

Healthwatch Northamptonshire Coronavirus

Survey Findings

Weeks 3 - 5, 15 May - 4 June

As the independent champion for health and social care in the county, Healthwatch Northamptonshire asked people to tell us how they have found accessing health and care service during the coronavirus pandemic, including what they think of the new ways of contacting GP practices, whether they have had any treatments delayed or cancelled and whether they have seen changes in home visiting services from social care workers or community nurses. The survey also asked how much of an impact the coronavirus pandemic has had on people's mental wellbeing and whether they have been able to get help with this.

The findings are being written up and shared with the health and care system to help them understand which services have improved during this time and identify those that are more difficult to use so they can be designed and delivered to meet the needs of people in Northamptonshire.

105 responses were received during the third, fourth and fifth weeks, plus eight other pieces of feedback relating to experience of services during the pandemic. This report summarises these 105 responses and makes comparisons to the previous 170 response received in weeks 1 and 2 and give some combined figures for the first 275 responses. However, it is important to note that the feedback received in later weeks does not necessarily relate to more recent experiences.

Key findings

Information and advice

- As with weeks 1-2, most people had found it easy to get the information they need but there was mention of some advice being confusing, particularly that relating to national guidelines. Two people would have liked more advice about what to do as a carer.

Using GPs

- Two-thirds of people had needed to contact a GP surgery. Like in weeks 1-2, most people (79%) were satisfied with the telephone or online triage processes (79% for all five weeks), with some commenting that this was an easy and efficient system and that they were responded to quickly. 80% were satisfied with video appointments and 77% with face-to-face appointments, both higher than in weeks 1-2 (66% and 68% for all five weeks). Some people felt their condition had worsened from not being able to have a face to face appointment and three people pointed out the accessibility issues with relying on phone or video technology, particularly for people with autism.
- 70% said they, or their family member, had one or more long term condition that required regular contact with their GP surgery or pharmacy (65% for all five weeks). Like in weeks 1 and 2, the majority of comments (56%) about how well regular GP/pharmacy contact had been maintained were positive, giving reasons such as finding the systems for getting their



prescriptions worked well and that they'd had telephone reviews or check-ins. Most of those that had a negative experience said they had not been contacted or followed up.

Hospital care

- 31% said they were due planned hospital care or treatment that had been delay or cancelled because of the coronavirus pandemic (34% for all five weeks). Communication about these changes had been mixed, but more rated the communication positively than negatively and there were more positive ratings than weeks 1-2.
- Satisfaction with the changes was also mixed, but with more being satisfied than dissatisfied and higher satisfaction than weeks 1-2. Reasons given for being satisfied included being happy with a phone consultation or a rearranged appointment. Reasons for being dissatisfied included having an appointment, treatment or operation cancelled without being given an alternative date.
- 26% had received care in hospital during the pandemic (23% for all five weeks) and 81% were satisfied with it (78% for all five weeks), giving reasons such as caring and compassionate staff, well-organised systems and feeling safe, being seen or treated quickly and having good care, similar to weeks 1-2. The few poor experiences related to concerns about discharge of patients with COVID-19, needing more support for carers and not being able to have someone with them in maternity services.

Social care support

- 16% said that they, or someone they care for, normally receive home visits from social care workers or community nurses. Like in weeks 1-2, three-quarters of these (76%) had experienced a change in this care due to the coronavirus pandemic (also 76% for all five weeks). More people (46%) rated the communication about the changes as poor than good (48% for all five weeks), with more saying it was very poor compared to weeks 1-2.
- More people (58%) were dissatisfied with the changes than satisfied, 8% more than weeks 1-2 (53% over all five weeks). Reasons given included experiencing a lack of support or communication.

Ongoing healthcare

- 36% people told us they have delayed or put off getting help with a health problem until after the crisis has passed, 5% less than weeks 1-2 (39% over all five weeks). Like in weeks 1-2, reasons given included the need not being urgent - i.e. they were happy to wait until there was less pressure on the services, or the service they needed not being available.
- Some of the current changes to the way services are delivered were valued and people would like to see them continue, especially remote consultations and online services. Others felt that remote consultations did not work well and highlighted the difficulties with services being closed. Others highlighted communication issues, especially for people with hearing issues, and having some difficult getting medication.

Mental health and wellbeing

- Like in weeks 1-2, some people had experienced a significant impact on their mental health and wellbeing while others had not felt much impact or none at all. A range of score were given from 0 - no impact at all (10%) to 9 - very significant impact (6%). The average rating was 4.7 (similar to weeks 1-2), and most common score 6 (17%).



- 41% of people said they had not needed to access support for their mental health or wellbeing. 47% said they had been able to access support, mostly from their friends and family and 12% said they had not been able to access support, similar to weeks 1-2.

Further impacts

- 43% said that their health, care, or wellbeing had been affected by the pandemic in other ways that they wanted to tell us about. The main themes commented on were similar to weeks 1-2, such as the difficulties of shielding and social distancing and experiencing anxiety or stress. Others felt their physical health had declined due to delayed treatment or difficulties exercising. Three mentioned the difficulties carers face.

Demographics

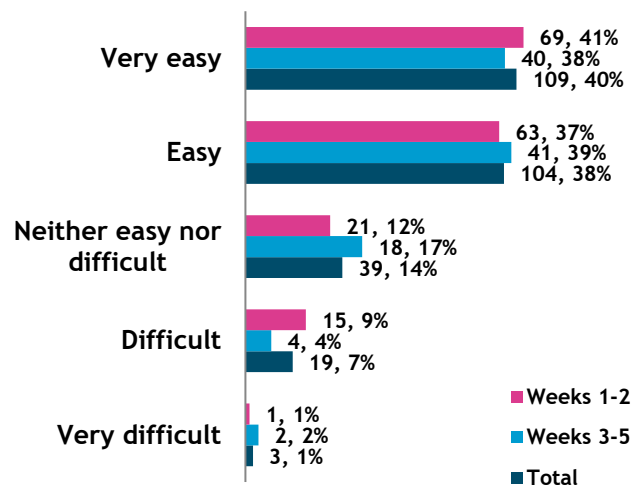
- Over one-third (37%) of respondents live in Northampton (43% over all five weeks), a slight over-representation, with an increase in the responses from Wellingborough compared to weeks 1-2. Women were again very over-represented (81%, 84% over all five weeks) and 37% were age 45-64 (44% over all five weeks). There was an increase of those over the age of 64 compared to weeks 1-2. Most respondents were White British (85%, 86% over all five weeks), in keeping with demographics of the county. 40% said they had a long term condition (34% over all five weeks), 19% a disability (same over all five weeks) and 27% were a carer (22% over all five weeks), higher than the county average of around 10% (with some identifying with two or three of these categories).

Information and advice

77% (81 of 105) have found it very easy (38%) or easy (39%) to find the information that they need about how to keep themselves and others safe during the coronavirus pandemic. 6% said difficult (4%) or very difficult (2%). These results are similar to those from the first two weeks.

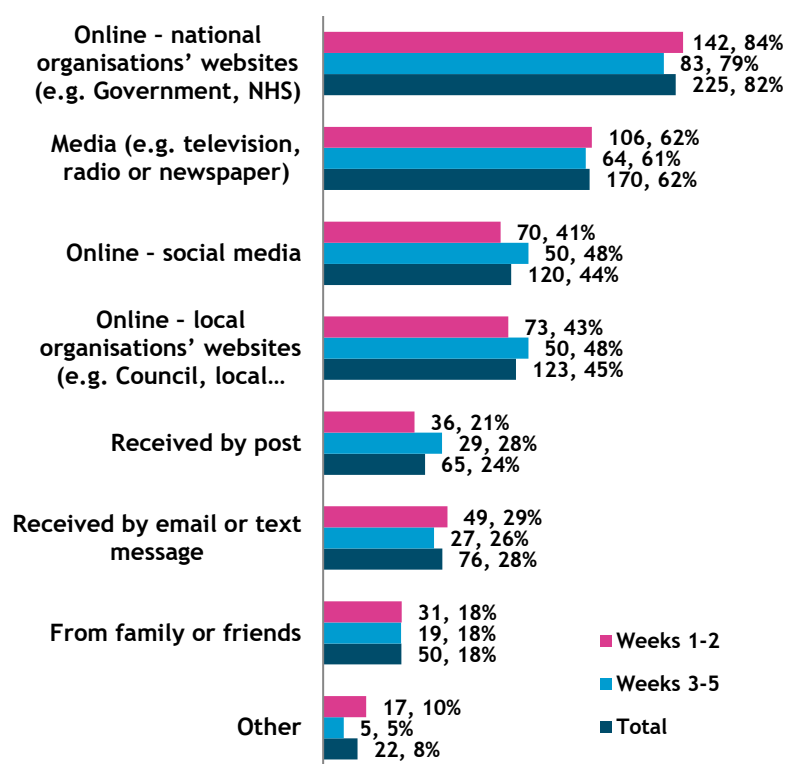
Most (79%, 83 of 105) have got information from national organisation’s websites (e.g. Government and NHS) and/or media (television, radio and press) (61%).

Ease of finding information to keep safe during the coronavirus pandemic





Sources of information or advice



48% have got information from local organisations online (e.g. Council, local hospital or surgery, voluntary/community organisations/Healthwatch) and 48% from social media.

There was a slight increase in those receiving information by post, from local organisations, and from social media in weeks 3-5 compared to weeks 1-2.

15 out of 105 people (17%) gave reasons why it was difficult to get the information or advice they needed or about the topic it was hard to find out about. The majority of comments (nine, 60%) related to advice and information being confusing or contradictory, particularly that relating to national guidelines. Two people would have liked more advice about what to do as a carer, one specifically relating to discharge.

Top difficulty themes:

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (percentage of comments)	Responses (percentage of comments)	Responses (percentage of comments)
Conflicting/confusing advice	9 (60%)	12 (34%)	21 (42%)
Carers advice	2 (13%)		2 (4%)
Discharge advice	1 (7%)		1 (2%)
Shielding confusion	1 (7%)		1 (2%)
Care home - lack of updates	1 (7%)		1 (2%)
Specific condition	1 (7%)	7 (20%)	8 (16%)
Comment about mental wellbeing	1 (7%)		1 (2%)
National media behaviour	1 (7%)		1 (2%)
Local services		6 (17%)	6 (12%)
Virus or symptoms		5 (14%)	5 (10%)
Shielding		4 (11%)	4 (8%)
Home care		3 (9%)	3 (6%)
Lockdown		3 (9%)	3 (6%)
Need accessible info		3 (9%)	3 (6%)
PPE		3 (9%)	3 (6%)
Avoid because of anxiety		1 (3%)	1 (2%)
Benefits		1 (3%)	1 (2%)
Changed services		1 (3%)	1 (2%)
Too much		1 (3%)	1 (2%)



Examples from weeks 3-5:

Conflicting/confusing advice:

“Some conflicting info about underlying conditions.”

“Lots of different information, nothing consistent.”

“I think a lot of the information has not been clear cut and can be open to interpretation.”

“The advice kept changing and it wasn’t updated as quickly as I needed it and accessing healthcare professionals wasn’t easy as they were redeployed.”

“Because the information was difficult to understand so I needed family to explain it to me.”

“Lockdown rules for families that are split, and restrictions if one person from one household has symptoms, what would the lockdown period be for the other household?”

