



A review of Primary and Social Care services during the Covid-19 pandemic

Public Engagement Report 29th April – 7th June 2020

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- West Leicestershire Clinical Commissioning Group
- East Leicestershire and Rutland Clinical Commissioning Group
- Healthwatch Leicester Leicestershire
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Contents

1. Acknowledgements.....	2
2. Background.....	2
3. Our engagement and communications approach	3
4. Key findings from survey feedback.....	4
Information and advice.....	5
Using local GP practices.....	7
Using local pharmacies	8
Social care support	9
Ongoing healthcare	9
Mental health and wellbeing	12
5. Themes and considerations.....	14
Information and advice.....	14
Healthcare and advice for non Covid-19 related concerns.....	14
Communities and minorities affected.....	15
Leicester City	15
BAME communities	15
6. Summary.....	16
7. Next steps.....	16

1. Acknowledgements

We would like to take this opportunity to express our gratitude and to sincerely thank all of the people in Leicester, Leicestershire and Rutland (LLR) who have taken the time to speak to us and provide their views and feedback as part of this consultation.

2. Background

During the Covid-19 pandemic, the need for reliable, appropriate and timely information is key - whether on Covid-19 itself, how to access help and support, or on accessing health services with non Covid-19 related issues.

It is important to understand how the pandemic may be affecting patients, carers and service users. There have been many temporary changes to the way health care is being delivered in a short space of time; an essential and necessary response that has ensured services could be provided, the spread of the virus could be delayed and that lives could be saved. We want to improve the care we are providing at this very difficult time to ease daily pressure and improve the health and wellbeing of the people of LLR. We also want to shape, with people, how services will be designed and delivered in the future. Patients' experiences of health and social care services during this unique time, good and bad, are incredibly valuable to us. This feedback will be used to help us develop the way health services are offered following the Covid-19 pandemic.

With Healthwatch Leicester Leicestershire and Healthwatch Rutland this survey was developed and carried out to ascertain:

- How people feel they are coping during the Covid-19 pandemic, and hear about their key concerns
- Whether people are accessing support, and/or know how to
- Whether people feel they are getting enough information on keeping safe
- Whether people feel they know how to access primary care services during this time
- How people feel about accessing primary care services for health concerns including those that are non-related to Covid-19
- How people are managing their ongoing health and health concerns during this time
- Whether people feel their mental health has been affected by the Covid-19 pandemic and how

Survey questions were devised following feedback from patients, Voluntary and Community Sector (VCS) organisations, local authorities and NHS partners on key issues and challenges during the crisis.

The survey included equality monitoring information, in order to have some understanding of where respondents live in LLR, and their age, ethnicity, disability and carer status.

The survey was live from 29th April – 7th June 2020, and was publicised through:

- CCG and Healthwatch social media accounts
- CCG and Healthwatch websites
- CCG and Healthwatch internal communications channels
- System providers' communications channels
- Key stakeholders including Patient Participation group leads, key VCS organisations
- Direct emails to key local groups and contacts
- Local radio stations
- An accessible promotional video with British Sign Language (BSL), audio and captions

Much consideration was given to ensuring the use of a multifaceted approach to gathering data. Given the constrictions and limitations of the Covid-19 pandemic, it was important to engage patients and the public through many mediums, working in collaboration with our networks and stakeholders to ensure maximum participation and engagement.

3. Our engagement and communications approach

Engagement

To gather feedback on primary and social care services during Covid-19, the patients, service users and carers were asked for their views during a public engagement which ran from 29th April – 7th June 2020.

We wanted to know what people who have been using these services during such unprecedented times experienced, what is important to them and what could enhance the health and wellbeing of our population.

The purpose of the CCGs of LLR is to make sure the patient voice is at the heart of any decisions we make in planning and buying local health services so it is critical that people are involved in future developments of services.

It is also our role to ensure that the patient voice is also communicated to our partners across health and social care to ensure that it impacts on the delivery of services. This is done through the system governance processes.

The purpose of Healthwatch Leicester and Leicestershire and Healthwatch Rutland is to champion the views of patients and social care users, with the goal of making services better and improving health and wellbeing

Patients were invited to have their say as part of the engagement in one of the following ways;

- Fill in the survey online;
- Over the phone by calling the Leicester City CCG engagement and experience team
- Request a hard copy by calling the Healthwatch teams
- Translation support was offered, including BSL support

It was imperative that there were numerous approaches to engagement available to ensure that all patients and public are able to engage and participate in providing

feedback, these included offering mechanisms for people that are digitally disadvantaged and those that require language support.

Communications

Wider communication involved a number of different channels to encourage participation:

- *Media*

We work proactively and closely with the media to distribute a series of press releases to promote the survey and encourage engagement. We distributed a press release to local news outlets. We also released a radio advert tailored to local BAME communities; stations included Sanskar Radio, Sabras Radio and Eava Radio, as well as appearing on radio news and features with Radio Ramadan, Radio Rutland and BBC Radio Leicester to promote the survey and the importance of taking part.

