

People's experience of health and care during the COVID-19 pandemic (September 2020)



01 Introduction and key findings



Introduction

We are a partnership of local health and care organisations working together to improve the health, wellbeing and care of people living in Norfolk and Waveney. Understanding people's experiences of local health and care services is central to us achieving this.

Over the past few months we have used a range of methods to find out about local people's experiences during the COVID-19 pandemic. This report collates and summarises the findings from all of that work.

The findings will be used to inform our operational decision-making, shape our response to the pandemic and guide our partnership's longer-term strategic planning.

Key findings

- 1 People's experiences of the COVID-19 pandemic and lockdown were very mixed.** Whilst most experienced ups and downs, there was agreement that it has been tough for people 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.** Many people had engaged with health services during the outbreak, with most reporting positive experiences.
- 3 People's experience of receiving adult social care during the pandemic were more mixed.** For some people, the changes in how they received their care made them feel anxious or more isolated, while others said they enjoyed the changes and the use of technology to provide tailored online support and social activities.
- 4 Looking to the future, the three goals of the Norfolk and Waveney Health and Care Partnership were felt to be cohesive and comprehensive, and sensible areas of focus.** More broadly, people wanted to see the partnership prioritising support for those with mental health conditions, as well as focussing on the delivery of social care.

02 Methodology



Methodology

This report collates and summarises the findings of a range of pieces of work, which were conducted at different times, using a range of methodologies and asking slightly different questions. The report therefore identifies key themes from the following pieces of work and includes links to the original reports where possible:

Survey by Healthwatch Norfolk

- The survey was open between 16 April and 13 July.
- 607 people responded to the survey. 133 people told Healthwatch Norfolk they were carers, and of these, 50 carers answered the survey about the person that they care for.
- Read the findings [here](#).

Survey by Healthwatch Suffolk

- 578 people had responded to their survey by 4 August.
- 64% of respondents were patients, 20% professionals and 14% family/carers.
- Read the findings [here](#).