Carers/Discharge:

“I’ve found it easy enough to find info about own health but not as a carer. At best the info is vague and advice contradictory.”

“How to look after a Covid-19 positive tested person who has been sent home from hospital after an unrelated procedure.”

Shielding confusion:

“Clear information as to how long those who have respiratory problem are expected to stay in lock down.”

Care home - lack of updates:

“Difficulties getting help/information for my 95 year old mum in an independent flat within a care home. She was told she wouldn’t be tested, then someone came out of the blue and tested.”

Specific condition (medication issue):

“Getting specific medication delivered from the medical supplier. Communication between the hospital and supplier seems to have broken down.”

Behaviour of national media:

“The national media have been appalling, I am all for questioning but not the blame culture. That has been more distressing.”

Mental wellbeing:

“Mental wellbeing been hard not to see grandchildren that you have picked up each day from school and stayed with till parents return.”



Using GPs

Experience of new arrangements

66% of people (69 of 105) said they had needed to contact their GP surgery for themselves or a family member since lockdown started (up 6% from weeks 1-2).

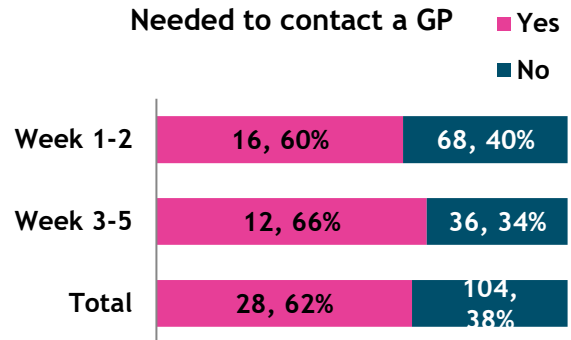
68 of the 105 told us how they found the **telephone or online triage arrangements**, 79% (54) were either very satisfied (37%) or satisfied (43%). However, 12% (8) were very dissatisfied (3%) or dissatisfied (9%).

Fewer people had experienced a video consultation or face to face consultation. 15 people rated their **video consultation** experience, with 12 (80%) being very satisfied (7, 47%) or satisfied (5, 33%). 2 (14%) were very dissatisfied (1, 7%) or dissatisfied (1, 7%).

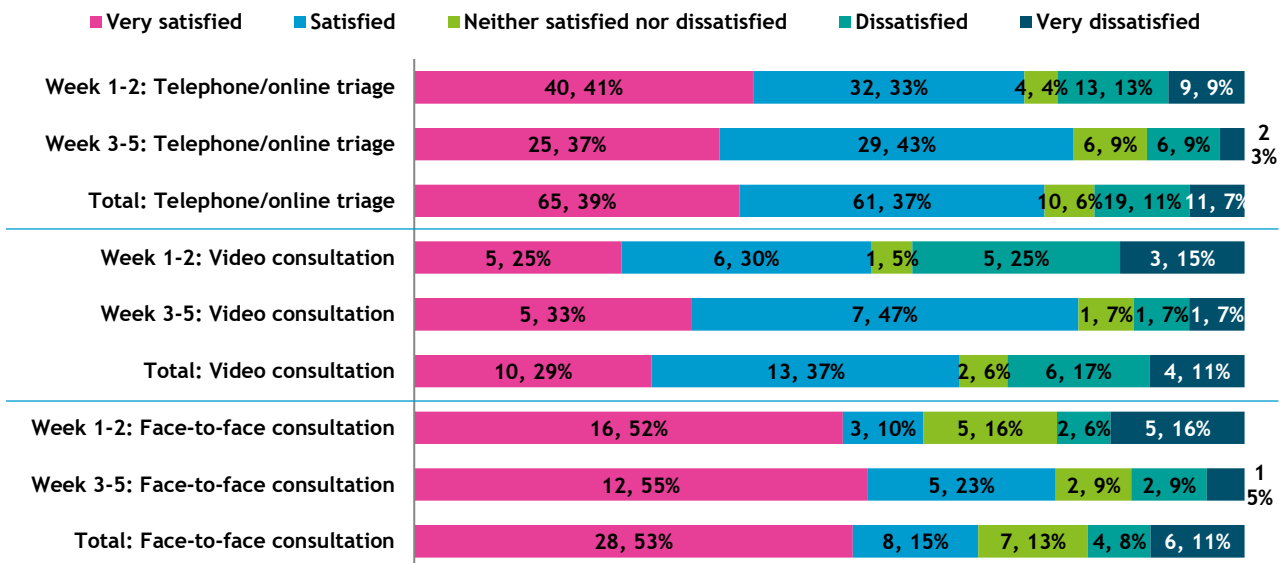
22 people rated their **face-to-face consultation**, with 17 (77%) being very satisfied (12, 55%) or satisfied (5, 23%). 3 (14%) were very dissatisfied (1, 5%) or dissatisfied (2, 9%).

Overall, satisfaction with each new arrangement is slightly better than for weeks 1-2.

Needed to contact a GP



Satisfaction with the new arrangements





What worked well

23 people commented on things that had worked well when seeking help from a GP, plus two people who said “no”.

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Fast/efficient/system works	8 (32%)	10 (48%)	18 (39%)
Phone calls good	8 (32%)	4 (19%)	12 (26%)
Social distancing/safety protocol	5 (20%)		5 (11%)
Good care/advice/excellent	4 (16%)	9 (43%)	13 (28%)
No	2 (8%)		2 (4%)
Felt supported		3 (14%)	3 (7%)
Video app		2 (10%)	2 (4%)

Eight new comments were about how the system was **fast and/or efficient**, for example:

“Response to email query to GP was fast.”

“The nurse called my father in from the car, while my mother stayed in the car. The GPs combine visits to nurse and doctor to reduce number of visits.”

“I needed some medication painkiller and the doctor’s surgery rang me up and sorted it within that day.”

“Easier to get through than usual!”

“The NGH referral for breast lump. Was seen in person by GP very swiftly. Breast clinic worked well with doctor, mammogram and ultrasound all same day.”

Eight others specifically highlighted how the **phone call system** was good, for example:

“Telephone consultations work really well and should be continued in the future as the norm when things ‘return to normal’ again.”

“Mobile phone conversation with GP with feedback on various test results and further appropriate actions.”

“The receptionist told me over the telephone that either a doctor or the surgery nurse would phone me to conduct a review for an asthma prescription and she (the nurse) did.”

“Quick call back time and very helpful in my query.”

“Receptionist were well trained to help.”

Five people were impressed by the **social distancing and safety protocol** and procedures in place, for example:

“It was good to see staff prompting immediate hand gelling before walking into the surgery. They keep the door locked and vet everyone that comes in.”

“The safety protocol worked extremely well and I never felt at risk.”

“Collecting prescriptions outside. Great idea, keeps staff and patient safe.”



Four comments were about receiving **good care or advice**, including two mentioning hospital care, for example:

“My favourite GP phoned me. He knows me well and was very reassuring as it was a mental health crisis. I also had a blood test with a nurse at the surgery. I was afraid of going out but she put me at ease.”

“Everyone at the surgery and at DVR clinic at NGH was professional, friendly informative and the attention received was extremely timely.”

“Once admitted to hospital the staff there were outstanding.”

What did not work well

27 people commented on things that had not worked well when seeking help from a GP, including five who said there was not anything that did not work well.

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Lack of face to face	11 (41%)	3 (10%)	14 (25%)
Felt unsupported/Hard to get support	6 (22%)	8 (27%)	14 (25%)
No	5 (19%)		5 (9%)
Hard to get tests/medication	4 (15%)		4 (7%)
Accessibility for deaf/hard of hearing/autistic, etc.	3 (11%)	2 (7%)	5 (9%)
Not being able to get appointment, get through or register	1 (4%)	5 (17%)	6 (11%)
Technology	1 (4%)	1 (3%)	2 (4%)
Discharge	1 (4%)		1 (2%)
Poor communication		8 (27%)	8 (14%)
Poor treatment/care		5 (17%)	5 (9%)
Poor triage		4 (13%)	4 (7%)
Missed appointment		3 (10%)	3 (5%)
Pharmacy issues		3 (10%)	3 (5%)
Concern about people being missed		1 (3%)	1 (2%)
Not tested		1 (3%)	1 (2%)

Eleven new comments were from people who felt they **needed a face to face consultation**, four of who **felt their condition worsened** as a result of not being seen face to face, and three who needed face to face for **accessibility reasons**. For example:

“Discussing future treatment over the phone.”

“When the concern is about a new-born I feel the GP should arrange to see them face to face as there is no face to face new-born care available unless an emergency.”

Worsening:

“My one year old daughter had a high temp and strong smelling nappies for five days. My GP refused to see her forcing us to go to A&E where she was diagnosed with a UTI. I advised the doctor that no one had left the house and not showing any signs of Covid-19. Despite the



apparent risks of Covid-19 being minimal the doctor said they are not seeing patients but the manager confirmed that they are seeing under threes.”

“My phone couldn’t access the video link. I have had a knee injury since lock down that really needed to be seen but my GP wouldn’t see me. I have a feeling that damage has been done that may not be possible to correct now. I had no Covid symptoms and would have felt more reassured had it been seen by a GP, I only phone the doctor if I am unable to self-medicate and feel really let down by the system. I think there will be many people in the same situation who will now be in health difficulties for some time to come. Although I appreciate the situation the lack of any face to face contact has been unfathomable to me.”

“My illness got much worse and I feel due to lack of face to face consultations.”

“Trying to get an appointment with a GP. It took three telephone calls and 10 days. As a key worker I had been tested for Coronavirus with a negative result. Still the doctors refused a face to face appointment and simply prescribed antibiotics over the phone - which made no difference. Finally I was directed to a face to face appointment with a nurse. By then my oxygen levels were so low an ambulance was called immediately. If a doctor had agreed to see me earlier my condition may not have been so dire.”

Accessibility:

“My surgery only works on the phone. I had to get my dad to do the call for me which was embarrassing.”

“It’s tricky for my sister who is autistic as with phone triage you don’t always get a specific doctor (there’s two that know her well and she’s comfortable with) which puts her anxiety up, so would be better to have fixed doctors for appointments. She also takes things quite literally which the GP would usually prompt her about in person but this is harder to do over the phone.”

“I find phone calls extremely difficult due to my autism so it’s been very hard to contact any service and I have relied on my family.”

Six comments were about **feeling unsupported**, for example:

“Felt abandoned by dementia services - no follow up.”

“GP Surgery not interested unless you have COVID-19.”

“(Speaking as a Carer) my mum seems to have slipped the net and due to coronavirus I am unable to help her as I had been doing. There is an assumption that she is getting care in the home but this is not so.”

“Could not discuss change in medication decided by GP surgery with a clinician. Was informed by receptionist who could not answer any questions. I had to make an appointment to speak to a clinician. Said nurse would be in contact but no contact was made. I had to try again.”

Four mentioned it was **hard to get tests or medication**, for example:

“I had to really make a lot of calls to get blood tests.”

“Had to wait too long for prescription to be processed.”

“GP is unable to issue a prescription to the pharmacy due to it being a controlled medication. Breakdown in communication between the supplier and hospital means we need to get it from GP, the surgery refused entry for us to come in to collect it.”



