

COVID-19 Survey - Report 3

14th to 27th May 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 third two week period of it running, from 14th to 27th May 2020. During this time period there were 81 completed responses, the survey has received 488 completed responses in total since it launched.

This report will be taken to the Recovery and Resilience Cell and 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 third two weeks begin on page 3. There were 81 completed responses from people across Norfolk. The key findings are:

- In comparison to previous weeks, there was a slight shift in demographic of respondents, both in terms of age and location. There was a high proportion of responses Norwich City Council residents, along with more responses from those aged 36 to 55. This may be because of the survey being promoted by Aviva to its Norwich staff, hence capturing more responses from those of working age.
- Of the six respondents who said that they had support from their local council, no-one was dissatisfied.
- Respondents said they would have most preferred to receive COVID-19 information via email, with 30% choosing this as their first preference.
- There is still a feeling of lack of clarity over information. Over the last two weeks, more respondents than previously talked about this in relation to government guidance and recommendations.
- Members of the deaf community continue to struggle accessing information and appointments.
- The most positive experiences, both for access and treatment, are for GP appointments, hospitals and pharmacies.
- Of those who have had appointments since March 2020, 86% said safety and hygiene advice was explained to them clearly or very clearly prior to their appointment.
- There is a divide in opinions of use of technology, particularly for GP access. Some respondents told us that telephone and online appointments make the process easier, whilst others indicated that it heightens difficulty of access.
- Dentist and hospital appointments have been the most likely to be cancelled
- There were several comments from carers expressing feelings of isolation and highlighting pressures of caring for a loved one during the COVID-19 outbreak.

2. About survey respondents

From 14th to 27th May 2020, the survey received responses from 114 people, of which 81 were completed responses which make up the following report.

2.1. Age

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

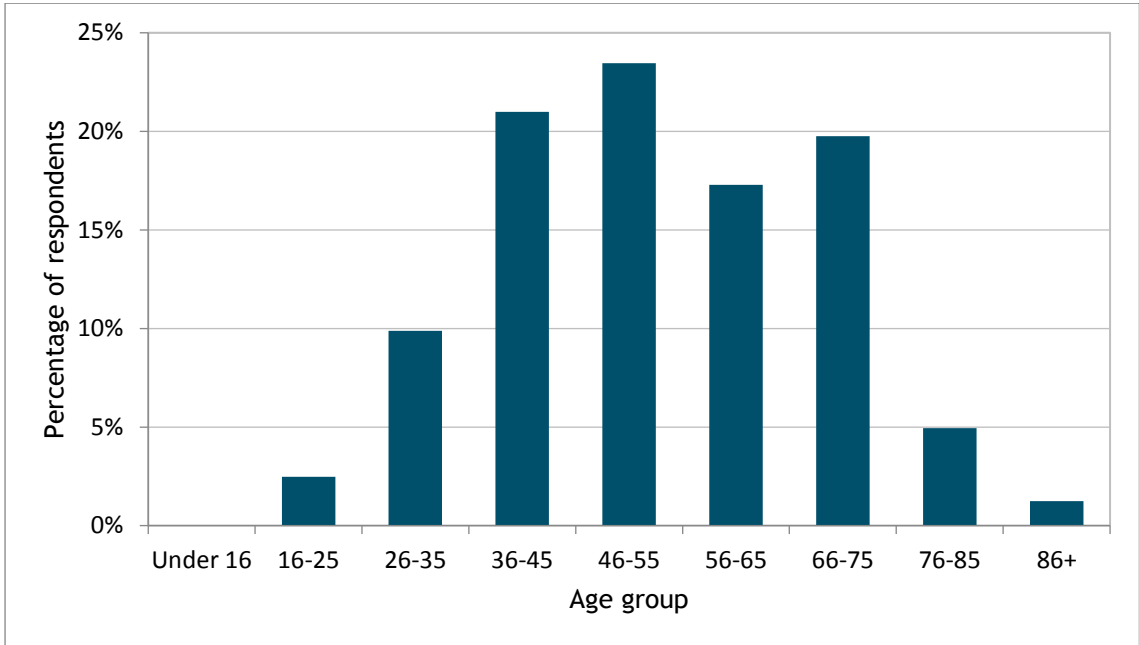


Figure 1. Responses to the question “how old are you/is the person you care for?”

2.2. Location

Figure 2 shows that responses were received from across Norfolk.

