Executive Summary
Health, Care & Wellbeing Experiences in Richmond During Coronavirus

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Executive summary

Background

Healthwatch Richmond collected 376 experiences from people between 12/03/20 and 09/07/20 relating to care and wellbeing during the coronavirus pandemic. The dates related to the timing of this data analysis rather than any fixed points.

The three methods used to collect this were:

- **Wellbeing Survey** 102 people responded between 07/04/2020 and 22/06/2020

- **Healthcare Survey** 114 people completed the survey between 22/04/2020 and 05/07/2020

- **Patient Experience reports** 160 experiences shared with us by phone or online methods between 23/03/2020 and 09/07/2020

Separately we engaged 350 young people and collected their experiences of accessing care and support needs. This will form a separate report.

The following are headings emerging from this data as viewed through the lens of informing the recovery from the peak of the coronavirus and associated social distancing.

Findings

Virtual first

In general, where it met their needs in a timely manner, people found accessing care via remote means helpful and easy where it met their needs in a timely manner. This rule largely determined whether people felt positively or negatively about their virtual care experience.

People said that they found this convenient and welcomed the added safety of not having to visit a clinical facility, especially where they were shielding or would have needed to take public transport.

Some people found a virtual first approach helped them to access face to face support quickly when they needed it.

Virtual appointments however were not always well received and this was particularly the case where people's needs were not met through a virtual consultation. People who required tests and treatments performed face to face were often left with, sometimes quite significant, unmet needs and faced significant delays to accessing care. The digital divide was strongly apparent in the experiences that people shared with us on this issue.

Whilst this was a significant challenge for some during the peak of the crisis, there is some evidence of green shoots of recovery with some people reporting towards the end of the period that delayed or cancelled appointments were now being rebooked.

Separation of COVID-19 and non COVID-19 patients

There was a level of concern about visiting clinical settings proportionate to people's perceived vulnerability to Covid-19 and their perceived risks of being infected. These were particularly prevalent amongst people with long-term conditions, carers and those from minority ethnic communities.

The infection protection and control measures that providers are taking were welcomed by patients however few knew what measures were in place. Ensuring that patients are informed about the measures being taken to reduce their risks is important to ensuring that people engage with the NHS.

People, particularly those who feel most at risk from the virus, overestimated the likelihood of catching coronavirus in the community and this fed into their concerns about accessing care and engaging with the community. During our engagement sessions we challenged these narratives and separately we published news items giving the number of community cases. People were very receptive and reassured by knowing the current levels of infection.

The combination of explaining the levels of coronavirus in the community and the measures being taken by providers to keep people safe are powerful tools in empowering people, particularly the most vulnerable, to access care and support.

Help us to help you

'Help us to help you' includes measures like asking patients to seek help from NHS 111 or their GP before they can access urgent or emergency care. People's experiences were mixed but some people found that they accessed appropriately more quickly than they would have expected before the pandemic through this process.

As with virtual appointments however, whether needs were met in a timely, appropriate and effective way was key to whether or not people viewed 'Help us to help you' positively or not.

Quicker discharge from hospital

A small number of residents or their family members contacted us about being discharged from hospital before they felt they were ready. People also identified additional unmet reablement, community nursing and social care needs, although it wasn't clear to what extent these were acquired after or present at discharge.

Because we were not sighted on these changes we have a relative lack of data on this issue. The experiences that we collected however could have improved care and practice had we been looking for these earlier. This demonstrates the importance of having clearly articulated plans and actions to enable patient experience to identify potential unintended consequences and allow for these to be mitigated.

We are supporting Healthwatch England work on discharge from hospital and hope to be able to provide further insight into this in due course.

Inpatient and Community Mental Health Care

We received limited information on inpatient and community mental health during the crisis. Whilst we have limited information on this, there is some suggestion that virtual provision of community mental health care did not meet people's needs during the social distancing period. Further assurance on this issue should be sought by providers and commissioners.