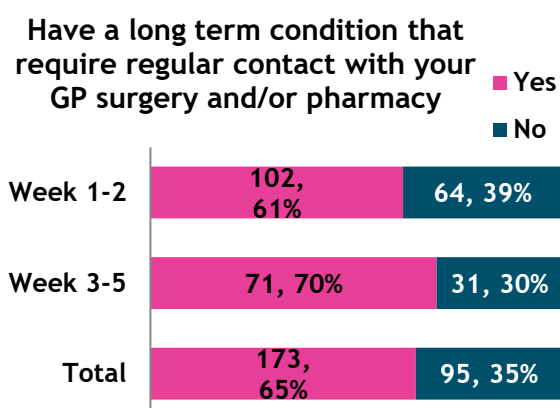
One person highlighted that they could not access the **video link** (see above), one person told us about issues to do with discharge from NGH, and one person had just moved and **was not able to register with a GP** as they were told they had to do that in person:

“I moved house just before this and hadn’t had time to change my GP. Contacted my planned new GP told I needed to bring paperwork to the surgery to register - we’re shielding so that wasn’t going to happen. Could post, but wouldn’t be able to set online access up. Stayed with old GP two hrs away and just did everything online.”

Maintaining contact for those with long term conditions

70% (71 of 102) said they, or their family member, had one or more long term condition that required regular contact with their GP surgery or pharmacy (up 9% from weeks 1-2).

62 people commented on how well the regular contact had been maintained during the pandemic. Like in weeks 1 and 2, over half of these comments were positive (56%, 35). 16% (10) were negative, 23% (14) neutral and 5% (3) said they had not needed any regular contact.



Positive comments

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Good, maintained, etc.	18 (51%)	15 (48%)	33 (41%)
Prescriptions/medication system works	9 (26%)	13 (28%)	22 (27%)
Phone contact/review	9 (26%)	13 (28%)	22 (27%)
Good communication	1 (3%)		1 (1%)
Pharmacist good/checked in		3 (7%)	3 (4%)
Quick/Efficient		2 (4%)	2 (2%)
Online system works		1 (2%)	1 (1%)
Text updates		1 (2%)	1 (1%)
Specific clinic		1 (2%)	1 (1%)

The top three positive comment themes were the same as weeks 1-2.

18 people from weeks 3-5 commented on how **contact had been maintained well** in general, for example:

“Very good service from surgery and pharmacy.”

“It has been maintained very well.”

“Both husband and mother have had the best care and concern.”

“Feel very confident that if I needed support it would be there for me. Fortunately have not needed any extra support.”

Nine people specifically mentioned how the **system to get their medication or prescriptions had worked well** (which seems to be the things that the most people with a long term condition had used), for example:



“Repeat scripts requested online work well.”

“Delivery of prescriptions from pharmacy via surgery.”

“I fill out an online repeat prescription request so it has been straight forward.”

“Able to get regular medication, long wait initially, but pharmacy has revised system and only small delay on pickup.”

Nine people commented on having had a **phone review, consultation or check in**, for example:

“Over the phone review for asthma was fine.”

“Doctor has phoned me twice once regarding my health and another regarding my medication.”

“Very well, my surgery has sent regular texts and I had a phone call from them to see if I needed any help. I’ve been in touch with the pharmacy monthly and my prescription is always ready on time.”

“Very well have be contacted by consultant, ward staff, GP, community nurses, GP nurse at various times during the past few weeks.”

One person commented on how well two professionals had worked together:

“Very well maintained. The GP and cardiac nurse work well together.”

Negative comments

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
No contact	4 (40%)	9 (47%)	13 (45%)
No follow up	2 (20%)		2 (7%)
Medication system	1 (10%)	1 (5%)	2 (7%)
Generally not good	1 (10%)	3 (16%)	4 (14%)
Lack of information	1 (10%)		1 (3%)
Registration issues	1 (10%)		1 (3%)
Couldn’t get through/Having to make multiple phone calls		2 (11%)	2 (7%)
Pressure on carer		2 (11%)	2 (7%)
Service not available		1 (5%)	1 (3%)
Surgery not coping		1 (5%)	1 (3%)

The top negative comment theme was the same as weeks 1-2.

Four people from weeks 3-5 said they had **not had any contact** and one that it was generally **bad**, for example:

“Mum has diabetes and other conditions which she should be monitored for. We have had no contact from her doctor’s surgery since the lockdown began.”

“Bad, not contact.”

“It hasn’t.”



Two people specified they had **not had any follow up**:

“No diabetes follow up/Hba1c. Still awaiting physio following referral.”

“Partner has mental health issues. Had a mental health review and doctor was meant to ring my partner regarding an assessment at Campbell house and to this day still has not done so after a couple of months. Been told that he hasn’t even opened the e-mail.”

One person mentioned a **lack of information** and another the issues they’d had registering with a practice:

“Brother has asthma and not allowed into work (school) but not able to get any information from GP/government about if he can start work soon, needs a shielding letter, etc.”

Neutral and mixed comments

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
As before/required	5 (29%)		5 (14%)
Ok/could have more help/contact	5 (29%)	2 (10%)	7 (19%)
Medication system	4 (24%)	7 (35%)	11 (27%)
Not needed	3 (18%)	5 (25%)	8 (22%)
Other		7 (35%)	7 (19%)

Five people had **not noticed any change from usual** or said that contact was **there as required**. Five others felt they **could have had more help**, could get medication, etc. but **had to wait at the pharmacy**, or just thought it was **ok**, for example:

“Fine. Only issue I have is that the definition of vulnerable is open to interpretation. My husband has dementia and had a heart attack last year and had a stent fitted and he is also borderline diabetic but is not classed as vulnerable. We have self-isolated since beginning of March and if he was deemed to be in the vulnerable category then perhaps a bit more help would have been useful.”

“Only heard from GP once to check on mum (luckily she’s got me as an older young carer to look after her) but pharmacy have been the same with meds.”

“I collect my medication monthly from the pharmacy. Sometimes I can be waiting an hour just to get into the pharmacy.”

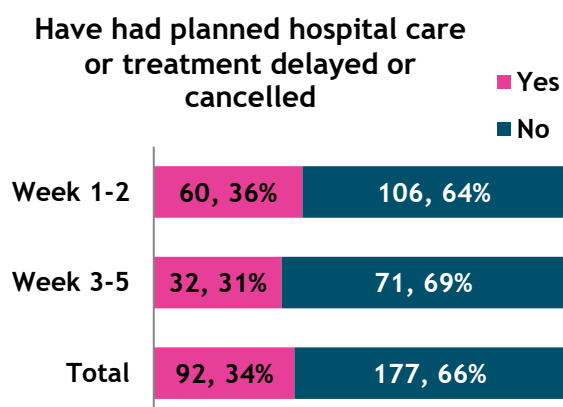
Hospital care

Changes to planned care or treatment

Nearly one-third of people (31%, 32 of 103) said they were due planned hospital care or treatment that had been delay or cancelled because of the coronavirus pandemic (5% fewer than weeks 1-2).

Communication

All 32 gave a rating for the communication they received about the changes, as well as two people who had not had any planned care changes (or had

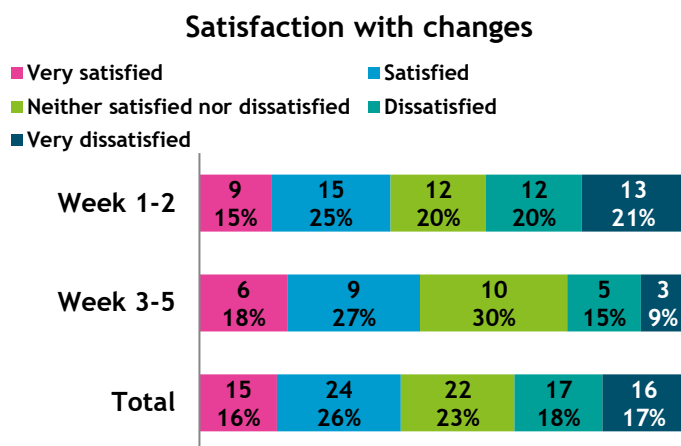




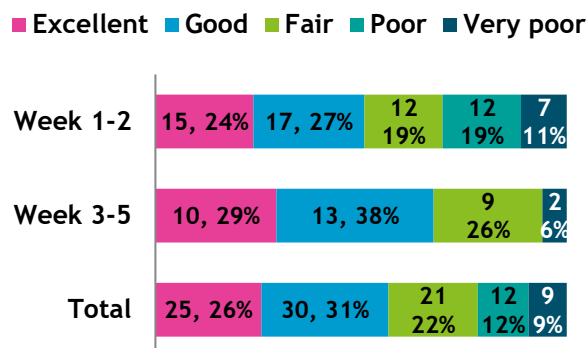
not answer the previous question). Two-thirds (68%, 23 of 34) rated the communication as ‘Excellent’ (29%, 10) or ‘Good’ (38%, 13), with a further 26% (9) saying it was ‘Fair’. 6% (2) rated it as ‘Very poor’.

Satisfaction with changes

Satisfaction with the changes varied, with slightly more being ‘Very satisfied’ (18%, 6) or ‘Satisfied’ (27%, 9) - 45% (15 of 33) combined, than ‘Very dissatisfied’ (9%, 3) or ‘Dissatisfied’ (15%, 5) - 24% (8 of 33) combined.



Communication about changes



Like for weeks 1-2, the satisfaction with the changes is probably correlated with how the communication about the changes was rated. The one person who rated the communication as ‘Very poor’ and expressed their satisfaction with the changes said they were ‘very dissatisfied’.

68% (15 of 22) of those who rated the communication as ‘Excellent’ or ‘Good’ were ‘Very satisfied’ (27%, 6) or ‘Satisfied’ (41%, 9) with the changes.

Experience of changes and impact

23 people told us more about their experience of the changes and the impact it has had on them.

Nine gave reasons people gave for being satisfied with the changes, or aspects of them:

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of all comments)	Responses (Percentage of all comments)	Responses (Percentage of all comments)
Rearranged or remote appointment	6 (26%)	12 (22%)	18 (23%)
Fine/happy about postponement	2 (9%)	4 (7%)	6 (8%)
No big impact	1 (4%)	4 (7%)	5 (6%)
Understand current situation		2 (4%)	2 (3%)
Helpful people		1 (2%)	1 (1%)
Received regular updates		1 (2%)	1 (1%)

The top three positive comment themes were the same as weeks 1-2.

Two people from weeks 3-5 were happy to have a **phone consultation instead**, two said their **appointments had been rearranged**, and two that **urgent treatment was still carried out**. Two said their **appointments or operations had been postponed or cancelled** but did not seem unhappy about it. One person said there was **no big impact** of the delay on them.



Illustrative comments:

“My son is autistic. His SALT [Speech and Language Therapy/Therapist] appointment was cancelled but had telephone meeting with his SALT and she sent out schedule cards for him.”

“Appointments changed to telephone or rearranged for later this year.”

“I had a chest clinic appointment at Northampton General Hospital which was deferred and I was given a new appointment for later in the year.”

“All treatment has been delivered with some adjustments for example no community nurse visits however agreed time and place to attend to ensure needs are met.”

“Northampton General Hospital. I was easily able to access my regular eye injection, for a retinal vein occlusion. This means my vision has not been compromised.”

