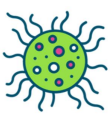


How are you doing?

Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic

Monthly project update: June



During March 2020, England was declared in a state of pandemic, and a 'lock down' was ordered by the Prime Minister. This had a knock on effect on all health and care services in Luton.

Healthwatch Luton began a project, to ask the public and professionals in Luton 'How are you doing?'.

The purpose of the project is to understand how the pandemic has affected the residents within Luton, their access to health and social care and their experiences since the pandemic began. There will also be an understanding of how this has affected the professionals within Luton, in both statutory and voluntary sectors.

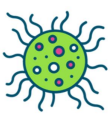
- Gather views to inform the wider health and care system, to improve delivery of care
- Ensure the voice of the public is heard
- Ensure people have an outlet for their voice
- Share current messages from partner organisations
- Promote guidance from the government
- Gather feedback from the seldom heard
- Pass on feedback to shape the system going forward
- Promote Healthwatch Luton

Activities have included a survey, calls to action, emails, case studies and phone calls to ask

- How people are feeling during the pandemic
- What is working well?
- What is not working so well?
- What can be improved and how?

Each month a report will be produced to update on the activities carried out, response rates, emerging themes and the next steps in the project.





What are the overall themes so far?

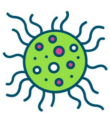
Feedback from all sources this month has been reporting on the following services:

- Luton and Dunstable hospital (11)
- GP surgeries (15)
- Community Groups (1)
- Mental Health (6)
- Opticians (1)
- Pharmacy (2)
- 111 and Urgent GP services (3)
- Blood Donor Centre (1)
- Macmillan (1)

With 98 pieces of feedback being 'uncategorised' or general about the effect the pandemic has had on them generally, not specifically relating to a service.

The main themes are:

- **Concerns for continuing care**, for those with long term conditions or those with acute conditions, such as cancer
- Understanding **what is available** and for who it is available
- What additional support there is for those of the **BAME communities**, where there is a higher prevalence of positive coronavirus
- **Mental health** of those who are effected by the 'lockdown' situation and what or how to access any care for their well-being
- Access to GP and primary care has been a challenge, not just for individuals, but also for organisations and those who support others
- **Concerns for more 'routine' hospital needs**, that are being postponed constantly, causing concerns for those waiting
- **Telephone consultations** have worked well for a lot of people, both within primary care and the hospital
- **Mental health and wellbeing** for those who are working during this time it is felt it is paramount to understand and be adaptive to their needs



Social Media campaign:

Staff created videos to encourage members of the public to contact them via the specific covid19 email address or to call the office.

Views of videos totalled 2986 at the end of May, and a further 3843 at the end of June.

Videos were shared on our social media outlets (Facebook, Instagram, LinkedIn and Twitter) and uploaded to our YouTube channel.

Videos were translated into Hindi and Bengali, to try and share the message into more communities within Luton.

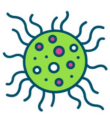
Where possible, videos were linked to other campaigns and specific areas, to try to grab the attention of different cohorts of people.

Calls to action were added to the social media channels also.

Videos have been created by staff and volunteers, and included other professionals, including Rachel Hopkins, Luton South MP and Tene Edwards, author and wellbeing advocate.

Click videos to play





Survey Monkey:

A survey was created on Survey Monkey in May 2020. The survey received 30 responses to the end of May, and **90** in total by the end of June.

The survey asks individuals the four questions and, for monitoring purposes, demographic data. This survey was shared amongst contacts of staff, the volunteers and through social media. Of those who completed the demographic questions, the breakdown was as follows:

Age:

This questions was answered by 86 (96%) individuals. The breakdown was as follows, with two respondents stating 'over 50' and '50+' not included in the totals.

Age	Total
- 18yrs	0
19 -29	4
30 - 39	19
40 - 49	12
50 - 59	27
60 -69	14
70 + yrs	8

Gender:

This question was answered by 86 (96%) of individuals.

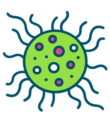
Female	Male
62	24

Baring this information in mind, Healthwatch Luton will need to focus their attention towards gathering more BAME responses, and those who are under 30 years old and over 70 years old. Healthwatch Luton also needs to try to reach more male residents of Luton.