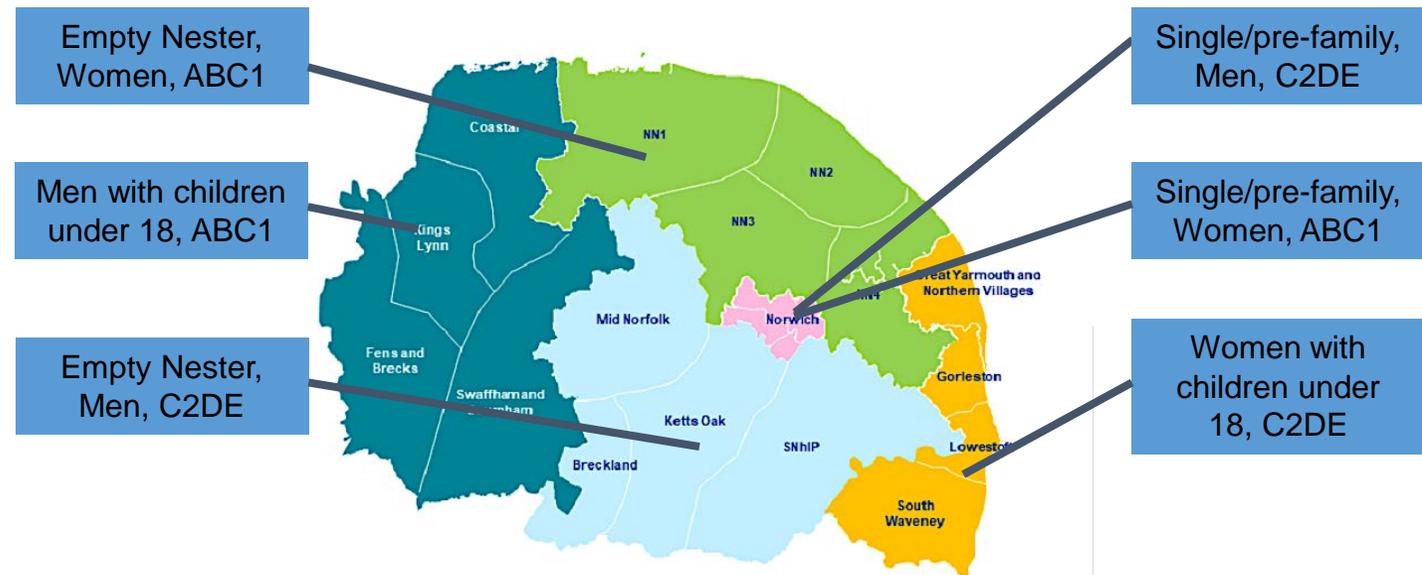
Methodology

Focus groups and interviews conducted by Britain Thinks

We commissioned an independent research company to run six online focus groups with light to moderate service users (with 36 participants in total) and ten in-depth telephone interviews with heavy service users, between 16-24 July. Read the findings [here](#).

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)



Methodology

Targeted engagement with local groups

- NHS Norfolk and Waveney CCG has targeted its engagement towards people who have experienced the poorest health outcomes from, or at the highest risk of, COVID-19.
- The CCG has worked with: people with mental health conditions, representatives from migrant ethnic communities, unpaid and family carers, people with learning disabilities and/or autism, older people's forums, maternity voice partnerships, patient participation groups (PPGs), and children, young people and families.
- The CCG attended online meetings and forums and held targeted meetings, of varying sizes, with organisations that support different communities. Conversations were conducted with the same questions and themes used in the research conducted by Britain Thinks.
- The CCG also surveyed clinically extremely vulnerable patients and patients at greater risk from COVID-19 who were supported by their Covid Protect project.

Engaging with patients and service users

- Our local NHS trusts and providers have been engaging with their patients. Our local county councils have engaged with people using adult social care, their families and staff.

03 People's approach to their own health and wellbeing during the pandemic



Most people were actively looking after their own and their family's (mental) health, and said this has been 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 people 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 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'.

People 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)

Here is what different groups told the CCG about their approach to their own health and wellbeing during the pandemic:

- **Older people and family carers of older people** told us about the challenges of being shielded, and living with / caring for a person who was shielding, such as continuity of care for specific conditions or delays in accessing treatments. These challenges increased their awareness of how they manage their own health and care, and when to access further advice and support in relation to their health needs.
- **Younger people** described greater awareness of their mental wellbeing needs, and those of their friends and family, during lockdown; however, this was not always supported by them finding what they considered the right local or national help, either so that they could help themselves, or access professionals to support their concerns. However, a number of young people were aware of the new Kooth service and access to counselling.
- **People with learning disabilities and/or autism** told us they were grateful of lockdown rules being flexible towards their wellbeing needs (permitting them additional time outside of the home with their carers during lockdown in March-June), and many had used this as an opportunity to improve their health by being more active.
- Many groups though **health checks** are more important now than ever, to ensure that people's health needs are addressed earlier – particularly the health needs of carers and the impact that ill health of a carer has on the person being cared for.

04 People's experiences of local health and care services during the pandemic



Experiences of local health services

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

- Most people told us they felt that local health services had performed well, especially given the pre-existing pressures on the system.
- These views were based on what people had heard from friends and family, as well as their own 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 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 people have described a reluctance to access health services unless they felt it was absolutely necessary

- A number of people 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 people 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 people 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.
 - A small number of participants in the Britain Thinks research, particularly heavy service users, noted that their GP seemed less busy, making it easier for them to be seen. Respondents to the Healthwatch Suffolk report also noted that GPs have more time to care.
- Some people who had made use of telephone and online appointments said they felt that this made it easier and quicker to receive help.
 - 70% of respondents to the Healthwatch Norfolk survey who had a remote GP appointment said that they were 'satisfied' or 'very satisfied' with the experience.

"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)

However some people have shared fairly negative experiences of getting appointments

- A very small number of participants in the Britain Thinks research described fairly negative experiences, including appointments being cancelled at short notice, but also having referrals being delayed.
- Several people told Healthwatch Norfolk that dentist and mental health appointments have been difficult to access. Similarly, respondents to Healthwatch Suffolk's survey also raised concerns about accessing dental services, as well as cancellations of hospital appointments, operations, routine treatments and mental health appointments.

