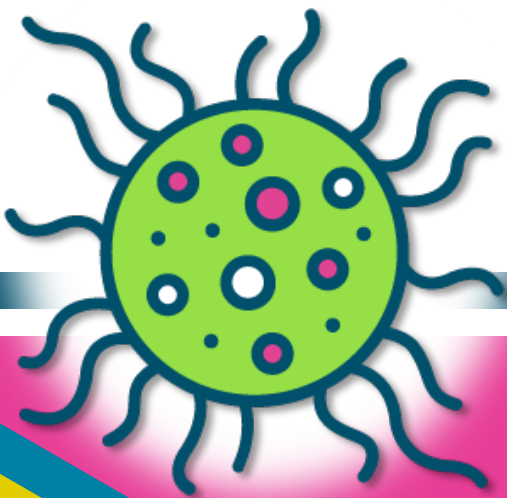


**The Trafford Healthwatch 100**

# **Experiences of health and care in Trafford during the 2020 COVID-19 pandemic**

A report looking at the  
experiences of health and  
social care services during  
the period of the  
coronavirus pandemic  
in Trafford



July - September 2020  
Published October 2020

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## Chair's/Chief Officer's Comment

This is an unusual report in that it is our first major piece of work undertaken during the COVID-19 pandemic. As the country responds to COVID-19, Healthwatch has continued to capture people's comments, provide advice by phone, and pass on what we have heard to local stakeholders. Trafford people have significantly increased their access to our website, so much so that in the whole of 2019 we had 45,000 visits to our website, but in the first six months alone of the pandemic this had increased to 75,000.

Healthwatch Trafford has been adapting to the many changes brought about due to COVID-19, in particular working without seeing people face to face and otherwise exploring new ways to engage the public. It is anticipated that this will be an ongoing process, as we find the best ways to listen and represent experiences in health and care, no matter what the impact of COVID-19 continues to be.

It is clear from the many comments captured throughout the last three months that significant sacrifices, as well as challenges, have been faced by people in Trafford. As we often hear from people trying to navigate the health and care system, COVID-19 has added yet more complexity.

A number of local groups have done work on COVID-19 and already published their reports; these may be based in Trafford or Greater Manchester. As there are so many ways the pandemic has affected people we encourage the public and interested parties to seek these out.

A key finding of our work is that the public want accurate and up-to-date information from authoritative sources. However, they want this information to be presented in as simple and straight-forward a manner as possible in this constantly moving picture.

Above all, and which is demonstrated in this study, is that a significant number of our residents have no access to the internet, and this is a key factor in thinking about how to get messages across.



## Summary

As part of our ongoing listening capacity Healthwatch Trafford wanted to hear from local people about their experiences of accessing health and care services, as well as the wider impact of COVID-19 on their lives.

This report is based on the analysis of responses to our survey 'Experiences of health and care in Trafford during the 2020 COVID-19 pandemic'. We targeted both adults and younger people via our Youthwatch website.

The report also includes the experiences of local people and professionals working in the Trafford area on the topic of COVID-19. These comments were gathered through focus groups, interviews, and direct submissions to us.

Any findings from this work will be shared with the appropriate local channels in the Local Authority and Trafford Clinical Commissioning Group.

The final report will be available on our website, to local partners, with the public made aware through our distribution list.

## About this study

A survey was created and made accessible online through Survey Monkey. The survey opened on 16<sup>th</sup> July 2020 and closed on 30<sup>th</sup> September 2020. We offered £100 as an incentive to complete the survey, and shopping vouchers have now been offered to the successful Trafford resident.

The survey was promoted through our distribution list and also went out to Healthwatch Trafford 100 members.

Social media was used to boost responses and reach more people.

We also spoke to local people directly through partner groups using a shorter set of questions, alongside sharing the main survey link for those wishing to take part.

A leaflet drop took place during the week of 24<sup>th</sup>-28<sup>th</sup> August through the six Covid Community Response Hubs across Trafford.

The total number of responses to the survey was 250.

The total responses addressed in this report is 246.

Through our focus group work we spoke to 12 members of the public and 29 community group workers or professionals.

*The comments in this report are presented as verbatim, unless there is a clear mistype in the comment. At times quotes have been shortened indicated by use of '...'*

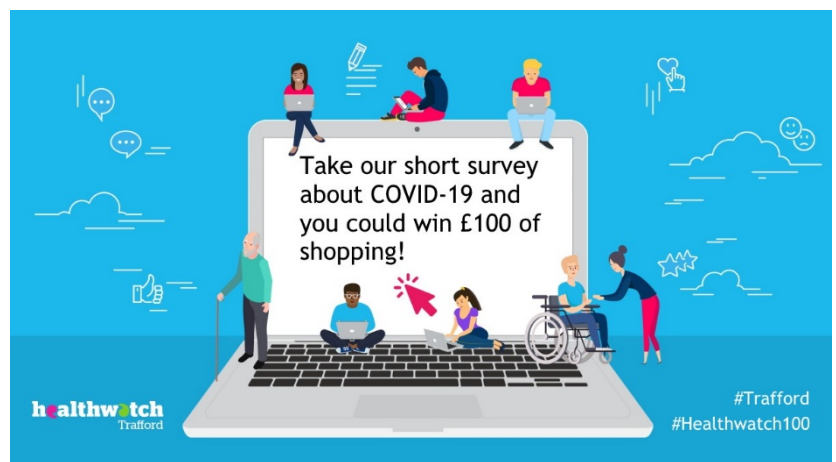


Figure 1 - Social media image to promote the survey

## Key findings

### Who does this concern - demographic overview

- The majority of respondents were women of a White British or other White background.
- In terms of age profile there is a cluster of under 17-year-olds, as well as adults aged 49-79.

