



**South Tyneside and Sunderland**  
NHS Foundation Trust

**South Tyneside and Sunderland NHS Foundation Trust**

**Path to Excellence**

Programme Reset COVID-19 Insight Report

December 2020

# Contents

<b>1</b>	<b>Brief .....</b>	<b>1</b>
	1.1 Methodology.....	1
<b>2</b>	<b>Desk review .....</b>	<b>2</b>
	2.1 Introduction .....	2
	2.2 Use of hospital services .....	2
	2.3 Patient attitudes to using NHS services during the pandemic .....	3
	2.4 Changes to hospital services .....	4
	2.4.1 Delays and cancellation of services.....	5
	2.4.2 Discharge service from hospitals .....	6
	2.4.3 Digital consultations.....	6
	2.5 Vulnerable patient groups .....	9
	2.5.1 Overarching factors facing vulnerable patient groups.....	9
	2.5.2 Additional barriers for specific groups.....	11
	2.6 Looking to the future .....	13
<b>3</b>	<b>References .....</b>	<b>15</b>

## 1 Brief

The Path to Excellence is a five-year healthcare transformation programme across South Tyneside and Sunderland which has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined-up, sustainable care that will benefit the population both now and in the future.

During the Covid-19 pandemic, a vast amount of patient engagement was undertaken to understand the impact on patient's use of services as well as changes in perceptions of how care is delivered. This desk review explores that research and attempts to answer the three questions:

- 1. How has Covid-19 changed people's use of NHS hospital services?**
- 2. How has Covid-19 changed people's attitudes towards NHS hospital services?**
- 3. What is important to people about using hospital services in the future?**

### 1.1 Methodology

A call to action was sent to NHS providers asking them to share any reports which could be included within the review. An overwhelming response was received with over 150 reports received. Each submission was reviewed and its relevance assessed against the aims of the desk based review i.e. the focus on hospital services. Additional reports which were cited and thought to be particularly relevant to this piece of work, were sought through an internet search.

## 2 Desk review

### 2.1 Introduction

The Covid-19 pandemic has led to an extensive shift in the package of care provided by the NHS, as hospitals prepared for a large surge in patients requiring intensive care. With services already under severe strain and functioning at maximum capacity in early 2020, unprecedented steps were needed to ensure Covid-19 care was not rationed and the NHS did not become overwhelmed.

As service changes had to be done rapidly and in the absence of patient consultation, it is important to review the changes that were made and understand what is and is not working and how people feel about using NHS services in the future.

### 2.2 Use of hospital services

It is widely documented, that there has been changes in the number of people accessing hospital services during the pandemic, with The Health Foundation reporting that at the start of the Covid-19 outbreak the number of people attending A&E fell sharply to 52% below normal levels<sup>1</sup>.

Furthermore, the British Medical Association estimates that in April - June 2020 in England there were:

- between 1.32 and 1.50 million fewer elective admissions than would usually be expected
- between 2.47 million and 2.6 million fewer first outpatient attendances
- between 274,000 and 286,000 fewer urgent cancer referrals
- between 20,800 and 25,900 fewer patients starting first cancer treatments following a decision to treat
- between 12,000 and 15,000 fewer patients starting first cancer treatments following an urgent GP referral<sup>2</sup>.

In some cases, these changes have led to unexpected positive outcomes. For example, in Nottingham, use of NHS 111 and 111 online increased with an associated reduction in the number of inappropriate A&E attendances<sup>3</sup>.

However, this is also a cause for concern as the number of non-coronavirus deaths have frequently been above average throughout the pandemic, suggesting a non-direct impact of the virus on the health and wellbeing of millions of people in the UK<sup>4</sup>.

