

13th August 2020

Norfolk and Waveney Health and Care Partnership

Health and care services evolving in response to Covid-19

Final report

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01 Background and methodology

Background and objectives

- In light of the Covid-19 pandemic, the Norfolk and Waveney Health and Care Partnership (NWHCP) wants to engage with the local community on how to reshape its services to manage the effects of Covid-19.
- This piece of research was therefore designed to:
 - Understand whether approaches to and views about health and wellbeing have changed as a result of the Covid-19 pandemic;
 - Understand experiences of health and care services in Norfolk and Waveney during the pandemic, including awareness of any changes to services (and perceived impacts of these changes); and
 - Explore views on some of the ideas for re-starting more services, and how these services might be delivered in future.

Another key objective of this piece of research is to lay a foundation for NWHCP to explore how its five-year plan is received by the community, patients and other stakeholders and incorporate their needs as the plan is developed.

Fieldwork was completed between Thursday 16th and Friday 24th July 2020 with three key audiences:

Light to moderate service users

6 x focus groups were conducted with this audience, with groups split by life stage, gender and SEG:

Single / pre-family	Children under 18	Empty Nester
Men, C2DE (Norwich)	Women, C2DE (Waveney)	Men, C2DE (South Norfolk)
Women, ABC1 (Norwich)	Men, ABC1 (King's Lynn)	Women, ABC1 (North Norfolk)

Heavy service users

Those receiving social care (directly or indirectly)

Empty Nester, Women, ABC1

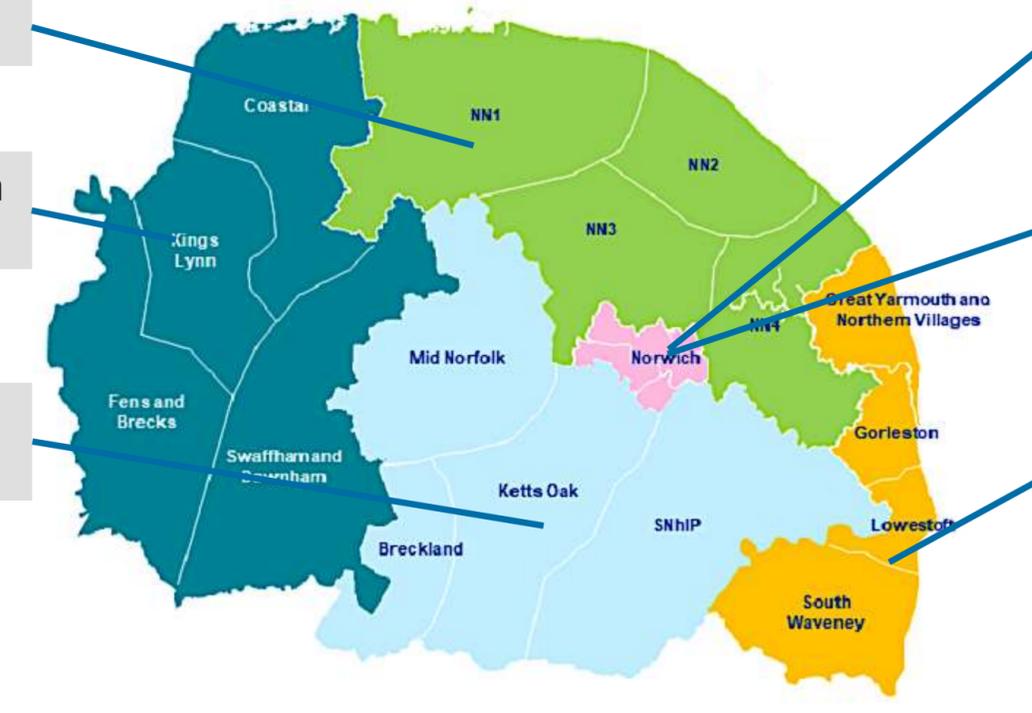
Men with children under 18, ABC1

Empty Nester, Men, C2DE

Single/pre-family, Men, C2DE

Single/pre-family, Women, ABC1

Women with children under 18, C2DE



10 depth interviews were conducted with heavy service users and those receiving social care:

Heavy service users

5 x depth interviews conducted with heavy service users, including:

- A range of ages (2 x 18-30-year-olds, 2 x 31-44-year-olds, 1 x aged 45+).
- A mix of gender (3 x men, 2 x women).
- A spread of health conditions (2 x with a mental health condition (one of whom had been an in-patient) and 3 x long-term physical health conditions).
- A spread of location (2 x urban, 2 x suburban, 1 x rural).

Those receiving social care (directly or indirectly)

5 x depth interviews were conducted with those receiving social care (directly or indirectly), including:

- 2 x depth interviews with participants directly receiving social care:
 - 1 participant had a severe visual impairment.
 - 1 participant had physical and learning disabilities.
- 3 x depth interviews with family members of those receiving social care:
 - 1 participant was caring for a parent with dementia.
 - 2 participants were caring for those with a physical disability and mental health condition.

02 **Key findings**

Key findings

- 1** **Participants' experiences of the Covid-19 pandemic and lockdown have been very mixed.** Whilst most described ups and downs, there was agreement that it has been tough managing their physical and mental health and wellbeing since the start of the pandemic.
- 2** **Health services were felt to have managed reasonably well in the pandemic, given the pressures they are under.** In contrast, the performance of social care – and in particular care homes – was thought to be more variable.
- 3** **Many participants had engaged with health services since the outbreak, with most reporting positive experiences.**
 - In some cases, the move to online and telephone appointments was felt to have eased access issues, and most were satisfied with the quality of care they received.
 - Again, the picture in social care was thought to be more mixed, with some participants experiencing severe disruption in the service.
- 4** **The majority of participants supported the suggested changes to future service delivery.** Prioritising urgent and cancer care, travelling to a non-local or private hospital and speaking to a doctor or nurse through 111 were all welcomed by most participants. However, there was more concern about the requirement to self-isolate for 14 days before attending for routine or non-urgent care.
- 5** **Overall, the NWHCP's three goals were felt to be cohesive and comprehensive, and sensible areas of focus.**
 - More broadly, participants wanted to see NWHCP prioritising support for those with mental health conditions, as well as focussing on the delivery of social care and making sure this is 'fit for purpose' for an ageing population.

