

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

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# Introduction

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, including:

- Surveys by Healthwatch Norfolk and Healthwatch Suffolk,
- Focus groups and interviews by Britain Thinks,
- Targeted engagement with local groups,
- Engagement with patients and with people using adult social care, their families and staff.

We've produced a report that 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.
- 3** Many people had engaged with health services during the outbreak, with most reporting positive experiences. However, people's experience of receiving adult social care during the pandemic were more mixed.
- 4** Looking to the future, the three goals of the Norfolk and Waveney Health and Care Partnership were felt to be cohesive, 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.

## People's experiences of the COVID-19 pandemic and lockdown have been very mixed

- Most participants in the Britain Thinks research were actively looking after their and their family's health and wellbeing, and said this is currently a real priority.
- For some, the lockdown has been a positive experience, providing an opportunity to slow down and focus on themselves and their family.
  - This was particularly the case for those who are financially more secure, or were able to work from home comfortably.
- Despite this, several participants were struggling and described the toll that lockdown and the continued pandemic was having on their mental health.

What three words or phrases would you use to describe how you have been feeling over the last few months, since the beginning of the COVID-19 outbreak?



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

- This was felt to be in contrast to the picture at a national level, where many thought the NHS had struggled.
  - 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.
- However, most participants still described a reluctance to access health services unless they felt it was absolutely necessary.
  - Both because going to healthcare settings in person was thought to present a higher infection risk, and through a desire to avoid adding to the pressure the NHS is felt to be under.
  - Some participants – particularly men – did express a reluctance to access health services pre-COVID-19, but that this reluctance had been exacerbated by the pandemic.

“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)

“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)

## 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.
- 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.
- However some people have shared 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.

"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)



## 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”*

(Response from a carer 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 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. Similar issues were raised by respondents to the Healthwatch Norfolk survey.
- Some groups we've spoken to have raised concerns:
  - Older people and carers raised concerns about people managing medications / prescriptions with reduced or different contact with their GP.
  - 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.
  - Our local maternity voice partnerships reported some initial confusion with messages about whether to attend appointments, as well as anxiety and concern about who could be present at appointments and when giving birth.



## Experiences of adult social care were 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 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.
- **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.

## Overall, the partnership's three goals were felt to be cohesive and comprehensive, and sensible areas of focus

**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 has access to the support they need. Many were aware that income is an important determinant of health outcomes and felt strongly that this shouldn't be the case.

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

Most described this goal feeling most important to them personally. 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.

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

Participants acknowledged that, if staff are well supported, this will likely improve the overall quality of care patients receive. However, most felt that the responsibility for the wide-reaching changes needed to improve working conditions lay with the UK Government, rather than NWHCP.

More widely, the majority of participants felt it was important for NWHCP to prioritise **support for people with mental health conditions**, particularly for younger people and men. In addition, 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.