“Yearly check up at NGH for breast screening paused because of Covid-19.”

Examples of negative impacts:

More people gave examples of a negative impact on them (some covering more than one theme).

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of all comments)	Responses (Percentage of all comments)	Responses (Percentage of all comments)
Cancellation or postponement/Waiting	16 (70%)	27 (49%)	43 (55%)
Pain/medical impact	2 (9%)	9 (16%)	11 (14%)
Communication	2 (9%)	11 (22%)	13 (17%)
Remote appointment instead	1 (4%)		1 (1%)
Psychological impact	1 (4%)	7 (13%)	8 (10%)
Lack of support		5 (9%)	5 (6%)

The top three positive comment themes were the same as weeks 1-2.

Six people in weeks 3-5 negatively mentioned their **appointment or operation had been cancelled** and four that it had been **postponed or rearranged**. Four added that they had **not been given alternative date** or had it rearranged. One person had been referred back to their GP and one said the service was disrupted. For example (plus overlap with other themes):

“Unable to attend appointments.”

“No date given for echo cardiology appointment Kettering.”

“Orthopaedic NHS Consultation at BHI Three Shires cancelled - no new date yet.”

“Mental health team, KGH, told my husband would be referred back to his GP as he had had two telephone consultations.”

“Ultrasound maternity scans cancelled, no communication from KGH.”

“Maternity care services severely disrupted.”

Two people highlighted the **pain** they were left in and/or other **medical consequences or psychological impact**:

“Continued discomfort both mentally and physically even though it’s a low risk procedure (day case, local anaesthetic) and could have been done months ago if the doctor hadn’t delayed the follow up.”



“I need immediate surgery on massive tears in the tendons in my shoulder. The longer I have to wait the bigger the chance the surgery will not be successful.”

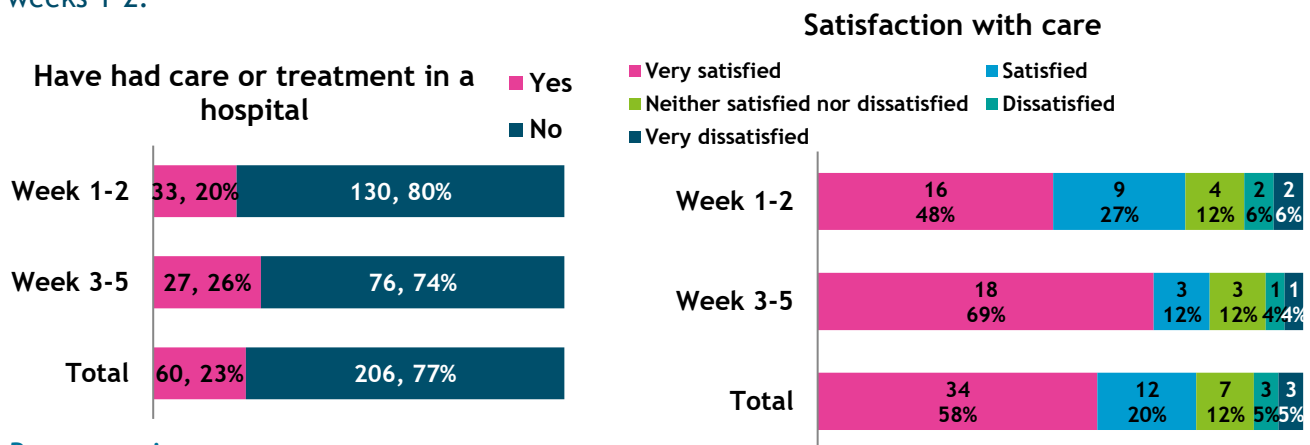
Two people gave examples of **poor communication**, including the need for **accessible communication** for deaf people:

“I am deaf BUT despite the hospital knowing this and allegedly marking my file they still attempt to ring me to change my appointments DUH!!”

“Physiotherapy, they did call, but I missed the call, and have not been able to contact them since, they did leave a message on my mobile but I could not hear the person clear enough.”

Hospital care during the pandemic

27 of 103 (26%) said they’d had care or treatment in a hospital during the pandemic, 6% more than weeks 1-2. Over three-quarters (81%, 21 people) were either ‘Very satisfied’ (69%, 18) or ‘Satisfied’ (12%, 3) with their care. Two people (8%) were ‘Very dissatisfied’ (4%, 1) or ‘Dissatisfied’ (4%, 1). There was an increase in those who were ‘Very satisfied’ compared to weeks 1-2.



Poor experiences

When asked to tell us why they gave this rating or more about their experience, four people who were less satisfied gave the following reasons.

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of all comments)	Responses (Percentage of all comments)	Responses (Percentage of all comments)
Discharge	2 (8%)		2 (4%)
Felt rushed	1 (4%)		1 (2%)
Lack of visitors	1 (4%)	2 (7%)	3 (6%)
Lack of support for carer	1 (4%)		1 (2%)
Poor care		2 (7%)	2 (4%)
Not had care		2 (7%)	2 (4%)
Travel		1 (4%)	1 (2%)

Two people mentioned that the hospital care was fine but had difficulties relating to **discharge of COVID-19 positive patients, including for carers**:

“The care in hospital was fine. However, my father was sent home after eight days having tested positive for Covid-19. After four days at home; with two falls, trying to keep distant from him by my mum 78, his carer, he became very ill again necessitating close contact by her (he had 24 hrs of diarrhoea), fever and paramedics came and took him to hospital. My mum was given a couple of masks when he left hospital but no real guidance. I was told the District nurses are too busy



and working for people who ‘really need more support and don’t have anyone to care for them’. I am very worried my mum has been exposed to Covid-19 virus now, so we now have to wait and see if she contracts it. I live 3.5 hours away and she would not let me come to help as she now needs to self-isolate for 14 days. Plus cleaning a house covered in body-fluids.”

“The hospital care was fine. The patient was Covid positive by the time they were sent home. This is a problem for us.”

The other two examples given included the **impact of not being able to have visitors** in maternity (like in weeks 1-2) and **feeling rushed**:

“The guidelines were so strict it made being in hospital with a poorly new-born for a week really stressful and it was scary and not having more than 30 minutes with your partner after birth was distressing for us all.”

“I feel everything was rushed.”

Good experiences

22 people gave reasons why they had a satisfactory experience of care, with the same overarching themes as weeks 1-2.

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of all comments)	Responses (Percentage of all comments)	Responses (Percentage of all comments)
Caring staff	10 (40%)	8 (30%)	18 (35%)
Good care	10 (40%)	6 (22%)	16 (31%)
Safe/social distancing/Well organised	7 (28%)	8 (30%)	15 (29%)
Fast/efficient	7 (28%)	6 (22%)	13 (25%)

Ten people from weeks 3-5 mentioned experiencing **caring and compassionate staff**, particularly from maternity staff, for example (overlapping themes):

“They couldn’t do more for me and my one year old while we were admitted for observation so there was no need to leave our room. The staff on Paddington NGH are amazing.”

“Staff remained extremely helpful even while navigating through the regular changes in policies.”

“Had a home birth and the Kettering midwives were excellent. I then had to go into hospital as I needed some help. The paramedics were lovely and the staff at Northampton General were super. Really kind, friendly and professional. Our beautiful baby was delivered quickly.”

“Mum’s still been receiving chemo despite coronavirus (she falls into the unlucky group that her leukaemia would be worse if treatments stopped but also tricky being in a hospital when she’s so immune suppressed) but the whole of haematology have been amazing.”

Ten highlighted **good care** they had received (overlapping with caring staff), for example:

“KGH excellent care at the breast clinic.”

“Northampton Hospital. Superb treatment. Excellent staff.”

“Telephone call from consultant to arrange mutual time for consultation. Cannot praise enough the Woodland Hospital Kettering.”



Seven people were happy to have had a **fast referral or quick treatment**, particularly for suspected cancer, for example:

“The DVR clinic saw my husband within 24 hours of us contacting our GP and the attention and treatment given was superb.”

“Excellent, efficient, caring, friendly service by all staff at NGH.”

“Kettering General. Had to go to A&E and the staff were quick but took time to explain things to me slowly and most took their masks off.”

Seven people mentioned **feeling safe** or a **well-organised system with social distancing**, for example:

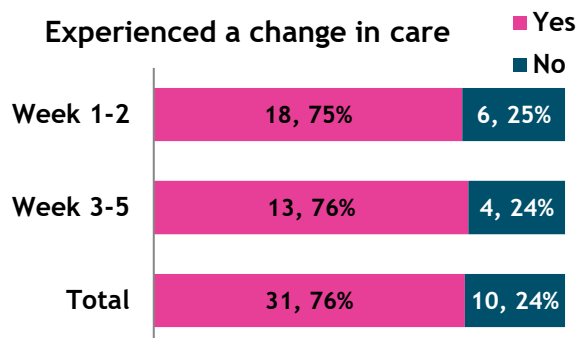
“I attended Radiology at Northampton General, twice. Once early on in April for a walk-in X-ray and then again in late May for CT scan. Initially I was not keen to attend in April at the height of the peak but decided to go very early one morning. The department reasonably quiet. The receptionist was friendly, thorough and quick. The Radiographers were also very friendly and my wait was short. I was pleasantly surprised. My second visit later in May for a CT scan was by appointment. The whole experience I found excellent. The reception staff again were very friendly and welcoming. The Radiographer was also friendly and welcoming and wearing PPE! I felt totally relaxed and confident with the whole experience.”

“Too much to describe here but was kept well informed. All systems in place to reduce risk. Lots of phone calls. No waiting. Everything happened when they said it would.”

“Northampton General Eye Department. Very well organised social distancing and I was provided with a mask to wear.”

Social care support

16 of 103 people (16%) said that they, or someone they care for, normally receive home visits from social care workers or community nurses. Like in weeks 1-2, three-quarters of these (76%, 13 of 17) had experienced a change in this care due to the coronavirus pandemic.

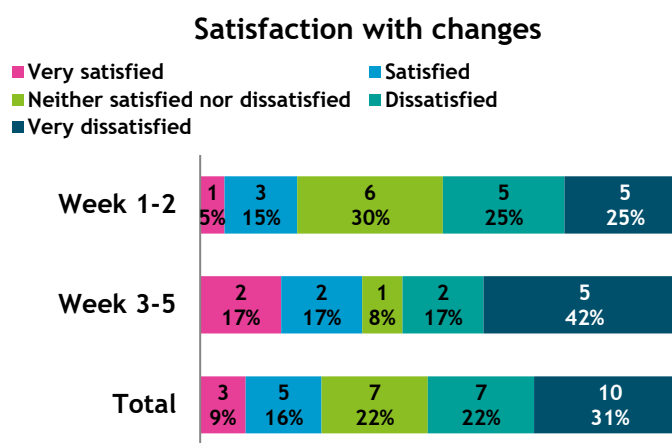
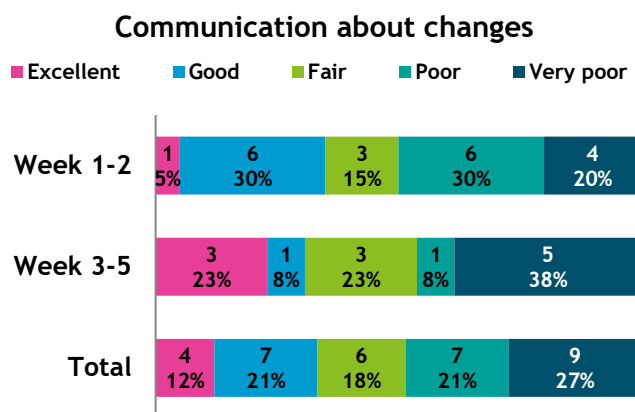


Communication

46% (6 of 13) rated the communication about the changes as ‘Poor’ (8%, 1) or ‘Very poor’ (38%, 5), similar to weeks 1-2 but with more saying it was ‘Very poor’. Four (31%) said it was ‘Good’ (18%, 1) or ‘Excellent’ (23%, 3), also similar to weeks 1-2 but with more saying it was ‘Excellent’.

