

Update of Healthwatch Tameside COVID-19 survey responses as at 13/7/20

This survey went live in early May, and at the time of writing this summary, there have been 359 responses (232 completed online, 35 by phone call, and 92 on paper).

Last week, we updated the wording of some of the questions, following the easing of lockdown and shielding. This will allow people to answer in relation to during lockdown, more recently and looking forwards. We have also added a question asking whether people have completed the survey before. People may have completed the survey in May or June, but now have additional information to tell us, so we will be encouraging people to complete again.

We would appreciate any publicity that people can offer to widen the audience, and so increase the number of responses across all the demographics. We have not heard from many children and young people under the age of 25, or from many people in the BAME communities. These voices are really important too, and we currently have the ears of the people making decisions about what access to care in the future might look like. Please share the links on your websites, or on your social media. If you have a noticeboard that is seen by the public, and would like a poster, please let us know.

The link for the online survey is www.healthwatchtameside.co.uk/covid-19-survey.

There is also a post pinned to the top of our Facebook page which can be shared www.facebook.com/HealthwatchTameside/

People can give us a call on **0161 667 2526** to request a paper copy and FREEPOST envelope, or a call-back from us to fill it in over the phone with them.

This brief report is based on the responses received up to 13 July. It updates the information in the June interim report and the later GP access and technology report, excluding mental health.

Next week we will publish another brief report which will take a look at all responses relating to mental health and wellbeing.

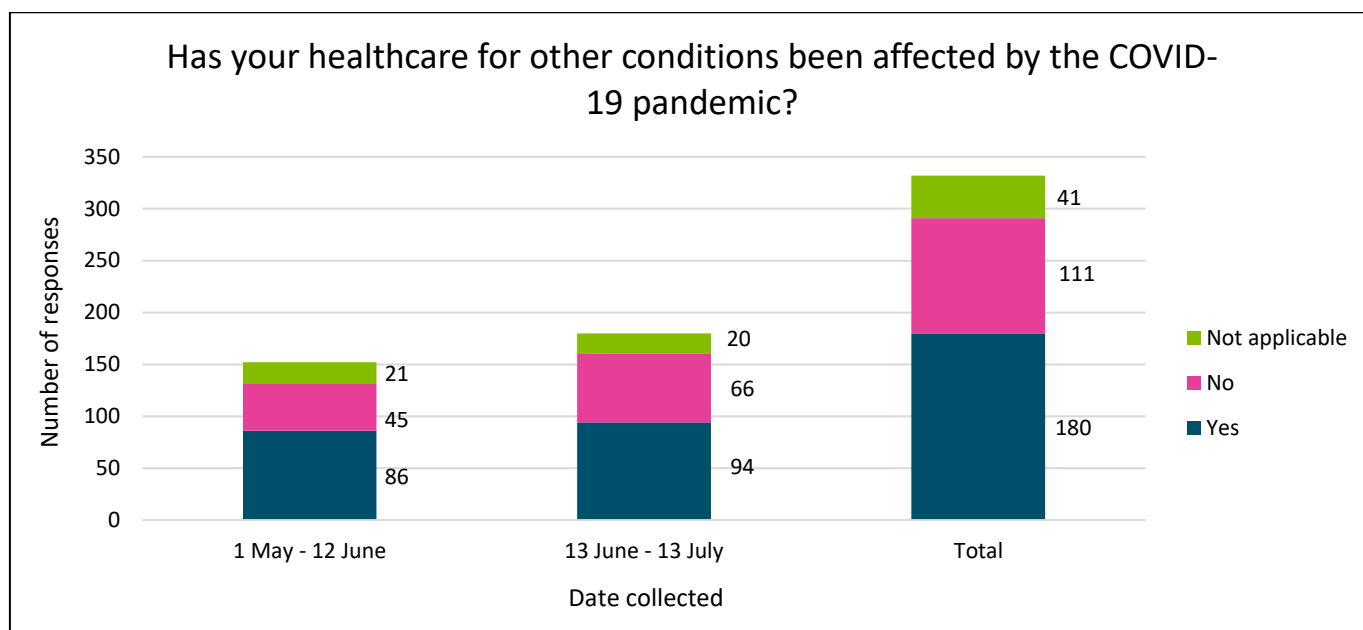
Please be aware that the information included in this document is a snapshot in time, and additional surveys are being completed on an ongoing basis. The trends of opinion may change, as more surveys are completed. This will be picked up in our monthly interim reports, available to all.