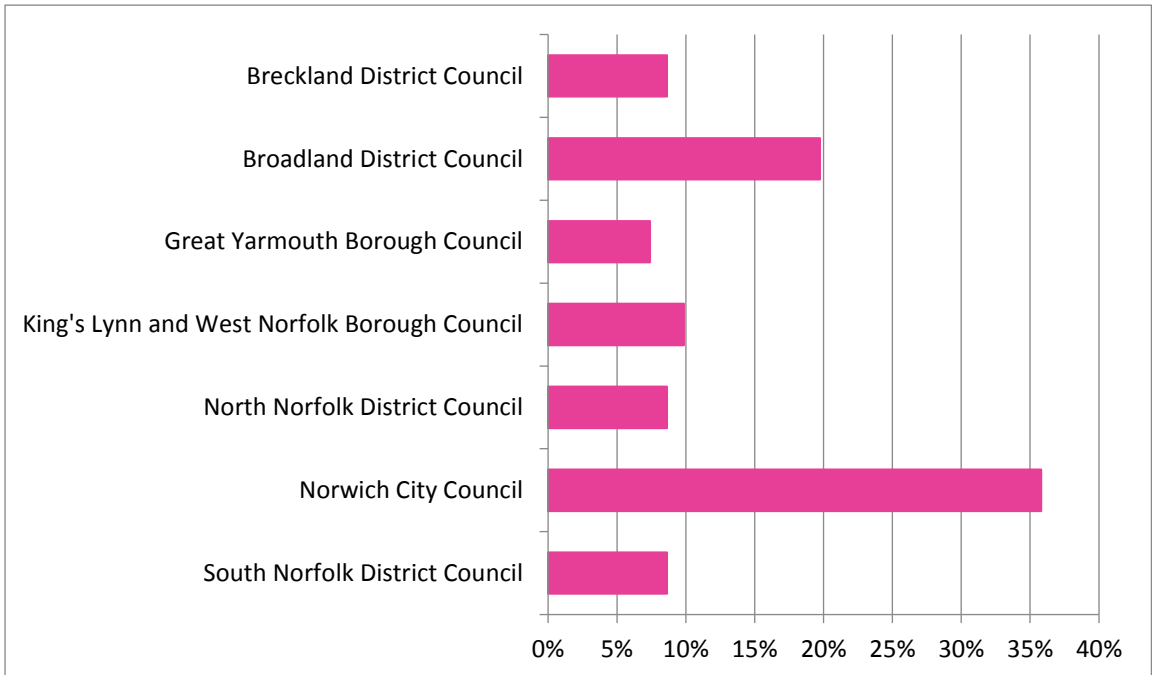


Figure 2. Responses to the question “in which local council area do you/the person you care for live?”

2.3. Disability

Over a quarter of respondents (27%, 22) told us that they or the person they care for has a disability.

2.4. Carers

Respondents were asked if they are a carer, 15% (12) of respondents told us they are a carer, of these carers 50% (6) told us they were answering the survey on behalf of the person they care for.

2.5. Internet usage

Most respondents (86%, 70 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, 23% (19) of respondents told us that they, or the person they care for, have been advised to self-isolate.

3. Practical support

Of the 19 respondents who had told us they or the person they care for were asked to self-isolate, 53% (10) 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 70% (7) of respondents as displayed in Figure 3 overleaf.