03 Views of health and wellbeing as a result of Covid-19

Most participants were actively looking after their and their family's (mental) health, and said this is currently a real priority

- Participants spoke of activities they had taken up in recent months to help manage their mental health, including meditation and mindfulness, sometimes using dedicated apps or YouTube videos to help guide their practice.
- Some also reported taking up or increasing the amount of exercise they do; walking and running have become a staple of lockdown life for these participants.
- Parents of children under 18 in particular were worried about the effect lockdown would have on their children's mental health (as well as describing the difficulty of keeping children entertained) and were particularly likely to have taken active steps to improve their family's wellbeing.

"I've made time for myself; I have been using meditation because my son suffers from anxiety and this situation has made that come to the forefront, and that has made me feel more anxious. We've both used exercise as a way of getting outside together and that did make me feel better."
(Children under 18, Woman, C2DE, Waveney)

"I'm probably doing a bit more walking, I walk twice a day, I'm going a bit further to try and stay active."
(Empty Nester, Man, C2DE, South Norfolk)

Despite this, several participants were still struggling with poor mental health

- These participants described the toll that lockdown and the continued pandemic was having on their mental health.
 - Vulnerable participants, or those shielding with vulnerable relatives, were particularly likely to describe the experience as isolating and scary.
- Several felt that concerns about work – both about being on furlough and overall job stability – were increasing their levels of stress and anxiety.
- Whilst others were struggling with a lack of structure as a result of the loss of their normal routine.
 - In addition, these participants felt they were much less active, and that taking (occasional, or even daily) exercise does not make up for a busy day of running around.

Jacqui*, light to moderate service user

Jacqui's son has bad Asthma and they started isolating before the lockdown started as she has been scared about him getting Covid-19. Her mother is also vulnerable and so she can no longer rely on her for support. Her partner has been working longer hours and Jacqui has been feeling very lonely.

When her mental health deteriorated at the start of the lockdown, she would have liked to go to her GP but didn't want to leave her son alone, so she looked at mindfulness exercises on YouTube, which has helped her to feel slightly less scared and calmer.

For some, the lockdown has been a positive experience, providing an opportunity to slow down and focus on themselves and their family

- This was particularly the case for those who are financially more secure, or were able to work from home comfortably.
 - Some parents (and particularly fathers) of younger children described enjoying being able to spend more time with them.
- These participants felt the lockdown has been a nice change from a normally hectic life and an opportunity to spend more time on things that matter to them personally.
 - And described feeling less of a need to take steps to help them cope.
- This is consistent with findings from BritainThinks *Coronavirus Diaries* research, with those who are more comfortable (financially as well as regards their housing and family situations) more likely to say that they've enjoyed this time, as it has been a break from the stress of working.

Annabel*, light to moderate service user

Annabel lives in North Norfolk with her husband and children. At the end of March she was put on furlough.

Annabel has very much enjoyed not working, as well as having more time to spend on her hobbies, including walking her dog and riding her two horses. This also helps get her out and about, meaning she feels she is still taking a good amount of exercise, even if she is slightly less active than she would be in 'normal times'.

*Names have been changed to protect participants' anonymity.

Participants reported an increase in feelings of responsibility for their own health and wellbeing – but this isn't always straightforward

- As noted, many participants described taking proactive steps to manage their wellbeing throughout the pandemic.
- And some had found their new behaviours empowering, had seen a positive impact on their mental and physical health and planned to keep them up moving forward.
- However, for others the sense of responsibility was not experienced positively, but rather as a necessity that had been forced upon them by (unwelcome) circumstances.
 - In particular, some heavy service users and those receiving social care felt that they had no choice but to take more responsibility, because their normal support was not available to them.

“I’ve made time for myself; I have been using meditation because my son suffers from anxiety and this situation has made that come to the forefront, and that has made me feel more anxious. We’ve both used exercise as a way of getting outside together and that did make me feel better.”
(Children under 18, Woman, C2DE, Waveney)

“I now get fewer days with my support worker so I’ve had to do shopping for myself. This means I have to think more about what I actually need and want to eat because I have to carry it back.”
(Participant receiving social care)

There were subtle differences between men and women when it came to managing their and their family's health and wellbeing

- Men were more likely to say that, even in 'normal times' they were reluctant to visit the GP or other health services.
 - This was driven by a perception that their health problems weren't sufficiently serious to warrant a visit to the GP, coupled with a reluctance to talk about their health.
 - For some, this also included seeking help for concerns regarding their children.
 - This reluctance was felt to have been heightened during the pandemic.
- Whilst men did feel they were taking responsibility for their health during the pandemic, women were more likely to say that their male partners weren't managing as well and weren't looking after themselves (although it should be noted that we did not speak to partners within the same couple).

"I would say that I generally tend to brush things off more, with the kids as well. I'm more likely to say that something's just a scratch or that we should wait and see."

(Children under 18, Man, ABC1, King's Lynn)

"Most of the time he says nothing's wrong and I think generally men are less keen to seek medical advice."

(Empty Nester, Woman, ABC1, North Norfolk)

04 Experiences of local health and care system during the pandemic

Views of local health and care services tend to be very sympathetic, with participants attributing any shortcomings to a lack of resource

What three words or phrases would you use to describe the health and social care services in your local area?



It should be noted that most participants primarily thought of health services (and the NHS more widely) when answering this question. In line with findings from other BritainThinks research, participants were much less familiar with the social care system than the NHS, and it was subsequently less front-of-mind.

