Coronavirus: Learning from Local Experiences

A summary report by Healthwatch Harrow

August 2020

healthwatch
Harrow

1. Introduction

During March – June 2020, Healthwatch Harrow has engaged with local people about their experiences through the Coronavirus pandemic.

Through two surveys (an initial survey in March, April and May, and a second edition in June following easing of lockdown), plus general engagement with local people, we have received 475 stories in total.

Following the analysis of their collective feedback, we have produced this concise summary document to highlight key themes and issues, and to make suggestions for learning and improvement.

2. Key Themes and Issues

We have detected the following key themes and issues.

Key Findings

Infection Risk and Shielding

- Concerns about social distancing and a 'second wave' are widespread.
- The shielding system has caused much confusion – for patients and services.

Health and Care Services

- Large numbers of people have avoided services, for various reasons.
- Those with cancelled appointments have received minimal or no information.
- We hear mixed views on levels of information and support from GP services.
- Restriction of consultations (to telephone-only) places some patients at risk.
- On visiting services, patients report good levels of infection control.
- Delivery of medication is a known issue.
- Care home/other looked after residents say personal freedoms are restricted.
- A sizeable minority say information is not accessible to them.

Mental Health and Wellbeing

- Many people experience a better work-life balance, thanks to home working.
- Those with activities and routines are more resilient than those without.
- Household relationships are more likely to become strained.
- Parents and carers are finding the additional responsibilities to be difficult.

- People with existing mental health conditions are more likely to be impacted.

Wider Determinants (Community, Housing, Environment, Finances)

- Social isolation is on an unprecedented scale, with many completely alone.
- Many enjoy the reduced pollution and noise, and greater bio-diversity.
- Those with gardens are much more able to cope, than those without.
- Many have lost jobs, with the self-employed particularly impacted.

3. Recommendations

Based on the analysis of feedback, we make the following recommendations on health and care services, mental health, and wider community services.

Health and Care Services: 7 Recommendations

1. A sizeable proportion of people were not aware that their GP is open for routine appointments.

Suggestion: To better educate patients on what is available, we recommend that GPs get in touch, by the patient's preferred method if known, with regular service level updates.

2. Those with cancelled medical appointments, referrals and tests report on little, or no contact from services, and inadequate levels of support in the interim.

Suggestion: Feedback suggests that a lack of communication on cancelled appointments, or insufficient subsequent support, is a major cause of anxiety, and a key contributor to worsening physical and mental health. We would urge services to get in touch will all patients in this situation, as soon as possible, with clear (and unambiguous) information, reassurance and support offered.

3. Patients with sensory conditions (such as deafness) and those less articulate, or with anxiety say that restriction to telephone-only GP appointments is not practical. In some cases, we hear that the removal of choice has also resulted in the removal of basic support.

Suggestion: It is clear that a 'one size fits all' consultation system results in the marginalisation of vulnerable communities, and increased risk. If possible, we would like to see some level of flexibility, choice and prioritisation around appointment and consultation systems.

4. Some patients have cancelled or delayed their own treatment and tests, citing fears around infection, PPE, or of 'being a burden' at this time.

Suggestion: Patients say they need written confirmation that services are safe, and have adequate capacity – with messaging ideally coming directly from service providers. General positive messaging on a national, regional and local level will also help to restore confidence and uptake.

5. Use of public transport is considered a risk by many – some of whom have avoided travelling to medical and other appointments.

Suggestion: This is an interesting point – while services themselves may be safe, patients still need to travel and those in shielding groups are understandably weary. Perhaps vehicles that are 'Covid Secure' could be commissioned, to assist those most at risk.

6. Care home residents and looked after people (such as those with learning disabilities) report that their daily freedoms have been restricted through the pandemic, due largely to infection concerns.

Suggestion: In some cases, we hear that people have been isolated in their rooms - particularly those displaying symptoms. We would urge that testing is conducted routinely in such cases, to prevent any unnecessary hardship and discomfort.

7. On shielding, we hear accounts of basic information and communication lacking, causing uncertainty on what to expect, or do – for both service users and in some cases professionals such as GPs and consultants. Confusion around shielding letters is commonplace.

Suggestion: To call the shielding system 'chaotic' would not be an unfair statement, given the level of uncertainty and confusion. We would urge all services to review medical records, clearly establish who is in the shielding group, and get in touch. We also know that medical records can be outdated (for example those not needing letters, have received them), so a thorough and comprehensive review of records is needed.

Wider Community: 4 Recommendations

1. Anxiety about contracting the virus is widespread. Those who use public transport, work on the frontline, are shielding or have regular interaction with those shielding, have particular and justified concerns.

Suggestion: We need to make the working and wider environment as 'Covid Secure' as possible. While this is difficult, and indeed challenging to implement and police, we recommend some level of visible, ongoing enforcement and review - not least to reassure the public.

2. The lockdown and shielding brings with it isolation on a large scale, perhaps unprecedented. While many people have social and support networks, others do not.

Suggestion: The difficulty with social isolation is, there is no single organistion with ultimate responsibility – therefore it is crucial that agencies co-produce and work together, to find solutions. Those completely isolated are extremely hard to reach, nevertheless it should be possible to offer a 'friendly knock on the door'.

3. While services of all kinds are moving more online, we still receive accounts of people without access to computers, or the knowledge or inclination to use them.

Suggestion: While it is acknowledged that digital services are effective and resourceful, we feel there should always be an alternative. It is simply the fact that 'one size fits all' systems result in the marginalisation of disadvantaged and vulnerable groups.

4. A sizeable minority of people say that information is not accessible to them.

Suggestion: Ideally, information intended for the public should observe accessibility protocols on formatting and presentation. Any information considered to be especially important should also be offered in a range of accessible formats, as appropriate. Depending on the audience, use of plain wording, and translation into known community languages is also encouraged.

Mental Health and Wellbeing: 3 Recommendations

1. In many cases, those able to work from home experience a better work-life balance, with proven benefits for mental health and wellbeing.

Suggestion: We would urge employers to offer flexibility and choice on home working, where possible and appropriate. With proven benefits on mental health and wellbeing, this may equate to happier, and more productive staff.

2. Those with activities, hobbies or routines appear to be more resilient than those without.

Suggestion: If possible, the level of social prescribing should be increased and enhanced, to reach more residents and reduce isolation. While this will have a cost implication, the subsequent reduction in physical and mental health conditions may in fact benefit services in the longer to medium term.

3. It is noted that those with existing mental health conditions will be much more impacted and at greater risk during the pandemic. Those in need of help don't necessarily seek it.

Suggestion: We would urge services, GPs in particular, to identify those with a known mental health condition and check on welfare.

4. Distribution and Comment

This report is available to the general public via our website, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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"I'm concerned about my daughter returning to work in a retail shop on Monday.

I hope they are Covid safe and that her journey on the tube in rush hour will be safe too."

Local resident