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<sup>1</sup> The Health Foundation; *Exploring the fall in A&E visits during the pandemic – June 2020*

<sup>2</sup> British Medical Association; *Hidden impact of COVID-19 - July 2020*

<sup>3</sup> Nottingham and Nottinghamshire CCG; *Research and Engagement into NHS System Recovery Integrated Insights Report (Interim) – Sept 2020*

This trend is also reflected in what individuals themselves are self-reporting, with 48% of respondents in a patient access survey stating that they had chosen to put off accessing services or treatments as a result of the crisis<sup>8</sup>.

### 2.3 Patient attitudes to using NHS services during the pandemic

For many, the general impact of Covid-19 has been negative, with widespread reports of increasing levels of worry and anxiety and a rise in mental health concerns amongst the population<sup>5</sup>.

These anxieties are thought to play a part in the attitudes which have prevented the public from accessing healthcare services during this time, specifically:

- **Fear of overwhelming the NHS** – many individuals have put off accessing healthcare as they felt that their condition was not serious or important enough to merit treatment when there are other, more urgent priorities for the NHS<sup>6 7 8 9 10</sup>
- **Fear of contracting Covid-19** - people felt they would be much more likely to contract the virus if they attended NHS services<sup>11</sup>. Evidence shows that this was particularly the case for hospital settings, with research by The Health Foundation showing that in June 2020 - 76% of people were fearful of contracting Covid-19 when attending a hospital appointment compared to 63% when attending a GP surgery<sup>12</sup>.

Evidence at both national and local level suggests that patient responsibility and wanting to avoid overwhelming the NHS, often trumped fear, with regards to people choosing not to access care<sup>13 14</sup>. It is thought that this may in part have been further reinforced by the key government message at the start of the pandemic ‘*Stay Home, Stay Safe, Save Lives and Protect the NHS*’<sup>13</sup>.

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<sup>4</sup> Department of Health and Social Care; *Direct and Indirect Impacts of COVID-19 on Excess Deaths and Morbidity: Executive Summary – July 2020*

<sup>5</sup> The Mental Health Foundation; *The Covid-19 pandemic, financial inequality and mental health – May 2020*

<sup>6</sup> Healthwatch Sunderland; *What you told us about Covid-19 - General health & wellbeing - July 2020*

<sup>7</sup> Brighton and Hove; *Analysis of Covid-19 Public and Key Stakeholder Survey - April 2020*

<sup>8</sup> GP Patient Survey – July 2020

<sup>9</sup> Healthwatch Southwark; *Experiences of health and social care in Southwark during the Covid-19 pandemic - July 2020*

<sup>10</sup> West Yorkshire and Harrogate Health and Care Partnership; *Coronavirus engagement report for stabilisation and reset - June 2020*

<sup>11</sup> Healthwatch Cornwall; *Cornwall Coronavirus Survey – July 2020*

<sup>12</sup> IPSOS MORI; *The Health Foundation Covid-19 Survey. A report of survey findings - June 2020*

<sup>13</sup> Healthwatch Southwark; *Experiences of health and social care in Southwark during the Covid-19 pandemic - July 2020*

<sup>14</sup> Traverse; *Knock-on effects of coronavirus on access to healthcare: lived experience research – April 2020*

*“The media were saying the NHS were overwhelmed and I didn’t want to make the situation worse” (Patient response in the Healthwatch Southwark Report)*

In July 2020, this message was shifted and supported by the campaign - ‘Help us, Help you’, encouraging people to seek help when necessary.

Another factor thought to have played a role in preventing individuals from accessing healthcare is the lack of awareness that services were available and/or a perception that they would be too difficult to access. This was found to be particularly the case for non-Covid related outpatient care. Examples of this were observed in Brighton and Hove<sup>15</sup> as well as Bristol, North Somerset and South Gloucestershire with half of those sampled stating that it would be difficult to access outpatient appointments during the pandemic<sup>16</sup>.

More recent evidence suggests that concerns about contracting Covid-19 from healthcare settings has reduced with only a small number worried about inadequate social distancing and other measures in healthcare premises<sup>17</sup>.