Experiences of local health services

For most, perceptions of local health services had not changed during the pandemic – it just brought existing issues into relief

- Participants felt that the pandemic had thrown a spotlight on longstanding issues with local services.
 - For example, under-resourcing and understaffing were seen more as a result of long-term and historic problems, rather than the system being suddenly overwhelmed by Covid-19.
- They largely laid the blame for these shortcomings at the door of successive national governments, rather than local services themselves.

“I think we are in danger of having the rhetoric stating that “Covid has put us under immense pressure”. I think that our Health Service had under-funding and pressure before Covid, Covid has just enhanced the situation, not created it.”

(Children under 18, Man, ABC1, King’s Lynn)

A small minority, however, did say they would have chosen different words before the pandemic, primarily related to accessing services – such as helpful, available, responsive, and happier.

“I think I would have chosen happier before. Things still work but you can tell that the nurses are worried and stressed and that has an impact on your experience as a patient.”

On balance, local health services were felt to have managed reasonably well during the pandemic

- Most felt that local health services had performed well, especially given the pre-existing pressures on the system.
- This was based on both what they had heard from friends and family, as well as direct experiences of accessing health services.
- This was felt to be in contrast to the picture at a national level where many thought the NHS had really struggled, highlighting PPE shortages, and a lack of hospital beds.
 - Some felt this was the result of Norfolk having been spared the worst of the pandemic, claiming that the rest of the UK had been much harder hit.

“It’s been very, very challenging for them. At my surgery, you have to sit in your car until they call you in. I think the walk-in clinic has been managing OK, given the circumstances. They’ve done remarkably well.”

(Empty Nester, Man, C2DE, South Norfolk)

“My GP practice has been exemplary... There was not one occasion where my family weren’t seen or weren’t able to get a phone appointment.”

(Empty Nester, Man, C2DE, South Norfolk)

Many participants described a reluctance to access health services unless they felt it was absolutely necessary

- A number of participants felt reluctant to attend healthcare settings in person, particularly at the height of the pandemic, because they were thought to present a higher infection risk.
 - Risks were associated with being in close proximity to other patients, particularly in waiting rooms, but also with interacting with healthcare professionals themselves.
 - These participants felt that, even though they expected healthcare providers to do their best to avoid any contamination, they would not want to take the risk.
- For some, this fear was also coupled with a desire to avoid adding to the pressure the NHS was under, and to ensure that those with (as they saw them) more urgent needs, were able to be seen.

“I’d definitely think twice about going to the doctors. I was supposed to go end of March for a review for an illness I have, but I just thought, I’m feeling fine in myself so I didn’t want to put myself at risk and put the doctor at risk by having another patient, and everyone else in the waiting room.”

(Single/pre-family, Man, C2DE, Norwich)

“I’d usually only go to a GP during the winter if I get eczema so during summer, I don’t really need it, but now I’d probably just steer clear and not even bother going if I got a flare up.”

(Single/pre-family, Man, C2DE, Norwich)

Nevertheless, many participants had visited or accessed health services since the start of the pandemic, with most reporting broadly positive experiences

Many commented on the ease with which they had been able to access services during the pandemic

- Most of those who had accessed primary care said they had done so in person, over the phone, or via video call in a timely and satisfactory manner.
 - And a small number of participants, particularly heavy service users, noted that their GP seemed less busy, making it easier for them to be seen.
- And some who had made use of telephone and online appointments felt that this had made it easier and quicker to receive help.
 - This was particularly the case for those with small children, who felt unable to attend face-to-face appointments if it meant leaving their children unattended at home.
 - Younger participants also felt this was generally more time-efficient, as they wouldn't have to take time off work to visit the GP.
- However, a very small number of participants described fairly negative experiences, including appointments being cancelled at short notice, but also having referrals being delayed.

"I have found seeing a doctor much easier since the pandemic. I've just spoken to them over the phone which I would have anyway, but I've managed to see a doctor when I've needed to. To me it seems like they are under a lot less pressure, it all seemed OK really!"

(Children under 18, Woman, C2DE, Waveney)

"I actually think it's better since Covid started as a lot of people that used to go for things aren't going anymore... we called up and got our appointment much quicker than the last time."

(Empty Nester, Woman, ABC1, North Norfolk)

The majority were also broadly happy with the quality of care they received

- For most, the experience of receiving healthcare during the pandemic had been positive.
 - This included participants with ongoing health concerns or more complex conditions, who largely felt that they had continued to receive the care they needed.
- However, a small number of participants had experienced major disruptions to their care or had received poor-quality care:
 - Most commonly these participants reported rescheduled or double-booked appointments, delays, and slow response times.
 - One participant was told by one doctor that they urgently needed to have tests done, only to be told that those tests weren't urgent by another clinician, and that others needed to be prioritised.
 - Another participant was asked to send in photos of a sensitive area to their GP practice, which was uncomfortable for the patient and did not lead to a diagnosis.

“I turned up [to an appointment] and was told it had been cancelled. I then had a second trip to the doctor, which was all over the place to be honest, it was quite concerning when I got there. I was then asked to email in pictures, I then went back into the surgery, and then they told me it was quite serious, and I had to go straight to A&E in the end. It was so disorganised.”

(Children under 18, Woman, C2DE, Waveney)

Experiences of social care services

Perceptions of social care services were largely based on what participants had heard from others or in the media

- The majority did not have direct experience of social care, meaning views were shaped to a large extent by the national media:
 - Stories about older patients being discharged from hospital into care homes, as well as a high number of deaths occurring in care homes, had cut through for many.
 - Several described a perception that some care homes had managed much better than others in terms of controlling the risk of the virus (but often this was felt to be based on ‘rumours’ more than anything else).
- When asked how they would feel about a relative moving into a care home, most participants felt this would be a ‘last resort’.
 - This is, however, a common finding and not necessarily caused (but certainly exacerbated) by the Covid-19 pandemic.
 - Among a small number of participants with relatives in the care system, sheltered accommodation (or extra care settings) were seen as having performed better than care homes and in-home care, and were therefore felt to be safer.

