





How are you doing?

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

Monthly project update: August





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.



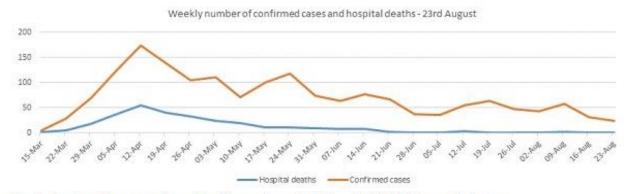




August saw Luton remain an 'area of concern'. Locally, testing continued for those who did not show symptoms of coronavirus that lived, worked or supported individuals in Luton, as well as those who were displaying symptoms of coronavirus.

It was noted there was a reduction of positive tests, dropping from just over 6% to around 1.6%. Luton still remained 2nd in the East of England region for number of confirmed cases of coronavirus.

Graph showing number of confirmed cases and hospital deaths in Luton



Graph showing the porportion of weekly number of confirmed COVID-19 cases in Luton



Graphs taken from: https://www.luton.gov.uk/Health_and_social_care/coronavirus/community/Pages/COVID-19-cases-and-deaths-in-Luton.aspx

Healthwatch Luton continued to share the communications from Luton Borough Council (LBC) including the guidelines for local people that differed from national guidelines.

Testing feedback had begun to come through to Healthwatch Luton and was very varied.





What are the overall themes so far?

There has been a total of **91** pieces of Coronavirus related feedback received this month and **22** nonrelated feedbacks. The coronavirus feedback can be split in this manner:

Service	Number
Relating to GP	12
Relating to CCS	4
Relating to hospital	9
Relating to pharmacy	1
Relating to NEPTS	1
Relating to opticians	2
Relating to adult social care	1
Relating to community services	6
Relating to dentist	4
Relating to 111	1
Relating to MH services	6
CV19 General Feedback	44

Positive words included:

'incredible' 'ok' 'loved' 'polite' really kind' 'excellent' 'friendly' 'friends' 'good news' 'hopeful' 'helpful'

Negative words included:

'anxiety' 'very ill' 'totally wrong' 'problems' 'vile' 'conflicting' 'confusing' sad' 'difficulty' 'disrupted' 'refused' crisis'

The main themes emerging were:

- **Communications** have not been clear generally to organisations or the public. Some organisations feel there is not a 'joined up approach' locally for communications.
- There has not been enough support for those **socially isolated**.
- Dental services have been good, but these are needing to be private and not NHS services.
- **GP access** remains a concern for a lot of people, whether this is holding for a long time on the phone, or being digitally excluded.
- Luton and Dunstable Outpatients is working well and being managed well overall, however some trouble with referrals going through from GPs.
- There is a lack of mental health support generally, for those who need general mental health and wellbeing support also.
- Testing feedback included being unsure about the process of the testing and also how long it would take to get responses. There was trouble for those who had more than four family members to book testing. People were also unsure how to enter testing sites or entrances were not clearly marked.





Social Media campaign:

Social media has been used throughout the month to encourage people from Luton to complete the survey we have running and to share information about the Luton specifics surrounding coronavirus and testing.

The number of views of the videos overall for the month is 4918. The videos have been shared on Facebook, Twitter, Instagram and LinkedIn, as well as uploaded to our YouTube channel.

We have supported Luton Borough Council by translating videos and information into Hindi Urdu and Bengali. We have also created a new video to encourage feedback about hospital discharge.

Calls to action were added to the social media channels also, including to support the testing of all of Luton, even those who are asymptomatic.

Within Facebook alone, posts have reached almost 2000 people. There has been less interaction and engagement with our posts during the last month, but this is most likely due to the content we have been sharing having mostly been in support of the local authority communications campaign.

A video has been created to include information about our AGM with the project information included in this.

Click video to play

What next?

There will be more focus on our own videos and communications within the next month, with boosting of some posts also.