Ethnicity:

This questions was open and as such, individuals could put their own ethnicity in. This question was not answered by all respondents. It was answered by 78 (87%) people.

Ethnicity	Total
Asian	1
BAME	1
British	9
British Bangladeshi	1
Black	1
Black British	2
Black Caribbean	1
Indian	2
Irish	4
Mixed race	4
Roma	1
White/White British/White Irish	51



Survey Monkey:

The main themes from the questions asked were:

How are you doing?

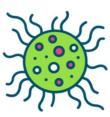
There was a real mixture of words used to describe how people were feeling, however, ones that came up more than once included 'anxious', 'stressed', 'lonely' and 'confused'. Some people welcomed the pace that lockdown has brought upon them 'calmer, less stressed and less busy' was one response. Others used words such as 'adapting' and 'ok'. One person mentioned their 'mental health was suffering' and another was feeling 'overwhelmed'. Someone was missing work routines 'struggling without seeing my work colleagues' and another found being a single parent at this time 'hard'.

What is working well?

Things that were working well and mentioned by several people was access to GPs. They felt their doctors were 'quick', 'accessible', responses were quicker than usual, and 'more inclusive'. This was extended to hospital communications too with 'telephone consultations' working well and 'digital meetings' working well too. One person felt that the 111 service was working well and the extended hours was working well. There was 'support for the vulnerable' also mentioned. 'Bin collections' were mentioned more than once as working well.

What is not working so well?

Whilst it was mentioned as working well by one, the 111 service was mentioned more than once as not working so well, with one person describing it as 'abysmal'. SENCO/SEND teams were mentioned as not working so well, despite the young person having an EHCP. The lack of communications available for SENCO was mentioned, as well as communications in other languages. It was noted that it was hard to access services for some, including GPs and mental health services. Support for stroke patients was mentioned as being very little and also communications surrounding stroke care and when to expect treatment, both as not working so well. The need to isolate before a face to face appointment was mentioned as not working so well, 'especially as a working person'. It was mentioned 'DNARs being put in place without consultation' was not working so well. One person mentioned 'PPE was not worn as per guidance' and another mentioned there had been 'no referrals for x-rays' they needed. It was felt the 'two hour discharge put pressure on staff' also.



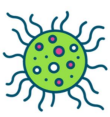
Survey Monkey:

What can be improved?

Things that were mentioned that could be improved included:

- When phone appointments are made, they need to be kept
- EHCP support is needed – there needs to be communications to what support is available
- There needs to be support or respite for those under ten
- There needs to be translation available for information and services available
- Local services should adapt and use technology in a similar way, to adopt a unified approach
- Video calls and Skype should be used for hospital appointments
- There should be two different 111 services, one for non COVID-19 particularly
- The Government should not give conflicting information
- There needs to be face to face options with adequate safety precautions
- Employ volunteers to be social distancing advocates
- Communications between services needs to be improved
- Stroke care needs to be improved
- The discharge process needs to be improved and communications between the hospital and the patients family improved
- There needs to be support for those who are living alone
- There needs to be 'bereavement help'





Engagement

Engagement was commenced in June. This included attending virtual meetings, such as that held by Dee Bailey. Dee holds a group on a Thursday evening called 'Life Inna Lockdown 2020' which is an opportunity for members of the public to have social interaction, find out information from local organisations and to discuss concerns they are having.

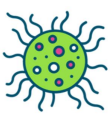
The total number of feedbacks gathered were **5**.

Feedback from these sessions provided the following emerging themes:

- **Continuous health care concerns.** For example hospital care and operations and treatment for existing conditions
- **Support for those who are in need** – where to get support such as food parcels or assistance with getting supplies if unable to
- **Concerns for BAME communities** returning to work and being in the general community when evidence suggests this group of people are at increased susceptibility to COVID-19

The Engagement Officer will continue to speak with local organisations, to gather feedback from them about their service users and clients, to understand who is being effected and how, by the current pandemic.





Email

A separate email address was set up for this project covid19@healthwatchluton.co.uk . This email has been used on all our videos, posts and in signatures, to try to encourage people to use it to ensure information about COVID 19 does not get lost. The total number of emails has been minimal.

Feedback from the email has included access to services for those within the deaf community, in particular, the wearing of face masks by professionals, which prevents those who needs to lip read, the ability to be communicated with. This in itself makes the patient feel 'uncomfortable'. 'degraded', 'confused' and 'frustrated'.

