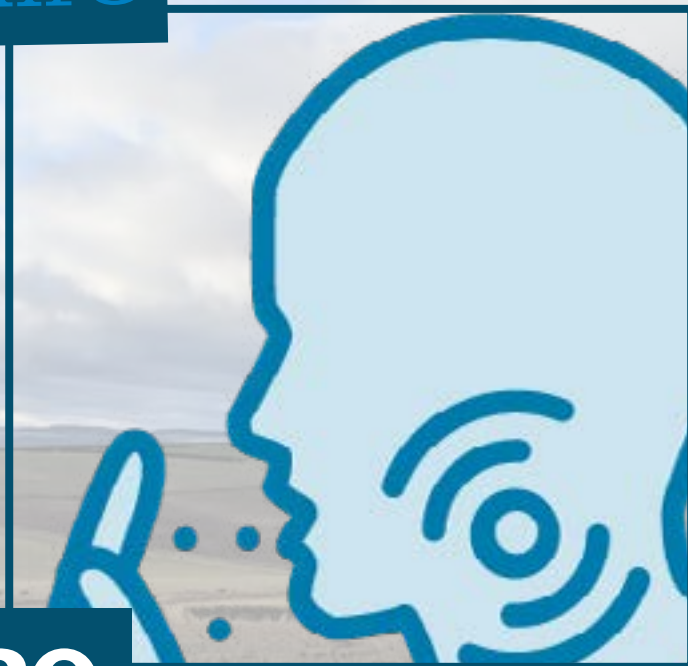
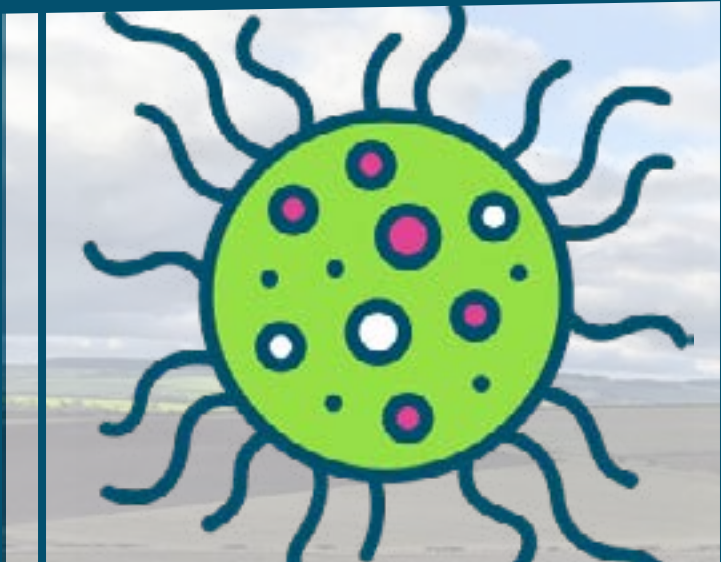
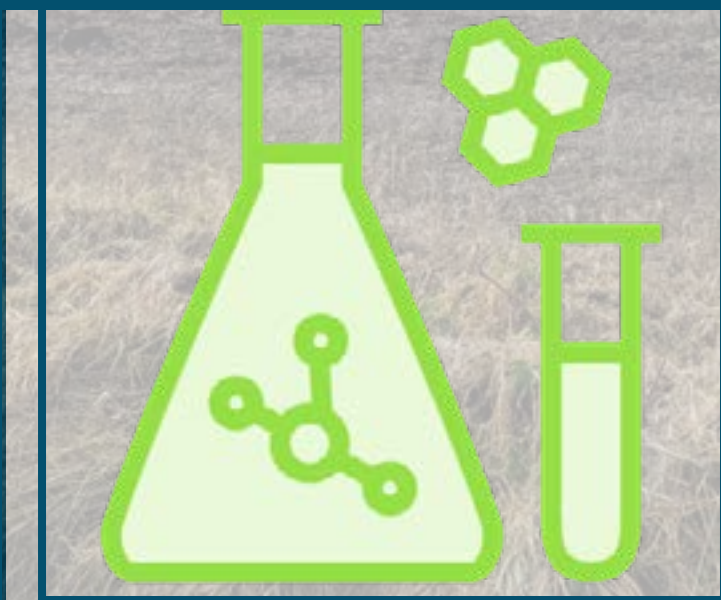


COVID-19

in North Yorkshire



March-July 2020



a briefing by

healthwatch

North Yorkshire

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About **healthwatch** North Yorkshire



Our sole purpose
is to help make care
better for people.