Satisfaction with changes

Over half (58%, 7 of 12) were ‘Dissatisfied’ (17%, 2) or ‘Very dissatisfied’ (42%, 5) with the changes, 8% more than weeks 1-2. Four (33%) were ‘Satisfied’ (17%, 2) or ‘Very satisfied’ (17%, 2).



Experience of changes and impact

Seven people told us more about their experience of the changes and the impact it had on them.

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Lack of support	5 (71%)	2 (20%)	7 (41%)
Lack of communication	2 (29%)	1 (10%)	3 (18%)
Phone review instead	1 (14%)		1 (6%)
Visit cancelled but no problem/ Understand situation	1 (14%)	1 (10%)	2 (12%)
Community nurse changes		3 (30%)	3 (18%)
Lack of essential face to face		2 (20%)	2 (12%)
Less frequent visits/test delays		2 (20%)	2 (12%)
Impact on care home		1 (10%)	1 (6%)
Stress		1 (10%)	1 (6%)
Praise for service		1 (10%)	1 (6%)

Five people in weeks 3-5 mentioned a **lack of care or support**, including two who also mentioned a lack of communication:

“I have had little support during a very stressful time.”

“The social care is now non-existent.”

“Changes to antenatal care and post-natal care are non-existent.”

“Very little contact and no follow up.”

“I had a few phone calls at the very start to say face to face has stopped and that my nurse would call me twice a week. She hasn’t I have had three calls in the whole time. My mental health has been a struggle and even when I messaged to say what I was thinking at the time I still didn’t receive any support.”

One person seemed satisfied to have had a phone review instead and one was not impacted by the cancellation of the visit:

“My husband has Parkinson’s and we rang the nurse as he was due a review. This was done over the telephone instead.”

“Oxygen nurse visit cancelled and there wasn’t any problem there.”



Ongoing healthcare

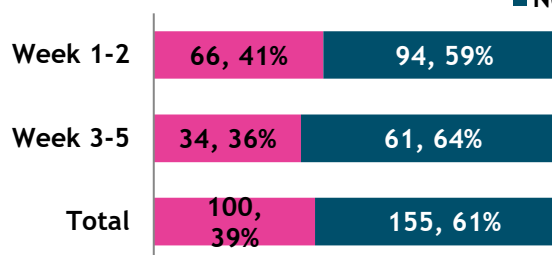
Delaying in getting help

36% (34 of 95) of people told us they have delayed or put off getting help with a health problem until after the crisis has passed, 5% less than weeks 1-2.

33 people gave reasons for this in weeks 3-5, which were broadly similar to weeks 1-2.

Delayed getting help

■ Yes
■ No



Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Issue can wait	18 (55%)	20 (32%)	38 (40%)
Service or care needed not available	12 (36%)	23 (37%)	35 (37%)
Fear of COVID-19	4 (12%)	19 (31%)	23 (24%)
Can't travel	1 (3%)	1 (2%)	2 (2%)
Other	1 (3%)	7 (11%)	8 (8%)

18 people said or implied their **care could wait** - 10 people said their problem wasn't urgent, five **did not want to burden the health system** and three **thought they would not be seen** if they tried. Illustrative comments:

"I've put up with a dodgy hip for 18 months already, I can cope with it for a while longer."
 "I don't want to bother the doctor as I know they are busy."
 "Believed it was not serious enough and that I would not be able to get appointment."
 "Not urgent, to keep appointments for those more in need."
 "Feel my specialist nurse may be busy or redeployed during this time."

12 people told us the **service they needed was not available**, either because it was **shut or limited, such as dental care** (four people), they **couldn't get an appointment** with their GP (three) or were told to wait (one). Illustrative comments:

"The department at the hospital is not open."
 "Mum needs regular help with her hearing aid which is problematic."
 "Dental treatment (broken tooth) no pain so no need for action. Feet need podiatrists care but as shielding cannot be seen, the same with hearing issues."
 "Because the GP said to wait a few months as referrals aren't working as they should be."
 "No access to GP surgery - unable to hear on telephone."
 "Couldn't get through to doctors and didn't want to go anywhere else."
 "More struggle getting in the doctors."

Three people said they **needed a face-to-face appointment**, including two who could not do it over the telephone, for example:



“Is something that would need a face to face appointment, is about a previous operation and doctor would need to look at the scar, etc. Too difficult to get into the surgery to do this at the moment.”

“Hard to be seen or to explain completely over the phone.”

“I haven’t been able to phone the mental health team to seek support that I need because I can’t speak over the phone.”

“Difficulty explaining the problem over the phone.”

Four people **want to avoid going to healthcare premises to avoid catching COVID-19**, either because they were **shielding, wanted to limit exposure and/or were afraid**, for example:

“Because I may need an X-ray and I do not want to go to the hospital.”

“Very scared to go out.”

“Concerns about being in contact with other people and being sent to hospital.”

Other reasons included not being able to travel the long distance to see a specialist (one person) and needing their own doctor but not being able to see them (one):

“Usually have treatment in London, trying to get it done in Northampton is proving problematical.”

“I need to talk with my own docs, need more help, own doc not there.”

Changes that people value

People were asked to tell us which changes to the usual health and care services have made things easier for them and they would like to continue after the crisis. 37 people answers, with similar broad themes to weeks 1-2.

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Remote consultations	16 (43%)	29 (38%)	45 (40%)
None	7 (19%)	26 (34%)	33 (29%)
Online services	6 (16%)	6 (8%)	12 (11%)
Fewer patients	3 (8%)	6 (8%)	9 (8%)
Prescription services	2 (5%)	6 (8%)	8 (7%)
Other	4 (11%)	6 (8%)	10 (9%)

16 people liked **remote consultations**, including **phone** (10), **video** (one) or **both** (three). One person liked the **LIVI video consultation app** and one person valued **phone support from a voluntary/community sector group**. For example:

“Online and / or telephone consultations with GP and also hospital consultants whenever possible.”

“Prior to lockdown I contacted GP for a prescription of emergency antibiotics, as I have lymphoedema. This was dealt with by phone, which is much more cost-effective than a face to face appointment.”



“Telephone appointments for just a five minute conversation with no complex needs or examination required, prescription repeat, etc.”

“Over the phone dentist appointments.”

“Phone calls from Breathing Space.”

Seven people said “**none**”, including one who said:

“None - phone calls are not always the answer.”

Six people appreciated **online services**, including more online information (one), online support (one), email communication (one) and online triage (one), for example:

“Response to email queries and subsequent GP follow up. Information from Healthwatch Northamptonshire newsletter provided me with the information needed to expedite GP response.”

“The use of online triage at Doctor’s surgery. I would appreciate this at hospital too.”

“Doing things online is good.”

“Free webinars on mental health provided by Changing Minds (IAPT) very helpful. Specific to Covid situation, useful coping strategies. It was clear to see how people were struggling.”

“Lloyd’s pharmacy app excellent.”

Two found **ordering prescriptions** easier, for example:

“Repeat prescriptions direct to pharmacy.”

Three people were pleased that **services were less busy** with fewer people choosing to use them:

“Smaller number of people within any buildings or shops.”

“Seems to be more efficient but that may be due to less appointments?”

“Because of just essential staff there nothing has been lost verbally on the way and any request has been actioned more or less straight away.”

Other individual comments included valuing seeing their own GP, appreciating free hospital parking, hoping to be seen quickly in the future and hoping preventative support will stay, for example:

“Having my preferred GP was invaluable as he knows me well. Especially for mental issues.”

“I rarely go to the doctor so, to be honest, any changes haven’t affected me. It would be nice to think that you could get an appointment more easily in the future.”

“Not only responding to crisis but preventing future crisis. For example, accommodating the homeless, this should be woven into long term care.”



Changes that have not work well

People were also asked to tell us which changes to the usual health and care services had not worked well for them. 37 people answered.

Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Remote consultations	11 (30%)	16 (21%)	27 (24%)
Not getting treatment	9 (24%)	38 (51%)	47 (42%)
Communications	7 (19%)	5 (7%)	12 (11%)
Prescription services	6 (16%)	5 (7%)	11 (10%)
None	5 (14%)	17 (23%)	22 (20%)
Not having partners involved in maternity care	3 (8%)		3 (3%)
Other	1 (3%)	4 (5%)	5 (4%)

The most common issue was people struggled with a **lack of face-to-face appointments**, for example:

“You cannot diagnose over the phone.”

“Face to face appointments with doctors. Impossible to see a doctor! They will however, if you persist, refer you to a nurse for a diagnosis but they won’t see you themselves.”

“Not being able to have face to face appointments with hand physio has been a bit of a concern but she has been phoning every few weeks. Husband has had a face to face visit by diabetic nurse, excellent.”

“My cardiology appointment had to be postponed which I completely understand but don’t feel it’d be possible to do over the phone.”

“Telephone consultation with GP.”

Nine people said they had **not been able to get treatment**, including **cancelled treatment, tests or scans** (two), feeling **not being treated resulted in a deterioration** (two), finding it hard to see a doctor (one) and feeling unsupported (one). For example:

“It isn’t for me, but my dad has required dental treatment and he has been told he is not classed as essential. He is currently missing his whole front tooth!”

“Orthodontic appointment cancelled when they are 6-8 weeks normally for a reason.”

“I have become very unwell.”

“All care package stopped.”

“Increase in admission to hospital following relapse in mental health. This is ongoing issue due to lack of service provision in the community.”

“The face to face visits have really made my mood deteriorate. And no phone calls I feel I have no support.”

“Being able to see a doctor.”



Communication issues, such as a **lack of communication or confusing communication** (three), **not being able to talk to their GP** (two) and the **communication difficulties experienced by deaf people** (two), for example:

“Communication between doctor and patient.”

“Getting conformation that I am on the clinically vulnerable list as my BMI is over 40 and so is my husbands. As far as I am aware from reading the government guidelines I am clinically vulnerable but my doctors says I don’t need to shield, which I know I don’t but I emailed them to update my records to point out that I am on the list where I have to be stringent. All I got back was a letter saying I don’t need to be shielding, but this was not what I was asking. I just wanted conformation that I am on the stringent one which is the clinically vulnerable list.”

“No support for deaf people. Not everyone will remove their mask and most things are done on the phone so I have to have a family member support due to my hearing loss.”

“The insistence of some people telephoning with important information. I am DEAF not stupid and get very upset by some of the calls made as I cannot hear them.”

“Medication was changed which was not appropriate to my condition. At the beginning I was not able to speak to anyone qualified to discuss this.”

