 71% (227) of respondents answered “yes”. Respondents who chose “no” or “somewhat” were asked what extra information or guidance would be beneficial; 76% left responses, the sections below indicating the common themes:

Practicalities

Comments from 23 respondents indicated that people wanted further guidance on everyday practicalities. This included access to food parcels, advice about shopping, financial advice, and accessing prescriptions. Below are some of the comments left, indicating the range of feedback:

“The worst part has been supermarkets/food shopping while in the shielding group. It’s been stressful, time confusing to keep trying to get deliveries, made pain & anxiety worse.”

“have not received government food parcels despite having NHS extremely vulnerable letter and registering on gov.uk and writing to MP [...] asked SNDC and surgery why not got any yet [sic].”

“How to collect prescriptions from the pharmacy”

“As I am in the highest risk I’m scared I have no money and I have been waiting for a dwp application since Jan I have written twice and no response I’m shaking with anxiety”

“Guidance on the date self employed people will begin to receive payment”

“I am disabled, my husband (76yrs) is my full time carer [...] he has been registered as at risk but he is also not capable of doing the cleaning changing beds etc. Family used to come and do it. But can’t because of isolation. But no provision has been made to help us with that and it is also bad for my husband to be living in dusty and dirty environment.”

As illustrated in two of these comments, lack of information about day-to-day practicalities could cause heightened anxiety and worry.

Amount of information

Comments from 22 people referenced respondents feeling that there is lots of information available, but that this is not always a positive thing:

“I am keen to get accurate, informative information [...] and here I find the range of information can be confusing.”

“Unsure what to believe as told so many different things all the time”

“I don’t want extra information, I would like the Information to be clear and concise, not conflicting.”

“Consistency in the information has been lacking”

“The information issued by the government and NHS is both confused and contradictory - the only consistent message is stay at home or maybe not!”

Eight of the 22 comments included respondents saying that they did not trust some of the information available and/or didn’t know what is true. Some of these comments included:

“The truth!! [...] Although I appreciate there is an argument for being considered in how much is public to avoid further panic or disharmony”

“would be nice to have all necessary information in one centralised location - there’s so much info everywhere it’s hard to know what to trust or what we need to know.”

“I’m not sure about who is telling the truth, whether the information I have is accurate.”

“The truth might be useful. Instead, we get conflicting advice”

Confusion about “at risk” groups

Some respondents feel they have either had no information, or confused information about whether they are in an “at risk” group:

“I have an autoimmune disorder but choose not take medication for it. I have no idea whether it makes me a high risk case [...] I am therefore self isolating just in case. No contact from GP or advice from anywhere else.”

“I have been sent a shielding letter, but I do not understand why”

“I know i am in category but have received nothing to confirm.”

Wanting information in other formats

Six respondents said that they need information that is accessible to them, including large print and British Sign Language. One respondent highlighted this issue in relation to being blind:

“I am blind. I have received letters from the council and government that I can’t read. I have encountered info shared by local councils on social media that is inaccessible to me as a sight impaired person using screen reader software - is text inside images. I have commented on those posts on local councils websites and asked for accessible versions but have received no replies.”

People also made reference to wanting more local information and statistics as opposed to national, and better information on the virus itself. Three people said that they would like questions answered about future issues such as “how will we get out of this?” and “when will lockdown end and how?”.

5. Health or social care appointments

Most respondents had not had a health or social care appointment or treatment since early March 2020, 37% of respondents (118) told us that they or the person they care for have had a health or social care appointment or treatment.

5.1. Appointment or treatment ease of access

Table 3 displays the service that respondents or the person they care for used for their appointment or treatment and how easy it was to access. GP appointments, both in person and remote, and pharmacies were considered “very easy” to access most frequently, whereas dentistry and mental health appointments were reported to be “very difficult” to access by respondents.

Table 3.

A table displaying which services were used by respondents or people they care for, for appointments or treatment and how easy they were to access. The most common response for each appointment or treatment type is highlighted.