Not everyone has answered every question.

We are comparing the responses which were included in the first interim report (1 May to 12 June 2020) to more recently collected responses (13 June to 13 July 2020). For the rest of the report these will be known as period 1 and period 2.

Physical health

From this question we wanted to find out how people are managing their existing conditions, and what effect changes to care during the pandemic is having. For example, through cancelled operations or appointments, difficulty obtaining prescriptions or medication or difficulty making GP appointments.



57% of people who completed the survey in period 1 said their physical healthcare had been affected. In period 2 this figure is 52%. Overall, 54% of people say their physical healthcare has been affected. Services are starting to resume routine care provision, (where it can be carried out safely) and Healthwatch are keeping an eye on whether people are starting to access their delayed care, or not. If not, are they telling us why that is?

Last month we summarised the types of care which had been delayed or cancelled. Looking at the responses received this last month during period 2, these include the following types of delays or cancellations:

- Tests - blood tests (7), x-ray/scan (7), cardiology (4), unspecified hospital tests (2)
- Regular reviews/check-ups (7)
- Hospital clinic appointments - cardiology (2), respiratory (2), physio (2), post-operative (3), eye (3), nephrology (1), neurology (1), orthopaedic (2), audiology (1), stoma (1), cancer (1), unspecified pre-op (1), unspecified (16)
- Operations - cancer (2), cardiology (1), cochlea (1), orthopaedic (2), cataract (1), unspecified (2)
- Injections - B12 (4)
- Dental appointments (17)
- Optician appointments (3)
- Referrals

Some care continued but in a different way. This included:

- Maternity care
- Physio by phone or exercises on paper
- Test results by phone
- GP, nurse, consultant and other appointments by phone or video
- Use of email

- Scan at night when quiet
- B12 injection with strict PPE
- Home visits where required with PPE

Some points of concern were raised, including:

- Exclusion of partner during maternity care (ante-natal and birth) affecting pregnancy/birth experience.
- Young people registered with GP at university but at home since March - hard to make GP appointment.
- Whilst patient transport is not available, some people have cancelled appointments
- Some people say they are afraid to go to hospital, or their GP if they need to, or to go on a bus.
- Where B12 injections are not available, some GPs are not writing prescriptions for B12 tablets, but expecting patients to buy their own. One person who mentioned this was over 75.
- A number of people said they are putting off making appointments, even for urgent matters such as itchy moles. Some said these can wait e.g. ear syringing, shingles vaccination, audiology.

Social care

This question still does not provide us with much detail. 14% said social care had been affected, 22% said it had not been affected, and 64% said the question was not applicable to them. Comments in period 2 have been mixed and include:

- Home care visits for parent reduced at first.
- Home domiciliary care and home healthcare visits have continued throughout.
- Cleaner did not come for a while, but better now.
- A carer comments that they wear PPE, have continued visits but for shorter length of time.
- Unofficial carers had to stop visiting to provide help, to protect everyone.
- Community nurse working with the elderly continued to work wearing PPE, visits reduced. Many of the people they work with have poor hearing and the wearing of masks by staff makes communication difficult.
- Unable to visit relatives in residential home.
- Speak to social worker on the phone.
- Young Carers group stopped, so no respite for children.

The new 'normal'

The comments received in period 2 about what people would like to see in the future are similar to those from period 1.

Accessibility is the key in all the comments - whether this be using technology, or face-to-face appointments.

People say that technology has helped with efficiency, and reduced waiting times for GP appointments. However, many people stated that those people who do not have access to technology, for whatever reason, must not be forgotten. They are often the elderly, who are

more likely to need care. Also, technology should only be used where appropriate - sometimes a face-to-face appointment is needed to assess a condition or provide a diagnosis.