Six people experienced **difficulties getting prescriptions**, including changes to medication (one), medication supply issues (one), electronic prescriptions (one) and busy pharmacies (one), for example:

“Collecting prescriptions has been difficult.”

“Delays in some meds being in stock.”

“Prescription collection for highly controlled medicines.”

“Electronic prescriptions, hate them.”

Five people said “**none**”.

Three people highlighted the issues with not having their partner so involved with their maternity care, for example:

“No visitors in Labour Ward / Barratt Birth Centre / Robert Watson Ward after giving birth. Makes the day extremely difficult, especially for a first time Mum like myself.”

“Lack of face to face midwife appointments. Husband unable to attend scans. And will not be allowed to attend the birth from start to finish / cannot visit his new baby if we have to stay in hospital.”

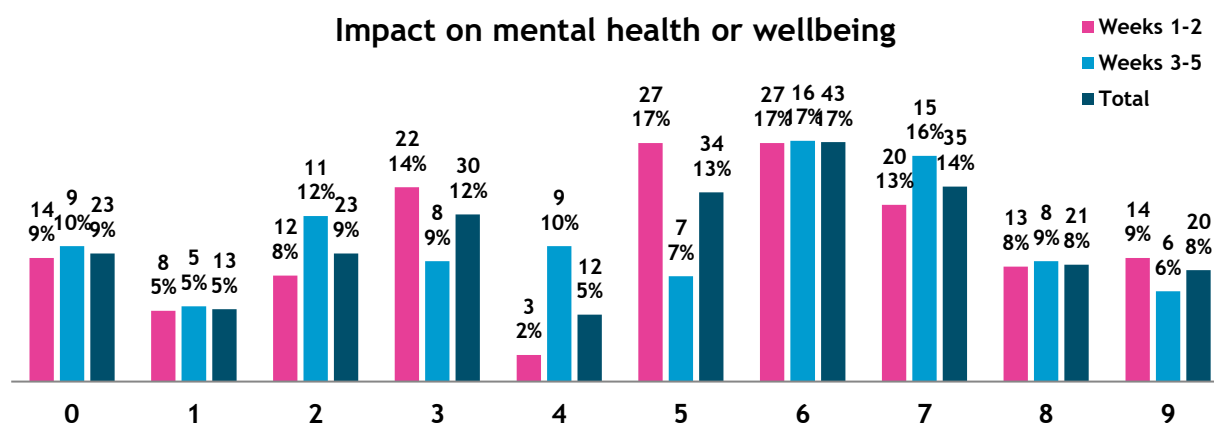
One person thought their “nurse contact” did not work well.



Mental health and wellbeing

Impact on mental health and wellbeing

When rating how much of an impact the coronavirus pandemic had on their mental health or wellbeing, a range of score were given from 0 - no impact at all (10%, 9 of 94) to 9 - very significant impact (6%, 6). The average rating was 4.7, similar to weeks 1-2, and most common score was 6 (17%, 16). Almost half (43%, 40) scored 3, 4, 5 or 6. The highest impact scores (7, 8 and 9) were given by 31% (29) compared to 27% (25) for the lower impact scores (0, 1 and 2).



Access to support for mental health or wellbeing

When asked if they had been able to access support for your mental health or wellbeing during this time, 38 of 193 (41%) said they had not needed to access support. 47% (44) said they had been able to access support, mostly from family and/or friends (31%, 29). 11 people (12%) said they had not been able to access support. The ‘other’ sources of support were from a GP (two) and Breathing Spaces (one). One person commented on the difficulties getting mental health support historically:

“My GP rang me. But there is no ongoing care to suit my needs. GP was honest about this. Historically the mental health services have been and still are grossly inadequate. I’m just lucky to have a good GP.”

Answer	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage)	Responses (Percentage)	Responses (Percentage)
I haven’t needed any support	38 (41%)	72 (46%)	110 (44%)
No	11 (12%)	21 (13%)	32 (13%)
Yes - from a community, voluntary or charity group/organisation	3 (3%)	2 (1%)	5 (2%)
Yes - from a mental health care provider	7 (8%)	5 (3%)	12 (5%)
Yes - from family and/or friends	29 (31%)	45 (28%)	74 (29%)
Yes - online or from an app	2 (2%)	4 (3%)	6 (2%)
Yes - other	3 (3%)	9 (6%)	12 (5%)

Further impacts

43% (40 of 93) said that their health, care, or wellbeing had been affected by the pandemic in other ways that they wanted to tell us about, and 35 people commented, giving similar themes to weeks 1-2.



Theme	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage of comments)	Responses (Percentage of comments)	Responses (Percentage of comments)
Mental health related. Including:	20 (57%)	28 (68%)	48 (63%)
<i>Social distancing/Shielding</i>	7 (20%)	7 (17%)	14 (18%)
<i>Stress/anxiety</i>	6 (17%)	3 (7%)	8 (11%)
<i>Mental health effects from lack of/delayed/changed treatment</i>	3 (9%)	4 (10%)	8 (11%)
<i>Fear of getting virus</i>	1 (3%)	3 (7%)	4 (5%)
<i>Lack of support/help</i>		4 (10%)	4 (5%)
<i>Other mental health</i>		5 (12%)	5 (7%)
Physical health related. Including:	13 (37%)	8 (20%)	21 (28%)
<i>Physical health effects from lack of/delayed/changed treatment</i>	7 (20%)	6 (15%)	13 (17%)
<i>Lack of exercise</i>	4 (11%)	1 (2%)	5 (7%)
Caring responsibilities	3 (9%)	4 (10%)	7 (9%)

Mental health

Most people (20) said their **mental health/wellbeing** had been affected in some way, with seven giving **social distancing** or **shielding** as a reason, for example:

“Shielding is hard work, have felt very overlooked by the government.”

“Very depressed while shielding.”

“It has gone on a long time made normal things I take for granted and I have spent many days and nights hiding in bed avoiding reality not being able to go on outings - seaside, garden centres, singing lessons, etc.”

“Not being able to physically meet with people when I am on my own in the house. Not having that oxytocin release of hugs, etc.”

“Maternity visiting restrictions at KGH are unfair for parents (fathers of new babies).”

Six highlighted other feeling of **anxiety** or **stress**, and one person was afraid of catching the virus, for example:

“Anxiety is higher also not being able to continue as normal left me feeling isolated and lonely.”

“Binge eating has always been a problem but even more so during lockdown.”

“OCD in cleaning. Fear of being too near people.”

“My heart conditions been playing me up more but I think that’s just because my anxiety’s higher and I’m also not sleeping.”

“Anxiety Asthma attacks through stress.”

Three others experienced **stress** or **depression** from **delays** or **changes** to their treatment:

“My son is waiting for a Maxfax appointment which has been postponed till lockdown is over.”

“Community Mental Health services have stopped. When I phoned to ask why I was advised to contact PALS if I wasn’t happy about it.”



“Referrals for post-natal depression aren’t available - only option was medication until the situation calms down.”

Three others found things difficult because of their **caring responsibilities**:

“My mother is even more isolated and busier than before because she is caring for Dad, not able to see friends in the village and can’t get out to do shopping. Neighbours are lovely but she has to think about her shopping lists very hard. She would not admit suffering, but she was exhausted and when dad was in hospital she was able to do some gardening, and actually relax. For the first time in a long time. She is an invisible carer.”

“Stressful looking after a shielded mother and an ASD daughter.”

“Yes home schooling my child who is on the ADS [ASD?] pathway, and not being able to see my mum who is in hospital too.”

Physical health

13 people mentioned negative effects on their physical health/wellbeing, seven **from delays or changes to their treatment**, for example:

“Not being able to get treatment I need and have had for 20 years.”

“Minor, non-life threatening, matters put on hold but dental issues, diseased feet and hearing issues will all need addressing at some point.”

“Contraceptive implant needs to be changed and instead of a solution been told to take tablets that I struggle to take when I rang the day before they said not to worry and it will be sorted but then told different the next day.”

“Needed to see a doctor. Three refusals by three doctors. Finally I was seen by a nurse, who immediately admitted me to hospital.”

“No check on high blood pressure.”

Four mentioned **struggling to exercise**, for example:

“Not getting enough exercise. My usual classes have stopped. I comfort eat and drink which I admit is not healthy.”

“I have a long term chronic pain condition. Pain is getting steadily worse from being less active during lockdown, working from home. Usually I self-manage it fairly well.”

“Lack of exercise. Daughter struggles due to learning difficulties and delayed development.”



Demographics

Residence

Over one-third (37%, 35 of 94) were from people who live in Northampton, with an increase in the responses from Wellingborough compared to weeks 1-2.

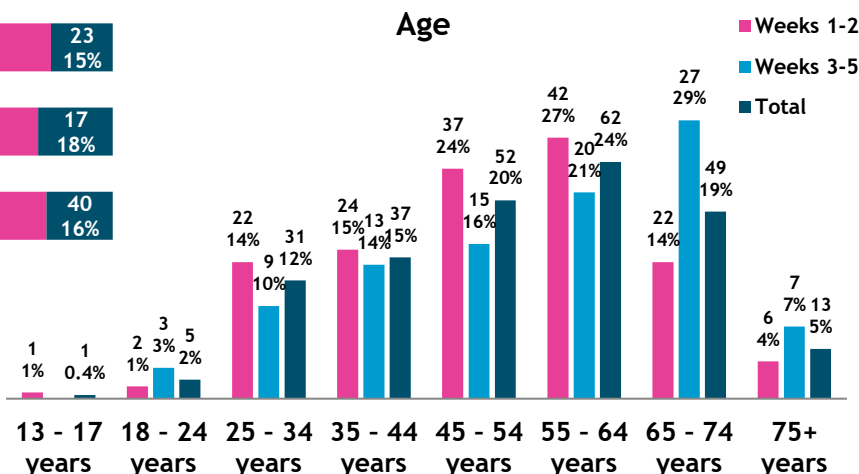
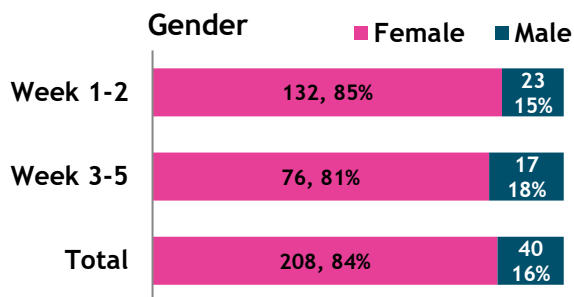
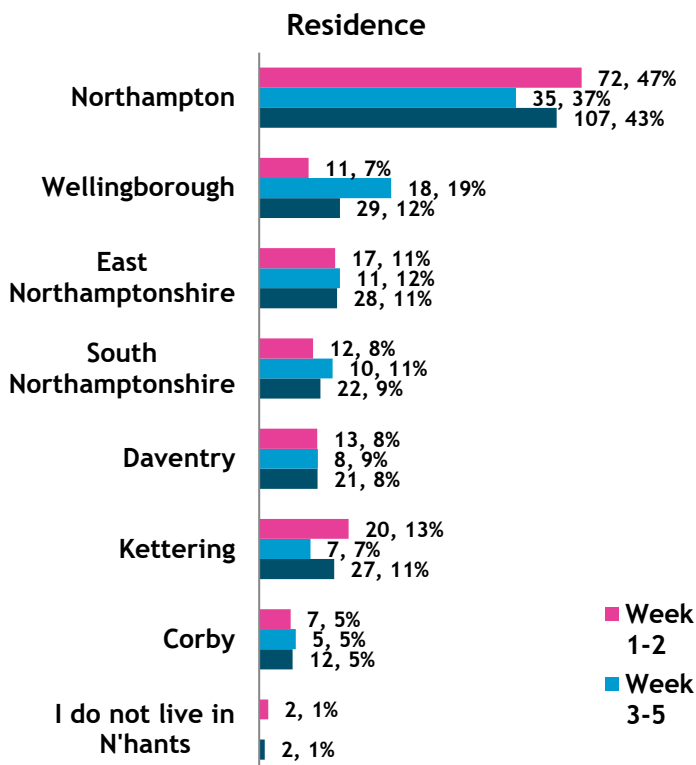
Age

Two-thirds of people responding (66%, 62 of 94) were between the ages of 45 and 74, with an increase of those over the age of 64 compared to weeks 1-2.