The issues that we have previously identified through our service reviews of community mental health care, for example with communicating with the Trust, remained evident throughout the coronavirus period and do not appear to have been resolved.

New approach to Long-term conditions

As with quicker discharge from hospital we were not sighted on changes to long-term condition care and so we were able to collect and share only limited intelligence on this issue.

The issues that we identified are closely tied to the issues around virtual appointments. People also identified concerns around the backlog of care that will have built up, the capacity to deal with this alongside ongoing demand. The limited number of people that we spoke to suggest that people value expertise and continuity of care. Despite this there is also some evidence that patients may be pragmatically flexible in accepting changes to the way that care is provided.

More work on this would inform the development and implementation of the new approach to long-term conditions and help to ensure that any unintended consequences were understood and mitigated.

Shopping and prescriptions

Digital challenges seriously limited people's access to food and prescription deliveries. Lack of computer and internet access were not the only problems that people faced. Those with access and sufficient skill to participate in video calls also spoke about difficulties with registering for and using online systems including with their GP and supermarket.

Shopping

Early in the pandemic, the most calls to our signposting line were for support with shopping and 1 in 6 of the people responding to our wellbeing survey spoke about difficulties with getting food. Largely people were grateful for the support received from the community through family, neighbours and local volunteers which enabled them to meet their needs. Older people from black and minority ethnic communities had a particularly strong reliance on family members.

Prescriptions

Significant numbers of people praised their pharmacies and GPs for providing effective access to medicine during the crisis. The importance of communities, families and charities in enabling those who were shielding or self-isolating to collect prescriptions was also acknowledged.

There were however significant challenges experienced by some with ordering and collecting prescriptions. Those who could not use online GP services reported difficulties requesting a repeat prescription. Several people reported problems with the prescriptions that they had requested, particularly where they needed to make a change to their medication.

During the crisis we heard from people who had problems with arranging delivery of prescriptions and from those people collecting prescriptions. These were centred on a particular group of pharmacies. We managed to change the behaviour of these pharmacies during the period and understand that this is now resolved.

Ongoing support needs post pandemic and perceived risks of access to care, support and undertaking daily activities

Whilst existing needs appear to have been met through the peak of the coronavirus and shielding periods, some people who were previously independent will need ongoing help.

Enabling people to make informed choices may reduce ongoing need

People who had a high perceived risk from the virus frequently expressed concerns about leaving the house, using public transport and going to shops and going to clinical or care settings that were likely to impact on their ability to access care and support independently.

Providing clear and credible information about the measures being taken to protect them from infection in clinical settings and about the prevalence of the virus in the community helped to reduce these concerns.

Reablement may reduce ongoing need

A small number of people reported losing independence through deconditioning as a result of reduced mobility during shielding, through illness during the period or following discharge from hospital.

It is likely that there will be ongoing needs for community based practical support and reablement to enable people to return to living independently.

Wider determinants of health including access to wellbeing and healthy living support and financial support

The information provided under this heading is more limited than in other sections because the wider determinants of health sit largely outside of our remit. They should be viewed as supplementary to other sources of intelligence rather than as representative of the population's experience.

Loneliness and isolation

People, particularly those living alone or who did not live with friends or family such as in shared housing spoke about feeling lonely, isolated and missing face to face and physical contact during social distancing.

These experiences were common across service users, carers, professionals and the wider public across all demographics.

As well as reduced loneliness and isolation, people who lived with friends or family members were more likely to be able to navigate new online services, access shopping or prescriptions without community support.

Housing

Evictions were largely paused and street homeless people were accommodated during the period of data collecting so we anticipate that future housing needs will increase beyond those identified here.

Some people with additional needs, particularly those with mental health needs, and their carers reported moving in together to bridge the gap left by reductions to services during the crisis. Whilst this had benefits for wellbeing and support, it also caused some problems with accessing primary care, prescriptions and mental health care where people moved away from their usual GP or providers.

In addition, existing housing and relationship issues were exacerbated by social distancing resulting in increased conflicts with neighbours and family members.

