



Health, Care & Wellbeing experiences in Richmond During Coronavirus

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**Background**

Healthwatch Richmond collected 212 experiences from people between 12/3/20 and 26/5/20 relating to care and wellbeing during the peak of the coronavirus. The dates related to the timing of this data analysis rather than any fixed points.

The three methods used to collect this were:

* **Wellbeing Survey** 70 people responded between 7/4/2020 and 6/5/2020
* **Healthcare Survey** 63 people completed the survey between 22/4/2020 and 5/5/2020
* **Patient Experience reports** 79 experiences shared with us by phone or online methods between 23/3/2020 and 26/5/2020

A separate report will detail the findings of our work to engage young people and collect their support needs and experiences of accessing care however data collection is ongoing.

# Headlines

## What support and information did people need?

Overall, our healthcare survey found that 88.6% of people said that it was easy to find the information that they needed, and 75.3% of people said that it was easy to understand the information that they found. Whilst the information available was generally considered easy to find and understand, it is notable that 81% of callers to Healthwatch during the period were provided with signposting information. This suggests that there are specific support needs in the following areas that are not met by the available general communications and information:

* **Support with shopping and collecting prescriptions:** This was the most frequent need people asked for support with (21 people). These people were all self-isolating or shielding and it is reasonable to believe that there is a very significant need beyond this.   
  Experiences of having prescriptions delivered was mixed and some people experienced challenges with arranging deliveries of prescriptions when they were unable to leave their home due to self-isolating or shielding. These concerns came from patients directly, from the voluntary sector whom patients had turned to for assistance and the Council’s Community Hub. It centred particularly on Boots, Priory Road, Hampton.   
  Where they or someone they lived with could collect prescriptions personally, people generally expressed satisfaction with access to medications. Both Pharmacies and GP practices were able to provide prescription ordering services as usual.   
  Prescription renewals or changes to medications did not go smoothly for several patients suggesting that the remote ordering system does not cope sufficiently well with non-standard or non-repeat prescription orders.
* **Loneliness and isolation:** Loneliness and isolation were the most significant issues arising from our responses to the wellbeing survey as a result of social isolation. People had tried many digital platforms to engage with their social networks. Professionals supporting people had also contacted us to seek support for the people that they care for.
* **Testing:** 5 people contacted us with queries about testing. From our Healthcare survey it is clear that the driver for this is experiencing symptoms (around 20% had experienced symptoms causing them to self isolate) and believing that you are at higher risk whether due to age or current health or as a key worker. In terms of Covid-19 testing, the public lacked clarity on the eligibility and access.
* **Shielding:** 7 people contacted us because they had received ambiguous or insufficient messages, or felt that they should be shielding but had not received notifications - including one person who received their first notification over the May Bank holiday some 7 weeks after the process of identifying those who should shield had begun. Given the relatively low numbers of people that this would be expected to affect this number is significant.
* **Practical actions to reduce risks:** People were keen for support to manage their risk of exposure to the virus whether through asking about facemasks (4 people), reducing their need to travel (4 people), reducing social contact or support for the people that they care for.
* **Dentistry:** 10 people which equated to 12.5% of callers to our signposting line had queries relating to dentistry (see below).

## What services did people speak about?

Among the surveys and contacts, people had similar views or concerns about local services:

* **Dentistry:** 11 people shared experiences regarding access to dentistry. 10 out of 11 people we spoke to about dentistry had struggled to access care and did not have the information they needed to do so. Significant problems were caused by the sudden closure of routine dentistry and the time taken to set up an urgent service; there will be unmet needs as a result. Patients who needed care during this gap experienced the most confusion/frustration and difficulty getting help. The provision of a clear pathway on how to access urgent dental care was not timely and this caused confusion to both dentists and patients. There was not always consistent information on nhs.uk from NHS or from local dentists, and at one point we were unable to identify how local patients could access dentistry despite calls to NHSE, the Local Dental Committee (LDC), Healthwatch England and local dentists. These issues were still being reported at the end of the period.
* **Carer’s needs:** Carers predominantly contacted us to seek support for their cared for person. We also heard that carers have a greatly increased burden of care as respite, day centres and activities have largely closed and some people are reluctant to allow people into their house to perform care tasks. Carers need additional support to help them to organise care for the person that they care for, and on several occasions we were contacted by a third party seeking additional support. At the start of the crisis there was insufficient information for carers about how to care safely and carers were unable to access testing. Carers are also keen to understand eligibility for testing, particularly where they need to leave the house as a carer for someone.
* **Accessing blood tests and diagnostics:** Several people described struggles with accessing healthcare. Frustration was caused by unmet patient needs, inconsistent information from different professionals, and the lack of communication between healthcare staff and patients. On the contrary, patients who were satisfied spoke about responsive services that were led by reassuring and empathetic staff members. It is clear that GP services, NHS111 and hospital providers quickly adapted to social distancing rules as many patients had their needs through non face-to-face methods. However, better preparedness from providers was needed to care for those requiring continued support (eg. existing and long term conditions, living with chronic pain) or who required assessments or diagnostics.