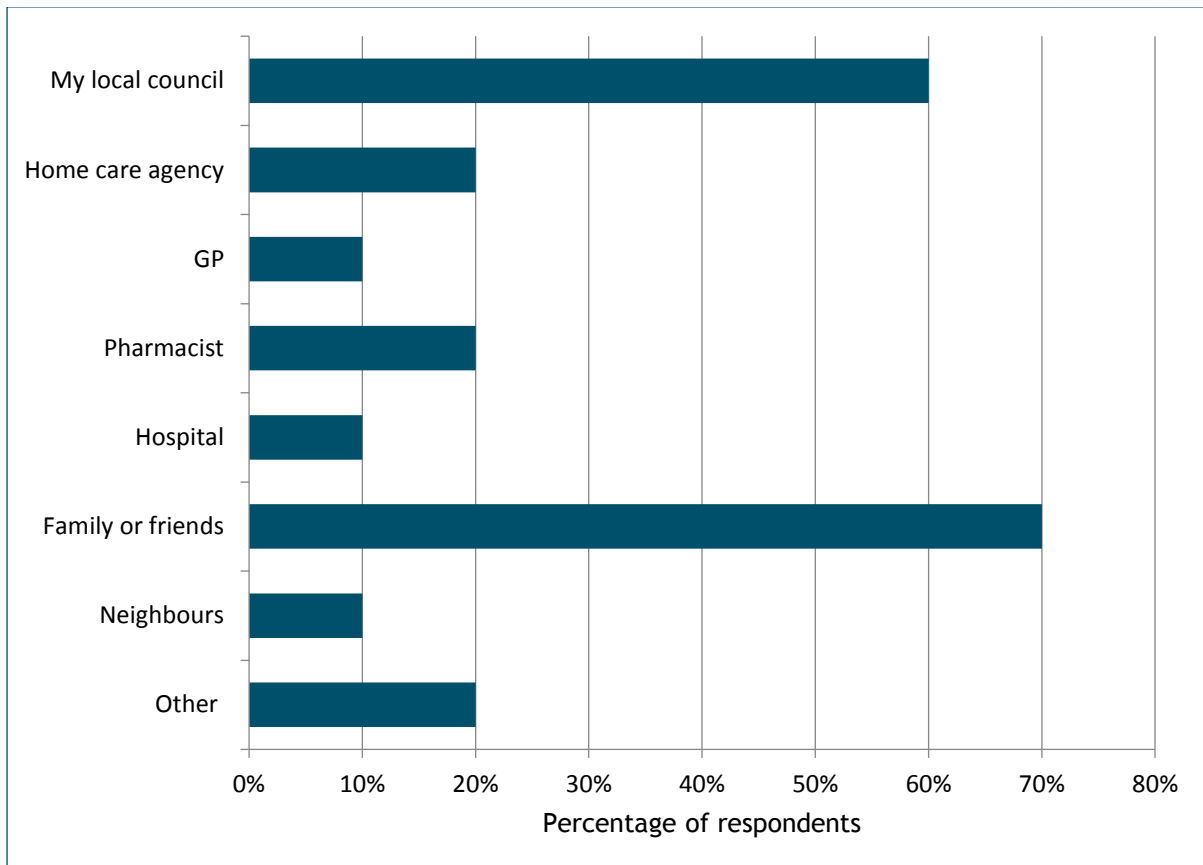


Figure 3. Responses to the question “who has provided this support?”, respondents could select more than one option. Other responses included: “foodbox delivered” and “Attleborough Coronavirus Helpline”. No respondents selected a charity or voluntary organisation.

3.1. Local Council Support

Of the 10 respondents who told us they or the person they care for had received practical support, six 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	67%	4
Support to register as vulnerable	33%	2
General information and advice	17%	1
Picking up prescriptions	17%	1

Over two-thirds of respondents (67%, 4 respondents) were either satisfied or very satisfied with the practical support they had received from the local council as displayed in Figure 4 overleaf.

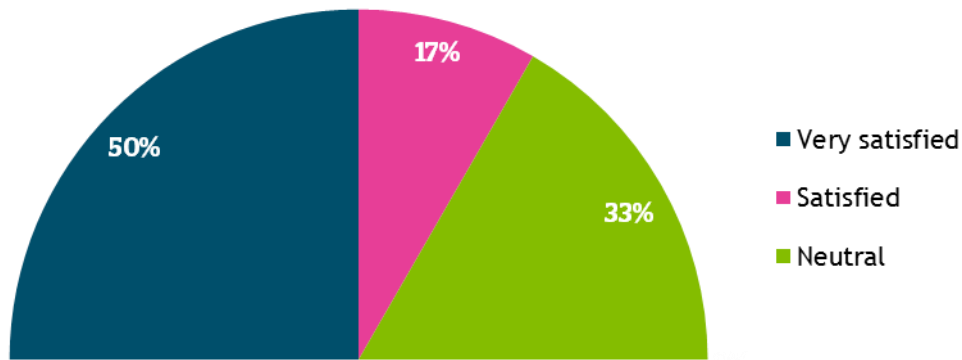


Figure 4. Responses to the question “how satisfied are you with the practical support you/the person you care for have received?”

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. Four people responded to this¹, but two of these responses were “no”. The other two responses indicated generally positive experiences, particularly regarding food parcels, but with some communication or admin issues:

“Food parcel was excellent! I called the number to register how I was doing but they said this wasn’t the right number. They then asked if I had everything I needed and I said that I was low on my pads. They sent me some but they were the wrong size and I couldn’t wear them.”