## **2.4 Changes to hospital services**

Significant changes were made to hospital services as a result of the pandemic, to ensure their ability to cope as well as assuring the safety of patients and staff. In many cases, services could no longer be delivered safely because of lockdown restrictions and others because staff and resources were relocated. This has resulted in changes such as:

- delays and cancellations of services
- speeding up of the discharge service from hospitals
- increased use of digital consultations.

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<sup>15</sup> Brighton and Hove; Analysis of Covid-19 Public and Key Stakeholder Survey - April 2020

<sup>16</sup> West of England Academic Health Science Network ‘Learning from Covid’: A rapid summary of insight and engagement reports - July 2020

<sup>17</sup> Analysis of Birmingham and Solihull CCG Engagement with Groups Adversely Impacted by COVID-19-Summer 2020

### 2.4.1 Delays and cancellation of services

A large proportion of patients reported that they had appointments cancelled as a result of the Covid-19 pandemic<sup>18</sup>. For people whose care was cancelled or postponed there was generally an understanding as to why this was necessary.

However, it is evident that without a clear pathway forward the impact of a change, delay or cancellation of treatment on a patient can be profound, causing anxiety<sup>19</sup>, sometimes to the point of distress<sup>20</sup>. Without these reassurances, patients were often left worrying about:

- how they could self-manage the risks to their health without health professional advice and/or treatment with concerns about their condition deteriorating<sup>21</sup>
- subsequent waiting lists lengthening<sup>22</sup> - the worry about a long back-up of non-Covid cases which would take some time to clear and whether they would be able to access these services again in the future<sup>23</sup>
- the impact of waiting on their long-term health<sup>24</sup>.

Patients reported being left with no information about when health and care services would resume<sup>25</sup> or what they should do in the interim, including if their needs increased or reached a point of crisis<sup>26</sup>. Patients reported feeling that they had been left in limbo<sup>27</sup> and abandoned<sup>24</sup>.

It is evident that patients want better communication from services where outpatient appointments have been delayed / cancelled with regards to what is happening and when they are likely to be seen. Somerset Clinical Commissioning Group (CCG) reports hearing this in every piece of engagement they have done during the pandemic<sup>24</sup>.

Providing a point of contact for advice / support in the interim was also suggested to help reassure patients during this time. An example of where this has been

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<sup>18</sup> GP Patient Survey – July 2020

<sup>19</sup> National Voices; What We Need Now - Oct 2020

<sup>20</sup> Healthwatch Southwark; Experiences of health and social care in Southwark during the Covid-19 pandemic - July 2020

<sup>21</sup> Traverse; Knock-on effects of coronavirus on access to healthcare: lived experience research – April 2020

<sup>22</sup> South Yorkshire and Bassetlaw Integrated Care System; Patient and Public Involvement during Covid-19- Nov 2020

<sup>23</sup> Analysis of Birmingham and Solihull CCG Engagement with Groups Adversely Impacted by COVID-19 - Summer 2020

<sup>24</sup> NHS Somerset CCG; Covid-19 Engagement Report - Aug 2020

<sup>25</sup> Healthwatch Croydon; How is COVID-19 affecting Croydon residents? Stakeholder Report 2 – May 2020

<sup>26</sup> National Voices; What We Need Now – Oct 2020

<sup>27</sup> GP Patient Survey – July 2020

implemented and is working well is in South Yorkshire, with cancer patients being given the option to call support worker teams regarding worries of delays, changes and unavailability of treatment options<sup>22</sup>.

#### 2.4.2 Discharge service from hospitals

The 'discharge to assess model' was rolled out at the start of the pandemic providing guidance for healthcare professionals to help patients leave hospital sooner by having their ongoing needs assessed at home. Whilst both staff and patients had an appreciation that a new process was needed and support for this was given in principle, there were mixed reviews about its effectiveness.