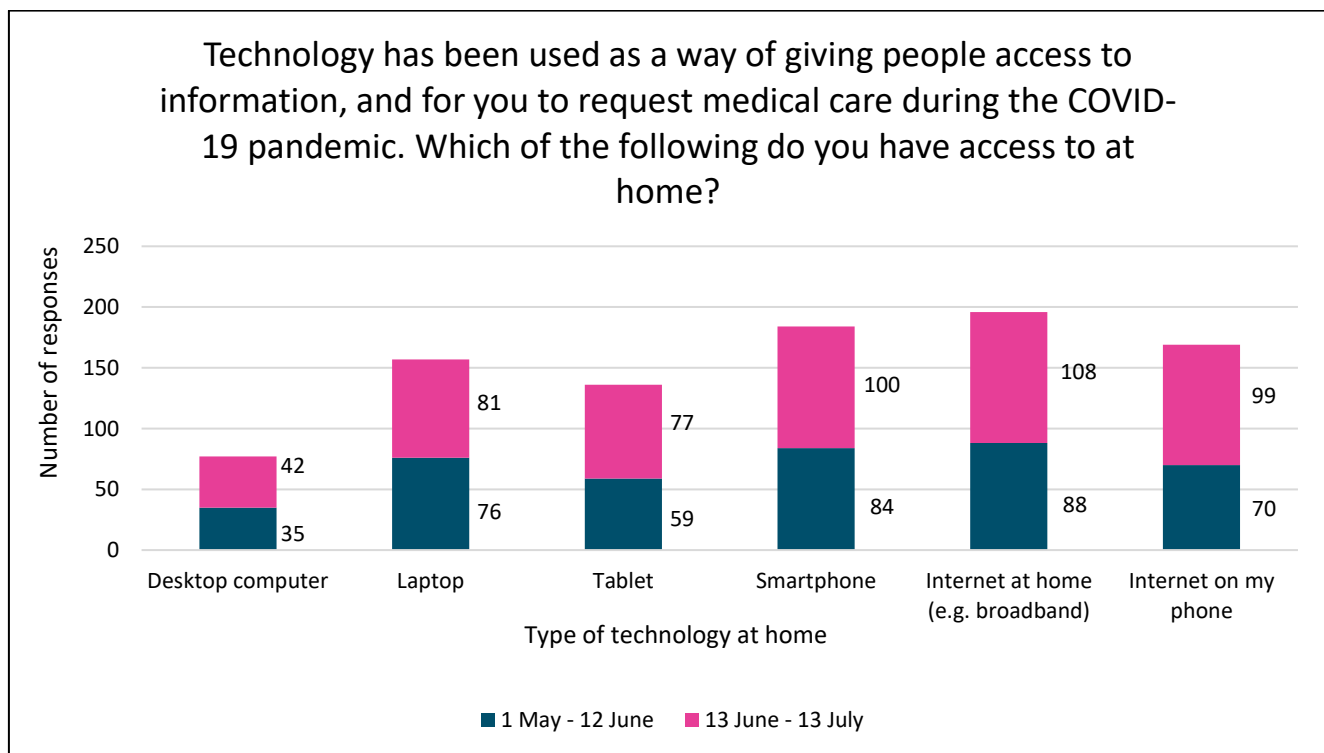
Some people say they would be happy to learn to use technology, but they do not have the equipment, and would need to learn how to use it. Others say they are too old to learn, or unable to for physical reasons.

Any changes to the way care is provided need to take into account the access needs of different individuals, e.g. people with poor hearing or Deaf people, people with poor vision or blind people, people with learning disabilities, people with physical or mental health issues, people who do not use English as their first language.