Great Yarmouth Borough Council resident

“Very good - everything I wanted, got me through the weekend and saved me running about in the heat. But I didn’t get a shielding letter or anything advice on what to do, only heard about the council food parcels when queuing at the supermarket.”

King’s Lynn and West Norfolk Borough 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 81% of respondents (66).

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.]”.

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: through work, Deaf Connexions/Rotary House for the Deaf, and sheltered housing manager.

	Percentage of respondents	Number of respondents
Television broadcasts	81%	66
Online news articles	67%	54
Official websites/articles	46%	37
Radio	44%	36
Social media	38%	31
Through friends/family	35%	28
Newspapers	28%	23
GP surgery	22%	18
Local council	22%	18
NHS app	10%	8
NHS 111 (online)	9%	7
Through a carer	6%	5
NHS 111 (phone)	2%	1
Other	17%	14

The most common format respondents would prefer to receive information about coronavirus was through email with 30% of respondents (24), the responses to this question are displayed in Figure 5 overleaf.

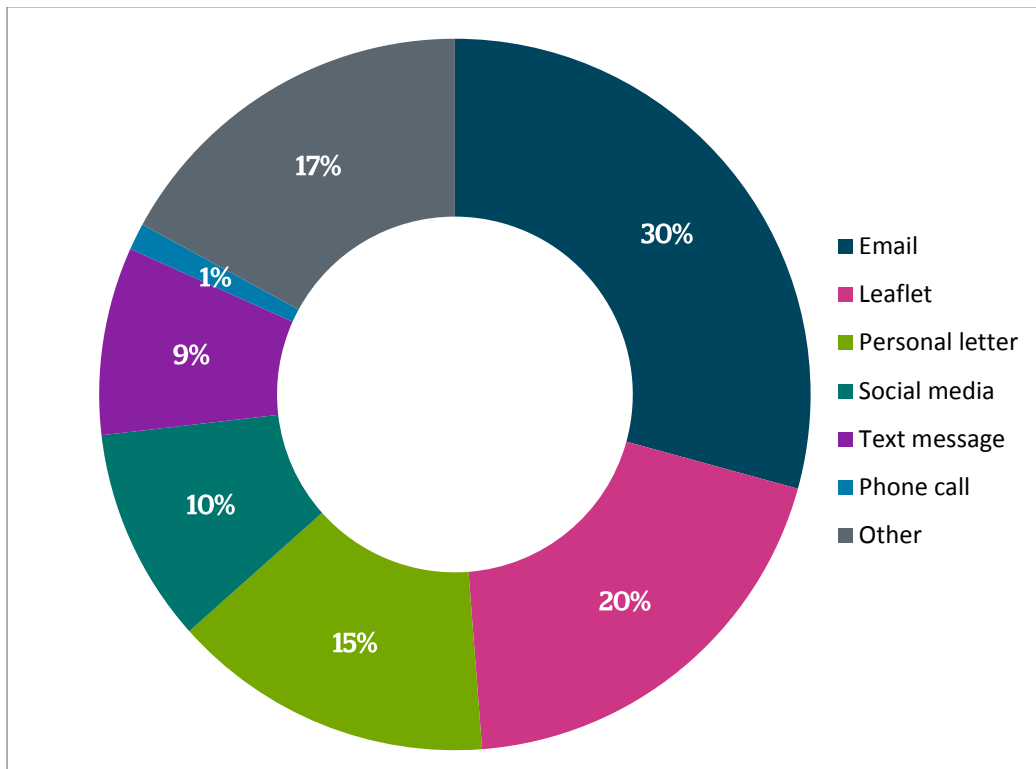


Figure 5. Respondents preferred way of receiving information about coronavirus for themselves or the person they care for. Other responses included: television and in British Sign Language.

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; 69% (56) of respondents answered “yes”. Respondents who chose “no” or “somewhat” were asked what extra information or guidance would be beneficial; Twenty-one people left responses.

The most common point raised was respondents wanting more factual and accurate information, especially relating to the media:

“I have received a lot of information and read additional material but quality/accuracy of some reporting is debateable.”

“More accurate reporting from media and not click bait head lines that don’t frighten the hell out of you and completely raise your anxieties.”