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services across North Yorkshire (as defined by the boundaries of North Yorkshire County Council).

We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Introduction

[Healthwatch North Yorkshire](#), the independent champion for people using health and social care services, has been hearing from people across the county about their experiences and the information they require during the COVID-19 pandemic.

People have shared their experiences through our [online outreach survey](#), social media, our [website](#), by telephone and by [email](#). Our volunteers have shared their own experiences with us, as well as those of their communities. We have also been speaking to voluntary and community-sector partners about what feedback they have been hearing from the public, as well as attending local service user and carer groups in online meetings.

The [#BecauseWeAllCare](#) campaign by Healthwatch and the Care Quality Commission will form the cornerstone of our work in the coming weeks and months while we work to capture experiences from all sectors of North Yorkshire's society, as the response to the pandemic by health and care services and local and national government continues to evolve. We will work to provide fresh, timely updates on the feedback we receive to help those responsible for commissioning and providing services ensure people are receiving the best possible care.

This briefing summarises some of the key topics we have been hearing about from more than 150 people in the period from March to July, 2020:

Mental health

Access to support

Patient transport

Phone/online appointments

Access to information

Background

The COVID-19 or coronavirus pandemic was barely a blip on North Yorkshire's radar as we entered 2020.

Healthwatch North Yorkshire first provided information about the virus - which had first been identified in Wuhan, China, in December 2019 - on our website, social media and [newsletter](#) at the end of January. The breaking news at that point was that the virus had reached our shores. Two people in England had tested positive for coronavirus and the risk to the public was raised from low to moderate.

As of July 21 there had been [45,312 deaths](#) in the UK associated with COVID-19, including 540 in North Yorkshire to July 10 (with 2,544 total cases registered up to July 20).

But even by the time our [February newsletter](#) was issued, progress of the virus in the UK had apparently been slow - giving no indication of how the outbreak was about to play havoc with every aspect of our lives in the coming months. The total of positive UK tests stood at 13, and guidance had been issued that people who had visited certain areas (including Iran, parts of Italy and Hubei province in China) should stay at home and avoid contact with others, as should anyone who had visited a range of other locations and developed symptoms.



However, in March our world was turned upside-down. [Coronavirus was affecting every aspect of our lives](#), and causing widespread fear and uncertainty, particularly among people with pre-existing health conditions whose treatment and support was disrupted as the Government and health services battled to get to grips with the outbreak. Schools and workplaces were closing.

The priority for Healthwatch was to ensure that people had access to the correct official information and guidance, with fake information and scam emails in circulation. This is a vital role which continues to this day - on July 21, [the Government's Digital, Culture, Media and Sport Committee of MPs said misleading and harmful online content about COVID-19 has spread "virulently" because the UK still lacks a law to regulate social media.](#)

Access to information is one of the key themes that has emerged in the feedback we have received since March, and with the situation evolving rapidly it is vital that these experiences are acted upon. Those responsible for commissioning and providing care, and organisations in North Yorkshire whose role is to provide support to communities, must do all they can to ensure information is clear and freely available in a range of formats to ensure no one is unsure of the rules around issues such as face coverings, testing and social distancing.

By the end of March, [23 community organisations were helping to coordinate the coronavirus response in North Yorkshire, alongside North Yorkshire County Council and the county's district councils](#), and [Mutual Aid Groups](#) had been launched to support those in need. Hospitals were [tightening restrictions on visitors](#) and people using GP practices were told [face-to-face appointments would be minimised and non-urgent work stopped](#). North Yorkshire's Trading Standards officers were encouraging family and friends to help to protect residents from potential scams amid [reports of fraudsters trying to take advantage of the COVID-19 outbreak](#).



Picture: North Yorkshire County Council

In April, with bank holidays looming, [North Yorkshire County Council Chief Executive Richard Flinton was urging residents to stick rigidly to national lockdown guidelines](#). More than 4,000 people had made contact with the 23 community support organisations working with the council and its partners for advice and support and 1,500 people had been helped by volunteers with practical things like food shopping or prescription collections. Meanwhile, [an urgent call was made for people to bolster North Yorkshire's care and support workforce](#) as front-line social care teams [were moved into a new way of working](#) to better support local residents and to help the NHS. An [NHS 'Nightingale' hospital was announced for Harrogate](#) with up to 500 beds during the peak of the coronavirus outbreak. People registered with GP practices in North Yorkshire were told of changes to services with [primary care facing "unprecedented demand"](#).