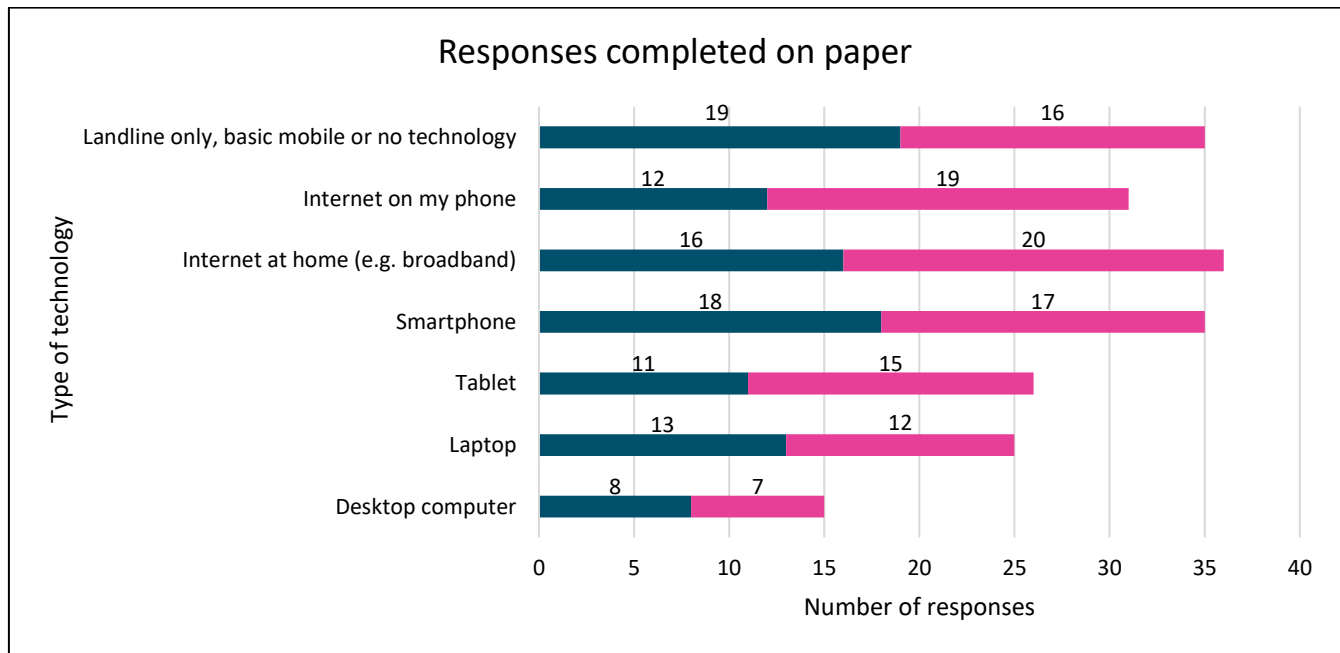
Other comments included the need for accessing care to be stress-free. Examples included making it easier to make a GP appointment (without the multiple phone calls and waiting in a long queue), and for any technology to be straightforward and easy to use.

Security of digital access was raised, including the protection of personal information.

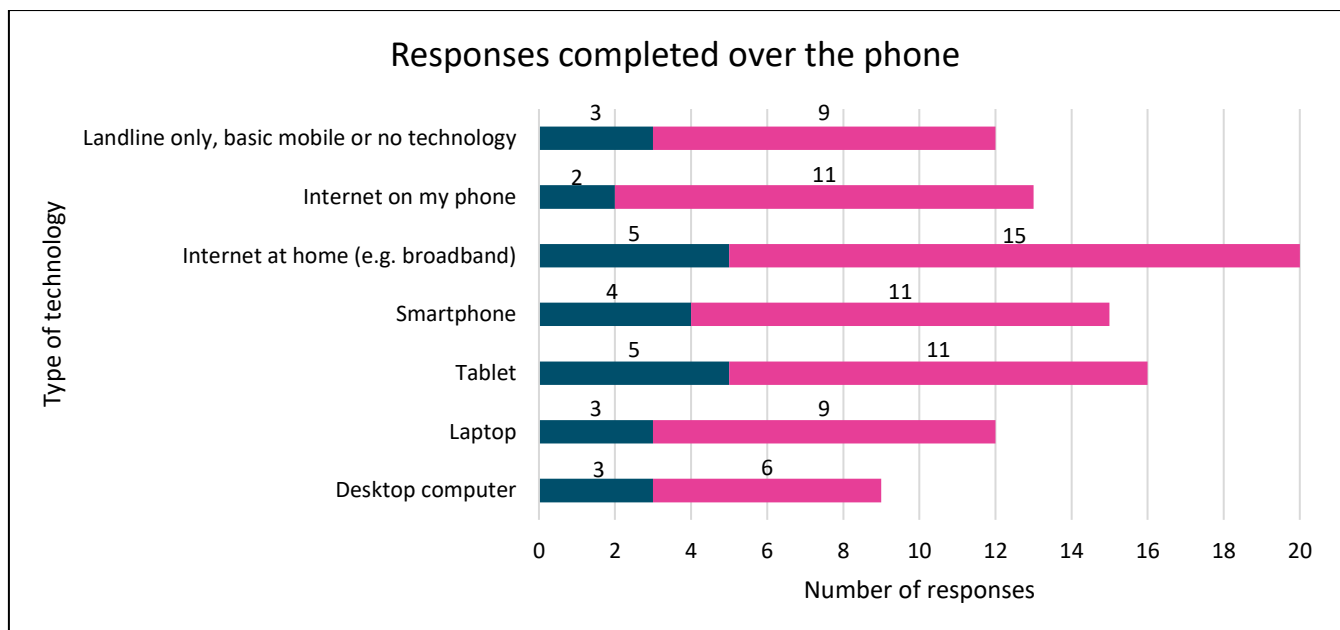
Technology



Included in the previous graph, the following are the responses from people who completed the survey on paper in period 1 and period 2.