“I am from a medical science background and I get frustrated by conflicting reports in the media, journalists misinterpreting the data”

Several people mentioned that they feel information about guidance and recommendations could be clearer. This was in relation to both social activities and medical appointments:

“Personally, I want a clearer view of when I will be able to get back to the gym, visit friends and family.”

“Clearer guidance on what we can and cannot do. Guidance on when we expect things to begin to open again. Guidance on when ceremonies such as weddings will be able to happen again and under which circumstances.”

“My mother who is in her 80's needs to see a dentist (she has a broken tooth) but there is no clear guidance for her on when when will be able to.”

There were also multiple comments left about the “at risk” groups, with respondents indicating that information has been unclear or inconsistent:

“Why some people with the same condition are given different messages by their surgery.”

“I didn't get a letter to shield even though I'm 72 and diabetic. I can only self isolate when I can - sometimes I have to go out for necessities. Just have to get on with it, doing the best I can”

“My husband has multiple health problems and hasn't been out since the start of the pandemic. We have received no personal information for him to follow”

“In the early stages it was not clear what illnesses were 'risk' illnesses”

Two people highlighted the difficulty in accessing information for those who are deaf, one stating that there is *“no British Sign Language information, very difficult to find out what's happening”*. Both respondents said that they have had to seek help either from a friend or Deaf Connexions, who were *“very good and try to help”*.

Other points that were raised included wanting more information on testing, and better information about the virus itself: *“definite advice about how long the virus lives on different surfaces, how long it stays in the air after someone has coughed”*.

5. Health or social care appointments

Most respondents told us they have not had a health or social care appointment or treatment since early March 2020, 37% of respondents (30) 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 overleaf 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, hospital outpatients, and pharmacies were considered “very easy” to access most frequently.

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) 20 respondents	50% (10)	25% (5)	15% (3)	-	10% (2)
Remote GP appointment 22 respondents	50% (11)	27% (6)	14% (3)	5% (1)	5% (1)
Hospital outpatients 14 respondents	43% (6)	14% (2)	21% (3)	14% (2)	7% (1)
Pharmacy 19 respondents	42% (8)	32% (6)	21% (4)	-	5% (1)
Home care visit 6 respondents	17% (1)	-	33% (2)	-	50% (3)
Health visitor 2 respondents	-	-	100% (2)	-	-
Walk-in centre 4 respondents	25% (1)	-	50% (2)	-	25% (1)
A&E 5 respondents	20% (1)	20% (1)	40% (2)	-	20% (1)
Paramedic 4 respondents	-	25% (1)	50% (2)	-	25% (1)
Dentistry 4 respondents	-	-	50% (2)	-	50% (2)
Mental health services 7 respondents	-	-	43% (3)	29% (2)	29% (2)

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.

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) 18 respondents	83% (15)	11% (2)	6% (1)	-	-
Remote GP appointment 23 respondents	57% (13)	26% (6)	4% (1)	9% (2)	4% (1)
Hospital outpatients 13 respondents	54% (7)	31% (4)	15% (2)	-	-
Pharmacy 16 respondents	69% (11)	13% (2)	13% (2)	-	6% (1)
Home care visit 2 respondents	50% (1)	-	50% (1)	-	-
Health visitor 2 respondents	-	-	100% (2)	-	-
Walk-in centre 3 respondents	-	33% (1)	33% (1)	-	33% (1)
A&E 3 respondents	33% (1)	33% (1)	33% (1)	-	-
Paramedic 2 respondents	-	50% (1)	50% (1)	-	-
Dentistry 4 respondents	25% (1)	-	50% (2)	-	25% (1)
Mental health services 6 respondents	-	-	50% (3)	17% (2)	33% (2)

5.3. Other services

Respondents were asked if they have used any other medical services. Three respondents answered stating that they had used an opticians, sexual health clinic and diabetic health check.

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, 18 respondents answered this question responses are displayed in Figure 6. As the graph shows 62% of respondents (13) told us that the advice was very clear.