Testing feedback:

Testing was available to all Luton residents and those who worked in Luton regardless of symptoms. Feedback was shared by a variety of people who had experienced testing both at home and at a dedicated site. The residents of Luton were asked to carry out regular testing, although no more frequently than weekly.

Within Luton, there were two drive through sites, and one walk in site. These sites could be booked up to five days in advance via the government website. The home testing kits were available to be ordered for the individual and up to three others within the household.

Problems encountered including the ordering of tests for those who had more than four people in their household, for example those who had three children or those multi generational homes.

The delivery of home testing kits was quite prompt, and being able to send them back via a designated local post box meant individuals did not need to attend a post office to return. The information included in the packs was good, although it was reported that some home testing kits did not include all the items needed, specifically barcodes, which mean that the test was not able to be used.

Some people found they were unable to book a second home testing kit within a two week time frame and so had to book to attend a site instead.

When attending Bute Street Car Park testing site, numerous people found it confusing how to enter the site and it was mentioned it may have been beneficial to have more directions or clearer directions on the information.

Results were received very swiftly from the drive in sites, with some people getting results via email within 12 hours, and others up to two days. Those who had home testing kits reported receiving their results within 48 to 72 hours.

It was noted from engagement and local conversations that some people have not taken up the testing based on their personal opinions about whether it was necessary, and also those who felt they did not have time to carry it out.







Survey Monkey:

A general '4Qs' survey was created on Survey Monkey in May 2020. There has continued to be limited responses to this survey, however there has been a second Hospital Discharge focussed survey created on Survey Monkey. There has been **5** responses to the original survey and **1** to the hospital discharge survey.

It is still mostly women responding to the survey, with 80% of responses this month being female.

Female	Male	
	4	1

Ethnicity is a selfdefined option on the survey.

Ethnicity	Total
White British	5

All responses to the survey are from those between the age of 40 and 69.

Age	Total	
	-18	
19-29		
30-39		
40-49		2
50-59		1
60-69		2
70+		

What next?

There needs to be a focus on getting the survey out to BAME communities as well as more males and younger people. However, our engagement programme has reached out to local BAME communities and provided feedback that way.

Contact will be made with local colleges and local authority school contacts to try and engage with younger people.







Survey Monkey:

The main themes from the questions asked were:

How are you doing?

Individuals reported feeling 'okay' and 'anxious'. One person felt 'life is very unsettling as your sense of control about your life has been taken away'. One indivual had lost someone during this time and felt their grief was greatly effected by the pandemic. People were 'worried about the number of cases' and how this would effect their own health.

What is working well?

Telephone consultations for both GPs and with hospital consultants have been working well for individuals, with one person feeling it was 'reassuring' to still be able to have that contact. One person felt it was 'a lot less hassle' to have telephone consultations. End of life care was treated with dignity and care for indivual at **Luton and Dunstable Hospital**.

Carer's Central and **Cruse Bereavement** were both mentioned as working well during this time, with Carer's Central providing a weekly Zoom session and Cruse offering individual calls to maintain contact and support.







Survey Monkey:

What is not working so well?

Access to NHS dental treatment was reported as a problem, as if they were to attend as a private patient with the same dentist they were told they could be seen. It was felt that by having virtual appointments, other testing and monitoring could not take place, such as weight and blood pressure checks. One individual would have liked to have been able to see their doctor, but this was not an option and it was felt that in some circumstances there are needs to. Patients have concerns about attending hospital and this is not working well for them.

What can be improved?

It was felt that where 'clinically necessary' patients need to be able to see their GPs. Whilst others felt that being able to access virtually was a problem for some due to not being able to use or access the digital world. One individual felt the system was working well and there was not a need for improvements. Access to a memory assessment was something that was felt needed to be improved, as it had been a long wait.







Engagement

Engagement continued during August, with further calls to local organisations and services, as well as holding the first two virtual Engagement Forums.

Some organisations have changed how they are providing services to the public and some are not longer able to function.