Older people, carers and young people raised some concerns about access to and use of technology

- Older people told us they are concerned that digital solutions could become the only option, and have responded positively to consultations and regular ‘check-ins’ during the pandemic with health professionals over the phone.
- Several carers told Healthwatch Norfolk that “not all individuals have access to online or understand how to use it” or that “the individual I am main carer for cannot use modern technology”. Concerns were expressed about how these people would cope with using technology:

“The appointment was made very easy. However, it was because I was able to access the service and follow the doctors instructions to take photos and send them to him. Mum would not have been able to access this if she had been on her own as she does not use the internet”

“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.”

(Responses from carers to the Healthwatch Norfolk survey)

- Young people have fed back that phone and video consultations for health issues with primary care may be challenging in households where it is difficult to find a safe and/or quiet space to have confidential conversations.

Most people were broadly happy with the quality of care they received

- For most participants in the Britain Thinks research, 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 in the Britain Thinks research reported experiencing major disruptions to their care or receiving poor-quality care. Most commonly these people reported rescheduled or double-booked appointments, delays, and slow response times.
- 49% of respondents to Healthwatch Norfolk's survey (299 people) reported that they or the person they care for had an appointment postponed or cancelled since early March 2020. From these, the most common appointments cancelled or postponed were hospital appointments with 50% (148) followed by dentist appointments with 46% (138).

"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)

Other concerns and comments made by the different groups we've spoken to include:

- **Older people, PPGs and carers** have raised concerns about people managing medications / prescriptions with reduced or different contact with their GP – some people manage their own prescriptions digitally, but many value over the phone support with the practice or via the Prescription Ordering Direct service (where available).
- **People with learning disabilities and/or autism** have been challenged by the amount of coordination they felt they were expected to do around their own care, including accessing care and support through their practice and community pharmacy. This has been coupled with a changed / adapted social care and support offer for many during lockdown.
- Our local **maternity voice partnerships** reported some initial confusion with messages about whether to attend hospital appointments, as well as anxiety and concern about the restrictions made around who could be present at appointments, during labour and the birth.

Other concerns and comments made by the different groups we've spoken to include:

- **People with learning disabilities and/or autism** have told us they are concerned that reasonable adjustments may not be considered as primary care services return to 'normal', although it is accepted that appointment processes have changed universally.
- **Migrant communities**, some of which are in lower-income employment, have reported challenges in getting the information and support they need from their practice or health services to support their need to self-isolate and manage their health and lives during lockdown, which has impacted on their employment.
- **Access to translation services**, especially during health crisis situations, could be improved. Migrant community support and advocacy organisations have been vital in providing translation of national and local resources and information via social media and text messaging apps.
- **Some people with mental health needs and their carers** have reported facing challenges in getting their GP involved as part of the coordination of their mental health care plan, as well as challenges in accessing social care assessments during the phases of lockdown to support their ongoing needs.

People's experiences of Covid Protect

- Covid Protect is a pioneering initiative developed in Norfolk and Waveney, which provided support for 28,000 shielding people. We proactively contacted patients to make sure they:
 - Had access to food and medicines
 - Didn't have COVID-19 symptoms
 - Understood the changing guidance
 - Had access to support for other issues, such as isolation
- Our call handlers made over 23,000 calls to patients – the team was made-up of volunteers from the CCG, CSU, NNUH, JPUH, NSFT, West Social Prescribing team and the Red Cross.
- In total there were around 250,000 interactions with the project – the majority of these were patients regularly logging-on to a secure website to tell us about their health and wellbeing and if they needed any support.
- Referral options developed including support from volunteers, GPs, pharmacies and local councils.
- The project was paused on 1 August 2020 in line with the pausing of the national shielding programme, but is able to be re-started should the shielding guidance change in future.

The majority of people found the support provided by Covid Protect useful

- The CCG surveyed people who had been supported by Covid Protect to find out what they thought of the service and 252 people responded.
- 70% of respondents said that they found the service quite or very useful. People reported feeling supported and reassured that help was there if they needed it, even if they were coping well, and especially if they lived alone.
- For the small number of people who said it was not useful, this was mostly due to people asking for help but not being contacted.
- Some people commented that filling out the online form when their circumstances had not changed became repetitive, and others said they didn't get their first contact until quite late into lockdown.