Included in the first technology graph, the following are the responses from people who completed the survey over the phone in period 1 and period 2.



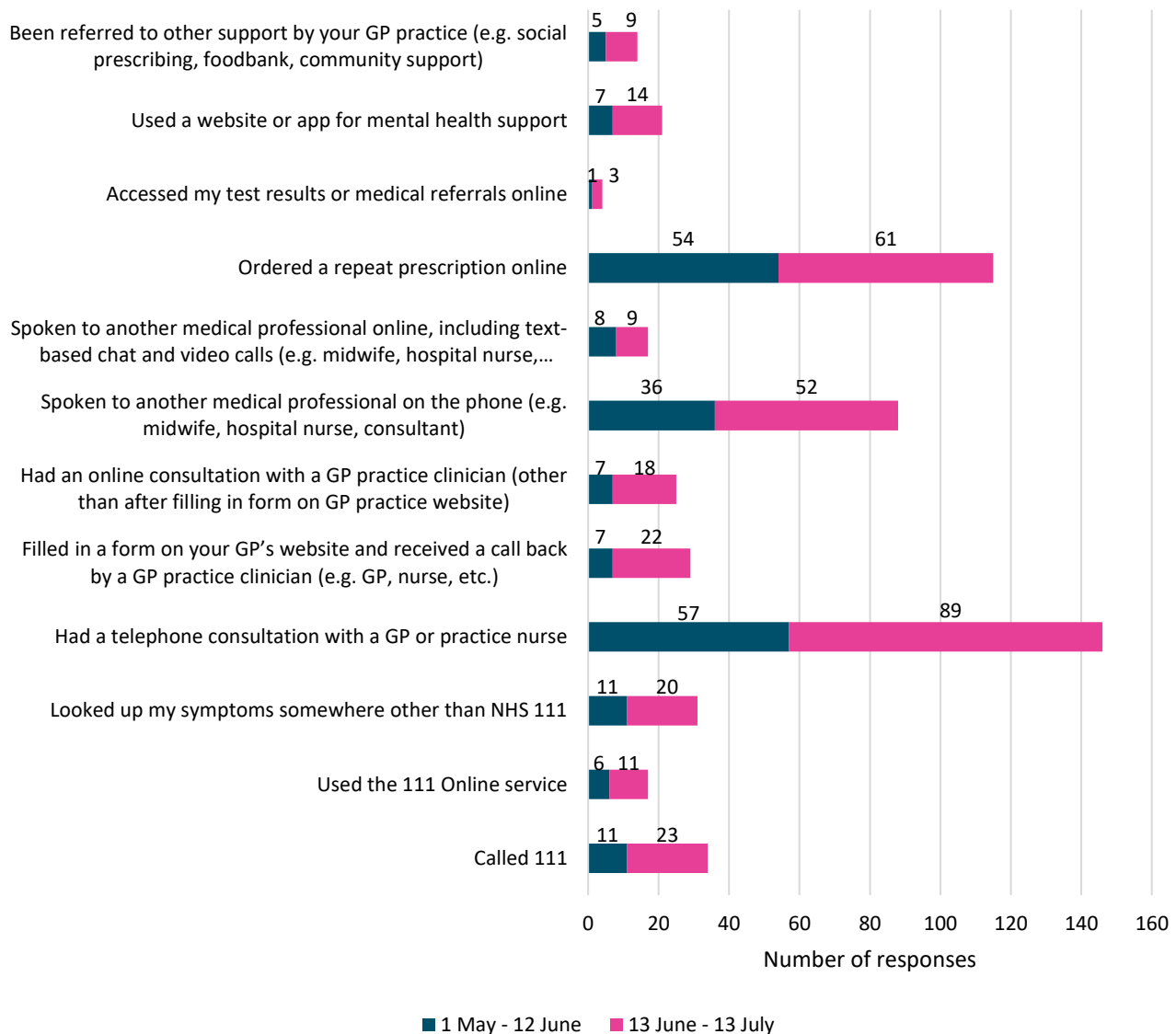
From the people who completed the survey over the phone in this period:

- Have equipment but no knowledge how to use - 1 person
- Have equipment for use by voice only, due to sight impairment - 2 people

The cost of using technology has been mentioned again in period 2.