As the social restrictions relax it is likely that some complex housing needs will arise as people face challenges with changing existing, or returning to their previous, living arrangements.

Issues relating to carers

Carers reported that the face to face and peer services that they often gained significant support from had largely ceased. In addition, services for the people they cared for had also stopped or significantly reduced, at the same time increasing the burden on carers and removing their respite from caring.

Carers of those with mental health conditions reported that changes to inpatient and community care during the crisis led to less community support, fewer admissions and quicker discharge leaving the carers managing their cared for person's crises more frequently and with less support.

Further focussed work is necessary to understand the impact of the crisis on carers and to inform the recovery.

Digital Divide

The term "digital divide" has been given to the disparity between those who can access care (appointment booking, managing prescriptions, and virtual appointments), support (such as shopping) and accessing information on line and those who can't.

Having appropriate technology is an obvious prerequisite for people to get online however people also need the skill or support to navigate the different systems necessary to access information, services and support online. A significant number of the people who experienced challenges with accessing support online were able to use email, video calls and online surveys to share their own experiences with us.

Those who were unable to access care and support online were disadvantaged as a result and worried that as services moved increasingly online that they would be *"left behind"*.

Conclusions

Whilst there is nuance to the findings of this work there are some clear messages that we can take:

Virtual first and Help us to help you

People will be receptive to accessing care via remote means where it is helpful and easy and where it met their needs in a timely manner. There are benefits for some but others will want to seek face to face appointments, particularly where face to face assessments, tests or procedures are required or where it is necessary to build trust and rapport.

Measures of the effectiveness of these initiatives should take this into account.

Communicate the risks and measures being taken

The messages about the NHS being open for business are important but it is also important to address the anxiety that people have about the risks of exposure to coronavirus in the community and in clinical settings and how these are being managed. Clear and candid messages about this are a powerful tool in encouraging people to be independent and to access support.

Articulating plans and involving patients

With all changes there will be unexpected or unintended consequences. Articulating plans as early as possible will enable these to be identified and mitigated earlier and lead to better outcomes for patients.

Inpatient and community mental health care

There are some suggestions that community mental health services have not been meeting people's needs effectively in the community. Face to face appointments should restart as soon as possible and work should be done to understand the effectiveness of any changes. Some of the issues identified by our past reviews of services have not been resolved. It is especially important as services recover from the peak of coronavirus that people contacting South West London & St George's Mental Health Trust for help receive responses.

Reablement and wider support needs

We anticipate that there may be an increased demand on reablement services as the need and support to isolate at home reduces. With quicker discharge from hospital it is also important that reablement, as well as social needs are identified and met. It is possible that services like the Nightingale Service and Social Prescribing may have a role to play in supporting those who are discharged earlier.

Restarting face to face support

Those living alone are more at risk from loneliness and isolation as a result of social distancing and had less support to navigate and engage with other services. Even those who had remote support missed face to face contact whilst social distancing.

Carers were also disproportionately impacted by the closure of face to face support as they had to fill the gap left and also lost the respite that came from their cared for person being supported away from the home.

When social distancing guidance allows for face to face support to restart, people who live alone as well as carers and the people that they care for should be offered support to engage with them. It may help to monitor the uptake of services by these groups once they restart.

Housing

As the social restrictions relax it is likely that some complex housing needs will arise as people face challenges with changing existing, or returning to their previous, living arrangements.

The Digital Divide

Digitally excluded people include those with and those without technology and these people are significantly disadvantaged as a result. "Bridging the digital divide" requires either supporting people to gain both the technology and the skills necessary to access support online or providing support and information through traditional methods.

In the short term, ensuring that information continues to be provided through traditional methods as well as online methods is essential to enabling the digitally excluded to access support. The Community Hub and volunteer shoppers are good examples of this.

Despite the guide to Richmond's NHS, Care and Support and documents distributed by the local authority, many people were not always aware of how to access support, care and information. A more coordinated and integrated approach to communicating the support available to people would help to address this.