Whilst some staff felt the new model has led to more streamlined decision making, improved handovers of care and better communication between teams involved in discharge, some had less favourable views particularly with regards to the pressure of implementing new systems at speed, whilst navigating the extra burdens put on their day-to-day role due to the pandemic<sup>28</sup>.

From a patient perspective, although some were satisfied with the care they had received<sup>28</sup>, there were a significant number of individuals who found this process too rushed, felt they were discharged too soon and/or felt forgotten about<sup>29</sup>. In some cases, guidance had not been implemented consistently with basic checks not being carried out for example whether patients required transport to get home<sup>28</sup>. There were also examples of individuals with unmet needs in the community who reported not receiving a follow-up assessment after they were discharged, being left without equipment which they needed to enable them to recover properly at home<sup>30</sup>.

In August 2020, the hospital discharge guidance was updated to national policy, confirming that discharge to assess would continue for the foreseeable future, making it mandatory for local systems to embed the new ways of working developed in response to the March guidance.

Whilst research indicates that in the context of the pandemic this model has had benefits, the experiences of patient must be taken into consideration to understand if the model is truly beneficial<sup>31</sup>.

#### 2.4.3 Digital consultations

To enable services to continue offering care to millions of people whilst also maintaining social distancing, there has been a significant increase in the use of

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<sup>28</sup> *Nottingham and Nottinghamshire CCG; Covid-19 Recovery Report - Oct 2020*

<sup>29</sup> *West Yorkshire and Harrogate Health and Care Partnership; Coronavirus engagement report for stabilisation and reset - June 2020*

<sup>30</sup> *Healthwatch working with British Red Cross; 590 people's stories of leaving hospital during COVID-19 - Oct 2020*

<sup>31</sup> *Healthwatch, National Voices, Traverse; The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. Insight report. Key findings from research - July 2020*

digital consultations - online, telephone or video. Figures show that in May 2020 - 48% of GP appointments were carried out remotely, compared to just 14% in February 2020. More recently, it is estimated that 85% of all consultations are done digitally<sup>31</sup>.

In many cases, the use of digital consultations has been welcomed and viewed as providing the equivalent, if not a better standard of care than a face-to-face appointment<sup>32 33 34</sup> with the added benefits of being more convenient, reducing the need to travel and patient safety<sup>35 36 37</sup>.

Research by South Tyneside and Sunderland NHS Foundation Trust provides local support of this with 83% of patients/members of the public surveyed stating that they would be happy to accept a digital appointment, whilst 63% said they would be likely to recommend digital consultations to their family/friends<sup>38</sup>.

Furthermore, the Sunderland Eye Infirmary found that the majority of those who have used the emergency telephone line during the pandemic would be highly likely to use this in the future, citing convenience, access to immediate advice and/or clinical consultation as well as access to the right care at the right time as the key benefits<sup>39</sup>. All staff (n=36) who responded to the survey also felt the phone line should continue in the future<sup>40</sup>.

In contrast to this, there is a large evidence base reporting cases of patient dissatisfaction with digital consultations; with a wide variety of factors thought to influence this including the health condition being discussed<sup>41</sup>, whether or not a

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<sup>32</sup> University Hospitals Plymouth; Video consultations: what patients think - Aug 2020

<sup>33</sup> Healthier together for Bristol, North Somerset and South Gloucestershire; The Healthier Together Panel. Survey five – Digital technology and video consultations results - April 2020

<sup>34</sup> NHS Lincolnshire; Pulse check survey. Accessing services in Lincolnshire during the Coronavirus pandemic – Aug 2020

<sup>35</sup> NHS Sunderland, South Tyneside & County Durham CCG - The use of digital consultations in GP practices – Public engagement findings - Aug 2020

<sup>36</sup> Healthwatch Doncaster; Using video and digital services for therapy services appointments at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, What do patients tell us about the 'new way of working'? - Aug 2020