	Very easy	Easy	Neutral	Difficult	Very difficult
GP practice (in person) 56 respondents	32% (18)	20% (11)	14% (8)	16% (9)	18% (10)
Remote GP appointment 74 respondents	41% (30)	30% (22)	12% (9)	9% (7)	8% (6)
Hospital outpatients 54 respondents	22% (12)	31% (17)	15% (8)	9% (5)	22% (12)
Pharmacy 79 respondents	41% (32)	33% (26)	8% (6)	13% (10)	6% (5)
Home care visit 19 respondents	21% (4)	16% (3)	42% (8)	-	21% (4)
Health visitor 11 respondents	18% (2)	-	73% (8)	-	9% (1)
Walk-in centre 14 respondents	7% (1)	21% (3)	50% (7)	-	21% (3)

A&E 23 respondents	39% (9)	9% (2)	43% (10)	-	9% (2)
Paramedic 13 respondents	23% (3)	8% (1)	62% (8)	-	8% (1)
Dentistry 21 respondents	19% (4)	-	24% (5)	19% (4)	38% (8)
Mental health services 20 respondents	10% (2)	10% (2)	15% (3)	20% (4)	45% (9)

5.2. Satisfaction with appointment or treatment

Table 4. displays how satisfied respondents were with the services used by them or the person they care for, for appointments or treatment. Respondents most frequently reported being “very satisfied” with GP appointments, hospital outpatient appointments, and pharmacies. On the other hand they most frequently reported being “very unsatisfied” with mental health services.

Table 4.

A table displaying how satisfied respondents were with services used by them or people they care for, for appointments or treatment. The most common response for each appointment or treatment type is highlighted.

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
GP practice (in person) 62 respondents	40% (25)	18% (11)	24% (15)	6% (4)	11% (7)
Remote GP appointment 70 respondents	50% (35)	21% (15)	10% (7)	7% (5)	11% (8)
Hospital outpatients 49 respondents	33% (16)	29% (14)	16% (8)	4% (2)	18% (9)
Pharmacy 71 respondents	45% (32)	28% (20)	18% (13)	6% (4)	3% (2)
Home care visit 17 respondents	24% (4)	-	53% (9)	12% (2)	12% (2)
Health visitor 12 respondents	17% (2)	-	67% (8)	8% (1)	8% (1)
Walk-in centre 11 respondents	18% (2)	9% (1)	55% (6)	-	18% (2)

A&E 23 respondents	39% (9)	13% (3)	35% (8)	4% (1)	9% (2)
Paramedic 12 respondents	33% (4)	8% (1)	42% (5)	-	17% (2)
Dentistry 20 respondents	20% (4)	5% (1)	35% (7)	15% (3)	25% (5)
Mental health services 18 respondents	6% (1)	17% (3)	17% (3)	22% (4)	39% (7)

5.3. Other services

Respondents were asked if they have used any other medical services and how they found it in terms of ease of access and overall satisfaction. Thirteen respondents answered.

Five said they had contact with staff from various hospital departments, including “*heart failure and oxygen nurses*”, physiotherapy, neurology and dietetics.

Two referenced carers visiting, both stating hygiene implications:

“*We have a carer regularly visit. She is both our biggest asset and biggest infection risk.*”

“*[Redacted name] has care at home from care company organised through the social services. Carers have NOT had appropriate PPE*”

One said that they attended A&E having called 111, and that “*all services were fantastic*”.

5.4. Advice about safety and hygiene

For those who attended in-person appointments, respondents were asked how clear the advice was about safety and hygiene measures regarding coronavirus before attending the appointment, 65 respondents answered this question responses are displayed in Figure 6 overleaf. As the graph shows 40% of respondents (26) told us that the advice was very clear.