### Finding one - had people accessed services?

- A significant number had tried to access services during the pandemic.
- The largest reason not to access was the feeling it was unnecessary.

### Finding two - which services were commented on

- GPs, hospital outpatients, and dentists were the most commented on.

### Finding three - how had services reacted during COVID-19?

- GPs use of telephone and video was welcomed as an effective way to continue services.
- That both hospital outpatient services and dentists were closed caused concern, people were unsure how long before these would return.

### Finding four - awareness of hubs for support during COVID-19

- People were not generally aware of the Community Hubs within Trafford.

### Finding five - access to information

- GP surgeries, television, social media, the internet, friends and family, and Trafford Council were the top ways of accessing information.
- Clear communication was felt to be the most important way that information could be improved.

### Finding six - mental health effects

- There were a variety of effects on mental health; while the majority felt it had become slightly worse there were a significant number that felt unaffected.
- The reasons for mental health changes were complex with a mix of changes to social life, work, confinement, shielding, and family being together all the time playing a part.

### Finding seven - general shared experiences

There were several areas mentioned related to general experience:

- Access to services
- Caring
- Family
- Life in general
- Shopping
- Work
- Positive
- No change

## Recommendations

**Service response** - Services have responded well in some areas and more unevenly in others. Naturally, the pandemic has necessitated dramatic changes in how clinics and face-to-face appointments are run, but alongside this people have struggled when in an emergency, or struggled to understand when closed services might re-open. The channels for emergency treatment, as well as ways to find out when a service will re-open, should be clear for people.

**Ways to reach people** - From those we engaged, the GP, television, and social media were the most mentioned channels for information on health and care. Service organisers should reflect on this and how best to reach people, as well as consider those without access to the channels mentioned in this report. Some ways to reach people might be through local groups, or leaflets.

**Clarity in communications** - COVID-19 has presented challenges for local health services due to the many unknowns about the virus in its early stages. The response to COVID-19 has also meant a number of changes to rules when in both private and public spaces. At a minimum local health services should commit to providing clear ways people can find out what the impact of changes are and accessible updates for patients when treatments are cancelled or delayed.

**Community Hubs** - While we did not find everyone in our survey knew about or used Trafford's Covid hubs, our focus group work suggested their role is important for isolated residents. Due to the many unknowns about how the pandemic will progress, clarity on the purpose of hubs and who can access them on an ongoing basis is required.

**Mental health and general experiences of COVID-19** - It is clear from the comments we received that strain was placed on residents from all backgrounds during the pandemic. Effort should be made to ensure that whatever the cause or difficulty due to COVID-19 residents can find support. In order to achieve this, local health services should take into account the work that local charities and other groups, as well as professionals, are doing.