However, there were national signs that such warnings, and confusion over the availability of services, were putting people off seeking essential treatment. In May, [England's top cancer doctor urged people not to hesitate to get checked](#) as new research revealed that nearly half of the public had concerns about seeking help during the pandemic. One in 10 people would not contact their GP even if they had a lump which did not go away after a week, the survey found. Meanwhile, [NHS Chief Executive Sir Simon Stevens warned](#) delays in getting treatment due to coronavirus fears posed a long-term risk to people's health, with four in 10 too concerned about being a burden on the NHS to seek help from their GP.

Now [lockdown restrictions have started to be relaxed](#), North Yorkshire residents who need help getting food and medication because they are shielding are [reassured that support will still be available when the Government programme stops at the end of July](#).

The county council has also unveiled its [Outbreak Control Plan to manage COVID-19 in North Yorkshire](#), which requires people to play a key role in preventing future outbreaks of the virus in local areas of the county. Now, [to enable large-scale vaccine studies to take place across the UK, the Government wants to get 500,000 people signed up by October](#). The studies are vital in the quest to find a vaccine to end the COVID-19 pandemic.



Both of these developments underline the need for ongoing clear messaging to ensure people understand the role they can play in preventing outbreaks and beating the virus.

While people's experiences of health and social care have been affected by the pandemic, it is also important to consider the wider context - and the effects that the events of the past



few months have had on other organisations that play a key role in supporting our communities with their health and wellbeing. A [report by Community First Yorkshire](#) demonstrates the value of the role played by the voluntary and community sector in North Yorkshire, including in supporting vulnerable people. But of the charities and voluntary groups across North Yorkshire invited to take part in the survey in April to help measure the impact that the coronavirus is having on the sector, 41% said they may struggle to sustain operations past six months, and 85% have closed or put on hold part of their service. The [Voluntary & Community Sector \(VCS\) Resilience Survey](#) shows services are at risk across a spectrum of activities relating to health, care, mental health, transport, culture, education and the environment affecting children, young people, older people, people with physical and / or learning disabilities, victims of crime and people with different

limiting conditions, memory loss or dealing with a significant life transition or event such as bereavement.

The effects were illustrated in July when [Age UK North Yorkshire and Darlington said it was faced with the “enormously difficult decision” of having to begin consultations over reducing costs in order to protect core services and secure the long-term future of the organisation](#), with proposals to close four offices in Richmond, Northallerton, Harrogate and Darlington, with seven roles - a quarter of the workforce - placed at risk of redundancy. These steps were said to be necessary to protect crucial front-line services - part of the charity's coronavirus response - including information and advice, the delivery of hot meals to vulnerable elderly people, befriending services to combat loneliness and shopping and prescription collection and delivery.

It is vital that the effects of the pandemic on North Yorkshire's voluntary and community sector, and what they mean for the services available to some of the most vulnerable members of our society - plus a potential consequent increased demand on health and social care services - are understood and considered as part of the wider picture by those responsible for managing the response.

Against the backdrop of the context outlined above, it is crucial that the voices of people using health and care services are captured and used to inform the delivery and development of those services. [According to research released by Healthwatch England and the Care Quality Commission in support of the #BecauseWeAllCare campaign](#), 54% of people in Yorkshire and Humber said they would be more willing since the dawn of COVID-19 to support NHS and social care services by actively providing feedback on their care.

Overall, the polling also suggested that 32% of people in Yorkshire and Humber are now more likely to donate or raise money for a relevant health cause.

Some 35% of people in Yorkshire and Humber said they had avoided services due to COVID-19 - below the national average of 71%. A further 61% reported noticeable changes to the standard of care resulting from the pandemic. However, the results also show that since the outbreak, 36% of people in Yorkshire and Humber are particularly more grateful for GP services.



Feedback & Experiences

Mental health

We have heard about the ongoing impact of the pandemic and social distancing on people's mental health. Missing face-to-face contact, isolation and loneliness have been common themes.

People told us their mental health has also been affected by the loss of routines and being unable to access support groups and activities which help to keep them well. We have also heard how people living with dementia have been affected by not being able to engage with social activities.

Some people have experienced particular difficulties engaging in activities during social distancing; for example, people living with sensory loss and people who have not had access to a support worker.

Unpaid carers have also been affected by difficulties accessing respite services and by anxieties about the virus entering their household. Some young carers have been affected by being unable to attend school and engage in other activities outside of the home.