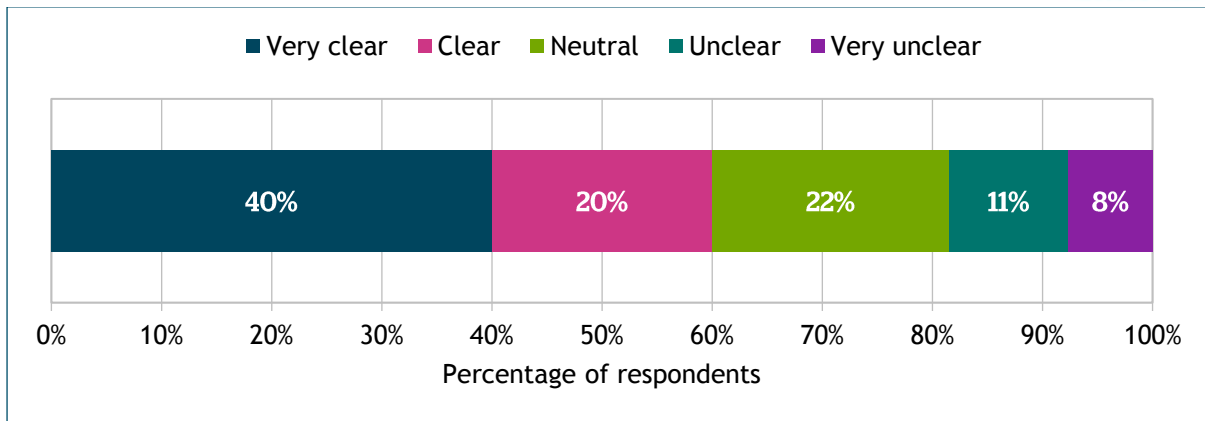


Figure 6. Responses to the question “if you/the person you care for had an in-person appointment, how clear was the advice given about safety and hygiene measures regarding coronavirus before attending the appointment?”.

5.5. Risks of treatment

Respondents were asked whether the risks around having treatment during the coronavirus outbreak explained throughout, 71 respondents answered this question; 59% of respondents (42) answered “yes”. Therefore, 41% (29) told us that that the risks around having treatment during the coronavirus outbreak were not explained throughout.

5.6. Overall experience of treatment

Respondents had the option to leave comments about their experience of treatment; 56 people left comments, with a variety of issues discussed. The most common things that arose are explained further below:

Phone consultations or remote appointments

Several respondents referenced having had phone or remote appointments, with slightly more positive comments than negative. Some said that they were happy with their phone appointment and that, in some cases, it was quicker or easier than in person:

“Mental health and social care over the phone but were both excellent and exceeded my hopes.”

“I asked for a call from a doctor on the practice website and got a call back within two working days. Great service. Would gladly continue with this after the lockdown.”

“Felt I was actually given more time on a phone appt.”

“I thought phone appointment with GP was great- much better use of GP time and no long waiting room wait.”

“Great service via entry on GP website yesterday. Phone conversation with GP this morning, and photos sent.”

There were, however, some negative comments about phone or remote appointments. These were both about the practicalities as well as treatment received:

“Had telephone consultation with GP during which he did not offer to see me or to investigate further my concerns”

“Doctors prescribe me antibiotics over the phone 3 times without actually being able to see anything which has now caused an allergic reaction.”

“It was well intended and I appreciate all the hard work by the staff but it was a poor line at times and lots of interruptions from people talking at the wrong time”

“Physio, ridiculous that last 2 appts are by phone, no skype or teams in use even when I requested as I need to show current mobility progress of px [physical examination] & get advice on sit/ stand”

Cancelled or delayed appointments

Comments from 13 people referenced appointments being delayed or cancelled, across a variety of services including hospitals and mental health support:

“Very dissatisfied. Urgent referrals for cancer diagnostics not happening quickly enough, tel appts used as delaying tactic and doubling length of waiting time for investigative procedures to take place.”

“My hospital appointment was 'difficult' in the sense that it has been cancelled. This cancellation follows a series of postponements which have added a year (and counting) to the expected timetable.”

“Hospital appointment with consultant following discharge rescheduled until May. May get put back again. No telephone consultation offered”

“CAMHS waiting list for over 2 years, 3rd assessment for treatment, seen at map and then completely abandoned with lists of websites whilst map and CAMHS trumpet about the easy accessible support they are offering over the Internet all over social media”

These comments not only indicate respondents' dissatisfaction in cancelled or delayed appointments, but also show that alternative options are not always being offered.