- *Internal and External Channels*

We used internal methods to communicate with our staff and GPs across LLR using e-newsletters and sent an update to our Citizen's Panel to make them aware of the engagement. We communicated with other trusts and networks to send information out to their staff and patients.

We engaged with local providers and interested parties and asked them to reach out to service users on our behalf. We encouraged other stakeholders to distribute news about the engagement through their internal and external channels of communication.

- *Website*

The LLR CCGs, Healthwatch Leicester Leicestershire and Healthwatch Rutland uploaded the survey to their websites.

- *Social Media*

We used our social media feeds on Facebook and twitter to publicise the engagement. We also used these channels to encourage feedback directly from patients and stakeholders. Our partners in the health economy were encouraged to re-post any updates on their social media sites to reach as many relevant people as possible.

We utilised all of the above communication and engagement mediums to continually publicise the survey encouraging people to take part. To support this, the survey was further promoted during Mental Health Week to encourage feedback on the impacts of the pandemic on mental health. Quick polls through the LLR Citizen's Panel were also used to encourage discussion and promote the survey.

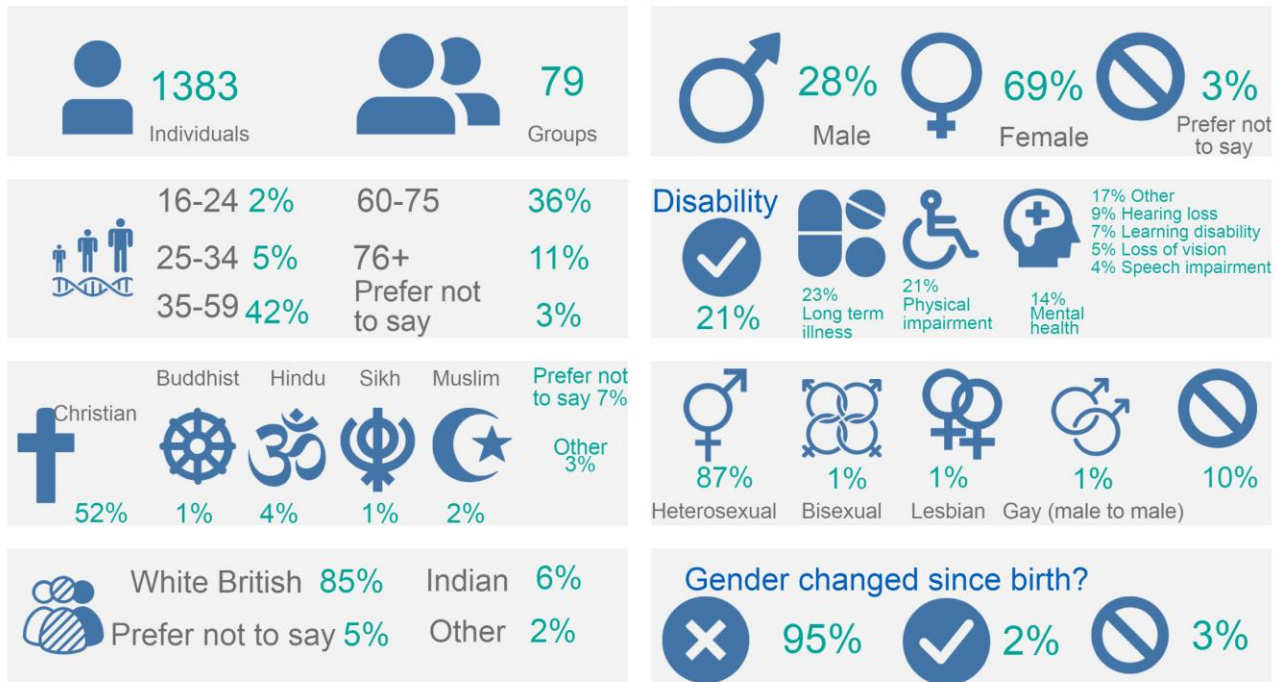
4. Key findings from survey feedback

The survey was produced as two versions; one targeted patients, service users and the public, the second version targeted Voluntary and Community Sector (VCS) groups and organisations. Collectively the surveys attracted 1383 participants,

partaking in questions and sections of the survey based on what matters most to them. We also received 1 hard-copy response through the post.

It should be noted that of these, 79 participants were VCS groups and organisations, offering the views and insights of a vast number of people from the communities they represent across LLR.