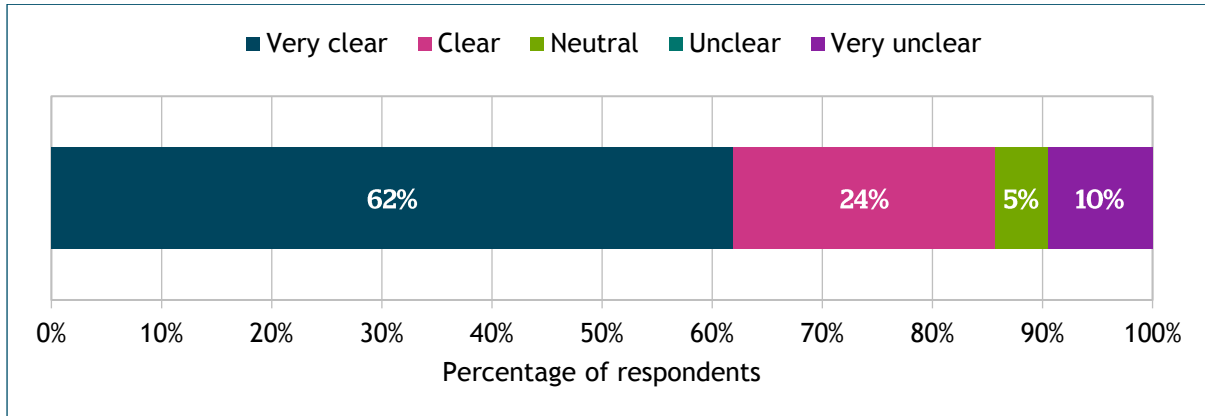


Figure 6. Responses to the question “if you/the person you care for had an in-person appointment, how clear was the advice given about safety and hygiene measures regarding coronavirus before attending the appointment?”.

5.5. Risks of treatment

Respondents were asked whether the risks around having treatment during the coronavirus outbreak explained throughout, 13 respondents answered this question and 62% (8) told us that that the risks around having treatment during the coronavirus outbreak were explained throughout.

5.6. Overall experience of treatment

Respondents had the option to expand further about their experience of treatment. Eleven people left comments.

The most common service commented on was GP surgeries. There was a variety of positive and negative experiences particularly in regard to the use of technology to access advice or treatment. Some people said their experience was easy:

“Dr appt was excellent. I had to send in photos of my problem, which was looked at immediately and prescription sent to the pharmacy”

“It was easier accessing the doctors and getting an appointment than it normally is. The GP surgery was using an online system to raise your issue with a call back in 48hrs. I would prefer this to be how the system continued in the future.”

However, some respondents indicated difficulties:

“My only problem during this period was not being given a rough time for a GP phone appointment which meant I missed the call when I went to the toilet.”

“It has always been difficult to get to see a GP in Attleborough. This has become harder since their introduction of an automated system. Harder again, since the Covid-19 outbreak.”

There were two comments about mental health services, with both indicating that over-the-phone support has felt insubstantial:

“I was satisfied with the MH service being able to call me for an assessment during these times, however the outcome left me feeling dissatisfied as to make a formal decision about diagnosis and treatment is hard to do over a 1 hour phone call.”

“Mental health (CAHMS) advertising they are providing a service and have been rubbish. Hard to get hold off and don’t return calls or emails. Not providing any counselling over the phone just a quick check in and gone. Not good enough should be doing more like the CYPs are.”

One person commented about contraceptive options during the COVID-19 outbreak: *“Although I understand social distancing etc, and why they will not replace my implant at this time I do not enjoy the alternative contraception they have given me”*.

Another respondent praised their local A&E department: *“I was frightened of going to A&E but it was very clean and safe, the staff were amazing”*.

6. Cancelled or postponed appointments

Over half of respondents (53%, 43 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 dentist appointments with 53% of respondents (23) followed by hospital appointments with 51% of respondents (22) reporting a cancellation or postponement, Figure 7 overleaf displays the type of appointments cancelled or postponed.