<sup>37</sup> NHS Sheffield CCG - Impact of temporary changes to health services as a result of Covid-19 and plans for phase 2 - Survey – Nov 2020

<sup>38</sup> South Tyneside and Sunderland NHS Foundation Trust - COVID -19 patient feedback on virtual patient consultations

<sup>39</sup> South Tyneside and Sunderland NHS Foundation Trust; Sunderland Eye Infirmary emergency phone line. Patient survey findings report – July 2020

<sup>40</sup> South Tyneside and Sunderland NHS Foundation Trust; Sunderland Eye Infirmary emergency phone line. Staff survey findings report – July 2020

<sup>41</sup> University Hospitals Plymouth; Video consultations: what patients think - Aug 2020

physical examination / diagnosis is required and whether it is a first or follow-up appointment<sup>42 43</sup>.

Evidence also shows that people are less likely to be comfortable using video consultations for new or ongoing mental health or emotional wellbeing concerns, with some circumstances simply deemed to be inappropriate, for example if treatment is required, in cases of severe illness, cancer and/or sensitive news being broken<sup>41 43</sup>.

Differences have been found in the opinions of heavy service users (those with ongoing long-term conditions) compared to light service users (mostly healthy) with regard to digital consultations. Specifically, light service users were found to be more satisfied with the way the NHS has responded to the pandemic, with this group supportive of expanding the use of digital consultations, to the point that they felt the choice should not always be the patient's own<sup>44</sup>.

With regards to age, there appears to be some inconsistency, as in some geographical areas it has been found that those over 65 years of age are more likely to lack the technology to engage in digital consultations<sup>45</sup> - preferring face-to-face appointments<sup>46</sup>, with those from younger age groups, those without a disability, long-term condition or health condition more likely to be positive about digital consultation methods and happy to use them in the future<sup>47</sup>. However, reports from other localities suggest that age does not appear to be a barrier to digital consultations as much as people lacking the equipment or internet access<sup>48</sup>.

Overall, it is safe to say there is a dichotomy of views with regards to digital consultations which reflects the diversity of patient needs and also includes the same patient having different needs at different times<sup>49</sup>. For others, particularly vulnerable groups, there is no choice as barriers such as digital exclusion, language and literacy barriers and visual/hearing impairments prevent them from engaging in digital consultations.

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<sup>42</sup> *Healthwatch Southwark; Experiences of health and social care in Southwark during the COVID-19 pandemic - July 2020*

<sup>43</sup> *NHS Lincolnshire; Pulse check survey. Accessing services in Lincolnshire during the Coronavirus pandemic – Aug 2020*

<sup>44</sup> *Nottingham and Nottinghamshire CCG; Research and Engagement into NHS System Recovery Integrated Insights Report (Interim) – Sept 2020*

<sup>45</sup> *Wakefield Insight Report*

<sup>46</sup> *Analysis of Birmingham and Solihull CCG Engagement with Groups Adversely Impacted by COVID-19 - Summer 2020*

<sup>47</sup> *NHS Sunderland, South Tyneside & County Durham CCG; The use of digital consultations in GP practices – Public engagement findings - Aug 2020*

<sup>48</sup> *University Hospitals Plymouth; Video consultations: what patients think - Aug 2020*

<sup>49</sup> *Analysis of Birmingham and Solihull CCG Engagement with Groups Adversely Impacted by COVID-19 - Summer 2020*

## 2.5 Vulnerable patient groups

Most people in the UK have had to face a period of extreme adjustment as a result of the pandemic, including how we interact with one another and with health services. Everyone has had to make changes, but evidence shows that these changes have not affected us all equally<sup>50</sup>.

It has been acknowledged that some of the changes that have been made in response to Covid-19 have exacerbated existing inequalities in service access from the most marginalised and vulnerable communities. It is therefore extremely important that future and lasting service changes don't further 'widen the gap' between these individuals and the essential services and support they need to stay well and healthy<sup>49</sup>.