Only 39% of the people who completed the survey on paper or by phone have a smartphone.

Since the beginning of the pandemic, have you done any of the following?



We asked people what it was like if they had used one of these services for the first time. There was a mixed response during period 2 - some positive and some negative.

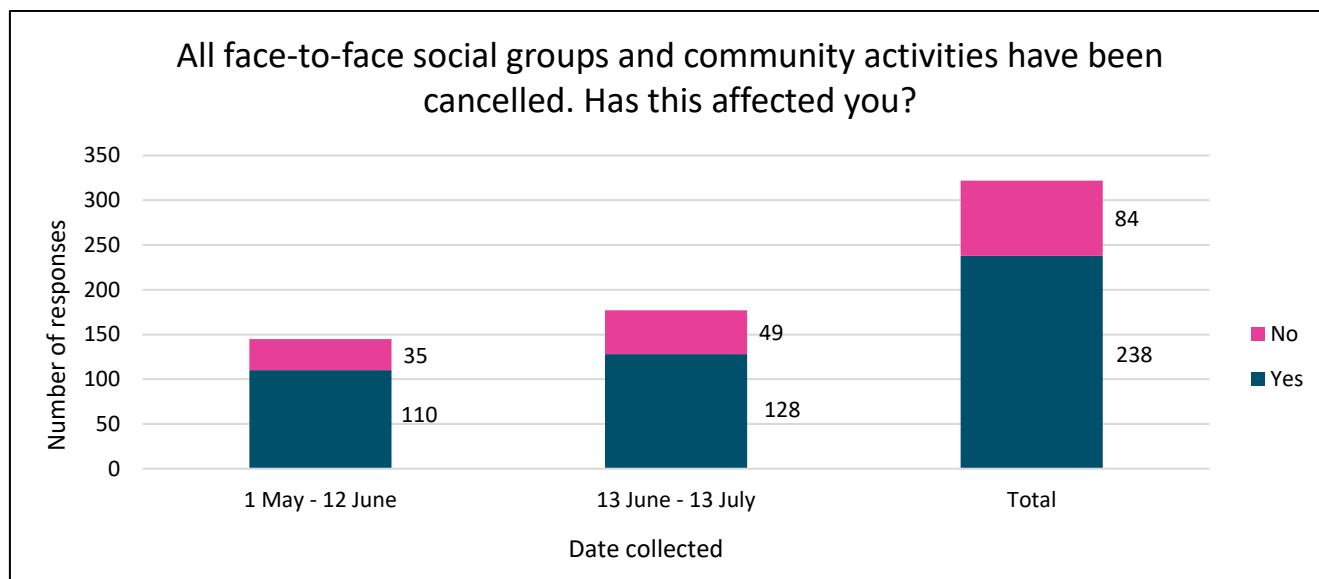
Positive comments about:

- Speed
- Usefulness
- Phone calls and video appointments
- Positive way forward
- Easy

Negative comments about:

- Not the same as face-to-face
- Websites not easy to navigate to find information
- Needed help with online consultation
- Problems getting prescriptions not on repeat
- Difficulty hearing doctor on phone
- Online consultation difficult to use - going round in circles

Social activities



Here are some of the types of comments in the free-write section of this question:

- Missing exercise, particularly with friends, has negative effect on both physical and mental health and wellbeing
- Peer support missed
- Cancelled social life leads to isolation, especially for people without family or technology
- Pleased to receive weekly phone calls from befriender or community group or other service
- Missing volunteering

Some people have found alternative activities online, however this is only available to people who have the right technology and equipment.

The most common topic is about missing the social interaction with other people, including family and friends. People find it difficult having to stay at home if they normally have a very busy social life.

A few people say they have enjoyed having to stay at home, without any pressure to go out. They feel less anxious.