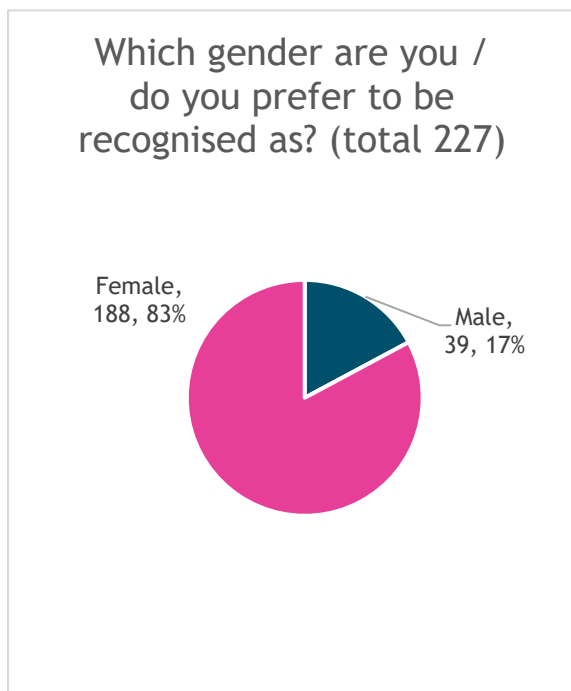


# 1. Demographic overview

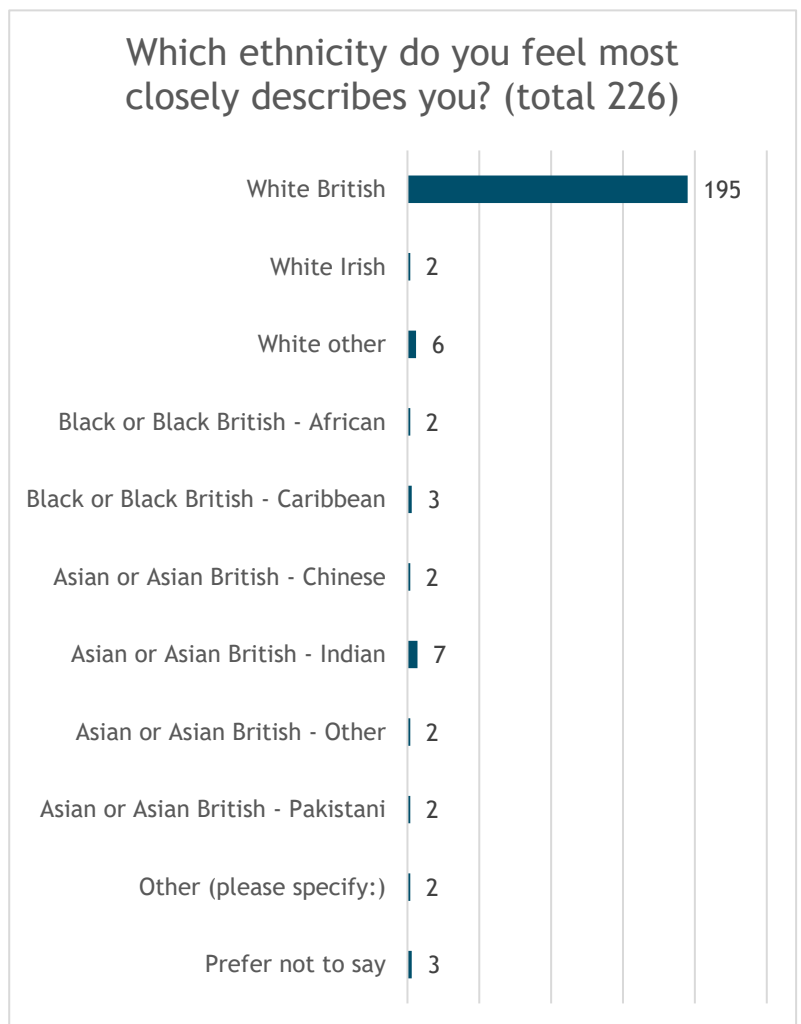
The demographics for the survey are included to give a better idea of who we heard from in this research. We put in place several structures to achieve a representative sample of people, using open questions and clear language, publicising across a variety of channels, and keeping the survey open for a sustained length of time.

Nevertheless, due to the limitations of our reach and unknown factors such as people choosing not to take part when they came across the survey, the sample does include a greater proportion of women than men. Respondents also tend to be older members of the population, though the age range is quite wide with 70% between age 45-79. We do have a good proportion from Trafford itself; only 6% reported to live outside.

The respondents have also largely identified as White British, White Irish or White Other. While this does not match exactly the proportion found at the last 2011 Census (explored in the Trafford JSNA<sup>1</sup> <http://www.traffordjsna.org.uk/About-Trafford/Key-demographics/Ethnic-groups.aspx>), which would indicate closer to 85.5% White background and 14.5% from BAME<sup>2</sup> groups, we did attempt to compensate through focus group work. The focus group findings are discussed towards the end of this report.



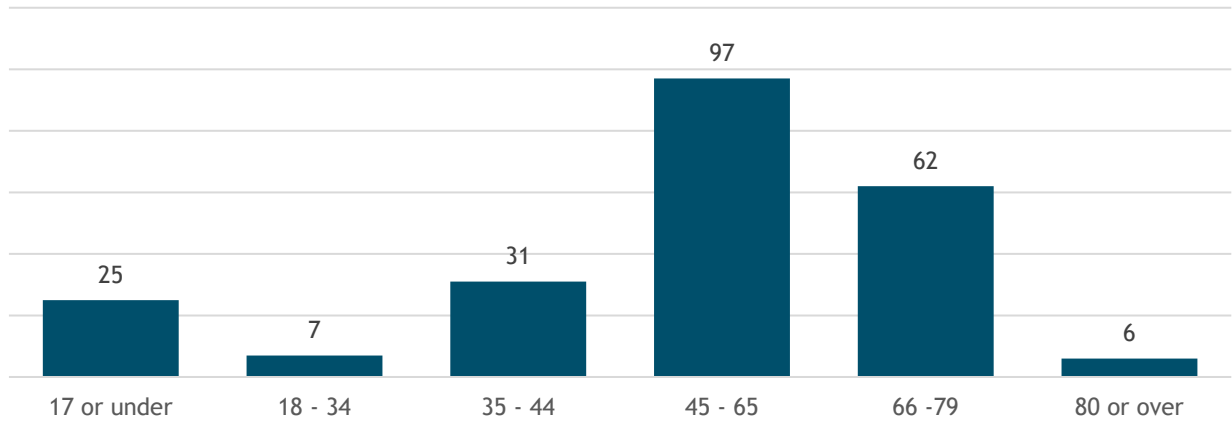
\*Majority of responses are from females



\*90% respondents - White British, White Irish, White Other

1. JSNA - Joint Strategic Needs Assessment  
 2. BAME - Black, Asian and Minority Ethnic

### Age group (total 228)



\*11% - 17 or under  
\*43% - 45-65  
\*27% - 66-79

### In which area/locality do you live? (total 228)



\*Highest respondents 35% - Central  
\*Least respondents 12% - North



## 2. Access to services

A vital area to explore was how the COVID-19 pandemic had affected access to health and care services. People were asked if they had accessed health and care services and to tell us which ones. The reasons why people did not access services were also explored, to see if COVID-19 was a factor.