All support groups have stopped as all community mental health services have closed. This has meant that I have no routine which has impacted on my mental health greatly. [A third-sector organisation is] phoning me once a week to check up on me. That helps



FURTHER READING: [Mind: One in four people of all ages who tried to access mental health support during lockdown were not able to do so](#)
[Rethink Mental Illness: 42% of those who responded to a survey said their mental health had got worse during the pandemic because they are getting less support from services](#)

‘Desperately require mental health services [for our relative] [...] but only help available was via telephone - they won’t talk on phone ever! Also referrals to local mental health centre suspended - why!! Affecting our mental health dealing with them alone. Social worker says can’t do anything

People with mental health conditions and their families, carers and loved ones have told us about the impact of delays in treatment caused by the pandemic, and difficulties accessing services. We heard that some people felt they were getting more regular support than previously but others reported feeling unsupported, having treatment delayed and being concerned about longer-term planning.

We have heard how changes to guidance about social distancing and shielding have left people anxious about keeping safe and well. Some people are worried about starting to re-engage in activities outside their home, and others may need help regaining confidence and transitioning to new routines.

Other topics we heard about

Bereavement

Isolation and mental health in care homes

In focus

Care key workers who shared their experiences with **North Yorkshire County Council** said the biggest change they had faced was not being able to speak to service users face to face. One said: “The hardest thing has been giving assessments over the telephone. I’ve not worked with anyone so far who has been able to use Skype or video call, meaning most of my assessments have been done over the telephone.”

Another said: “For me, it’s been about having more regular contact in smaller doses. A lot of people are feeling overwhelmed at the moment, so it’s important to take time for answers and responses to assess people appropriately.”

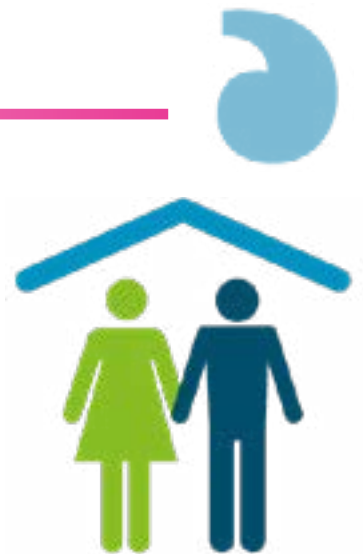
Access to support

Not able to get help from Social Services with food parcel as I have food intolerances told to get my carers to go shopping for me. They couldn't go all the time, only one day and you don't just run out on one certain day !! Took 7 weeks before I got an online shop delivered with [a supermarket]

At the beginning of the pandemic, in particular, we heard from people finding it difficult to access shopping deliveries, including people who were on the shielding list.

Some people told us they did not receive their shielding letter for several weeks, causing concern about being able to access secure help and support. Others reported issues with Government food parcels, including:

- deliveries not starting
- a lack of communication about when the next delivery would arrive
- issues relating to allergies
- difficulties finding out how to cancel parcels when they were no longer needed



Only positive experience lately is the Covid response team. Not able to get through to GP or pharmacy, prescriptions didn't arrive or were missing items. Now have someone who goes and collects, checks it and delivers which has been a massive weight off my mind



FURTHER READING: [Disability Rights UK](#): 15% of people reported they trusted the Government's advice, and 13% thought the Government was following the best available scientific advice on shielding

The Food Foundation: The number of adults who are food-insecure in Britain is estimated to have quadrupled under the COVID-19 lockdown (March 23 - April 9)

'We have not felt sufficiently supported by the team of the person we care for, it took 3 weeks before a letter arrived detailing what they were offering

Several people spoke positively about the help they had received from local voluntary organisations and community groups, describing them as 'Exceptional. Really, really helpful'. We also heard about how being a volunteer had been a positive experience and provided a sense of purpose and connection.

Some people told us they struggled because their support worker or personal assistant stopped coming. Others were concerned about what might happen if their care at home stopped.

Other topics we heard about

Concerns about benefits

Issues around food security

Access to medication and prescribed items

I am shielding and have had both GP and GP pharmacist phone me to resolve queries promptly and effectively. An earlier referral [...] was taken up by telephone calls rather than appointments face to face. Exercises were emailed and my phone progress followed up regularly. It has worked well and very happy with the service. Only problem has been with prescriptions - now they are direct to chemist instead of pick up I am having to allow one-week turnaround instead of previous two days. The NHS Volunteer number was not well publicised - I found it out via a Facebook support group!