"It made me feel very safe being checked on a daily basis. I felt that it kept me alert to my situation and encouraged me to take all the required precautions."

"I felt I was being supported and should I need non urgent help it was available, which proved to be the case."
(Responses to Covid Protect survey)

"If help is offered, make sure that it happens. I was isolated."
Response to Covid Protect survey)

Experiences of social care services

Experiences of adult social care were very mixed

- **All respondents experienced a degree of disruption**, ‘business as usual’ was not an option. More change and development of services than cessation was reported which may demonstrate the ability and willingness of social care services and providers to adapt.
- **Experiences of Adult Social Care service users were very mixed** – from loss or reduction of services causing heightened anxiety and loneliness, to satisfaction and active engagement with new methods of service delivery and use of technology: however, more negative than positive comments were made overall.
- **Negative impacts were unequally experienced**, e.g. loss of routine was particularly problematic for people with autism, some providers were more affected than others (e.g. staff sickness/furlough) resulting in varying degree of provision to service users with similar needs.
- **Service users distinguished between practical support and emotional support but valued both** - ‘feeling cared about/not forgotten’ highly valued and sometimes prioritised over practicalities.

Experiences of adult social care were very mixed

- **Negative perceptions of residential care held by people with limited experience of such care** – views formed through media and possibly pre-dated COVID-19. (Work is in progress with care home residents/families/staff to see if attitudes of those with lived experience of residential care differ.)
- **Reliance on local, voluntary support (friends/family/neighbours) frequently reported** - but it's unknown if this is a continuation/increase in existing care or new response. More anxiety reported in some groups from people living alone (fear of carer breakdown) than those in families.
- **Carers reported feeling isolated**, not well supported and under increased pressure to care for their person with reduced resources during the pandemic.
- **Service users' willingness/ability to adapt to new ways of accessing services reduced by factors** such as poor broadband / IT skills, and personal preference for face to face delivery.
- **Good practice examples** included: tailoring online support (e.g. zoom cookery classes for service users whose café work stopped), providing care packages through the post, regular 'checking-in' phone calls, the provision of crafts and activities, and social activities mediated through technology.

Experiences of adult social care were very mixed

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'.

People receiving adult social care value regular contact from staff, but some highlighted problems accessing information

- **There is no single 'best' method of conveying information** – service users cited a range of communication channels as their preferred option, there was no consistent preference.
- **Service users who are deaf and/or use sign language highlighted particular problems in accessing information** - formats such as braille and larger font were requested. Some service users struggled to communicate online.
- **Service users value regular contact from county council staff** (and providers) - where such contact was praised, it was often the act of being called (being 'remembered') that was discussed rather than the reason for the call. Staff were noted as being caring.

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



Many participants in the Britain Thinks research were spontaneously aware of service changes made during the pandemic



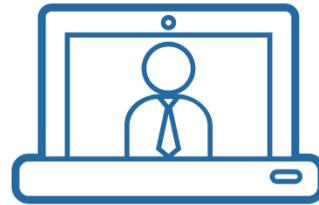
Changes to ways of accessing health services were front of mind for most participants.

Many participants had noticed an increased use of **telephone and video appointments** since the COVID-19 outbreak.

There was some awareness of the **creation of different spaces** for those with and without COVID-19 (or symptoms).

- Participants described not being allowed to wait in the surgery, being provided with hand sanitizer and masks to use, and a much quieter experience within the surgery itself.
- Some described hearing about GP surgeries closing at the beginning of the lockdown with little to no guidance on what services patients were now able to access.
- As noted, many described more positive experiences of video and phone appointments in the last few months.
- Some described being increasingly signposted to their GP surgery's website to book appointments, which several found confusing and were frustrated when they were given inaccurate information about what appointments were available.
- There was some knowledge of what participants described as 'safe surgeries', which participants felt was an effective way to keep people safe, particularly those who were more vulnerable.
- Participants who had visited a hospital described noticing the creation of separate wards for those with and without COVID-19 (as well as a significant drop in waiting times at A&E).