Have you tried to access health or social care services during the COVID-19 pandemic?

Total 236 responses.

- Yes - 168 (71%)
- No - 68 (29%)

People had, therefore, continued to access services during the COVID-19 pandemic.

Is there a particular reason you have not tried to access services?

Total 52 responses.

- No reason - 11 (21%)
- Not needed to (well) - 4 (8%)
- Not needed to - 28 (54%)
- COVID-19 - 6 (12%)
- Other - 3 (5%)

The main reason for not accessing services was that people felt they had no need to. However, in order to explore further the impact of COVID-19, the comments related to this area are repeated below.

COVID-19 related comments

- “Know no one is interested unless it is about covid 19 so no point. I only asked my GP for an exemption for a mask and they said no they cannot do that.”
- “My GP was online but they changed the system and the new one is too difficult. I will have to use the phone in future. Could do with a blood test.”
- “Put off by the media re swamped services. Services also cancelled appointments.”
- “Yes, because the services I would need to use are not operating currently.”
- “Doctors are already very busy.”

Was COVID-19 a factor in your decision not to access services, if so please state why you felt this? If possible, let us know the name of the service.

Total 47 responses.

- N/A (not applicable) - 6 (13%)
- No - 31 (66%)
- Yes - 10 (21%)

While the majority did not feel COVID-19 was the main reason not to access, the selection of comments from those whose decision was influenced by the pandemic suggests they thought services might be too busy.

## 'Yes' related comments

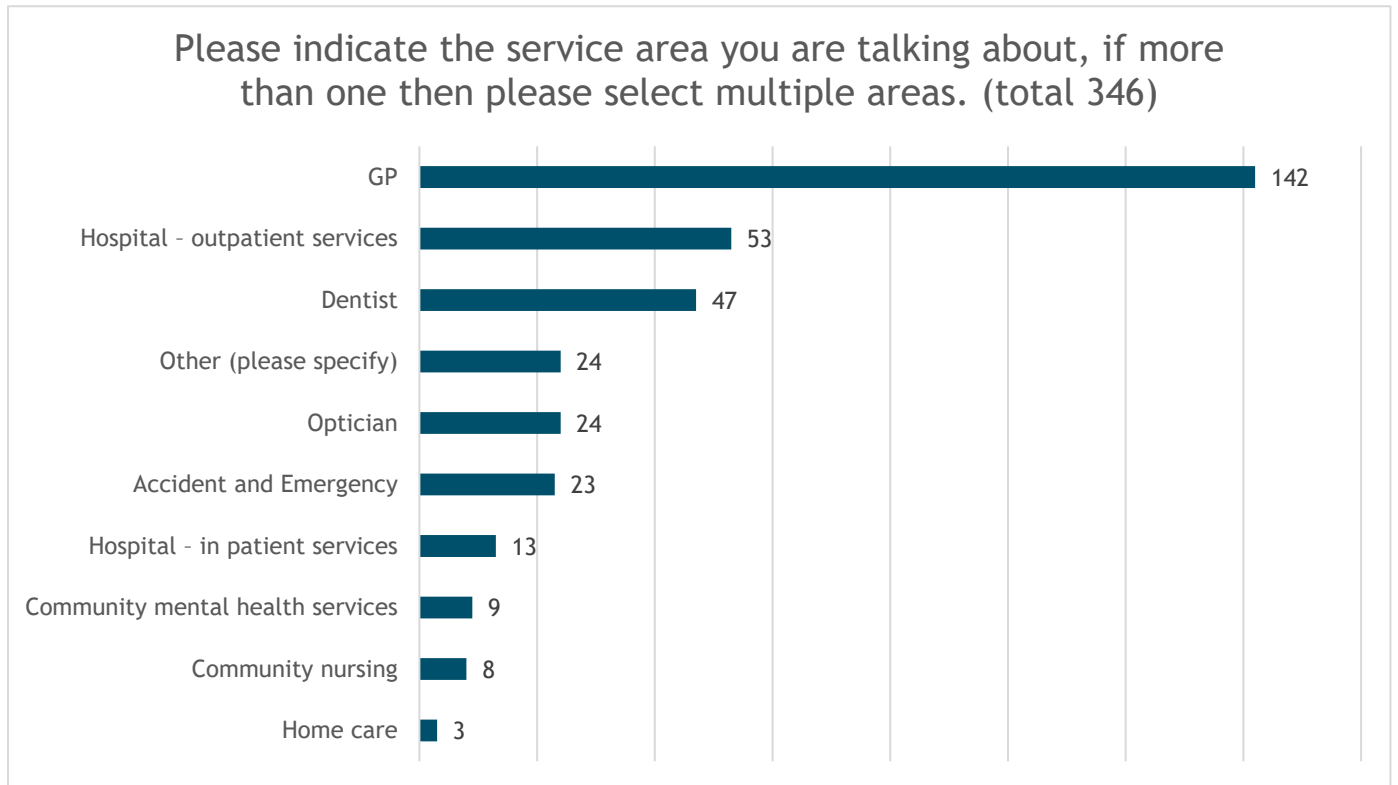
- “Felt as if the problem was not at all serious and so wasting healthcare professionals' valuable time.”
- “Had my GP appointment cancelled when lockdown started. Not urgent so felt didn't want to see GP during lockdown.”
- “Services cancelled appointments due to the crisis. Dentistry.”
- “Yes - see above. I'm due a dental check up and a blood pressure check but both of these have been delayed.”
- “Yes, it was a factor not to contact GP or hospital or hearing centre or dentist.”
- “Yes, worried about going somewhere, which increases the risk of getting it.”
- “Yes. most services have halted, coupled with apathy and a feeling of not wanting to bother.”
- “Yes. They are already busy with covid.”