Patient transport

We have heard from people who needed to travel to healthcare appointments during the pandemic. This has predominantly been secondary care services, but in some rural areas people have needed help travelling to GP practices.

Although some people have been able to get support from family others have not, and have faced potentially long and expensive taxi journeys. NHS Non-Emergency Patient Transport have had to make changes to their service to ensure safety.

Some community transport providers have not been able to operate due to issues including ensuring safety and adequate social distancing. North Yorkshire County Council have responded with an in-house service for people who are unable to access their normal patient transport service.

People have told us that securing a referral to the NHS Volunteer Responder Patient Transport scheme has been difficult, partly due to issues with supplying responders with PPE. We have also heard about confusion on current eligibility criteria for Non-Emergency Patient Transport, and how to access this service.

Some people told us they have been repeatedly signposted between services. In some cases, people told us that services did not seem to be familiar with new referral routes. We also heard that arranging transport has been more difficult when appointments have been scheduled or rescheduled at short notice.



Phone & online appointments

Access to GP appointments does need to be improved; the current system of some phone appointments should definitely continue as face to face is not always needed. Video consultations would be great too. When I needed support and advice 3 weeks ago I did not have a great experience with NHS 111, but once access to a clinician was finally gained the follow-up service from [the hospital] was really rapid and helpful

Some people told us about positive experiences with online and telephone consultations. This included:

- a fast and efficient response from their GP practice
- integration between services
- good follow-up

More negative experiences included waiting for a call from their GP which was later than expected or did not come through. Some people spoke about the need for continuity in care, and wanting to be able to speak to a particular healthcare professional. Other people told us that they found it more difficult to explain clearly to their healthcare professional what was wrong.

Some people told us that telephone and online appointments were 'better than nothing', but were 'no substitute' for face-to-face meetings. While some people said they hoped that online and telephone appointments would continue, others reported that they found them less reassuring than face-to-face meetings and that they contributed towards feelings of loneliness and isolation.

[Evidence submitted by Healthwatch England to the Health and Social Care Select Committee](#) indicates this is particularly the case for mental health challenges where telephone appointments were felt to be 'less effective or useful'.



‘Unfortunately due to Covid-19 my follow up appointment was cancelled and I got a phone call instead, this I do not think is very satisfactory. I do realise that Covid-19 is very serious but I think that other appointments and treatments should still happen




While some people have been able to access new technology during COVID-19, we have heard about a range of difficulties people have faced accessing or using digital technology. This includes:

- not having access to a computer, tablet or smartphone
- not having broadband or access to mobile data
- the cost of equipment and/or data; lack of digital skills
- poor-quality connectivity, especially in rural areas
- needing assistance from a support worker
- experiencing sensory overload


[This reflects pre-existing issues around digital exclusion which shows that In 2018 12% of people in the Yorkshire and Humber region were non-internet users.](#)

People who had difficulties accessing digital services told us that this caused problems accessing support. For example, people needing to shield had to register for Government help using a website or automated phonenumber, which was unfamiliar for some people and did not offer the option to talk to someone when they encountered difficulties.

We also heard about the impact of digital connectivity on people’s mental health, with some people who are digitally excluded experiencing loneliness and boredom.



‘From calling 111, who suggested an ambulance, to the ambulance which arrived 10 minutes later, to the A&E department at [the] hospital, to the consultant who gave a 15-minute phone consultation the next day, we could not fault any of the care [my partner] received



In focus

A North Yorkshire doctor has told of the effects of the coronavirus pandemic has had on GP practices - and how it will change the way things are done in future.

Writing for North Yorkshire Clinical Commissioning Group, Dr Charles Parker, a GP Partner at Topcliffe Surgery near Thirsk, said: "I have always been proud of the access to a GP that we have been able to maintain at my surgery in Topcliffe. It has always been 'do today's work today' and not push appointments forward if possible. So, making the decision to shut and lock the patients out was very difficult. That is just one of the changes that happened in days rather than the normal months or years. And the changes keep on happening."



However, he said a system of 'total triage', with all patients being spoken to on the phone or via a video app, had worked well. Dr Parker added: "I'm incredibly hopeful that some of the changes that have taken place, borne out of necessity, have improved the way we look after patients and will be here to stay."