The Engagement Forums provided feedback on a variety of services including Luton and Dunstable Hospital, more than one doctors surgery, SEN provision and dental care. Feedback for the hospital was mostly positive, as was feedback for the GP surgeries, however, there was some feedback surrounding GP access. There is a separate report (Engagement Forums: August) with further information and feedback. See next page for excerpt

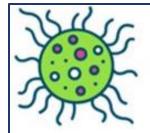
Engagement Forums will continue monthly with a different theme each month. These will be on or near to the last Tuesday of the month. There will be up to 10 attendees on each session, as well as external speakers.











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Engagement Forums: August









The sessions were promoted widely to both the public and professionals. Information was sent to our mailing lists and through internal contacts. Links and information were shared on social media.

The sessions followed a similar format to the survey that has been shared throughout the How are you doing? project. The four questions used were:

- · What is or has worked well during the pandemic?
- What is or has not worked so well?
- What could be improved and how?

Additional questions surrounding testing and communications were also asked.

To prevent bias, three members of staff took notes to ensure all aspects and feedback were taken correctly. At the beginning of the sessions, all participants were reminded of how their data would be used and where relevant during the session, sensitive information was omitted and an opportunity to share this outside of the session given (such as a school for a young person and a diagnosis of a condition). All information and feedback gathered will be reported on anonymously unless explicit consent was given.

Any signposting that arose from feedback given, was taken by the Signposting and Research Officer to follow up outside of the sessions.

After the sessions, individuals were invited to provide feedback and evaluation forms for the session.

Attendees

There were four attendees to the Monday session, one professional and three members of the public. There were four attendees due to attend the Thursday session, however, two sent apologies on the morning of the session, and one did not attend. These have been invited to provide feedback via email or to arrange a phone call to provide this over the phone.





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 emails received still seems minimal.

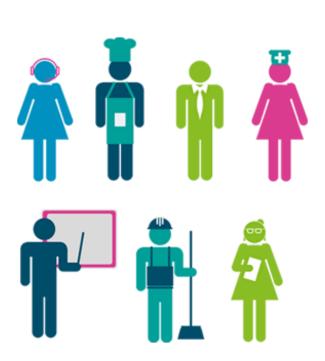
Case studies

Staff and volunteers are still being encouraged to share their feedback about services they have accessed. It is useful to receive comprehensive feedback that can shared to get a bigger picture.

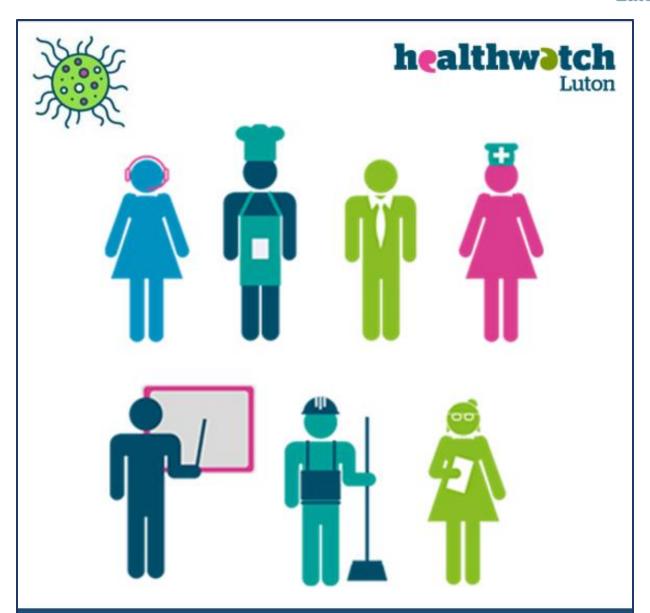
There has been a general feeling of support from senior managers and the teams supporting colleagues who have been working throughout the pandemic, although perhaps training might have been an advantage.

There is still a feeling from those working within different organisations, that they are not entirely aware of what support is available for those across the town, and what is being offered by the various providers.

See next page for an example







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Case Study:

The perspective of a community based support role









What concerned did you have personally about the pandemic?