### 3. Using services

We gave people a variety of popular service areas to choose from as well as allowing flexibility should they wish to add their own.

Three service areas were mentioned in particular: ‘GPs’ were the most commented on with 142 mentions out of 346, ‘hospital - outpatient services’ and ‘dentist’ were the other top service areas commented on.

During the pandemic GPs remained one of the main health services still operating, as they could move to telephone and video consultations where possible.



\*41% - people mentioned GPs

\* 15% - people mentioned hospital outpatient services

\*14% - people mentioned dentists

## 4. How have services adapted during COVID-19?

People were also asked to explain how services they had used responded to COVID-19. We looked at what had been done well and what could be improved.

A summary of quotes is presented to illustrate the type of experiences we heard about. The comments could be grouped into the following service areas:

<b>GP</b>	<b>Dentist</b>
<b>Optician</b>	<b>Community nursing</b>
<b>Home care</b>	<b>Community mental health services</b>
<b>Accident and emergency</b>	<b>Hospital inpatient</b>
<b>Hospital outpatient</b>	<b>Other</b>

Some of the other key areas people mentioned regarding adaptation and response to COVID-19 included:

<b>Orthodontist</b>
<b>Pharmacy</b>
<b>Audiology</b>
<b>Psychiatry</b>
<b>Trafford General Walk-in</b>
<b>Community Ear Care Clinic</b>
<b>Blood Testing</b>
<b>Ear Syringing</b>
<b>Podiatry</b>

# How have services responded during the Covid-19 pandemic?

GPs are using online, telephone and video channels to stay in touch with patients and offer them advice and consultations.

In particular AskMy GP has been mentioned as positive by many.

A number of patients mentioned they can now book blood tests using the new methods.

“Ask my GP online service excellent.”

“Telephone appointments where appropriate has improved access.”

## GPs



On the other hand some patients find the lack of face to face and a physical space to see the doctor difficult.

There are practice to practice variations in how the adaptations have worked, which may cause issues.

AskMy GP might mean less continuity in the doctor you see.

“Just an awful experience to get antibiotics and my monthly prescription.”

Many people found engaging with their dentist hard during the Covid-19 restrictions due to them being closed.

Unlike GPs most do not offer a virtual or other way of engaging. People are therefore hopeful the dentists will re-open soon or have some form of advice via another channel.

## Dentists



“Appointment cancelled and they don't know when they are going to start routine appointments.”

“Excellent emergency appointment system.”

“Closed completely and then open for emergency - only certain treatments.”

“Check up cancelled due to lockdown. Not able to rearrange appointment until at least October.”

Respondents generally reported their appointments had been cancelled.

There were exceptions with certain departments offering phone calls, responding by letter and holding appointments.

## Hospital Outpatient services



“There may be some administrative struggles but staff and appointments were fine.”

“Should have had breast screening mid April 2020 but they cancelled. Concerned as in higher risk category. Rang three times and am trying to get appointment.”

“Open with careful measures in place.”

“I appreciate that they must be very busy but I would like to know where I stand with the waiting list.”

# How have services responded during the Covid-19 pandemic?



## Opticians

From the comments we received it appeared there were mixed experiences at opticians. Some found the business was closed. Others were able to get appointments, with covid related precautions required.

“PPE\* required to attend. Only patient can attend.” [\*Personal Protective Equipment]

“Contact lenses sent free of charge to reduce contact.”

“Could not find an optician to fix broken glasses.”

While we did not receive many comments in this area, the service appeared to be continuing with a mix of visits and telephone calls where possible.

“Restricted but still accessible.”

“Came out to do a blood test.”

“Was a telephone appt rather than face to face.”



## Community nursing

## Community mental health



People were happy with the care they received, though some felt it was slower than usual. We did only have a few responses in this area.

“Crisis care- excellent. Follow up community care- very slow and nonchalant.”

“Gp referred a resident to this service during the lockdown period and they have been prompt in contacting us and arranging to see one of our residents.”

“Not always able to get through to somebody due to them working from home.”