“It looks like care homes were left to get on with it, and the virus travelled unimpeded through care homes and that’s my view, but that’s through the media.”

(Empty Nester, Man, C2DE, South Norfolk)

“What I hear on the grapevine, I wouldn’t dream of putting a relative in a care home. It’s only hearsay, but the things you hear it puts you off massively. Not at this time, no way.”

(Children under 18, Woman, C2DE, Waveney)

Amongst users and family members of users, experiences of social care during the pandemic were very varied

- The majority described at least *some* level of disruption or changes to their, or their relatives', care as a result of the pandemic.
- However, the extent to which social care provision had been disrupted varied significantly, and ranged from a slight reduction in services to wholesale withdrawal. For example:
 - One participant had seen their support worker fewer times per week, as the social enterprise providing their care was operating with reduced numbers of staff due to furloughing and shielding.
 - Another participant had not seen their support worker at all since the start of the pandemic, and had been given little clarity about when the service would resume.

"I think it's been very challenging for them and as a rule of thumb they've done well. I think they could have done better had there been more money from Government, had they been better prepared."

(Relative of someone receiving social care)

"I get fewer hours now ... some weeks I go for 3 days without seeing him. I have a key worker but he's on furlough at the moment because of his health. I'm grateful I'm still getting support, I can ring them and they ring me sometimes."

(Participant receiving social care)

Direct experiences of receiving social care were very mixed, with varying levels of disruption to care

Sandra*, relative of someone receiving social care

Sandra's mother has dementia and has been in care homes for the last two years.

Although lockdown has been tough on her mother, Sandra is confident that she is being looked after and kept safe during the pandemic. During the outbreak, residents were no longer allowed to socialise with each other and had to isolate in their rooms. Sandra describes staff as extremely vigilant and concerned. She believes this wouldn't have been the case in her mother's previous care home. In her view, the quality of care varies considerably and she feels that some care providers take the care of their residents, and the threat of Covid-19, much more seriously than others.

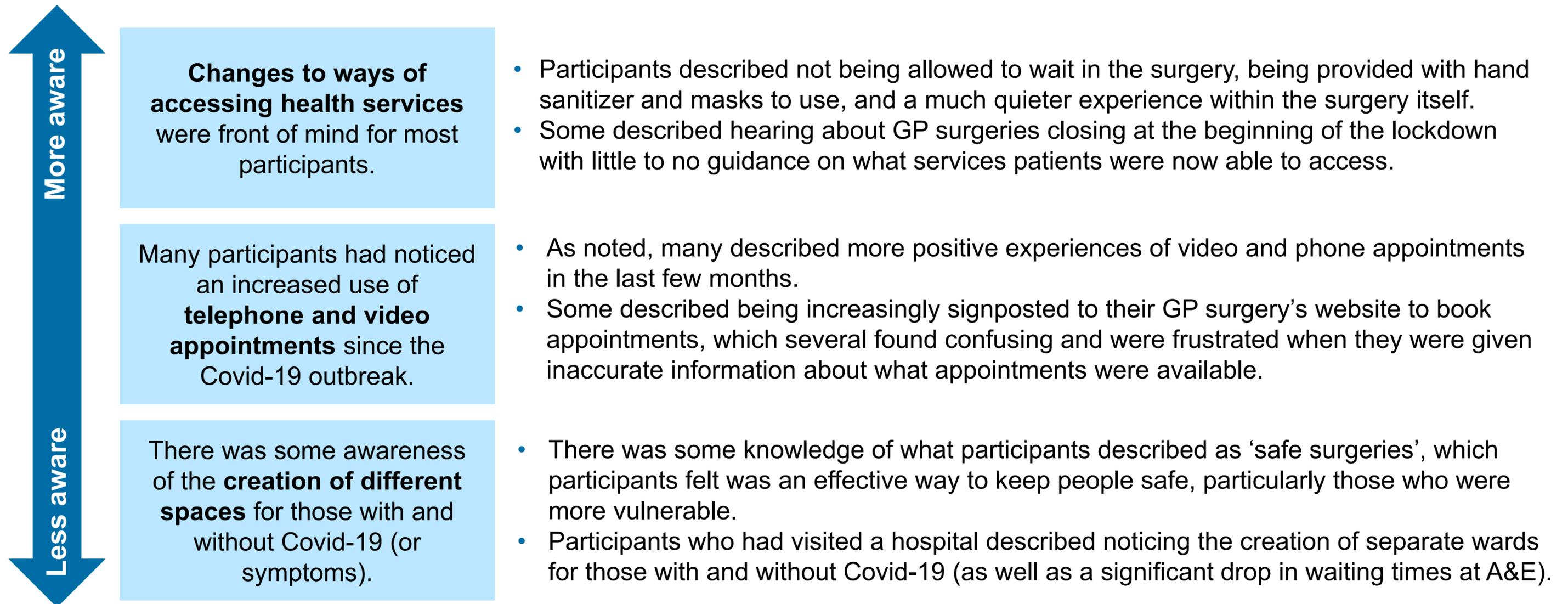
Toby*, participant receiving social care

Toby is 23 and has been blind for two years as a result of a neurological condition and has a number of other complex, long-term health issues. He is still learning how to adapt to his disability and was receiving support from his social care worker at least once a week prior to the pandemic.

Since the outbreak, his care has stopped completely, meaning that he is more reliant on his mother and partner and feels he has lost the independence he had started to gain since he lost his eyesight. He has also experienced delays and cancellations of other appointments, including tests his doctor told him were urgent. He was told that due to his young age, his tests weren't prioritised and not as urgent as others'.