Communication regarding appointments

Some respondents also commented on the communication, particularly regarding cancelled or postponed appointments:

“My outpatient appointment was changed to a phone call. I was only aware of the change because I checked the hospital website prior to the appointment.”

“Mammogram, no answer & no text to say so didn't go.”

“Doctors closed the surgeries down did not inform patient of their new ways of working and communicating with them was poor.”

“No contact from the NNUH regarding my planned surgery. I have been on a waiting list for an inpatient procedure for over 52 weeks. Several messages left for the Gynae department. GP constantly chasing as well. Only one call returned to say no admin staff so no letters can be issued.”

Hygiene issues

Some respondents indicated concern regarding hygiene when having in-person appointments:

“[My carer] has not been given the proper PPE to protect herself and us from possible transmission [...] We have reduced our care visits to once a week as a result.”

“The staff weren't wearing gloves and the consultant shook my hand at the QEH.”

“At doctor surgery, residents entering and wearing woolly gloves and not using sanitizer to clean hands [...] No action taken by staff Young nurse who took ECG did not wear mask initially saying she wasn't at risk - but I was from her. She then put on a mask”

However, two people recognised the efforts of establishments in creating a safer environment:

“Was apprehensive before my appointment, but didn't need to worry. Every possible measure was put in place to keep me safe.”

“The arrangements were good in that they separated people who are receiving routine treatment from patients with potential Covid-19.”

6. Cancelled or postponed appointments

Nearly half of respondents (49%, 158 respondents) told us that they or the person they care for had an appointment postponed or cancelled since early March 2020. From these, the most common appointment cancelled or postponed was hospital appointments with 49% of respondents (78), followed by dentist appointments with 44% of respondents (69) reporting a cancellation or postponement, Figure 7 overleaf displays the type of appointments cancelled or postponed.