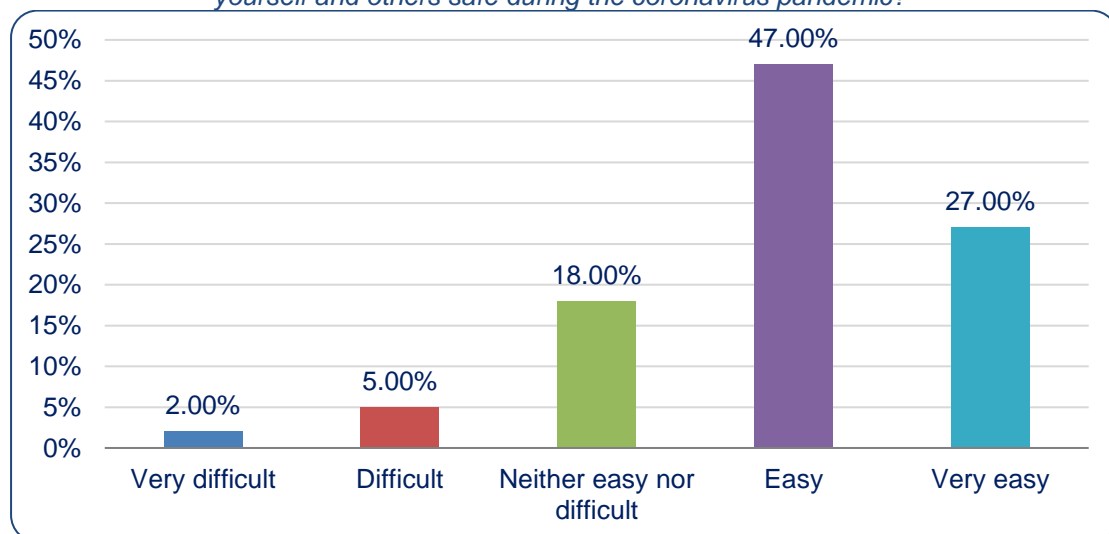
Who responded?



(Please see Appendix 1 for survey results including equality monitoring data)

Information and advice

Q3. How easy have you found it to get the information that you need about how to keep yourself and others safe during the coronavirus pandemic?



A total of 74% of participants said that they found it “very easy” or “easy” to find the information they need on how to keep safe during the coronavirus pandemic.

Most participants stated that they got the information either online, from local and national websites, or through the media. However, those that selected “other” often got information from their work place.

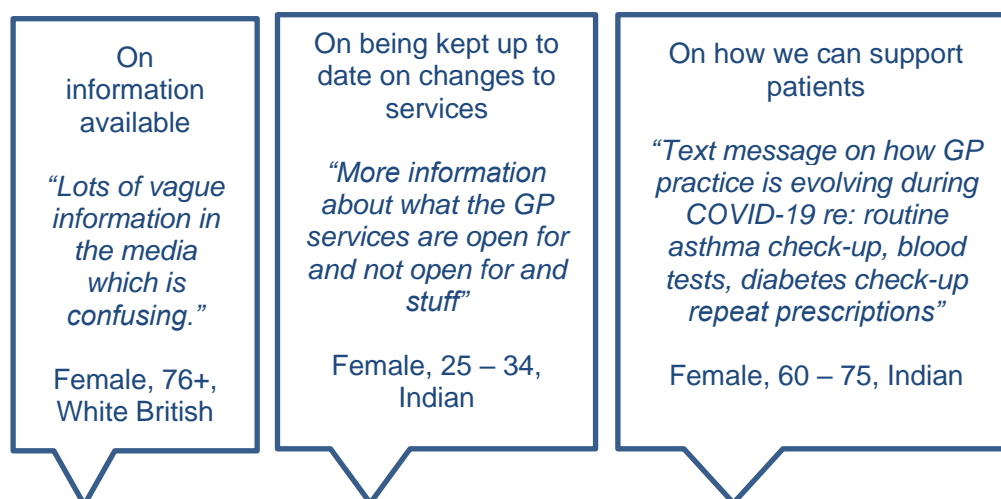
Topics that participants found difficult to get information on included;

- British Sign Language (BSL) translations
- Information translated into different languages
- How to access dental and optician services
- How to manage non Covid-19 related health concerns
- How to retrieve information and support for those that are off-line
- Clear advice on Personal Protective Equipment (PPE)

When asked if participants felt they were being kept up to date on changes and ways to access services at GP practices, 55% said “yes”.

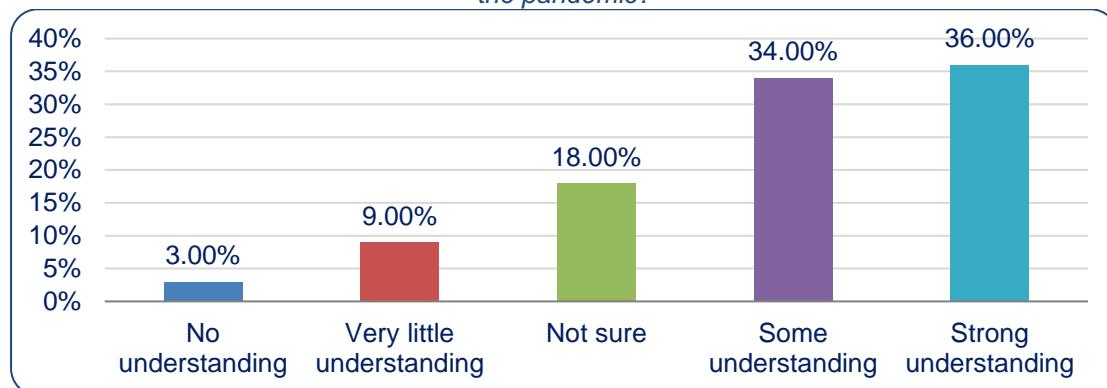
Those that answered “no” advised that this could be supported in the following ways;