Some of the barriers identified for vulnerable individuals accessing healthcare are shared across many communities and some are very specific to particular ones. Of course, these should not be viewed in isolation as it is likely that any individual may be experiencing multiple contributing factors affecting their ability to access healthcare services now, and in the future.

### 2.5.1 Overarching factors facing vulnerable patient groups

Individuals from vulnerable groups are more likely to have experienced difficulty in accessing Covid-19 guidance and key public health messages, hindering their ability to understand what they should do to protect themselves and if / how they should seek healthcare. Often where guidance is accessible, it has not been feasible to implement as it has not considered the life circumstances of people in vulnerable circumstances<sup>50</sup>.

It is acknowledged that individuals from vulnerable groups are likely to be facing:

- **Digital exclusion**

This may result from an inability to pay for access to broadband or mobile data (exacerbated by the closure of community and voluntary sector organisations that usually provide this), lack of access to technology (including broadband, smartphone, computers, tablets and televisions) and/or a lack of knowledge and digital skills<sup>51</sup>.

This is particularly true within the asylum seeker and refugee community (AS&R) with many struggling to access digital consultations because they do not have access to the internet and mobile phones, have insufficient credit and/or live in accommodation which lacks privacy. Furthermore, individuals living on traveller sites, unauthorised encampments or roadsides, face barriers of poor or unstable access to

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<sup>50</sup> *Doctors of the World; An unsafe distance – the impact of COVID-19 pandemic on excluded people in England – Sept 2020*

the internet, with some relying on a single Wi-Fi router for an entire traveller site<sup>51</sup>.

Individuals from the deaf community also face significant barriers in using digital consultations to access health services. Where face-to-face is possible, the use of face masks makes lip-reading impossible, causing deaf service users to feel very vulnerable and nervous within healthcare settings. Overall, many of the deaf community feel that not enough has been done to accommodate their needs<sup>51</sup>.

- **Language and literacy barriers**

Covid-19 guidance is often written in language that people in many excluded groups do not understand. Furthermore, the government's guidance has predominantly been published in English, which can be inaccessible to new migrants and people in the asylum system, or people whose first language is not English. Translated versions have been limited, and updates to these translations have lagged behind the English language versions<sup>50</sup>.

Language and literacy problems create issues for people accessing digital services such as telephone appointments and triage systems<sup>51</sup>, with many relying on the support from local community voluntary organisations, which unfortunately has been reduced during the pandemic<sup>52</sup>.

Furthermore, accessibility to information and technology is very important for people living with disabilities, with people with different disabilities absorbing information in different ways<sup>53</sup>.

This research highlights the importance of ensuring that tailored information is accessible to these individuals, taking into account their circumstances, culture and language, to allow them to access the same information as the rest of the population, rather than relying on information from friends or social media<sup>54</sup>, which can often be inaccurate.

- **Privacy issues and living arrangements**

Privacy issues are a concern for the most vulnerable, particularly the AS&R community, as they may live in shared accommodation where they do not have space to speak privately and/or share mobile phones with others<sup>55</sup>.

Furthermore, a reluctance in attending healthcare appointments has been observed in young Asian individuals for fear of bringing the infection back home to their elder

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<sup>51</sup> *NHS Nottingham and Nottinghamshire; Experiences of accessing healthcare services during Covid-19 - Sept 2020*

<sup>52</sup> *National Voices; What is the role of voluntary, community and social enterprise (VCSE) organisations in care and support planning? A discussion paper – May 2016*

<sup>53</sup> *NHS England; Accessible Information Standard - May 2016*

<sup>54</sup> *Doncaster Conversation Club: Asylum Seeker and Refugee Community Insights - June 2020*

<sup>55</sup> *NHS Nottingham and Nottinghamshire; Experiences of accessing healthcare services during Covid-19 - Sept 2020*

family members<sup>53</sup>.