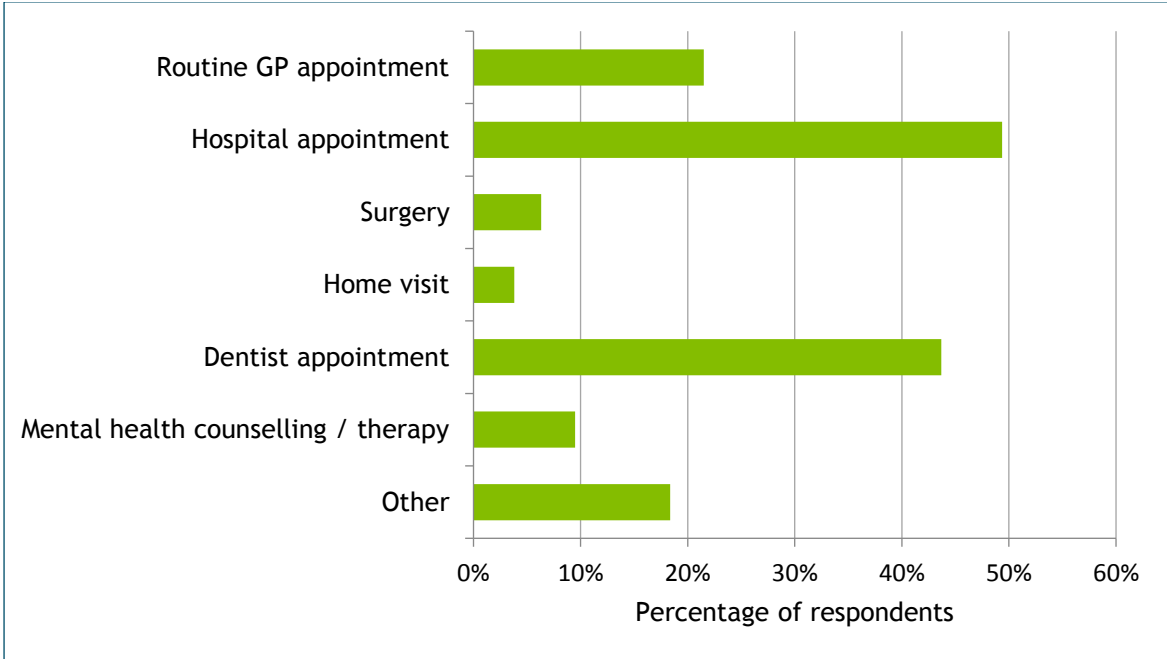


Figure 7. Responses to the question “what type of appointment/s was/were cancelled or postponed”. Respondents could select more than one response. Other responses included: blood test, imaging (MRI, x-ray, mammogram, and ultrasound), opticians, physiotherapy and chiropractic, and podiatry.

Respondents were then asked how they or the person they care for were notified about the cancellation or postponing. The most common notification method was through a phone call with 58% of respondents (92), responses are displayed in Figure 8 below.

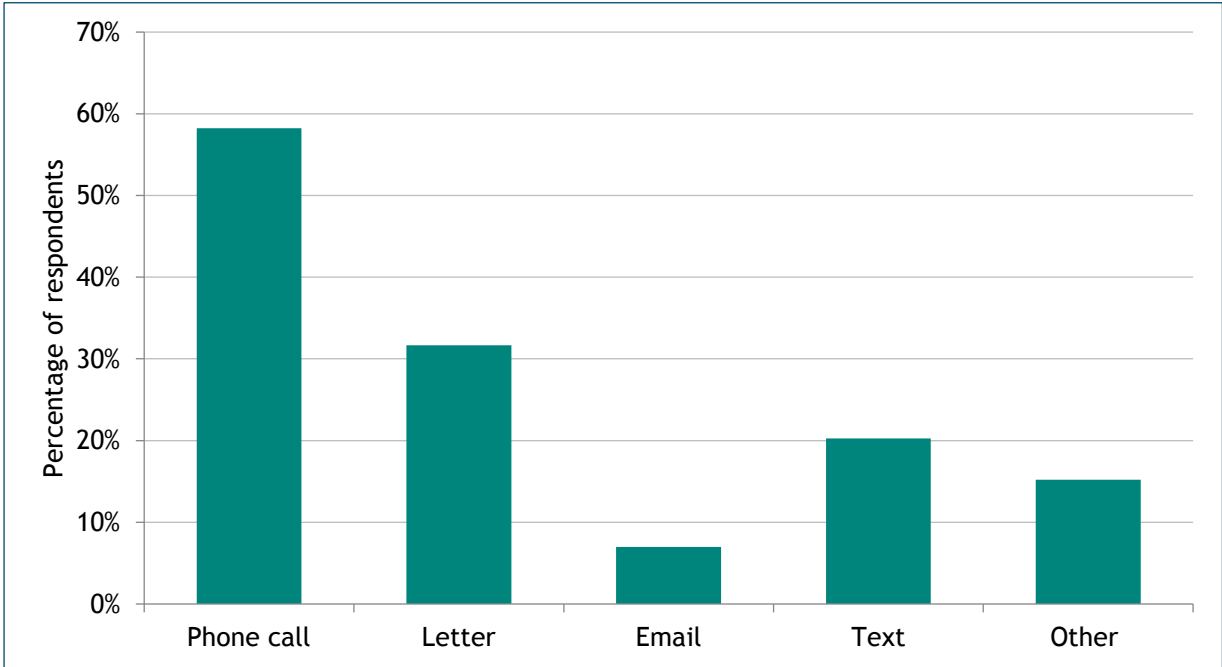


Figure 8. Responses to the question “how were you/the person you care for notified about the cancellation/s or postponing?”. Respondents could select all answers which apply. Other responses included: no notification and contacting the service themselves.

Other responses indicated that respondents had not received any notification from the service or they had to contact the service themselves to find out if the appointment was cancelled or postponed.