05 Views of changes to health and care services during the pandemic

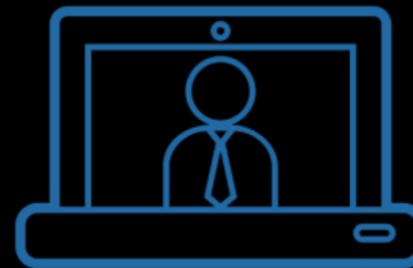
Many participants were spontaneously aware of changes brought about to help the services manage during the pandemic



Participants were asked about three significant changes introduced to help health and care services manage during the pandemic



Contacting and getting help from a GP practice



Phone and video appointments



Creating different areas or premises for treating people with and without Covid-19

All three changes were broadly positively received by participants, who were able to identify a number of benefits (and some concerns) for each.



Participants were happy to contact their GP over the phone or online, before it is decided if they should have an appointment in person

Benefits

- This was felt to be a sensible step and a good use of resources, **increasing the overall efficiency** of the process, particularly for more straightforward or routine services (e.g. repeat prescriptions).
 - In some cases, participants described this being introduced at busier GP practices before the pandemic.
 - Support was strengthened by a reluctance to attend healthcare settings unless essential and a **desire to avoid adding pressure** to the service.
- Some participants felt triage over the phone was preferable to booking online as phone handlers might be able to **detect symptoms** patients may not realise they have.
- For some heavy service users, knowing that **others might be less likely to go into their GP surgery in person**, while they continued to receive care, was also reassuring.

“I was able to take the call while I was at work and didn’t need to take time off to visit the GP. Sometimes I have felt in the past like I am almost wasting the GP’s time taking up an appointment and this seems like a much quicker and more efficient way.”

(Children under 18, Woman, C2DE, Waveney)

“It’s stopped people turning up at surgeries. I haven’t gone through the triage process, but my wife has. Those phone triage systems do work, and they are picking up that people need to go into the surgery.”

(Empty Nester, Man, C2DE, South Norfolk)



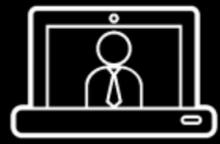
However, some felt that there might be a risk of not receiving the appropriate level of care and attention

Concerns

- Some participants felt that there could be a risk of not receiving the appropriate level of care and attention, depending on **who manages the phone or online triage** (e.g. whether they are a healthcare professional or a call handler).
 - This was particularly the case for older participants, who expressed concerns about less qualified call handlers 'reading from a script' or missing key symptoms.
- There was a sense that patients could have to **wait some time for a return call**, which was felt to be a particular concern for those who need urgent care (but do not want to go to A&E).
- Some also acknowledged that, whilst they would be happy to be triaged online or over the phone, **others might struggle more with this format**, particularly elderly relatives who might struggle to express themselves or have a preference for an initial face to face meeting.

"During the lockdown I had a really bad cough and shortness of breath. They told me it was Covid and told me to isolate. I wasn't sure I did have it, and they didn't actually check me over. It didn't feel like there was much support."
(Empty Nester, Man, C2DE, South Norfolk)

"I know other companies or the NHS allow you to just have a video call which I think is great too. My grandma however was just told she had to register online so obviously that's not going to work."
(Single/pre-family, Woman, ABC1, Norwich)



Participants largely welcomed the transition to more phone and video appointments

Benefits

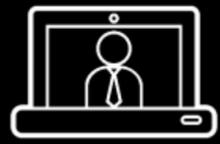
- When used in the right circumstances, phone and video appointments were felt to **save time** and were seen to be a **quicker and more efficient** way to access health services.
 - In particular, younger participants often acknowledged that this may in fact make it easier to juggle a busy schedule with seeing their GP.
 - For patients with longer-term health conditions who felt they had those conditions under control, these appointments allowed the option of **ongoing monitoring** from home (provided they are able to provide their own data).
- Most also felt that they would be happy to receive care **from a GP at another practice**, as long as the GP had access to their history, arguing that they were used to seeing different (and often new) GPs at their local practice, too.
- Participants felt these appointments would **relieve pressure** from an already overloaded health system. This meant patients felt they would receive a better service, and health and care professionals would be able to work more efficiently.
 - In the context of a pandemic, having a phone or video appointment was felt to be **safer** than going into a healthcare setting for an in-person appointment.

“There is a strain on social care and GP services. I have no problems having an appointment over the phone, I’d much rather know if I really needed, I would be happy to be examined over Zoom.”

(Empty Nester, Man, C2DE, South Norfolk)

“The NHS is [overstretched] anyway, so if this can provide that service in a quick and snappy way, I don’t see how that is a bad thing.”

(Single/pre-family, Woman, ABC1, Norwich)



However, there were concerns about whether these formats would be suitable for all patients, and in all situations

Concerns

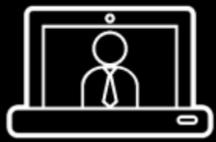
- The greatest concern was that phone and video appointments **would not be suitable in certain situations**, particularly where a physical assessment is required, or where someone is struggling with their mental health.
- Those who were less comfortable with the idea of phone and video appointments worried **they wouldn't express themselves clearly** over the phone or online, or that the practitioner would miss something they might have noticed in person. This was coupled with a wider concern about not getting the same level of care remotely as they would in a face-to-face appointment.
- There were also concerns about **those who might struggle to access appointments digitally**, including those who are older, less digitally literate, don't speak English as a first language, or who have mental health conditions.

“There is always a risk of things being missed which is a concern. My main issue is inconsistency in terms of one doctor being really good and one being really bad; you get this in person but inconsistency is a worry.”