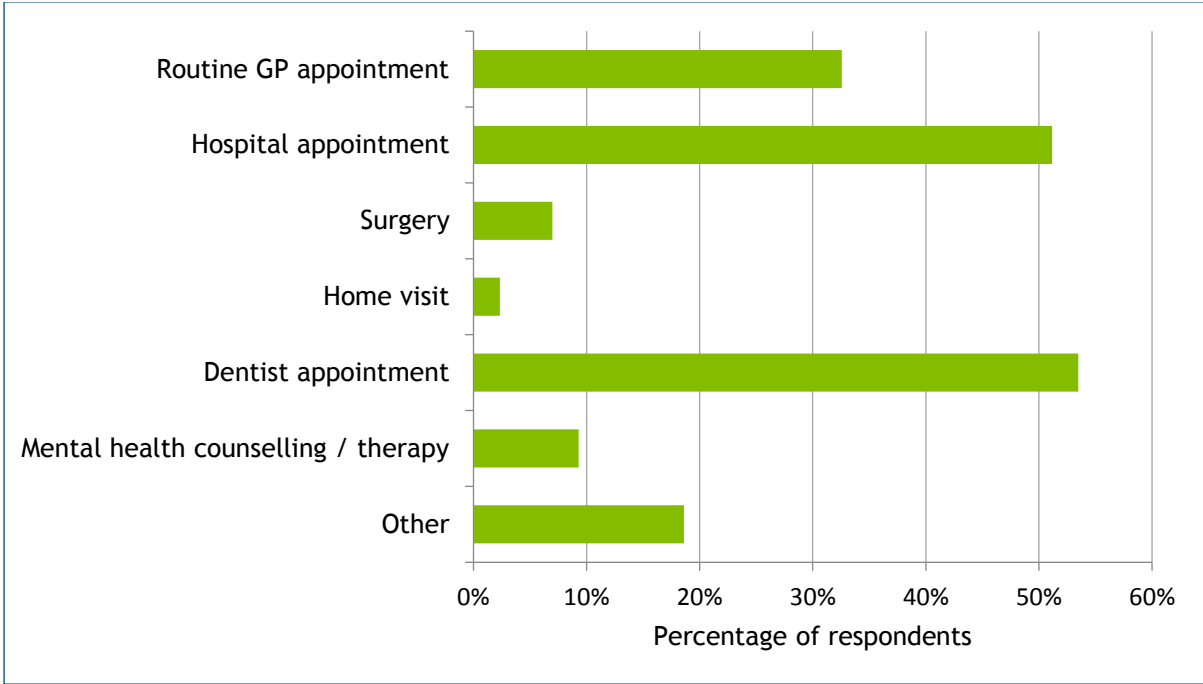


Figure 7. Responses to the question “what type of appointment/s was/were cancelled or postponed”. Respondents could select more than one response. Other responses included: breast screening, footcare, new hearing aids, replacement contraceptive implant, and giving blood.

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 63% of respondents (27), responses are displayed in Figure 8.