## What did people need to stay well during lockdown?

The majority of people we spoke to (83%) listed one or more things that affected their wellbeing:

* **Keeping safe:** People believed that the Government’s advice must be followed, but some were upset by others’ lack of consideration in following guidelines.   
  People expressed concerns about using public transport to access appointments, about social distancing in health settings and about a lack of clarity over whether health staff should be wearing PPE. Questions were raised as staff were not consistently wearing PPE during their journey through a service (e.g. hospital). Concerns were also expressed by a patient who felt they were discharged from hospital too early to free up beds during the Coronavirus crisis. Discharged inpatients need clear indications on how to look after themselves, and specialist or GP follow up is key to avoid frustration and unmet needs.
* **Keeping informed:** People chose to stay up-to-date with latest information through a range of methods, including the internet or phone. Independently of their choice of method, people did not always find these accessible, reliable or clear.   
  Some people described low mood or anxiety as a result of the high volume of distressing news. Local collaboration has been and will continue to be important to inform the Richmond community, without creating misunderstandings or overexposure to negative news.
* **Finding “normality”:** Our surveys have shown how the sudden change in people’s routines has prompted a restructuring of their days and future plans. Local services have made a great effort at helping people maintain connections, whilst helping them find a balance between keeping healthy, busy and rested. However, we know that several people are put off from reaching out to services as they “don’t want to burden the system”. We therefore continue to encourage those who need it, to follow through with seeking support for their health, care and wellbeing concerns.

**Conclusions**

## Face-to-face vs. virtual first appointments

People have expressed concern about the way that social distancing is observed on the way to and in clinical settings. It is important that as the NHS recovers, patients are educated about social distancing, safety and PPE arrangements within the settings that they’re visiting and on their journeys to access care. Explaining why some staff are wearing PPE and others are not through signage and visual aids to manage queuing at 2m intervals will be important.

For many people, and particularly those at most risk, traveling to appointments will be their first use of transport since social distancing began. These people have expressed concerns about traveling. As well as practical considerations such as changes to public transport and it will be important that patients receive support and advice for travelling safely to appointments and for accessing alternative transport/help with costs.

With ‘hot’ and ‘cold’ sites there is the risk that these concerns will be exacerbated as people will have to travel further and to places that they are less familiar with to access care. However, reassurance over the lower risk that this presents for patients may counteract this and it will be important to promote this.

With virtual appointments being offered by default, the determining factor for whether people accept this sort of support is whether the care that they receive addresses their need in a timely fashion. The benefits for the patient are: lower risk from not having to travel to or visit a centre with potentially infected staff and patients; shorter waiting times/faster access to a solution that meets their needs; and increased convenience.

It is important, however, that patients understand that face-to-face care is still available should virtual appointments not meet their needs and that they understand how to access this.

The experiences that were shared with us regarding dentistry are also reflected in wider experiences where virtual appointments are unlikely to meet care needs such as where diagnostics, face-to-face assessment, treatment or procedure (e.g. blood test) are required. Restarting these services and communicating how to access them once they are available again, will be important in providing people with access to care.

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## What community support do people still need?

Loneliness and isolation were the most significant issues cited by respondents to our wellbeing survey and we anticipate that this need will continue as people remain isolated to reduce their own risks of contracting and spreading the virus, for example through social distancing, shielding and self-isolation.

Clear messaging and timely updates are key for the public to make informed decisions and act safely. For the most vulnerable individuals, information and support to access food, medication and transport to healthcare appointments were the most common needs identified by our work.

People, especially those not currently in touch with community organisations, will need support to stay healthy, engage with meaningful activities and manage their wellbeing.

## Information needs and digital inclusion

Clear and targeted information on testing and the support available is needed for specific groups of people such as carers, vulnerable people and patients with long term conditions.

Carers in particular have been carrying a significant burden and information about how to continue caring during the crisis, how to access testing, how to access respite care and how to access support with meeting their own needs were all significant issues for carers. Whilst there was wide interest in accessing testing, the majority of queries came from carers or those living with vulnerable people.

Those who are less confident about using the internet are significantly disadvantaged in terms of accessing care. People who responded to our online survey for example, reported difficulties with accessing care online e.g. ordering repeat prescriptions online for the first time, and therefore may require phone access to care.

Most of the calls to our phone line (81%) were requests for information. This highlights the importance of providing alternatives to support people to navigate access to care, but also speaks to the value of providing door-to-door communications like our Guide to NHS, Care & Support. In part the high proportion of calls requesting information is driven by changes to the way that care runs (e.g. how to access dentistry) and in part this was for information that is available online but that people struggled to access (e.g. how to contact community nursing).

The view that people don’t want to access care and support because they “don’t want to burden the system” was prevalent. The “NHS is still open” message is an important one in addressing this so it is crucial not only to continue this work but to expand it to care and wider community support.