- Regular, clear, consistent messaging
- Newsletters
- Information in different languages and formats
- Letters to patients from GP practices,
- More information on how to access services as we begin transitioning out of lock-down
- Enlist uniform procedures across all surgeries
- Provide updates on GP practice websites
- Text messages from GP practices



Using local GP practices

Q9. Do you feel you know how to access health care and advice from your GP practice during the pandemic?



A total of 70% of participants said that they had “strong” or “some” understanding on how to access health care and advice from the GP practice during the coronavirus pandemic.

When asking participants how they would feel about using their GP practice, 53% said that they were “very happy” or “happy” to use practice for mental health and 26% felt “no different”, 67% of participants were “very happy” or “happy” to use practice for physical health, 19% felt “no different”.

Those that stated they were “very unhappy” or “unhappy” to use their practice attributed this to;

- Risk of infection
- Poor service from GP practice
- GP practices are busy with Covid-19 patients
- Not wanting to bother GPs
- Barriers to appointments
- Reluctance to use GP practices unless essential
- Do not feel GPs have sufficient time
- Fear of referral to hospital
- Lack of sufficient PPE for practice staff

<p>On how you would feel using GP services</p> <p><i>“The telephone triage system, speaking to a DR via phone is sufficient unless physical health deteriorates and the need to see a GP is the only option”</i></p> <p>Female, 35 – 59, Caribbean</p>	<p>On how you would feel using GP services</p> <p><i>“I don’t know what services they have and whether they are familiar with dealing with people with protected characteristics”</i></p> <p>Female, 35 – 59, Caribbean</p>	<p>On how you would feel using GP services</p> <p><i>“I would be uncomfortable going into the practice as I am worried about catching Coronavirus from surgery staff because they haven’t been given proper ppe”</i></p> <p>Female, 35 – 59, White British</p>
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When using GP services, participants rated telephone, video and face to face consultations. Patients were mostly “very satisfied” or “satisfied” with all methods of consultations, particularly with telephone consultations.

Participants were asked what changes to GP services they felt worked well. Participants highlighted the following;

- Safe distancing practices put in place at GP practices
- Changes to the prescription ordering service
- Telephone and video consultations
- Clinicians perceived to be giving more time to patients
- Call back services
- Increased access to services
- Smoother access to services

On the other hand, participants felt the following changes did not work well;

- GP practice staff do not have sufficient PPE
- No specific time slot is provided when using the call back service
- Access to mental health services has been difficult

Participants were asked if they or someone they care for has a long term condition. If “yes”, participants were asked how their care had been impacted as a result of changes to GP and pharmacy services during the coronavirus pandemic. Participants advised that;

- Consultation had moved to telephone consultations in many circumstances
- Follow-up and routine appointments had been cancelled or postponed, including scans and blood tests
- Difficulty getting advice on managing conditions

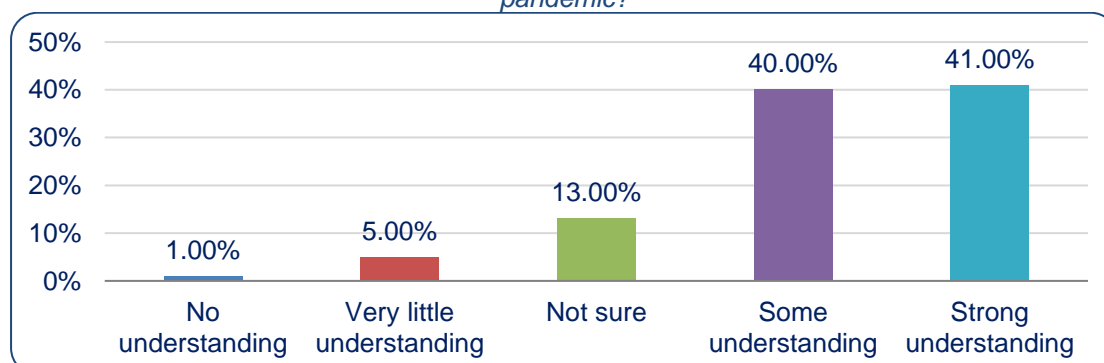
On the management of long term conditions

“Can’t come in for face to face appointment, this is difficult with the issue of language barrier too”

Female, 16 – 24, Bangladeshi

Using local pharmacies

Q21. Do you feel you know how to get health care and advice from a pharmacy during the pandemic?