While the department was open people mentioned increased waits at times. Protection against covid such as PPE was in place. Due to social distancing some found they could not attend with partners, this may cause problems for those that need extra support.

“It was quieter than normal, had to wear PPE and social distance.”

“Allow patients with dementia to have a family member with them.”



## Accident & emergency

## Hospital in-patient

Care in hospital was generally felt to be good, though improving communication to family at home was mentioned by some.

“Made sure you felt safe within the hospital.”

“Excellent care for my Cancer preventative treatment.”

“Lack of communication to those at home.”



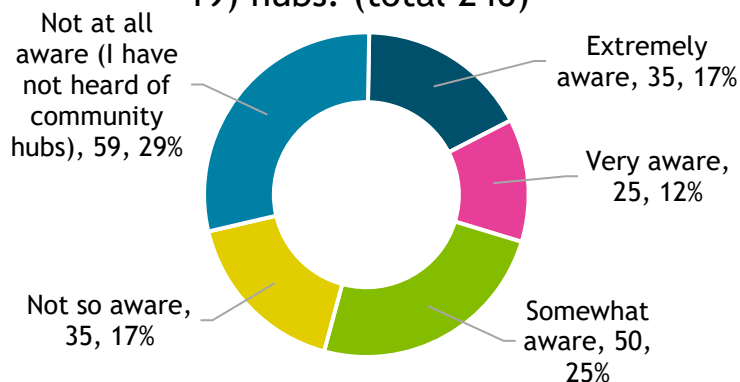
## 5. Awareness of Community Response Hubs

Hubs were set up by local authorities to assist people in need during the early stages of the COVID-19 pandemic. A phone line was made available for people to request help. The physical locations for the hubs were spread across Trafford. Further details are available at the Trafford Council website (<https://www.trafford.gov.uk/residents/community/partnerships-and-communities/Coronavirus-Covid-19-Trafford-Community-Response.aspx>).

When COVID-19 cases began to rise there was a national lockdown. Health services such as hospitals faced pressure due to increased numbers of patients. During this time some people found it difficult to access food, perhaps due to shielding themselves, or concern about going to busy places. Hubs were able to deliver food to individuals in need, and at times volunteers would also undertake medication deliveries. General support was also available through the hubs.

Despite COVID-19 hubs being promoted, respondents in this study were not generally aware of them, with about 30% being 'not at all aware'. On the other hand, about 25% stated they did feel 'somewhat aware' of the centres. This finding raises questions about whether the word had spread effectively in Trafford, though it might be that residents felt they were already supported and had no need of the hubs. As will be shown later in the report, the key problems for people were mostly around access to services, communication on what the future holds, as well as how life in general had been affected due to not being able to go out, the loss of work, separation from elderly relatives, and having more people at home.

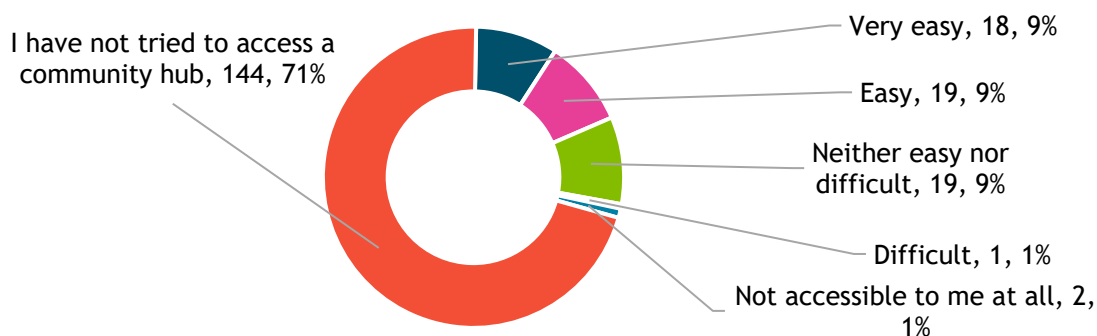
### How aware are you of community (COVID-19) hubs? (total 246)



- \*A third had not heard of hubs
- \*A fifth were not so aware
- \*A quarter somewhat aware