(Children under 18, Man, ABC1, King's Lynn)

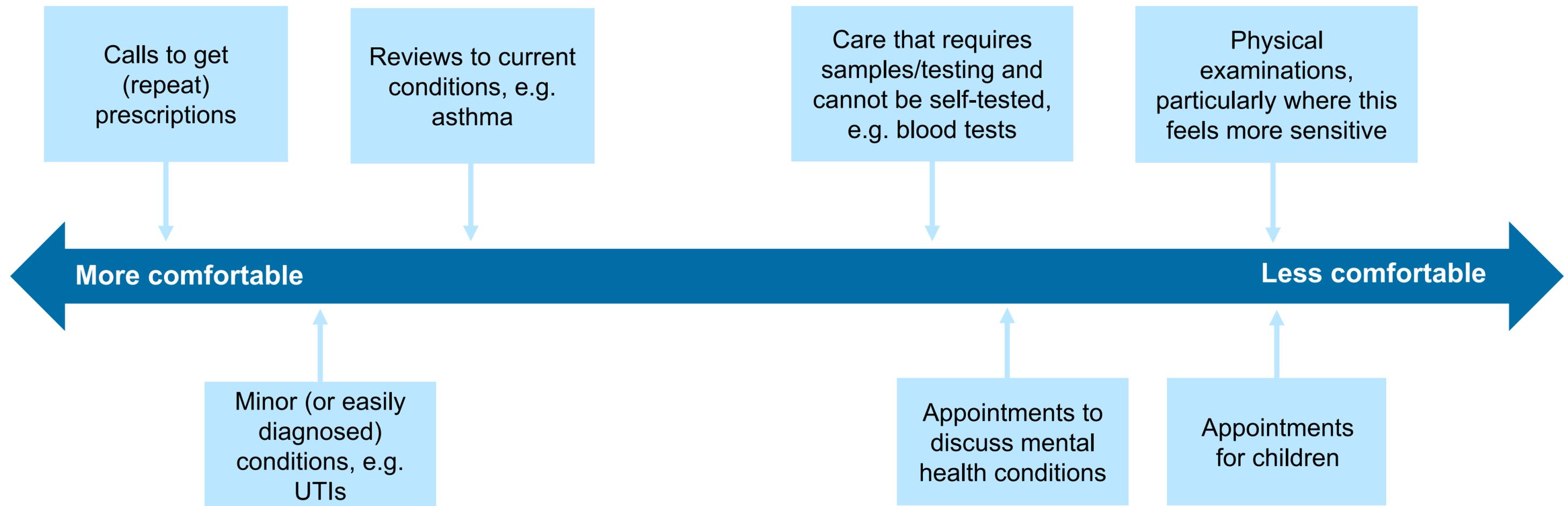
“It's a great idea but it can be a bit tricky if you're feeling really unwell and just want to see someone.”

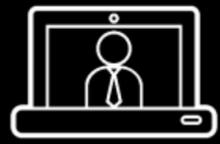
(Heavy service user, female, mental health condition)



Phone and video appointments

Participants felt they would be comfortable having video and phone appointments for more routine care





Participants described different attitudes towards phone and video appointments depending on their individual circumstances

Lisa*, light to moderate service user

Lisa lives in Waveney with her seven-year old son who suffers from asthma. Whilst she described feeling comfortable accessing phone and video appointments for more routine care – for example, her son’s regular asthma reviews – Lisa felt that if her son was having problems with his breathing, a phone or video appointment wouldn’t be appropriate and she would worry he wouldn’t receive the care he needed.

More broadly, Lisa felt that phone or video appointments may not be entirely suitable for conditions that require a physical examination, including first-time diagnoses or appointments for more sensitive or acute conditions.

Maeve*, relative of someone receiving social care

Maeve’s mother has Alzheimer’s and receives daily support from a social care worker. Maeve’s father, who also assists with his wife’s care, is still able to do their shopping and to get to his own medical appointments, but has some issues with his hearing.

As a result of their very specific needs, Maeve feels phone and video appointments wouldn’t be suitable for her parents. They only have access to a landline, and have struggled in the past when Maeve has tried to set up a video call. She also expressed concerns about her father’s ability to handle a phone appointment (either for himself or his wife) as he often struggles to hear and express himself clearly.

The approach of separating people with and without Covid-19 seemed very sensible to all participants

Benefits

- All participants felt this change was a ‘no brainer’, as it was felt to make the **virus easier to manage and contain**.
- Participants felt that separating patients meant that hospitals and surgeries would be **concentrating resources** where they were needed most. This felt like not only a safer environment for patients, but also a more efficient way of working.

“I think it’s really good. What’s the point of putting us all in together? We need to protect the older people.”

(Heavy service user, female, mental health condition)

“I think it sounds very sensible. Our GP surgery were doing this, they were reluctant to bring anyone in for appointments. It made me feel safe hearing that GP surgeries are doing this and trying to minimise the risk of infecting others. It’s like it’s been taken seriously.”

(Children under 18, Woman, C2DE, Waveney)



However, in and of itself, this change is not enough to make people feel more confident about accessing health and care services

Concerns

- Largely, participants had few concerns about this approach, but where they did, it was about **people who *think* they might have symptoms** being cared for in an area with people who have tested positive for Covid-19.
- And whilst knowing that people with Covid-19 (or symptoms) are being treated in another location would make them feel safer, **this in and of itself is not enough to reassure them completely.**
 - Many said that they would still feel reluctant to attend in person.
- Participants were also clear that changes needed to be well-communicated: it was felt that historically this has not always been the case with changes to service provisions in GP surgeries.

“Someone in our village is 84 and doesn’t drive and couldn’t get a slot at his own GP which caused him untold stress. I just thought ‘he can’t be the only one’ and I don’t know what would have happened to him if I hadn’t helped.”

(Empty Nester, Woman, ABC1, North Norfolk)

“My actual surgery is 5 minutes down the road, so when I called them up, they said, “we see you’re a vulnerable person”, and so they sent me to another surgery about 4 miles away.”

(Heavy service user, male, physical health condition)

Participants made several suggestions for ways to help make patients feel safer in health and care settings

In GP surgeries and hospitals:

- Keeping hand sanitizer / handwashing facilities in GP surgeries as a permanent feature.
- Ensuring patients are not kept in hospital any longer than is necessary, both to help reduce the backlog of more routine care and lower possible risk of infection.

In social care settings and on home visits:

- Increasing the requirements for PPE to be worn by social care workers and within care homes.
- Restricting visits to care homes and escorting visitors around that do need to be there.
- Ensuring PPE equipment is disposed of safely and outside of patients' homes.