“1st week of lockdown & no text, no answer when I rang so I didn’t go”

“Nothing until I emailed them threatening to go to PALS”

“I wasn’t informed; just knew dentists were closed”

7. Any other comments

The final question allowed respondents to leave any further comments about information, support or access to healthcare since early March 2020; 133 people answered this question with a variety of topics.

Access to healthcare

Comments about difficult in accessing healthcare referenced a variety of services including mental health support, GP surgeries, and dental care. There were also several people who mentioned difficulties in accessing help regarding care for themselves or others:

“Have a partner with copd and heart problems and an 82 year old father neither have been contacted or helped in any way no contact from any services for offers of help”

“I have no carer support that I am entitled to. My pa has been isolating and ncc care advisor advised me that I would get emergency help by ringing ncc emergency number but they haven’t helped me. I have no home care at all.”

“I need more hours from the home care agency that provides my care. But I do not know how, as social services are busy with other people emergency”

“I feel that I do not get enough support in caring for a very physically disabled husband [...] social services aren’t interested if you have money to self fund. Age UK did contact but apart from advising me to contact council they couldn’t do anything either”

Some of these quotes may not be considered to be COVID-19 specific, as there is an indication that respondents may face similar issues outside of the outbreak. However, we have included them because they particularly highlight respondents’ potential confusion over eligibility for extra support and difficulties accessing advice on home care at this time.

Information

Many of the sentiments were similar to those in the earlier questions specifically about information, including desire for more concise and clear advice, and more information about the “at risk” groups. Some people also mentioned difficulties accessing online information:

“The system has been fine because I do use the internet, but my husband would have struggled if he had been on his own. He cannot use the telephone because of severe hearing loss.”

“Not all individuals have access to on line or understand how to use it!”

“A lot of the service rely on access to the internet and people’s ability to use it More phone numbers for those in the community who cant access the internet would be useful. There should be leaflets put round or adverts in local papers”

Good experiences of support

There were some comments about positive experiences of support and care that respondents have received. These comments spanned pharmacies, hospitals and GP surgeries:

“My wife has had chemotherapy throughout and is now having radio therapy. The N&N have been excellent with their treatments and information.”

“Things seem to have been well organised. My hospital appointment came through within the 2 week rule. Staff were brilliant, so reassuring [...] I was hugely appreciative of being able to have that hospital appointment”

“full credit Lloyd’s pharmacy and Thorpewood surgery for there [sic.] efficient handling.”

“The care that I received during the pandemic for pregnancy, birth and after care was exceptional considering the limits in place I felt very well cared for and have a really positive birth story”

Mental health

Several people spoke about mental health. Many of these comments indicated the impact that COVID-19 is having on people’s wellbeing:

“Living alone and not being allowed to see family is very very hard and depressing”

My husband’s mental health is in a terrible state and to not be able to speak to someone on the same room has been totally detrimental because a 10 [minute] call for someone struggling to explain all of the complexities of how they’re feeling is a joke.”

“My husband and my health is suffering because we have waited a long time to get hospital appointments/scans mental health therapy”

Non-coronavirus care

Some people mentioned difficulty in accessing healthcare for non-COVID issues:

“the hospital seems to have given up on anyone who hasn’t got C19”

“It’s like no illnesses exist [sic] other than corona but they do exist”

“Not everyone is panicky about Covid and there are other medical conditions that are there that need one to one diagnosis from a doctor”

“Everyone needs care even if they don’t have the virus”

“It has been very difficult to talk to a medical professional about ongoing health conditions and it has felt as if everything has been pushed to one side because of coronavirus. Conditions such as cancer do not take a break because there is a pandemic!”

These comments capture feelings of unrest among those who have long-term conditions as well as more acute conditions that may need medical attention.

“Thank you”

Some respondents took the opportunity to leave more general positive comments or to thank health and social care staff:

“Thank you everyone who is working to ensure we all keep safe.”

“everyone in the professions are doing a wonderful job.”

“Everyone is doing a great job in these difficult times. Especially all the Key Workers, so thank you”

“The care given has been above and beyond the call of duty.”

“My experience in these difficult times has only been positive, keep up the great work.”