Picture: North Yorkshire CCG

I am very grateful to my GP for still allowing me to access a regular injection that I have [...] They followed a very safe procedure to enable me to do this

[The online appointment] took a long time to set up, the sound and visuals were poor but it was better than nothing. Absolutely NO substitute for us all sitting together in a room with time to reflect and plan for the future



FURTHER READING: [NHS Digital: 48% of general practice appointments in May 2020 were carried out by telephone, compared with 14% of appointments in February 2020](#)

Access to information

People told us about needing accurate information on access to services, including GPs, secondary care, mental health services and social care.

We have heard about people being unsure whether appointments are going ahead, whether referrals are possible, how services are currently running and the length of current waiting lists. In some cases, people felt they needed to cope by themselves. People said it worked well when services proactively kept them informed about how things were operating.

My dentist has cancelled all routine appointments until the end of May. I can see them only in an emergency. That's OK. At least I have a dentist. Pleased that they are telling us what's happening [...] My pharmacy is only open between set hours. The notice giving details of the opening hours is stuck on their window. The website had not been updated so I made a wasted journey

We also heard about the need for clear and timely public health messaging which people feel they can trust. People asked us for clarification on topics such as face coverings and COVID-19 testing eligibility, as well as how to arrange a test.

We were told about difficulties caused by the circulation of misinformation. We heard how some autistic people and people living with dementia have found it difficult to understand social distancing and not being able to go out. Some people reported additional difficulties accessing accurate and up-to-date information when they needed information in an alternative language or format, such as Easy Read, BSL or community languages.

Other topics we heard about

Information relating to referrals for secondary care and concerns about waiting times

Access to PPE and information about its use by home care staff



FURTHER READING: [Institute for Public Policy Research: Nearly half of all British people see fake news about COVID-19 online \(page 15\)](#)
[Ofcom: In week 13 of lockdown, 21% of respondents reported being confused about what they should be doing in response to coronavirus](#)

Other topics

People also told us about:



The impact of cancelled or delayed appointments and treatment on people's treatment plans, and their physical and mental wellbeing



Concerns about the impact of social distancing measures on people with sight and/or hearing loss



People not accessing services - concerns about burdening services and the perceived risk of exposure to COVID-19



Concerns about service changes not directly related to COVID-19 (particularly changes to stroke services for people in the Scarborough area)

FURTHER READING: Care research

Carers UK: [The majority \(55%\) of carers agreed or strongly agreed with the statement "I feel overwhelmed and I am worried that I'm going to burn out in the coming weeks". 64% of carers reported having some or significant problems accessing food for them and the person they care for](#)

University of East Anglia/Centre for Research on Children & Families / Caring Together: [A strong desire for the routine and respite of school was prominent throughout the young carer interviews. ... young carers ... repeatedly described school as a respite, a break away from home and their caring role and a place within which they felt they could focus on themselves](#)

Carers Trust: [The results of a survey into the impact of coronavirus on young carers aged 12 to 17 and young adult carers aged 18 to 25 point to a steep decline in the mental health and wellbeing of the hundreds of thousands of young people across the UK who provide unpaid care at home for family members or friends](#)

Next

steps

Alongside engaging our communities through the [#BecauseWeAllCare](#) campaign, we will be looking at how changes made in the wake of the pandemic will affect people's experiences of accessing NHS services, including the increase of digital/video consultations. We will work with care homes across North Yorkshire to understand the experiences of staff and residents during the pandemic, and continue to look at how North Yorkshire's issues around transport and rurality affect people's access to care and support in the wake of COVID-19.

healthwatch

North Yorkshire

Healthwatch North Yorkshire is an independent charity commissioned by North Yorkshire County Council to carry out statutory duties. The Healthwatch Network was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

Share your experiences

Two thirds of people in England say they are more likely to act to improve health and social care services since the outbreak of COVID-19 - and you can help improve care in North Yorkshire by joining our campaign [#BecauseWeAllCare](#) and taking part in [our survey](#). The campaign aims to help services identify and address issues people are experiencing with their care. You can take part in our short, confidential survey and help spread the word in your community.

Useful resources

- [Coronavirus links](#) Information on a range of medical conditions and services in North Yorkshire
 - [Coronavirus guidance](#) Get the latest official information
 - [How to get tested for coronavirus in North Yorkshire](#)
 - [Read about North Yorkshire's Outbreak Control Plan - and how you can help](#)
 - [Coronavirus: The latest from North Yorkshire County Council](#)
 - Follow us on [Facebook](#) and [Twitter](#) for the latest information and guidance
-

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