A total of 80% of participants said that they had “strong” or “some” understanding on how to access health care and advice from local pharmacies during the pandemic.

When asking participants how they would feel about using their local pharmacy, 72% said they would be “very happy” or “happy” to use local pharmacies for their health concerns.

Social care support

Participants were questioned on the changes experienced to home visiting services by social care workers and community nurses. Of those asked, 50% said that they had experienced changes to their home visiting service. When asked, 73% of participants rated communication about these changes as “excellent”, “good” or “fair”.



74% of participants advised that they were “very satisfied”, “satisfied” or “neither satisfied nor dissatisfied” by the changes to home visiting. Participants advised that these changes centered mostly on reduced services.

Ongoing healthcare

Giving consideration to the many temporary changes that have been made to wider health and care services as hospitals and local authorities respond to the Covid-19 pandemic, participants were asked if they had delayed getting help for a health concern or problem due to the coronavirus pandemic.

40% of participants advised that they had delayed getting help, noting the following reasons;

- Pre-existing appointments had been postponed
- Participants are conscious of not wanting to bother GPs or being seen as a nuisance to an already pressurised health system
- Limiting external contact for fear of contracting the virus
- Health concerns or problems have not been urgent enough to flout lockdown rules
- Fear of being referred on to services at the hospital
- Do not want to partake in telephone consultations

- Fear of a lack of adequate PPE for health service providers

When asked what changes to health and care services participants would like to continue after the crisis, participants advised;

- Telephone and video consultations
- Changes to prescription ordering services
- Better collaborative working across services
- Better information sharing from services
- Access to BSL interpretation
- Increased access online
- More flexible consultation options
- Improved access to services
- Changes to sick note request services
- Social distancing measures implemented in GP practice waiting rooms
- Patients taking a more considered approach to the appropriate use of GP services

On what changes have worked well

“Virtual and telephone based consultations are helpful and for most medical concerns can be effective and efficient way to have access to your GP”

Female, 35 – 59, Indian

On what changes have worked well

“Please make sure VIDEO CONSULTATIONS are available after the end of the current crisis, it makes SO MUCH sense for those of us who work long hours, as a video consultation can get squeezed in anywhere, were as a face to face consultation at 14:15 on a Thursday can be almost impossible to make”

Female, 35 – 59, White British

When asked what changes to health and care services participants feel should not continue after the crisis, participants advised;

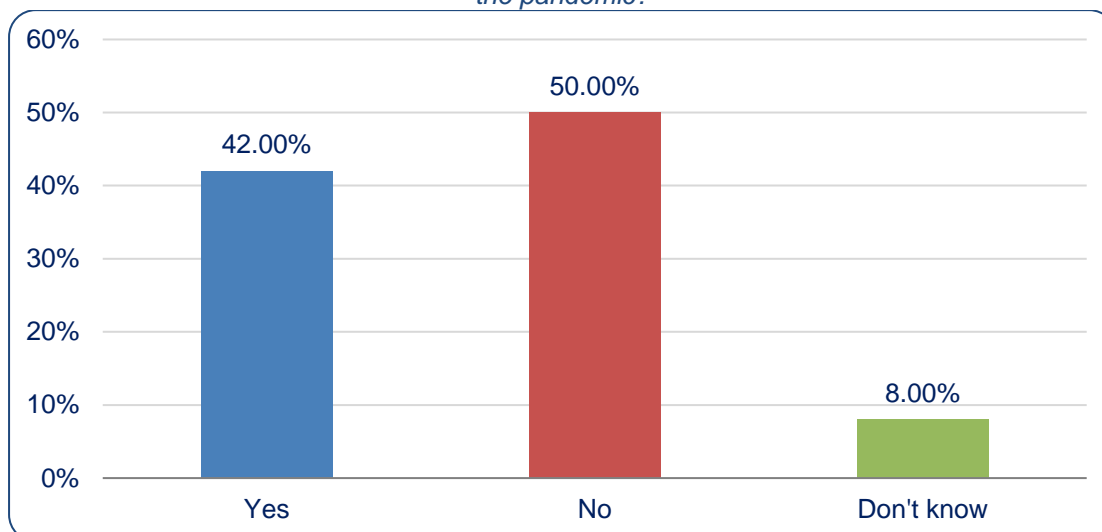
- Inefficient PPE measures
- Difficulty accessing routine appointments
- Limited access to services and clinics
- Cancellation of clinic appointments, assessments and therapies
- Lack of face to face consultations
- More limited opening hours
- Lack of access to dental and optician services
- Poor access and provision of mental health support
- Poor access and provision of carer support

On what changes to services have not worked well

“Not being able to get overnight respite because of lockdown.”

Male, 16 – 24, African

Q32. Has your healthcare for conditions that are not related to coronavirus been affected by the pandemic?