Gender

The majority of the 93 people answering said they were female.

4 people (4%) said that this gender was different to the one they were assigned at birth.





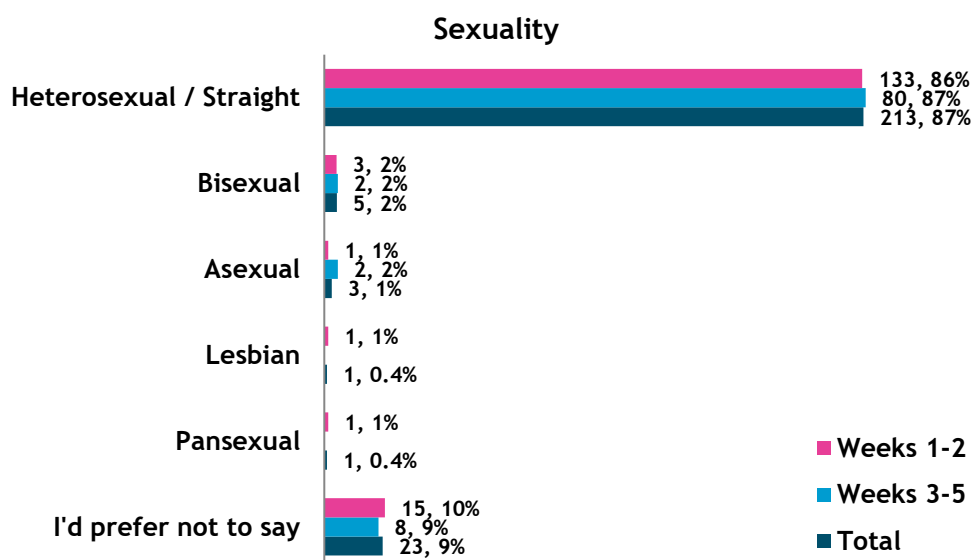
Ethnicity

Most survey respondents were White British (87%, 135 of 156)

Ethnicity	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage)	Responses (Percentage)	Responses (Percentage)
White: British / English / Northern Irish / Scottish / Welsh	80 (85%)	136 (87%)	216 (86%)
White: Any other White background	8 (9%)	8 (5%)	16 (6%)
Asian / Asian British: Indian	2 (2%)	1 (1%)	3 (1%)
Black / Black British: Caribbean	2 (2%)	1 (1%)	3 (1%)
White: Irish		3 (2%)	3 (1%)
Another ethnic background		2 (1%)	2 (1%)
Black / Black British: Any other Black / Black British background		1 (1%)	1 (0.4%)
Mixed / Multiple ethnic groups: Black Caribbean and White		1 (1%)	1 (0.4%)
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background		1 (1%)	1 (0.4%)
I'd prefer not to say	2 (2%)	2 (1%)	4 (2%)
Total	94	156	250

Sexuality

87% (80 of 92) said they were heterosexual.



Religion

Most people said they were Christian or had no religion.

Religion	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage)	Responses (Percentage)	Responses (Percentage)
Christian	48 (51%)	74 (47%)	122 (49%)
No religion	35 (37%)	60 (38%)	95 (38%)
I'd prefer not to say	6 (6%)	12 (8%)	18 (7%)
Other	2 (2%)	8 (5%)	10 (4%)
Hindu	1 (1%)	1 (1%)	2 (1%)
Sikh	1 (1%)		1 (0.4%)
Buddhist	1 (1%)		1 (0.4%)
Jewish		1 (1%)	1 (0.4%)
Total	94	156	250



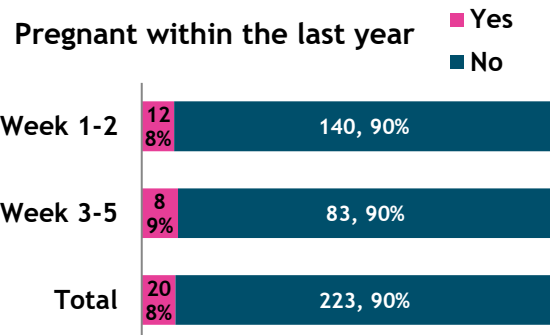
Marital status

Half said they were married.

Marital status	Weeks 3-5	Weeks 1-2	Total
	Responses (Percentage)	Responses (Percentage)	Responses (Percentage)
Married	49 (52%)	90 (58%)	139 (56%)
Single	13 (14%)	28 (18%)	41 (16%)
Divorced / dissolved civil partnership	10 (11%)	17 (11%)	27 (11%)
Widowed	9 (10%)	7 (4%)	16 (6%)
I'd prefer not to say	7 (7%)	7 (4%)	14 (6%)
In a civil partnership	3 (3%)	4 (3%)	7 (3%)
Separated	3 (3%)	3 (2%)	6 (2%)
Total	94	156	250

Pregnancy

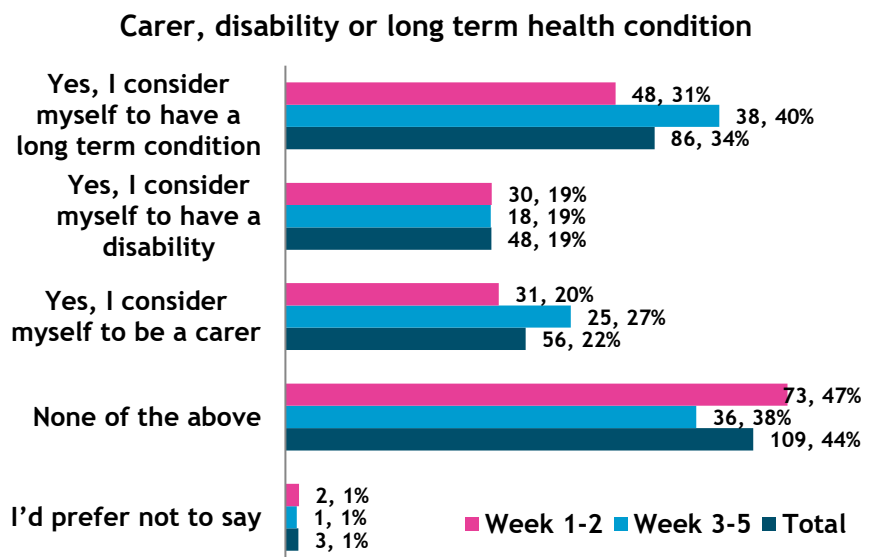
8 of 92 people (9%) said they were or had been pregnant within the last year.



Long term condition, disability or carer

40% (38 of 94) said that they considered themselves to have a long term condition and 19% (18) considered themselves to have a disability. 14 people said they had both a long term condition and a disability.

27% (25) considered themselves to be a carer. Five of these also said they had a long term condition and two a disability. Three people said they had a long term condition, disability and were a carer.





Other feedback received relating to the Coronavirus pandemic

Eight people contacted Healthwatch Northamptonshire directly to give feedback about experiencing relating to COVID-19 between 15 May and 4 June.

21/5/20 - Breast lump referral to NGH:

Individual called on behalf of their family member who found a lump in their breast and was losing weight. After attending a GP appointment (which took time as they are a frontline social worker so had to isolate and be tested before they could attend the surgery) they were referred to a consultant where they had forwarded the patient on to diagnostics for further tests. The consultant said that they wanted this done within a week and it had been a week and they have not heard anything. Healthwatch signposted to NGH PALS but the call said they had done that and it had not helped so Healthwatch contacted the appointments team and were told about the limit of four patients at a time and that the individual concerned was at the top of the lists to have their tests so were able to reassure the caller that they would be seen within another week and had not been forgotten.

22/5/20 - Difficult getting B12 injection from GP:

Individual had difficulty getting a B12 injection and wanted to raise this as a wider issue. They managed to get their injection in the end but had to fight for it so doesn't know what others would do. They say a blanket message from the CCG was sent out to GP in March saying not to give any B12 injections at the moment and to switch people to tablets instead but, as research shows, not all people can absorb it from tablets. They spoke to one of the GPs on the CCG governing body, who sent them the March guidelines and offered to help them get the injections (they had updated the guidelines). They got their injection in the end through a nurse. Their GP said they would do it but they had to drive to the car park in short sleeves and they would do it in full PPE BUT the GP didn't recommend it, which the enquirer found upsetting.

23/5/20 - Difficulty getting information about a patient in NGH:

Caller's parent was taken into NGH on with suspected sepsis. They have mild dementia and Parkinson's and caller was trying to get some help for their other parent who was trying for up to two hours a day sometimes to speak to the ward to get information on the patient's condition and to speak to them. They were trying to contact the ward through the numbers they had been given but the phone just kept ringing. The caller then tried to get through via reception and was put through to the ward. They tried to complain but were told that treating patients is a priority. This was causing stress to the caller's parents - the parent in hospital was very confused and missed their partner so it was very important that they could speak. Healthwatch gave the caller the NGH relatives helpline/PALS number and the caller also got hold of a 'facilitators' number, which was given to them by a doctor so got an update and had also spoke to a doctor.

29/5/20 - Confusion about stopping of NHS shielding food parcel:

Caller had a kidney transplant within the last year and is one of the people who received a letter from the Government as is classed as vulnerable. They had been receiving a food parcel weekly but it had not arrived that week and they wondered if the scheme had been stopped. Healthwatch suggested they phone the NHS helpline and gave them the number. Also signposted to the county council support line number in case they needed support.



29/5/20 - Highlighting communications failings with those not online:

Caller living in supported accommodation with hearing issues responded to Healthwatch's request for feedback. They wanted to feedback about all the Coronavirus information being inaccessible, they said they has great difficulty as they had no computer access and their eyesight is failing. They went on to say all the information that has come out has been accessible by computer and they don't have access. Using the telephone is also difficult for them. They did not need support but had not heard of the county council support line phone number. They went on to say they had had trouble with appointments with NGH as they needed things written down but instead NGH phoned their son one time. They had a phone consultation for their eyesight the following week and was concerned about how they would manage with the phone call and the staff at their accommodation weren't allowed into their house to help listen. They were not sure how their son could be involved in a phone consultation.