Lockdown has led to more women feeling isolated from their social circles and extended families – for those in dysfunctional relationships, this has left some feeling trapped in toxic environments with abusive partners who would ordinarily be at work. This has also resulted in individuals being unable to access services that are needed, due to a lack of privacy<sup>56</sup>.

- **Fear of the NHS / mistrust of healthcare professionals**

Fear and distrust of health professionals, the NHS and government caused by legislation that increases certain groups' risk of criminalisation, and previous negative experiences with the criminal and justice system, immigration services and social care have been found to prevent people seeking advice on and healthcare for Covid-19<sup>57</sup>.

Furthermore, individuals without secure immigration status are also known to avoid health services because of the worry that their treatment could be chargeable as well as an apprehension that the NHS will share data with the Home Office - leading to possible detention and deportation<sup>55</sup>.

Issues of stigma with Covid-19 have also been identified as negatively impacting upon the health seeking behaviours in some vulnerable groups<sup>58</sup>. For example, fear of diagnosis and death from Covid-19 was identified as negatively impacting on how BAME groups took up opportunities to get tested and their likelihood of presenting early for treatment and care<sup>56</sup> whilst individuals from AS&R communities were found to be reluctant to access NHS services as they became increasingly aware of the additional risks posed to the BAME communities with some feeling stigmatised as a result of their ethnicity<sup>53</sup>.

### 2.5.2 Additional barriers for specific groups

A number of additional factors have also been identified that certain vulnerable audiences are facing, impacting on the extent to which they have been affected by the pandemic as well as access to the help and support they need.

- **People living with dementia** - patient feedback in Nottingham highlighted that not only are people living with dementia at a greater risk from Covid-19 but that there has been a profound impact on every aspect of their lives, with lockdown leading to increased frailty, poorer physical health and psychological frailty and an escalation of support needs. For some extremely vulnerable people, there is a growing concern that they will have become

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<sup>56</sup> Rotherham Ethnic Minority Alliance (REMA); Consultation on mental health support needs in Rotherham's BAME communities – June 2020

<sup>57</sup> Doctors of the World. An unsafe distance – the impact of COVID-19 pandemic on excluded people in England - Sept 2020

<sup>58</sup> Public Health England; Beyond the data: Understanding the impact of COVID-19 on BAME groups - June 2020

institutionalised, lost confidence and just want to stay at home where they feel safe<sup>59</sup>.

- **Mental health** - those with serious mental health conditions describe being particularly affected in the early lockdown, with care being hard to access and individuals unable to see their support networks. Isolation and the absence of care appointments means that, for some, their mental health has greatly deteriorated affecting their ability to carry out their normal daily routines<sup>60</sup>.
- **Patients with long-term conditions** - for heavy services users, including those with long-term conditions, the pandemic has undermined a perception that the NHS will always be there for them. Research shows that these patients have suffered greatly during the pandemic, with many feeling left behind with delays in their treatments / diagnosis and exacerbating their health problems<sup>56</sup>.

Results from the patient access survey<sup>61</sup> show that 59% of respondents are worried about their current conditions, a finding also reflected in the attitudes of healthcare professionals, particularly those in secondary care, who worry that their patients are going without the support they need<sup>62</sup>.

Fear of catching and becoming seriously ill with Covid-19, has outweighed concerns about respondents' existing health conditions with around 1 in 3 people stating that they had delayed healthcare. This rose to 2 in 5 for people with diabetes, lung disease and mental health conditions<sup>63</sup>.