When asked, 50% of participants stated that their healthcare for conditions that are not related to coronavirus had not been affected by the pandemic.

Those that stated that their healthcare had been impacted listed the following reasons;

- Cancellation of appointments, treatments, clinics and therapies
- Postponement of treatments and procedures
- Unable to access routine appointments and tests
- Increased anxiety

Participants were asked what steps can be taken to make these impacts easier on service users. Participants advised;

- Increased access to BSL interpreters and translations
- Reopen a wider range of health services
- Consistent communication that embodies transparency
- Better PPE across healthcare services
- Text communications to patients on changes to services and how to access them
- Communications and information on forward planning post pandemic
- Increased online provisions for appointment bookings
- Automatic prescription renewal for repeat prescriptions
- Transport arrangements such as social car schemes

On the impact of the pandemic on health

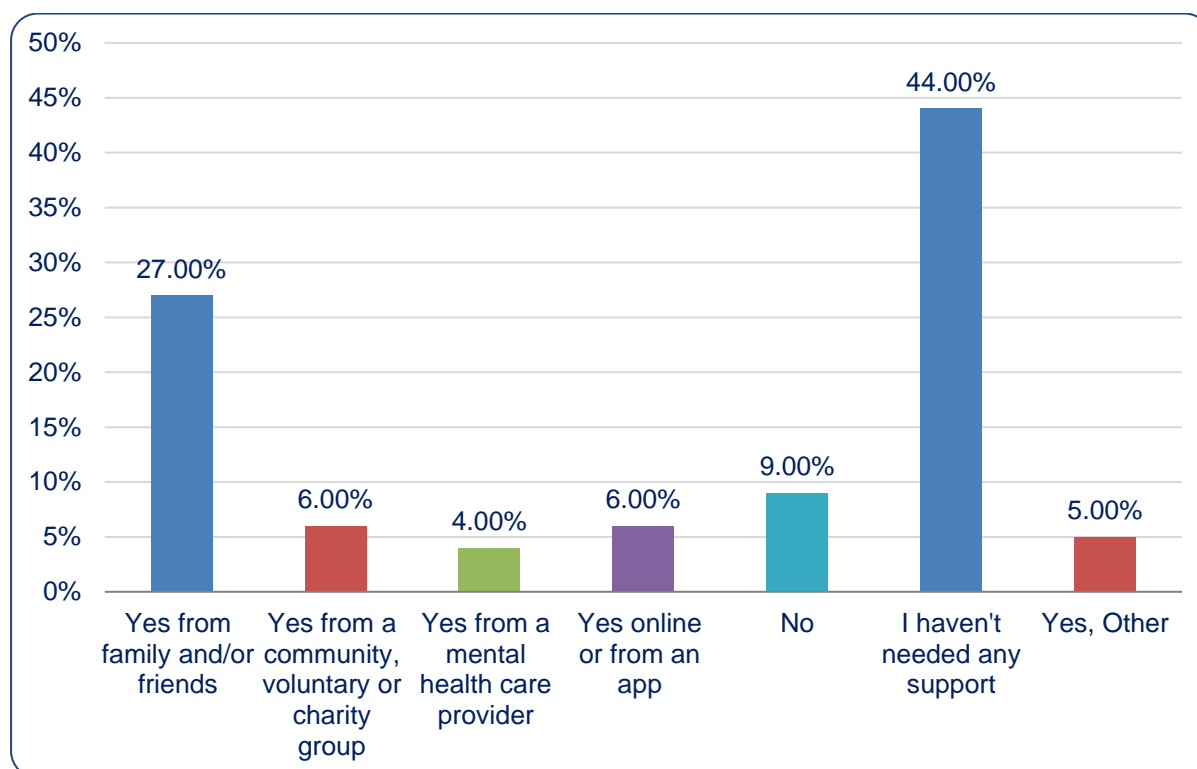
“More open explanation regarding pressures on doctors in surgery. One tends to feel disregarded when fearful over non virus related problems”

Male, 76+, White British

Mental health and wellbeing

Participants were questioned on the impact of the Covid-19 pandemic on their mental health and wellbeing.

Q36. *Have you been able to access support for your mental health or wellbeing during this time (please select all that apply)?*



Whilst 44% of participants declared that they did not need support for their mental health and wellbeing during the pandemic, those that needed support accessed it mostly from family and friends.