\*Most had not tried to access them

### How accessible are community (COVID-19) hubs? (total 246)

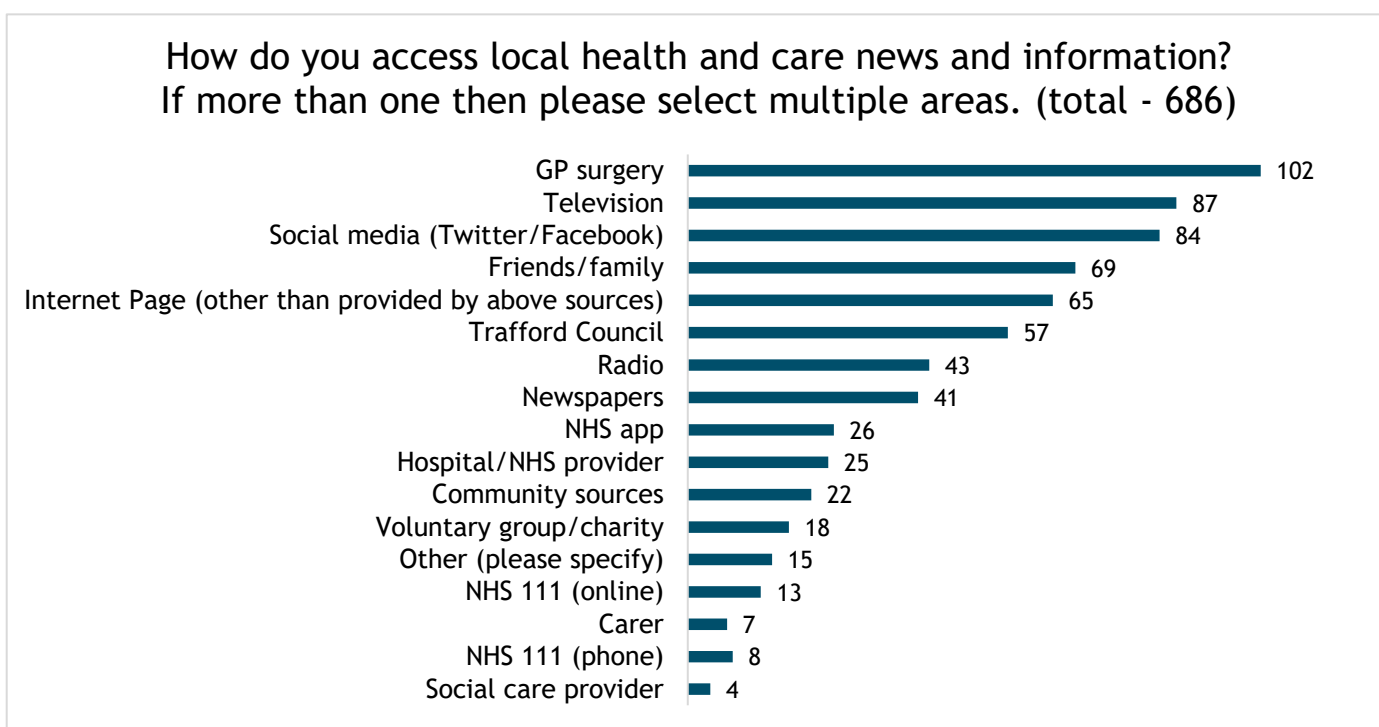


## 6. Access to information

The COVID-19 pandemic presents challenges for information access due to the importance of having the most up-to-date guidance on the disease itself, how this affects health services, and any changes to restrictions on daily life.

As can be seen from this study, the GP was one of the main places people received news and information on health and care. Television and social media were other areas of importance. Due to Trafford being one area of Greater Manchester, the importance of these identified channels might be reflected on in terms of how best to reach local people.

We found that a multi-channel approach is necessary, factors in the mix include access to the various information formats and channels, the availability of digital technology, and how clear information is.

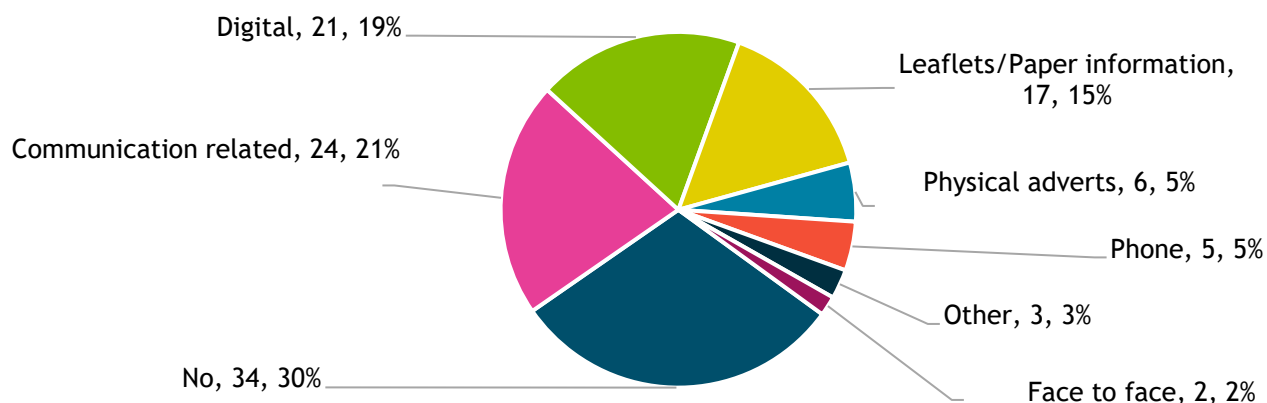


\*People were able to select as many as they wished

People also had a variety of suggestions on how information related to COVID-19 could be improved in future. Ideas included more digital information, but others suggested use of paper formats. This backs up the intelligence we have received about a significant number of people living without the internet, or regular social interactions, therefore potentially missing out on what is going on. Essentially, during lockdown people may be unable to visit places in-person to find information.



## Do you have any suggestions on how access to information or content could be improved? (total - 112)



A variety of the comments from each of these suggestion areas is reproduced below in order to better illustrate the ideas suggested.