Another email was about testing for coronavirus and how a family were sent incomplete testing kits. However, at the drive through test site, all was great.

There needs to be a further push to ensure the public are aware of this dedicated and coronavirus specific email address.

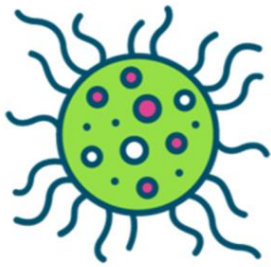
Internal case studies

Staff and volunteers were offered the opportunity to share their personal experiences of the pandemic. These have been made into documents in their own right, and will be shared on social media, and within reporting.

Themes emerging from these included:

- **People:** maintaining contact with family and friends, the support for vulnerable is uplifting and the will and dedication of those working within the system has been working well
- **Advice** has not always been clear, and the **media** have been critical and unbalanced
- **Continuing care:** regular appointments have not been maintained for everyone, and there has been concerns for ongoing ailments as they have been more apparent
- **Improvements:** It is felt that those within the system need to follow the rules set out by the system and that things might have been relaxed too soon. It was felt that the system ought to have responded sooner by some.

See next page for an example

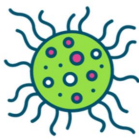


How are you doing?

Gathering feedback from the public and professionals on how they are coping during the COVID 19 pandemic

Case Study:

A personal perspective of a retiree in Luton



Initial thoughts of the coronavirus pandemic

'I remember that in the early days I saw the China outbreak as an interesting news item but didn't really consider the wider implications. I was amazed when a whole area in Italy got locked down and then within a few days Israel closed all its borders. To me it seemed an incredibly severe action. Even then I thought it would never happen here. It was like events were happening faster than I could comprehend them.'

Concerns for me personally.....

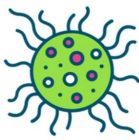
'I had concerns for my sister who is 85 and lives in a retirement complex. There is a particularly good manager there and so not too much of a concern and her son and daughter live close. For myself I didn't really think about it too much. As things developed, for me personally I had two significant concerns. Firstly, was the drop in stocks and share values around the world and its affect on my pension fund. It's true that investments are a long-term thing but when you get to a certain age then long term becomes shorter and will there be time for the value to recover. Secondly was my concern about travel and holidays. I had one short holiday cancelled and my, once in a lifetime, world cruise in January 2021 is questionable.'

The bigger concerns I had.....

'Living alone at the age of 71 and with diabetes I guess I should be more concerned than I am! I don't really worry about myself or my ability to deal with the situation. I am mobile and have the capacity to look after myself. My biggest concern was more in the mind. Its really about the fact that throughout my life I have been involved in the solution element of a crisis. I am now in a situation where I am not able to be a part of the solution but am a part of the problem. That makes me feel helpless and that certainly influences my mind.

Again, at my age I think a little about how the whole situation will affect the future in the medium to long term. When will it get back to 'normal' and when will I be able to socialise and enjoy times with people that I care about and enjoy spending time with.'





How I have been able to share my concerns

'Whilst being relatively well-informed regarding IT and the web I have certainly learned quite a bit more about it all. I have some very good friends and supportive relatives. Brother, sister and nieces and nephews have been in contact regularly and that has been helpful. The Healthwatch staff and volunteers have been incredible in maintaining communication and support. MS Teams, Skype, Webex, Zoom, WhatsApp and the telephone have been invaluable. To me the key is 'sharing' concerns and not 'off loading' worries. A problem shared is a problem halved is key.

One thing that is apparent is that distance is almost irrelevant in a situation like this. I have friends close by and friends as far afield as Edinburg. All have been equal in their concern and support. That's not including others much farther afield in places like the USA and Thailand that have been chatting and communicating through Facebook. I have reconnected with people I haven't heard from in many years.

I have had two neighbours come to my door and offer help and support which is wonderful. Interestingly enough it's not the two neighbours next door on either side but ones a little further away. It does make me feel a little guilty when I go out and do my own shopping but I have a need to be self reliant.'

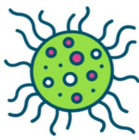
How health processes changed during the pandemic for me

'I had a routine blood test scheduled in March for my diabetes which I cancelled and a retinal screening. As my blood sugar levels are under control, I do not see this as a major cause for concern. Hopefully both will be carried out as soon as things ease off. I have confidence in my GP surgery and know that they will let me know if I should do anything differently.