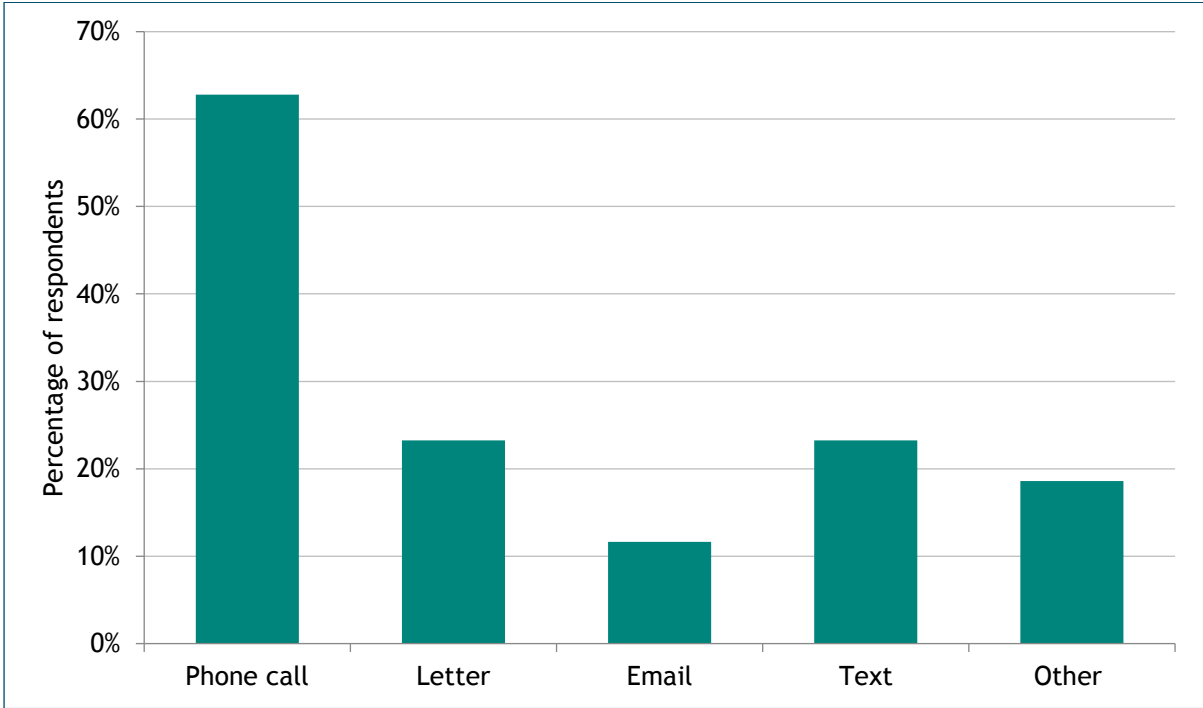


Figure 8. Responses to the question “how were you/the person you care for notified about the cancellation/s or postponing?”. Respondents could select all answers which apply. Other responses included: Deaf Connexions, no notification and contacting the service themselves.

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.

The final question allowed respondents to leave any further comments about information, support or access to healthcare since early March 2020. Thirty-seven people answered.

Below are some themes that were mentioned by multiple respondents.

Access to healthcare

Several respondents mentioned difficulties accessing health or social care. Three people's comments about this were in direct reference to issues for the deaf community:

“Deaf can't see GP at all now, they talk on phone and use email. Many of us do not use computers. I do this with friend help”

“Deaf can't see Doctor, no way for us to have BSL Interpreter or ask for appointment. Not fair”

“Why Deaf can't see doctor? They only talk on phone. It not fair. Had to ask neighbour to help fill this 8n.. [sic] it not Deaf friendly”

This is something that has been raised consistently throughout the period of this survey running, implying that those with hearing difficulties are still at a disadvantage in regards to accessing healthcare.

Others who spoke about difficulties accessing services did so in relation to GPs, the Wellbeing service, dentists and home visits:

“My GP Surgery has become almost unreachable by phone. I had a query about medication that was unavailable and it was very difficult to resolve. I suspect people who need help are being discouraged from getting it.”

“It is harder to get assistance through NHS wellbeing, had to re-refer from one part of their system to another. I am waiting to get back on the NHS wellbeing assistance courses.”

“I have a dental problem, but I have spoken to my dentist who gave advice, but I need to see a dentist”

“Doctors visit would have been better , not sure how to get social care only from private companies.”

Information

Some comments were about information available. Two people spoke about information relating to symptoms: both stated that they think they have had COVID-

19 but cannot be sure, with one respondent elaborating that *“information about symptoms has been a bit sketchy”*.

Two people indicated desire for more local information, one person wanting to know more *“about the roll-out of antibody testing”*.

Difficulties for carers

Some respondents mentioned the challenges of providing care for vulnerable loved ones:

“Obviously as my husband's carer I'm very concerned about his numerous health problems and sometimes feel overwhelmed and a bit isolated by it all and feel as we are elderly don't really matter.”

“caring is new to me following my wife having an operation and as well as full time working I found it increasingly difficult to do both. Whilst my wife was having conversations over operation and recovery there was no conversation with me the person that would be caring during the time in recovery [...] my wife is now in the extremely vulnerable category and would like to know what this means for me.”

“...if [my mother] did not have family and where does that leave all the other elderly in the borough who dont. Also was it a case of " she has her daughter" regardless of how family carers may feel themselves during lockdown”

These three comments indicate some of the pressures felt by carers at this time, particularly in regards to managing ongoing health issues in a new way as a result of the COVID-19 outbreak.

Thanks and appreciation

There were multiple comments indicating positive experiences of health or social care during this time, as well as thanks or appreciation for health and social care staff as well as local councils:

“CYPS have been supporting via virtual calls and working hard to support families still.”

“Excellent care from GP and NNUHT for breast cancer”

“A member of my family required hospital care and was able to get seen very quickly, treated efficiently and soon was allowed back home.”

“Surgery have kept us updated throughout the crisis and been fully available on bank holidays. [South Norfolk District] Council have made it known that if problems arise they can help as have the village parish council”

[Food parcels] have been a great help though, they've prevented me from having to queue outside Aldi and mean I can reduce the number of times I have to go out for basics. Just wanted to call and say thank-you to [King's Lynn and West Norfolk Borough] council for the food parcel.

“I think everyone has been doing a great job.”

“It's a really tough time for everyone at the moment so I do really appreciate the struggle all services are facing.”