“Sanitising stations should stay there in the future to keep things at bay.”

“Are they keeping nurses and doctors separate too? Is there any cross over between them? Do staff have different areas of focus?”

“They need to be strict, enforce things, people need to be escorted around the premises.”

06 Views of future service delivery and proposed changes

Suggestions for how best to re-start and deliver services in the future were explored with participants across the sample

**Suggestions to ease the backlog
of routine and elective care**

**Changes to function of 111 and
NHS' online system**

Participants felt it was right to prioritise urgent and cancer care, given the additional pressure placed on health services by Covid-19

- Most, but not all, participants were aware of the prioritisation of urgent and cancer care and the resulting backlog of routine and elective care.
 - A small number of patients had had more routine appointments or planned surgeries postponed.
- Overall, participants were supportive of the decision to prioritise urgent and cancer care, and felt resources needed to be directed to these areas.
 - Some, however, were also under the impression that a lot of cancer care had been cancelled because of the pandemic, not only diagnostic tests but also treatment.
- Participants expressed concerns about waiting times for elective and routine care as services start to return to 'normal'.

"I understand that urgent and cancer care has been prioritised. I'm waiting for my knee to be done, so unless you've got the money to go and get it done privately, I'm just medicating with painkillers and drinking lager!"

(Empty Nester, Man, C2DE, South Norfolk)

"You can't put that one off. Cancer doesn't stop just because of a lockdown."

(Empty Nester, Woman, ABC1, North Norfolk)

Participants broadly supported proposed changes to ease pressure on local health services and re-start non-urgent and routine care

Travelling to a non-local hospital

The vast majority of participants felt that, if they were waiting for non-urgent care, they would be happy to go to another hospital, rather than their local hospital. The only concern for those with more regular appointments was not being able to see the same healthcare professional, if attending an appointment at a different hospital.

Expectation for transport to be provided

Most participants did not expect transport to be provided if they were asked to visit a non-local hospital, given the additional cost they felt this would place on local health services. However, they felt that it was important transport services were offered to those who were unable to arrange their own travel, or who were asked to travel a long distance.

Travelling to a private hospital

All participants felt they would be happy going to a private hospital, rather than their local hospital. In some cases, this was seen as a real positive, if they were to receive the same level of care as private patients. Some participants had already been asked to visit a private hospital in their local area for treatment.

Although participants were not concerned about the impact of these proposed changes for them personally, the majority spontaneously raised concerns about **older or more vulnerable people** for whom travelling further distances could be harder to arrange and where transport would be entirely necessary.

Views on needing to self-isolate before more routine or non-urgent care were more mixed

14-day self isolation and Covid-19 test

- Participants expressed concerns about the prospect of self-isolating for 14 days prior to visiting hospital, particularly because of the impact this would have on their ability to continue to work.
- Whilst most would expect to have a Covid-19 test before having a more routine or elective procedure, some felt they would feel safer also having a test *after* leaving hospital, as they felt there was greater chance of infection in a healthcare setting.

“That’s extreme. If you’ve got things you need to prepare for ahead of the operation or the recovery time, you have to run around [and sort that], that doesn’t work for single parents who have to work, it’s really inconvenient – and I worry much less about Covid now, to be honest.”

(Heavy service user, female, physical health condition)

Participants were largely aware of 111 and the NHS's online system, with varied experiences of using these services

The small number of participants who had very **positive experiences** with 111 described finding it easy to get through to a call handler and that they felt listened to and taken seriously. These participants also described a quick response, from ambulances arriving quickly to follow-up calls with healthcare professionals, which they were pleased to receive.

"I used 111 when I wanted to have a Covid test, I couldn't taste anything so I rang 111. Within two hours they had given me an appointment, within 6 hours I had the test and within 24 hours I had the results back, so they dealt with me so well."

Many participants described a more **mixed experience** with using 111. Some felt they had received conflicting advice, both from dialling 111 and using the online system. For example, several described calling up about the same issue twice and receiving different advice each time, giving the impression that the service is very 'hit and miss' and therefore unreliable.

"I've used it, but it's not led to any great success. I do think it's a helpful way to alleviate the ambulance 999 line though."

A handful of participants described more **negative experiences** with the 111 service. This included waiting a long time to speak to someone, feeling conversations with call handlers were scripted, impersonal and irrelevant to their needs, and being directed to A&E when this didn't feel like an appropriate response.

"My husband is asthmatic and the medication wasn't working. They said they would call back in an hour, but they didn't. I then called back after 1.5 hours, and they said the waiting time had gone up to 6 hours. I just felt they were reading from a script."

There was broad support for the idea of being able speak to a doctor or nurse when calling 111

- The idea that participants could ring 111 or access the online system and, immediately or within a short time, talk directly to a nurse or doctor was seen as a real positive.
 - Being able to get immediate treatment or an urgent appointment was seen as a real positive, and this was also felt to potentially reduce the 'scripted' and 'stilted' nature of calls to 111.
- The main concern raised by participants was about misdiagnosis and the potential for something serious or urgent to fall through the cracks.
 - As well as this feeling like an additional pressure on healthcare professionals' time, or that it could add an extra 'step' in the process of getting treatment.

Being strongly recommended to call 111 before going to A&E was felt to be confusing – and, in some cases, counter-intuitive – but there was some recognition of the fact that calling ahead could reduce waiting times and improve the flow of patients through A&E.

07 Goals of the Norfolk and Waveney Health and Care Partnership

A very small number of participants were aware of the NWHCP prior to taking part in this piece of research

- These participants had mostly heard about the NWHCP through work or volunteering, including those working in schools and with mental health charities.
 - Most of these participants described a high-level awareness of the Partnership, rather than being able to recall specific details, and didn't express strongly positive or negative views.
- Others who were less familiar were pleased to hear about the Partnership promoting what they saw as more joined up working to improve the health, wellbeing and care of people living in Norfolk and Waveney.