'Infection risk to myself and others. How my <u>87 year</u> father would manage and how to keep him as safe as possible. How many lives would be lost because of the pandemic. How the NHS / social care would cope with the crisis. Lack of preparation by Government despite warning from other European countries far east. Mixed messages from Government. Impact on economy – job losses'

What were the biggest concerns for you?

'Financial concerns were big concerns. Effect on mental state – have and manage Bipolar / ME and chronic facial pain condition. Loss of father or wife or friends and other family member'

How did being an essential worker effect your personal life?

'Job role changed into supporting group members via welfare calls, devised activity packs -for distraction and delivered them. Managed a larger team of 15 volunteers who were given permission by LBC to keep [part of the service] open – strict social distance a huge space and produce needed to be continued to tended. No change in being able to work from home as have reasonable adjustment to do so and flexible working hours. Partner made redundant so I became main bread winner and had to increase my hours to fulltime- stressful and a role reversal for me. Hard to work at home with partner there and not working – felt torn. Thought I would have more time for myself'

Were you able to share your concerns with your supervisor or work colleagues? What were their responses and how did they feel?

'Yes I am very well supported. We also have reflective practice which is a source of support and access to a confidential on line support line for free. They were feeling the <u>same</u> so we shared the same concerns'

What changes have there been at work for you?

'Working at home and reduced visits to office. More online meetings – Teams, conference calls, webinars. PPE and vigilance with hand washing /sanitiser.'

What has worked well during this time, and what has made that the case?

'More time to plan new ideas. Time to exercise more. Less pressure to feel you had to be doing something. Receiving good feedback from club members and team on CBRS services. Chance to do online training modules – some very useful. The trust from organisation and freedom to as ever manage own diary has made that so. Ability as ever to be able to work in a creative way.'

What did not work so well and why?

'Lots of extra work to do and policies to change. Extra IT — Not my strong point. Stress of not being adequately trained in IT / teams etc, only managed with the help of my partner who is an It expert and was at home. Became tired using <u>lap top</u> more than usual.'







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What could have been improved?

'More IT training'

How would improvement have been made?

'Prior training in new technology – I can cope with the basics and know what I need to know but this took me to a new level which I felt out of my depth'

What support as a professional do you think you would need or could be learnt from the COVID 19 pandemic?

'Teams/Zoom meetings with other agencies across the town to hear how they are managing.'

What support personally do you think you would need?

'Help for partner who was at a loss with redundancy but did take on several projects with Penrose as a volunteer which helped. More info provided to my dad to reassure him – I did my best but from an official source may get a stronger message across'

Is there anything else you would like to tell us?

'There needs to be way stricter rules and guidance on the deadly effects of COVID across the town – Social distancing is terrible in some places. Stricter lockdown measures which should have happened at the start of the pandemic. Awareness that not everyone has IT knowledge nor access to a laptop. PPE poverty – not everyone can afford masks for shops and may have to use them more than once. Consequences for those not abiding by the rules- which do not exist at all.'







What next?

Feedback will be continued to be gathered from all sources.

- Engagement Forums will continue monthly. With the next one being a focus on hospital discharge. There will be a speaker (Julie Hargreaves) who will share some information from the hospital perspective and then attendees will be able to share their experiences. Farrah Yaqub (Care Placement Manager LBC) will also attend this EF to share information and answer any questions.
- As there is little feedback from younger people, we will initiate contact with some local schools, with the view that we could remotely engage with them. Information will be sent to the local colleges to share information about Healthwatch Luton and our survey.
- There will be some Engagement Forums held with those on mental health wards to gather the feedback of those inpatients.
- There will be a look at those who are digitally excluded and how they have found the pandemic and information and inclusion during this time.
- As care homes are to be a focus moving forward within the project, we will try to gather feedback from those who are working within care homes and also follow other local HW who are carrying out engagement within care homes remotely.
- Healthwatch Luton were on a health and well being show recently for Inspire FM. Contact will be made with other community radio stations to try to promote and share our work and gather feedback.
- We will share the information we are promoting and sharing with some male focussed pictures to try to encourage more males to respond and leave feedback.