Prescription for routine medication was all dealt with, without any issues. I have a couple of minor issues that need to be looked at but nothing that can't wait.

My brother had a serious episode and collapsed at home in Leighton Buzzard during the month of April. The NHS responded brilliantly despite the Covid issues that they were having to deal with. 999 ambulance arrived in 13 minutes and he was well looked after in L&D for three days.'





What has worked well

'I believe that the actions put into place to ensure that the NHS capacity was not overwhelmed was implemented well. Communication to keep people informed has been in the main good. The general public response to lockdown and isolation has been in the main exceptionally good.

The will and generosity of people both materially and emotionally has been fantastic. More closely to 'home' the staff and volunteers at Healthwatch have been excellent in making sure the whole team have been looked after and taken care of. Maintaining contact and keeping spirits up.

There has been good planning by Healthwatch and consideration of how to deal with the situation now and moving forward.

All of the above was made to work well by the will and dedication of people.'

What has not worked so well

'We can always look back and say what could have been done differently. It's easy with hindsight to find fault and very easy for those that have not had to make the decisions. In general, from my perspective I think it's gone well. I am not close enough to some areas to make judgements on what has not gone well.

I am very concerned at the media being very critical and not offering a balanced view on events. It has been a time for everybody to work together and be supportive. Not waste time and energy on being negative, quite often for the purpose of scoring points.'

What needs to improve

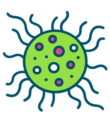
'Again sitting where I am is difficult to look at what needs to improve. People have spoken about preparedness and lack of equipment etc. especially PPE but I question if that criticism is justified. It's not reasonable to prepare for an event that happens once in 100's of years and be fully covered. Especially as this come on to us so rapidly. Everybody the world over had the same problems and needs. All wanted the same

things. It's a simple supply and demand situation. There was huge innovation to come up with ideas. People and industry all pulled together to make things happen. I have nothing but admiration for the willingness and efforts of everybody involved.'

What support would I need?

Nothing more than I received this time. Which is, the support and good will of people.





Feedback via website and from phone calls

We have still been receiving feedback via the website (12) and from individuals calling on the office number about coronavirus.

These calls and website feedback have included feedback about these different services:

- GP practices
- Luton and Dunstable Hospital
- Mental Health services
- Urgent GP Centre
- Pharmacy
- Opticians

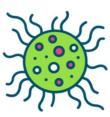


Feedback has been a mixture of both positive and negative, with staff being mentioned quite a lot. GP practices have reported on mostly negatively about staff, with them being 'rude' and 'unhelpful'. Equally, staff were mentioned as being 'caring' when a family member passed away, and also good for diabetes care from two separate practices.

Staff at both the Urgent GP Centre and within mental health services were mentioned as needing 'more training' by the individuals leaving feedback.

Haematology at the hospital was mentioned as being 'very efficient' and one opticians as being 'very helpful' and 'wonderful'.

Mental health services have feedback about two wards. One was seen as poor and the other 'wonderful'.



What next?

Feedback will be continued to be gathered from all sources.

- There will be virtual Targeted Engagement booked in, where the Engagement Officer will be able to use a remote medium to gather feedback from those organisations that have sessions or service users currently accessing their service.
- We will be focussing on the hospital discharge of patients as part of the wider HWE project and using this to understand how COVID 19 has effected discharge within Luton.
- We will be speaking to care homes to see if they can provide any insight, both professionally and from their resident's perspective, about how COVID 19 pandemic has affected their working and the way they are able to care for their residents.
- We will be reporting on the GP Review project for the region, and we will analyse how the surgeries were informing patients and signposting to NHS websites for COVID 19.
- We will carry out webinars as an open forum to give the public a place to voice their feedback and ask questions or be signposted in an open forum.
- We have made a call to action from some professionals, key workers, essential workers and others who have worked during the pandemic, to be able to further understand the effects of the pandemic on those who are still working or working more during the pandemic.
- The Engagement Officer will continue to make contact with service providers and organisations to understand anecdotally how their service users are being affected, and how the organisations are managing within the current climate.
- There will be a focus on the older, younger, BAME and those not online, to understand how COVID-19 is effecting them.