27% of participants advised that their health and wellbeing had been affected by the pandemic in the following other ways;

- Unable to access sufficient or appropriate mental health support
- Ailments and concerns that have been identifiable through telephone or video consultations
- Poor mental health, including increased anxiety, stress, worry, low mood, and depression often exacerbating physical health conditions
- Increased feelings of isolation
- Increased worry for health and wellbeing of family and friends
- Anxiety over financial implications
- Cancellation of hospital appointments and procedures, potentially exacerbating conditions
- Worry and anxiety at being unable to see family, particularly those that are in hospital or care homes
- Weight gain
- Limited access to postnatal care
- Lack of access to dental and optician services
- Limited support and respite for carers

However, participants also highlighted positive ways in which their health and wellbeing had been affected by the pandemic, listing the following;

- Lockdown has given people more time to invest in themselves and family
- The opportunity to enjoy a less frantic pace of life
- More time to improve wellbeing, including more time to exercise and eat healthier
- An increased sense of appreciation
- The opportunity to better use personal time
- A feeling of being more relaxed

Participants identified the following groups and communities that they perceive may be disadvantaged by the current changes to services;

- Homeless community
- Those that are off-line or IT illiterate
- People that suffer with mental health concerns
- Deaf community
- Housebound people
- Elderly people
- BAME communities
- People with learning disabilities
- People whose first language is not English
- Carers
- Gypsy and traveller community
- LGBT community
- Abuse victims
- Refugee and asylum seekers

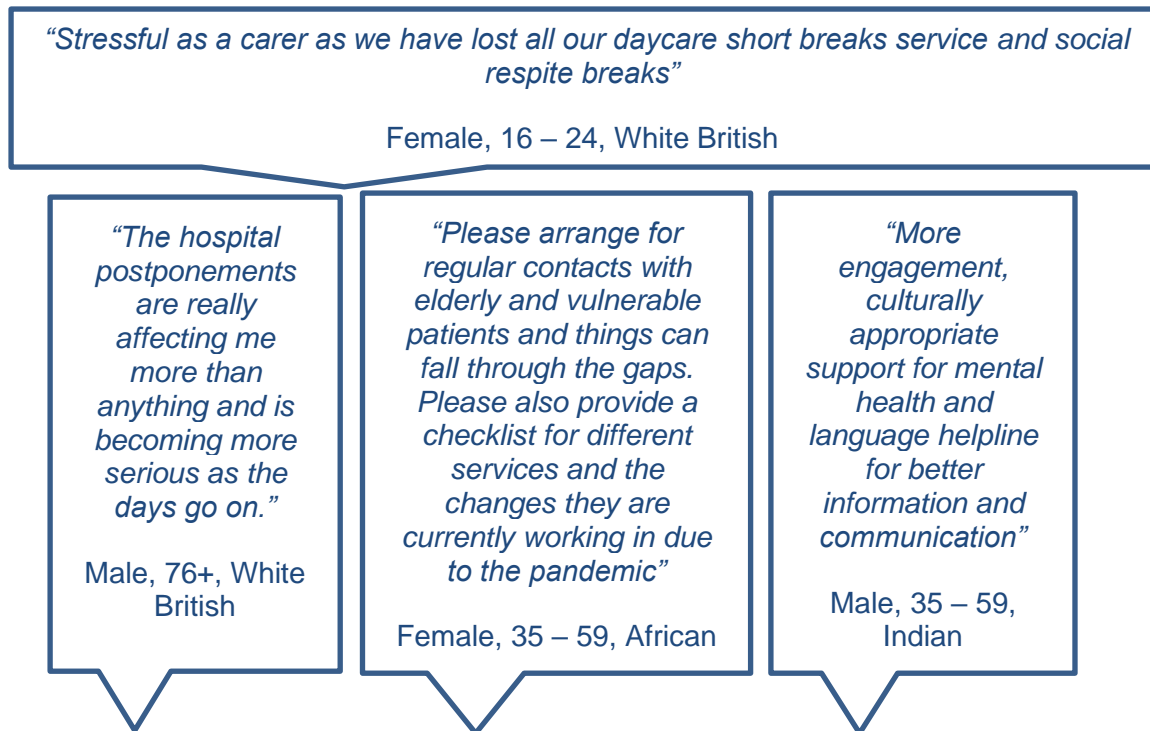
Participants further told us;

- The use of BSL interpretation and translation is appreciated
- Regular contact with elderly and vulnerable people and service users would be valuable
- Increase communication and information on non Covid-19 related health conditions
- Information has been misleading and conflicting at times
- Hospital and treatment postponements have had a considerable impact on ongoing health and wellbeing

On communities that may be disadvantaged

“As I mentioned earlier, my parents have myself and my sister to provide some translation and guidance, however I can imagine that there are people out there, whose first language is not English, that don't have family and friends to assist - they must be finding it very hard to understand the situation and any changes”

Female. 25 – 34. Indian



5. Themes and considerations

Information and advice

For the most part, participants indicated that they are being kept up to date on changes to services and how to access them. Participants indicated that they understand how to utilise GP and pharmacy services during the Covid-19 pandemic. However, whilst there was a strong keenness for telephone and video consultations, more support on how to use such services would be helpful to those are less digitally informed.

Participants have indicated a need for local messaging, expressing a keenness to receive local statistics on Covid-19 cases as well as statistics on University Hospitals of Leicester (UHL) admissions. This should cover information on which services are and aren't available as well as how to appropriately use them.