Participants in the Britain Thinks research were asked about three significant changes introduced to help 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)



Here are the thoughts of other groups and communities that we spoke to:

Benefits

- All communities and forums understood and agreed with the reasons behind limiting direct access to physical Primary Care sites
- Carers and PPG members told us that, for the majority, contacting their GP was a similar experience to before Covid-19, but with understandable additional focus on triage, and support for people with Covid symptoms
- Migrant community support organisations have told us that there has been a consistency in understanding the triage process within migrant communities that has helped transition to accessing Primary Care services during Covid-19

Concerns

- Some people with learning disabilities and/or autism reported difficulties with the additional triage information they went through when contacting their Practice, especially if they were not supported in making a phonecall
- Some people with mental health conditions, and carers of people with mental health needs, told us there has been some issues with accessing assessment or care plan coordination with their GP, exacerbated by triage processes in some cases.



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

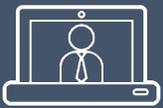
- The greatest concern was that phone and video appointments **would not be suitable in certain situations**, particularly where a physical assessment is required, or where someone is struggling with their mental health.
- Those who were less comfortable with the idea of phone and video appointments 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)

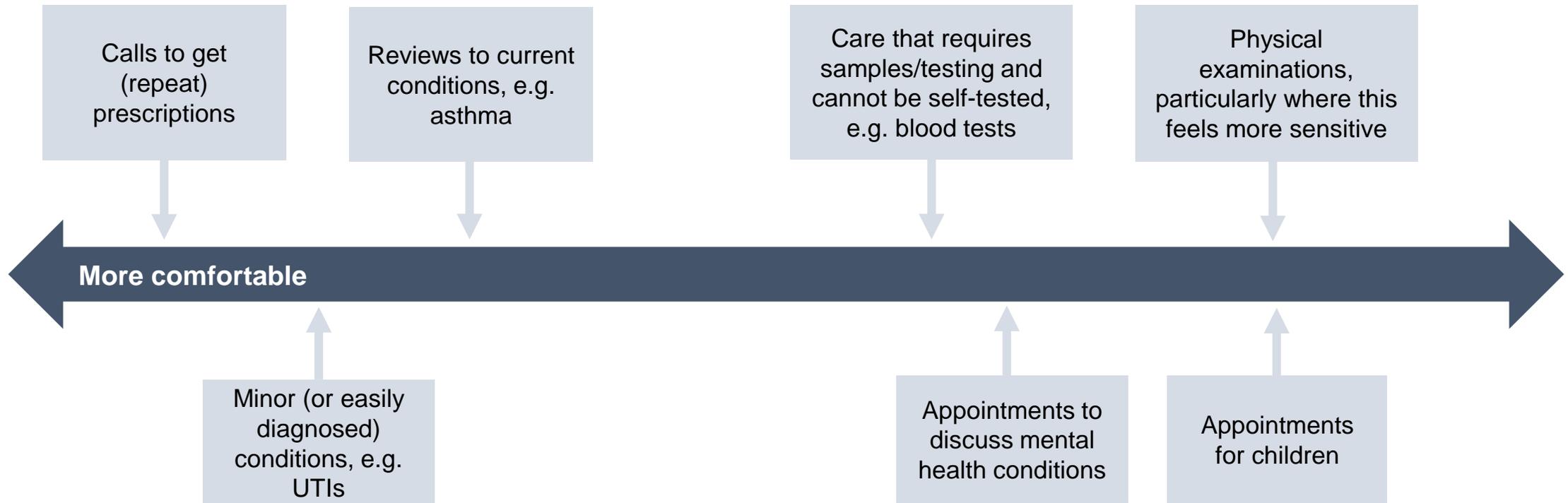
"It's a great idea but it can be a bit tricky if you're feeling really unwell and just want to see someone."

(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.