"I didn't know about them [NWHCP]. I know there are Norfolk and Waveney councils so I guess they go hand in hand to a certain extent."

(Single/pre-family, Man, C2DE, Norwich)

"Yes, I've heard of the partnership because of [mental health charity] Mind. I know Norfolk and Waveney Mind and I was able to connect the dots because of that."

(Single/pre-family, Woman, ABC1, Norwich)

All participants were shown the three goals of the NWHCP and asked about perceived importance and feasibility of each:

1

To make sure that people can live as healthy a life as possible. This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

2

To make sure that you only have to tell your story once. Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

3

To make Norfolk and Waveney the best place to work in health and care. Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

Improving overall health was felt to be an important part of NWHCP's work

1. To make sure that people can live as healthy a life as possible.

- Participants felt it was essential for NWHCP to make sure that everyone living in the Norfolk and Waveney area has access to the support and health care services they need.
- Many were aware that household income is an important determinant of health outcomes and felt strongly that this shouldn't be the case.
- In addition, there was a strong sense that investing time and money in education and prevention of health conditions (with obesity, mental health conditions and diabetes front of mind) would reduce pressure on health services longer-term.

"They all go hand in hand and form part of the same story. It's not the end of the world if you have to tell your story more than once, it is frustrating. But taking a more holistic approach, focusing on diet and exercise is so important."
(Empty Nester, Man, C2DE, South Norfolk)

"It does depend on where you live, do some places get more funding than others? They call it the postcode lottery don't they. Educating people on how to self-help is so important."
(Children under 18, Woman, C2DE, Waveney)

Most participants described the second goal as feeling most important to them personally

2. To make sure that you only have to tell your story once.

- Overall, this was also felt to be the most achievable of the three goals and the idea of promoting more joined-up working across the health and care system was welcomed.
- Several participants did describe experiences of having to repeatedly explain why they needed help and the health conditions they have.
 - Some described finding this stressful and frustrating, particularly when receiving support for mental health conditions, whilst others felt it had lowered their confidence in the quality of care they had received, and in local health services overall.
- However, a small minority of participants (who did not have long-term or complex health conditions) did feel it was important for healthcare professionals to be asking the same questions at each appointment to make sure any new symptoms or changes are identified early on.

“For me the second goal is most important. My brother has had to explain his whole life story to different doctors, and having to remember all those things he’s been told in the past, he’s bound to miss something out.”
(Single/pre-family, Man, C2DE, Norwich)

“It’s a big thing to seek help in the first place and if you have to keep repeating yourself and people don’t know what they are doing, it doesn’t inspire you with confidence, so that has to be the starting point.”
(Children under 18, Woman, C2DE, Waveney)

Improving working conditions for staff was seen as important, but there were questions about how far it is within NWHCP's control

3. To make Norfolk and Waveney the best place to work in health and care.

- Participants acknowledged that, if staff are happy and well supported, this will likely improve the overall quality of care patients receive.
 - As a result, this goal felt like a 'no brainer' to many, and that this is the right area for NWHCP to be focussing on.
- However, most felt that NWHCP would not have the ability to make the wide-reaching changes needed to improve working conditions (and increase funding in the health and care system to enable this), and that the responsibility for this lay with the UK Government.

"They all sound good – supported staff will give the best care, that just goes hand in hand."
(Heavy service user, female, mental health condition)

"It all comes down to money doesn't it, it's hard to know where that's going to come from."
(Children under 18, Woman, C2DE, Waveney)

For most participants, their priority moving forwards was a focus on mental health support

- The majority of participants felt it was important for NWHCP to prioritise support for people with mental health conditions, particularly for younger people and men.
 - Some participants described a sense that support can be sporadic, and is often not available locally (one participant described a friend needing to travel a significant distance to get the support they needed).
 - This was felt to be even more important as a result of the Covid-19 outbreak and the impact of the lockdown on mental health.
- Some participants also expressed a desire for a greater focus on social care and community-based care for older residents – although they felt a more significant ‘shake-up’ was needed in this area.
 - Particularly within the context of an ageing population, participants felt this was a key issue.

“I do think there’s a disparity between GPs regarding mental health. Some seem to really understand it, whereas others are very quick to prescribe anti-depressants instead of thinking about the root cause.”

(Single/pre-family, Woman, ABC1, Norwich)

“They keep saying about people’s mental health and [that] they want to do more for people, their system is failing too many people, I’ve been there... I don’t know what it’s like in other counties but it’s bad in the Norwich and Norfolk area.”

(Heavy service user, female, mental health condition)

08 Re-cap of key findings

Re-cap of key findings

- 1** **Participants' experiences of the Covid-19 pandemic and lockdown have been very mixed.** Whilst most described ups and downs, there was agreement that it has been tough managing their physical and mental health and wellbeing since the start of the pandemic.
- 2** **Health services were felt to have managed reasonably well in the pandemic, given the pressures they are under.** In contrast, the performance of social care – and in particular care homes – was thought to be more variable.
- 3** **Many participants had engaged with health services since the outbreak, with most reporting positive experiences.**
 - In some cases, the move to online and telephone appointments was felt to have eased access issues, and most were satisfied with the quality of care they received.
 - Again, the picture in social care was thought to be more mixed, with some participants experiencing severe disruption in the service.
- 4** **The majority of participants supported the suggested changes to future service delivery.** Prioritising urgent and cancer care, travelling to a non-local or private hospital and speaking to a doctor or nurse through 111 were all welcomed by most participants. However, there was more concern about the requirement to self-isolate for 14 days before attending for routine or non-urgent care.
- 5** **Overall, the NWHCP's three goals were felt to be cohesive and comprehensive, and sensible areas of focus.**
 - More broadly, participants wanted to see NWHCP prioritising support for those with mental health conditions, as well as focussing on the delivery of social care and making sure this is 'fit for purpose' for an ageing population.