1/6/20 - Difficulty getting help from GP and lack of support at NGH for patient who did not speak English:

Caller's mother passed away at NGH. They initially had a telephone consultation with the GP and the patient was prescribed a course of antibiotics. They did not show much improvement so were checked over by the nurse at the surgery, who said their chest was clear and advised to carry on with the antibiotics course and to take her back if she did not improve, which they did (had a crackly chest and given more antibiotics). She was still bad so caller rang the GP, who said it was too late in the day for a visit so I then phoned 111. 111 called back to ask questions about the patient's conditions for a COVID assessment. They said the GP should have visited her, and advised them to take her to A&E. There she was treated for breathing problems including asthma and admitted because her organs were failing.

Following admission the caller was kept updated by calls from the consultant each day. One of the days they were called at midnight to agree to a DNR, which was apparently general procedure but it was alarming to be called so late. The patient tested negative for COVID-19 but and was kept in a COVID-negative area of a COVID ward. She died on the Monday evening. She did not speak English and had dementia so was confused and wouldn't keep her mask on. The caller spoke to her on the phone and she was angry about being left on her own and distraught, and felt abandoned. Could she have been allowed a visitor or been better communicated with?

The caller was also confused about communal pneumonia being written on the death certificate as well a multiple organ failure and dementia as that was the first time they had heard she had pneumonia. They wondered if this could be explained/clarified as they were worried they didn't do the right thing/get her a diagnosis soon enough. The caller was signposted to PALS.

3/6/20 - Concern about discharge from NGH of an elderly person with COVID-19 to their own home:

We were called by a person who is concerned about their someone being discharged from NGH to their own flat with a care package for the next two days. The patient is 78 years old and had been in a care home and the hospital for the past six months having had a fall and recent UTIs. The patient was also confused, possibly due to the UTIs or the onset of dementia. They had tested positive for COVID-19 and were still showing symptoms. The caller's parent has Power of Attorney and is also over 75 and diabetic. They were very worried and didn't think the patient was clinically stable to be discharged home and would be very vulnerable. They described NGH as being "blocking" and "determined" to discharge the patient. They also had concerns about the person with PoA feeling obliged to take keys to the patient's flat to the hospital and get alarms fitted, etc. while they were themselves vulnerable.

Healthwatch signposted to PALS and passed on the feedback to the Head of Patient Experience and Engagement at NGH, resulting in a call from the complex discharge nurse dealing with the discharge. This person explained more about the case and assured Healthwatch that the



patient's multidisciplinary team (MDT) all agreed that it was appropriate to discharge the patient home and that they would be supported initially by the enabling care team (CRT) and then the Intermediate Care therapy team (ICT) and that if either of those teams thought the patient was not safe at home they would flag it and they would be readmitted while a bedded solution was looked for. The hospital had also arranged support from Age UK with food parcels and would send her home with a packed lunch. The hospital had also put in a key safe and asked the carers agency if they could go to the property to support discharge. All agreed it was best to get people home if they are able to go home to prevent the deterioration that happens when people stay in hospital or care homes.

4/6/20 - Concern about lack of support for carer on discharge from NGH of elderly spouse with COVID-19:

The patient, age 80, was discharged from NGH after cardiac treatment and with probably COVID-19. Their spouse, age 78, has been caring for them and was advised to wear a mask and gloves but not provided with any or instructions about how best to use PPE so had been using household items. They had told the ward that they have two bathrooms (in relation to whether they could remain isolated from each other) but one is only a toilet. Once at home the patient fell twice and had to be helped up by their spouse and also needed care when becoming ill with bad diarrhoea, so isolating from each other was not possible. They have since been readmitted.

The daughter spoke to the ward sister and found their attitude somewhat dismissive. The sister was adamant that the patient didn't need to be there and implied it would all be fine as they would have help (from their spouse). They asked whether a district nurse could help with the dressing changes but were told "you'll be lucky" and the sister seemed blasé about whether the patient had caught Covid-19 in hospital or they had both had it before. Healthwatch fed this back to the discharge manager and Northamptonshire Carers were already aware and were able to support the family.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchnorthamptonshire.co.uk

healthwatch
Northamptonshire





About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk





Appendix - e.g. survey questions

Information and advice

1. How easy has it been to find the information you need to keep safe during the coronavirus pandemic? (Please tick one)

<input type="checkbox"/> Very easy	<input type="checkbox"/> Easy	<input type="checkbox"/> Neither easy nor difficult
<input type="checkbox"/> Difficult	<input type="checkbox"/> Very difficult	
2. Where have you found information or advice about the coronavirus pandemic? (Please select all that apply)

<input type="checkbox"/> Online - national organisations' websites (e.g. Government, NHS)
<input type="checkbox"/> Online - local organisations' websites (e.g. Council, local hospital or surgery, voluntary/community organisations/Healthwatch)
<input type="checkbox"/> Online - social media
<input type="checkbox"/> Media (e.g. television, radio or newspaper)
<input type="checkbox"/> Received by email or text message
<input type="checkbox"/> Received by post
<input type="checkbox"/> From family or friends
<input type="checkbox"/> Other (please specify) _____
3. If you have found it difficult to get the information you need, can you tell us why? Were there any topics that were harder to get clear information about?

Using your GP

4. Have you needed to contact your GP surgery for you or a family member since lockdown started?

<input type="checkbox"/> Yes (go to Q5)	<input type="checkbox"/> No (go to Q8)
---	--
5. If yes, please tell us how you found the new arrangements for any of the following you experienced:
 - a) Telephone/online triage - the questioning carried out by phone or video to assess your symptoms and to decide what further action would be appropriate

<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neither satisfied nor dissatisfied
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Not applicable or don't know
 - b) Video consultation - using a mobile phone or computer to further assess your symptoms and condition and to decide what further action would be appropriate

<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neither satisfied nor dissatisfied
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Not applicable or don't know
 - c) Face-to-face consultation, at (or outside of) a surgery, or special clinic

<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neither satisfied nor dissatisfied
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Not applicable or don't know



6. Is there anything you think worked exceptionally well?
7. Is there anything you think did not work well?
8. Do you, or your family member, have a long term condition that require regular contact with your GP surgery and/or pharmacy?

Yes No

If yes, how well has the regular contact been maintained during the pandemic?

Hospital care

9. Have you had any planned hospital care or treatment delayed or cancelled because of the coronavirus pandemic?

Yes (go to Q10) No (go to Q12)

10. If yes, how was the communication you received about the changes?

Excellent Good Fair Poor Very poor

11. If yes, how satisfied with the changes are you?

Very satisfied Satisfied Neither satisfied nor dissatisfied
 Dissatisfied Very dissatisfied

Please tell us more about your experience of the changes and the name of the hospital. What impact have the changes had on you?

12. Have you had any care or treatment in a hospital during the coronavirus pandemic?

Yes (go to Q13) No (go to Q14)

13. If yes, please tell us how satisfied you were with your care

Very satisfied Satisfied Neither satisfied nor dissatisfied
 Dissatisfied Very dissatisfied

Please tell us more about why you gave this rating and anything about your experience that you would like the hospital to know (please tell us which hospital you were treated at).

Social care support

14. Do you, or someone you care for, normally receive home visits from social care workers or community nurses?

Yes (go to Q15) No (go to Q18)

15. If yes, have you, or the person you care for, experienced any changes in this care due to the coronavirus pandemic?

Yes (go to Q16) No (go to Q18)

16. If yes, how was the communication you received about the changes?

Excellent Good Fair Poor Very poor

17. If yes, how satisfied with the changes are you?

Very satisfied Satisfied Neither satisfied nor dissatisfied
 Dissatisfied Very dissatisfied

Please tell us more about your experience of the changes and the name of the service. What impact have the changes had on you?



Ongoing healthcare

There have been many temporary changes to health and care services as hospitals and local authorities respond to the coronavirus pandemic.

18. Have you delayed or put off getting help with a health problem until after the crisis?

- Yes No

If yes, can you tell us why?

19. What changes to usual health and care services have made things easier and you would like to continue after the crisis?

20. What changes to usual health and care services have not worked well for you?

Mental health and wellbeing

21. How much of an impact has the coronavirus pandemic had on your mental health or wellbeing? (Please circle a number on the scale of 0-10 below)

0 (No impact at all) 1 2 3 4 5 6 7 8 9 (Very significant impact)

22. Have you been able to access support for your mental health or wellbeing during this time?

- I haven't needed any support
- No
- Yes - from family and/or friends
- Yes - from a community, voluntary or charity group/organisation
- Yes - from a mental health care provider
- Yes - online or from an app
- Yes, Other - Please specify: _____

23. Has your health, care, or wellbeing been affected by the pandemic in any other way?

- Yes No

If yes, please tell us more

Tell us about you

By telling us information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

24. Which district or borough of Northamptonshire do you live in?

- Corby Northampton
- Daventry South Northamptonshire
- East Northamptonshire Wellingborough
- Kettering
- I do not live in Northamptonshire (please tell us where you live) _____



25. Please tell us which age category you fall into

- | | |
|--|--|
| <input type="checkbox"/> 13 - 17 years | <input type="checkbox"/> 55 - 64 years |
| <input type="checkbox"/> 18 - 24 years | <input type="checkbox"/> 65 - 74 years |
| <input type="checkbox"/> 25 - 34 years | <input type="checkbox"/> 75+ years |
| <input type="checkbox"/> 35 - 44 years | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> 45 - 54 years | |

26. Please tell us which gender you identify with

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Other |
| <input type="checkbox"/> Female | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> Non-binary | |

27. Is your gender different to the sex that was assigned to you at birth?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

28. Please select your ethnic background:

- | | |
|--|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Mixed / Multiple ethnic groups: Black African and White |
| <input type="checkbox"/> Asian / Asian British: Bangladeshi | <input type="checkbox"/> Mixed / Multiple ethnic groups: Black Caribbean and White |
| <input type="checkbox"/> Asian / Asian British: Chinese | <input type="checkbox"/> Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background |
| <input type="checkbox"/> Asian / Asian British: Indian | <input type="checkbox"/> White: British / English / Northern Irish / Scottish / Welsh |
| <input type="checkbox"/> Asian / Asian British: Pakistani | <input type="checkbox"/> White: Irish |
| <input type="checkbox"/> Asian / Asian British: Any other Asian / Asian British background | <input type="checkbox"/> White: Any other White background |
| <input type="checkbox"/> Black / Black British: African | <input type="checkbox"/> Another ethnic background |
| <input type="checkbox"/> Black / Black British: Caribbean | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> Black / Black British: Any other Black / Black British background | |
| <input type="checkbox"/> Gypsy, Roma or Traveller | |
| <input type="checkbox"/> Mixed / Multiple ethnic groups: Asian and White | |

29. Please tell us which sexual orientation you identify with:

- | | |
|--|--|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> I'd prefer not to say |

30. Please tell us about your religion or beliefs:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> Muslim | |



31. Please tell us about your marital or civil partnership status:

- | | |
|---|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced / dissolved civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> In a civil partnership | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> Separated | |

32. Are you currently pregnant or have you been pregnant in the last year?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I'd prefer not to say |
|------------------------------|-----------------------------|--|

33. Do you consider yourself to be a carer, have a disability or a long term health condition? (Please select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Yes, I consider myself to be a carer | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Yes, I consider myself to have a disability | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> Yes, I consider myself to have a long term condition | |



Contact us

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Twitter: [@HWatchNorthants](https://twitter.com/HWatchNorthants)



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