- **Individuals who were shielding** - communication was a big issue for this group with many not understanding if they were supposed to be shielding and therefore what guidance to undertake and what support was available. A significant proportion of individuals in Nottingham and Nottinghamshire were reported by Healthwatch to not be aware if they were in the highest or increased risk group for Covid-19 - indicating that messages about who falls into this group has not been sufficiently clear and people have failed to identify the risk factors that apply to them<sup>64</sup>.
- **Carers** – research shows that carers feel forgotten during the pandemic and many are in crisis. Research by the Office for National statistics found that

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<sup>59</sup> *NHS Nottingham and Nottinghamshire; Experiences of accessing healthcare services during Covid-19- Sept 2020*

<sup>60</sup> *Britain Thinks; Patients, public and professionals Report- Sept 2020*

<sup>61</sup> *GP Patient Survey – July 2020*

<sup>62</sup> *Britain Thinks; Patients, public and professionals Report - Sept 2020*

<sup>63</sup> *Patient Information Forum; Covid Choices Survey – Main Findings – Oct 2020*

<sup>64</sup> *Healthwatch Nottingham and Nottinghamshire; Information needs of vulnerable people during the COVID-19 pandemic – May 2020*

32% of those who reported caring for another person, were providing support to someone that they were not, before the pandemic<sup>65</sup>. Furthermore, in West Yorkshire and Harrogate, 70% of local carers are providing more care due to the outbreak - 35% as a result of local services reducing / closing with carers providing on average 10 additional hours of care each week as a result of the lockdown<sup>66</sup>.

It is evident that the pandemic has caused increased pressure and greater demand on carers, who are often living in heightened fear, and are unable to access normal coping mechanisms, particularly if they themselves and/or the person they are caring for have a condition which they should be shielding. These increased pressures and demands may impact on their ability to access healthcare services.

## 2.6 Looking to the future

Despite the pandemic reaffirming public beliefs that the NHS is overstretched and under-resourced<sup>67</sup>, the public continue to be more optimistic about NHS standards than in previous years, particularly looking forward to the future and are positive about the general standard of care in the NHS over next 12 months following the pandemic. However, while the public are fairly positive that the NHS will survive the pandemic, there are concerns about its long-term future<sup>68</sup>.

In many cases the changes to NHS services that have been made as a result of the pandemic have been welcomed with clear advantages to patients as well as staff, however, it is clear that there is not a one size fits all solution, rather a blend of different approaches and digital solutions is required.

The pandemic has provided a great opportunity to re-frame previously overstretched services, however specific consideration must be given to ensure an inclusive approach to ensure that no one is left behind and to prevent the standard of care from declining.

Increased support is required to enable patients, particularly those from vulnerable groups, to access the technology required for digital consultations – working to address digital inclusion. Guidance from the National Voices emphasises the importance of working in consultation with the audiences most affected by the changes<sup>69</sup>.

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<sup>65</sup> Office for National Statistics; *Coronavirus and the impact of caring – July 2020*

<sup>66</sup> West Yorkshire and Harrogate Health and Care Partnership; *Coronavirus engagement report for stabilisation and reset- June 2020*

<sup>67</sup> Britain Thinks; *Patients, public and professionals Report - Sept 2020*

<sup>68</sup> Ipsos MORI; *The Health Foundation COVID-19 Survey. A report of survey findings - June 2020*

<sup>69</sup> National Voices; *Nothing about us without us; 5 Principles for the next phase of the COVID-19 response - June 2020*

With regards to communication and information, the research highlights the need to:

- Inform patients that the NHS is open for business and that services are safe to use - reassurance being at the core of every communication<sup>70</sup>.
- Go beyond telling people to attend hospital and GP services, placing an emphasis on explaining how the NHS is working to keep them safe throughout their healthcare experience<sup>71</sup>.
- Ensure the public understand the rationale between policy / service changes and why they are necessary<sup>67</sup>.
- Make information accessible for all audiences; including translated materials and easy-to-read formats.

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<sup>70</sup> *Imperial College Health Partners and Ipsos MORI; London deliberation document London Covid-19 – July/Aug 2020*

<sup>71</sup> *Patient Information Forum; Covid Choices Survey – Main Findings – Oct 2020*

### 3 References

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