Here are the thoughts of other groups and communities that we spoke to:

Benefits

- PPGs, carers and younger people all welcomed greater access to care and support via phone and video appointments
- People with mental health needs responded positively towards using the 'Attend Anywhere' video appointments – in some instances, people reported better outcomes than previous physical appointments
- People with learning disabilities and/or autism appreciated being able to see a professional over video appointments, and to aid and involve others in communicating their needs
- Younger people mostly responded positively to online consultations, and for the introduction of new services like Kooth

Concerns

- Older people and carers had concerns with waiting for a phonecall from a GP / healthcare professional, especially when requesting a call back without an appointed time.
- Confidentiality was a concern across many communities – video / phone consultations may require a safe space that some people may not have access to
- Migrant community support organisations reported that translating services over video appointments with health and care professionals had some initial difficulties for all parties to get used to
- Some carers had concerns that the role of a carer and the 'triangle of care' has been bypassed by professionals wanting solely to speak to an individual on a phone / video appointment

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.

“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)

“The arrangements were good in that they separated people who are receiving routine treatment from patients with potential COVID-19. However, these ‘clean’ appointments are first thing in the morning. The timing makes sense in terms of logistics, but it is not easy if you need to get someone who is very frail and takes time to get up there.”

(Response from a carer to the Healthwatch Norfolk survey)

One carer highlighted a particular problem

“The arrangements were good in that they separated people who are receiving routine treatment from patients with potential COVID-19. However, these 'clean' appointments are first thing in the morning. The timing makes sense in terms of logistics, but it is not easy if you need to get someone who is very frail and takes time to get up there.”

Response from a carer to the Healthwatch Norfolk survey

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



Participants in the Britain Thinks research felt it was right to prioritise urgent and cancer care, given the additional pressure on the NHS

- 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.

People who receive adult social care accept that services may not return to 'normal' for some time, if at all

- **Service users accept that previous methods of service delivery may not return for some time, if at all** - but some desire to return to pre-COVID-19 service provision is still present.
- **Family, friends, neighbours and informal support networks have been a major source of support to service users during the pandemic** - this reflects Adult Social Care's Living Well and wider preventative approaches to care.
- **Service users' described fear of returning to the 'outside world' and risk of potential exposure to COVID-19** – particularly for service users who have shielded for a long period. Some service users are keen to resume activities and are less worried.
- **Motivation and willingness to engage in technological assistance depends on practical and behavioural factors** - ability and confidence in using IT, provision of good broadband, access to appropriate equipment and support.

However services are delivered in future, they must be accessible and inclusive of all, and people will need to feel, as well as be, safe

- **Service users noted that future provision of services, if predominantly through technology, needs to be inclusive** - the needs of older people, service users with communication difficulties, people who prefer non-technological provision of support and those in rural areas with poor connectivity need to be accommodated.
- **Flexible approaches to reopening services (especially Day Care) are seen as important** – suggestions include consider transitioning groups back, smaller groups, delay opening, and staggered times.
- **Safe transport is essential to take up of services** – activities outside the home will not be accessed if service users do not feel safe travelling to locations.
- **The good work of community-based organisations and commercial enterprises during lockdown should be supported and built on**
- **Continuing proven disease reduction practices will make service users feel safe** – this could include requirements around PPE, restricting access to care homes and maintaining cleanliness.

07 Goals of the Norfolk and Waveney Health and Care Partnership



All participants in the Britain Thinks research were shown the three goals of the partnership 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 the partnership'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 the partnership'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 the partnership 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)

Appendix A: national research

There has been lots of national research conducted into people's experiences of health and care services during the pandemic, including:

- [‘Public opinion on the COVID-19 coronavirus pandemic’](#), by Ipsos Mori.
- [‘Coronavirus Diaries’](#), by Britain Thinks.
- [‘The doctor will zoom you now’](#), by Healthwatch, National Voices, Traverse and PPL.
- [‘Pandemic patient experience’](#), by The Patients Association.
- [‘Babies in lockdown’](#), by Best Beginning, Home Start and the Parent Infant Foundation.
- [‘COVID-19 - summaries of key findings on children and young people's views’](#), by the Royal College of Paediatrics and Child Health.
- [‘Coronavirus: The divergence of mental health experiences during the pandemic’](#) by the Mental Health Foundation.
- [‘An Unsafe Distance: the impact of the COVID-19 pandemic on Excluded People in England’](#), by Doctors of the World.