Participants want consistent and regular information on changes to services and how to safely use them; participants are particularly keen on receiving these messages from GP practices, sharing a frustration at conflicting and confusing messages from multiple sources.

Participants would also like more information regarding cancelled appointments and therapies as well as access to non-routine services such as tests, scans and reviews.

Healthcare and advice for non Covid-19 related concerns

Whilst participants noted that the increased access to services during the Covid-19 pandemic has been extremely valuable, participants felt that other health concerns and conditions have been “pushed aside”. The importance of acknowledging and

addressing healthcare and concerns for non Covid-19 related issues was noted by participants.

Participants would like more information on how to manage and access care where required for particular conditions throughout this time. Participants expressed a concern at the limited health services available. Cancelled or limited access to appointments, clinics, services and therapies are deemed to be affecting the health and wellbeing of participants.

Communities and minorities affected

Participants noted a need for culturally appropriate messages, statistics and support, keeping in mind those that may not have access to internet or appropriate technology or those that are not IT literate. Participants have raised concerns for those that are digitally disadvantaged. It is felt that these patients are at a disadvantage due to a lack of access to resources and information, particularly in a time where face to face interactions are significantly limited.

Participants also raised concerns for those that do not have access to transport, particularly those that are at risk, expressing a fear of having to use limited public transport should there be a need to access medical services at this time.

Leicester City

The population of Leicester City residents widely differs from that of Leicestershire and Rutland. The City has a much higher level of diversity amongst the ethnicity of its population; the City also has an increased level of deprivation. With these considerations, the needs of the City's population differ to its County counterparts. The following themes were identified;

- 267 survey participants were residents of Leicester City
- When reviewing the feedback from City participants, the following was indicated;
- An increased need for translation and language requirements
- A lesser feeling of being kept up to date on changes to services and how to access them
- A lesser feeling of understanding on how to access healthcare and advice from GP practices
- An increased proportion of participants felt that health conditions that were not related to Covid-19 had been affected by the pandemic

Survey responses from City participants offered feedback from a more diverse set of respondents, identifying similar themes to those expressed throughout the survey. However, figures show that City residents feel less informed and more impacted in terms of health and wellbeing. The responses from City residents offered a feeling that more information and support is required, particularly for carers.

BAME communities

There is evidence that Covid-19 does not affect all population groups equally. It is suggested that there is excess mortality due to Covid-19 in BAME populations. Individuals of Black African or Black Caribbean and Asian ethnic groups may have the highest increased risk. As a result of this, we were particularly keen to encourage the participation and engagement of BAME communities. In doing so, we offered

translations, released tailored radio adverts to local radio stations and worked in collaboration with our networks and stakeholders to promote the survey and encourage BAME communities to share their experiences and feedback.

As a result, a total of 50 participants from a BAME community took part in the survey.

When considering the feedback from BAME participants, the following themes were identified;

- A lesser feeling of ease of access to information on how to stay safe during the coronavirus pandemic
- A need for information and communication in different languages
- Information of the effects of coronavirus on different ethnicities and cultures
- Culturally appropriate support
- A lesser feeling of being kept up to date on changes to services and how to access them
- Participants expressed a lesser level of happiness to access health services for health concerns during the coronavirus pandemic

6. Summary

The feedback provided by patients has been broadly positive, with patients sharing considerable support for the increased access to services, further sustained through the introduction of more flexible consultation methods such as telephone and video. The key areas of concern raised by participants centered around communication, particularly focusing on the need for regular and consistent messages from trusted sources. There was also a focus on a lack of appropriate support and respite for carers, it was also felt that there was a lack of mental health support for those who required it.

The survey yielded a wealth of feedback, particularly considering the limitations to engaging patients and service users due to the pandemic. To counter such limitations, a wealth of communication and engagement methods were used alongside consistent and continued promotions and reminders. Having said this, it is noted that the majority of participants have completed the survey digitally. Therefore, the digital access and literacy of such participants must be taken into consideration when analyzing the feedback, particularly around the support for virtual services and digital communications. However, we are continually working on ways to meaningfully engage those that may be digitally disadvantaged and ensure that their views and experiences are captured.

It should be noted that the survey was open for a total of 40 days, within this time the circumstances surrounding the pandemic continually evolved, as did the measures and practices put in place by the NHS to continue to best meet the needs of its patient population. Therefore, some concerns raised, particularly at the early stages of the survey, such as a lack of PPE for health workers, have since been resolved as the system has continue to fight the pandemic.

7. Next steps

All of the findings from the consultation will be shared with NHS and social care partners across LLR. It will influence commissioners to design future services in the

best way to meet the needs and expectations of patients, particularly during such unprecedented circumstances. It will also influence providers including acute, community and primary care to deliver appropriate care. The outcome of this engagement will be published on our website in the near future and the findings communicated through a variety of channels across all partners.