### Comments related to communication:

- “The leaflet that was produced by Trafford Council and distributed to households in the borough failed to include Healthwatch Trafford details. In general, what is needed nationally is a source of information (possibly NHS 111) that is written in plain English, and without the speculation or vague comments that have characterised much of the social media output. For example, there MAY be a 2nd spike. We MAY have a vaccine by Christmas. Face masks MAY reduce infection risks.”
- “A consistent message re how to access services. Better communication re services being set up. For example the pop up testing centres. Info on how to book an appt for a test. At the start of lockdown I felt the message was contact 111 for everything. All other services shut.”
- “All to give the same message not have mixed messages.”
- “As you can see from your list there are so many different ways to access information and not all are up to date, accurate or non biased. For example even NHS 111 was not up to date in the early part of Covid 19, I was ill with a cough, tight and painful chest etc for a week but when I called NHS 111 I was told there was nothing that could be done, no test was available and no treatment. I was not allowed to speak to a health care professional or Dr. I had to ring again and really push to speak to someone, when they did let me speak to a Dr I was diagnosed with a chest infection and pleurisy which I had two courses of antibiotics for. The advice should have been clearer and the access to medical support should have been available.”
- “Being able to get an answer quickly.”
- “By being able to go directly to the source and not by various links.”
- “Clearer info - sometimes it felt like there was a lot (too much?) detail.”
- “Ensure all information being provided to patients is correct & up to date. All information should be available from the source contacted initially. (One phone call). Hubs should be the lead information provider (except NHS111). Make IT access a second way to contact GP surgeries for patients currently not on line.”
- “Ensure consistent and clear on all channels.”

- “I don't think the message was clear for the elderly but other than leaflet dropping or more on local TV channels as a lot don't have access to internet or social media so aren't aware of all services available.”
- “If as many others had our operations were cancelled they should have told us sooner or at all not having us contact them asking about it Very bad communication I was going to have a knee replacement. Now I haven't been able to walk or be able to walk for months if never.”
- “I'm on the shielding list and, as requested in my letter, I registered on the government website. After many weeks I was still not getting access to priority supermarket deliveries. It was only by phoning Tesco that I discovered that unless you asked for a food box, your details would not be shared with the supermarkets, so I had to re-register. The website did not make it clear that the two were linked (and in my view they shouldn't be).”
- “Information not clear at local GP surgery. When following instructions on surgery door, i.e. seek assistance via internet, it was not possible to receive advice or book an appointment.”
- “It should be possible to speak directly not have to go through a frustrating experience trying to fathom obscure and complicated IT systems.”
- “Most services have done brilliantly to continue to provide good responsive care thru the pandemic. Other services have used covid as an excuse to shut down so staff can take an extended holiday. They have not put in the required effort to ensure community support services remain accessible online or over the phone.”
- “No. So long as all channels are covered and updated with current guidelines there are no set ways of communicating information.”
- “Original source of information e.g. Govt can be very unclear. It also seems to completely ignore the needs of specific groups, e.g. the elderly, the people who live alone.”
- “The information is not the issue it's getting people to follow it.”
- “Yes, services need to disseminate more widely and they need to be transparent.”
- “I think it was really accessible everywhere you looked. Thank goodness I had an urgent number for social services as I have needed daily care since that day I was admitted to hospital. The hospital clinics-if you are already a patient of theirs-should have information on the hospital website, or have a department website, or send a letter. I cannot thank the local hospital because they have been so unhelpful. NHS 111 as a way of triaging covid was dire. It is incomprehensible system especially when delirious. I was directed to ring 999 which I did but even then was put through five departments. I had a shielding letter and an existing ambulance plan but still I was sent round different departments within 111/999. You need a degree!”

#### Comments related to digital:

- “A community hub Facebook page would be useful.”
- “A local app.”
- “As GP precludes now have our email address it would be good if they could use this more often to communicate news and updates with us. I really worry how people with no internet or Smart mobile phone can access what is going on, plus people who can't read or whose first language isn't English. The ability to text/chat via the online website is a great way for people to better manage their health and well-being. It's very responsive and quick. I really hope this continues.”
- “Being aware that not everyone can use a telephone or the internet.”
- “Elderly people should be any advice when a serious situation arises. Not all have access to internet etc.”

- “Emails from GP surgeries giving more practical advice instead of just useless leaflets.”
- “GP does not allow email or messaging both would be useful at times.”
- “Make the app a little easier to understand and access.”
- “More info. Over social media.”
- “More social media advertisement.”
- “No. but ~ I would find it hard to get a lot of the information if I did not have a computer.”
- “Personal email.”
- “Thru a user friendly IT medical ctr service.”
- “Video contact to health providers is a must. Makes contact easier and cuts down waiting times.”
- “Maybe put comments/info on local internet forums e.g. Altrincham today Timperley online.”

#### Comments related to physical space:

- “Advertising at centres of travel, e.g. Metro stations. Content is good when available.”
- “Ensure that vital information and up to date information is available in shopping venues in different formats throughout the borough.”
- “Possibly use of local notice boards...outdoor ones for those not venturing into shops and shop notice boards where possible.”
- “Via schools and in local shops texts.”

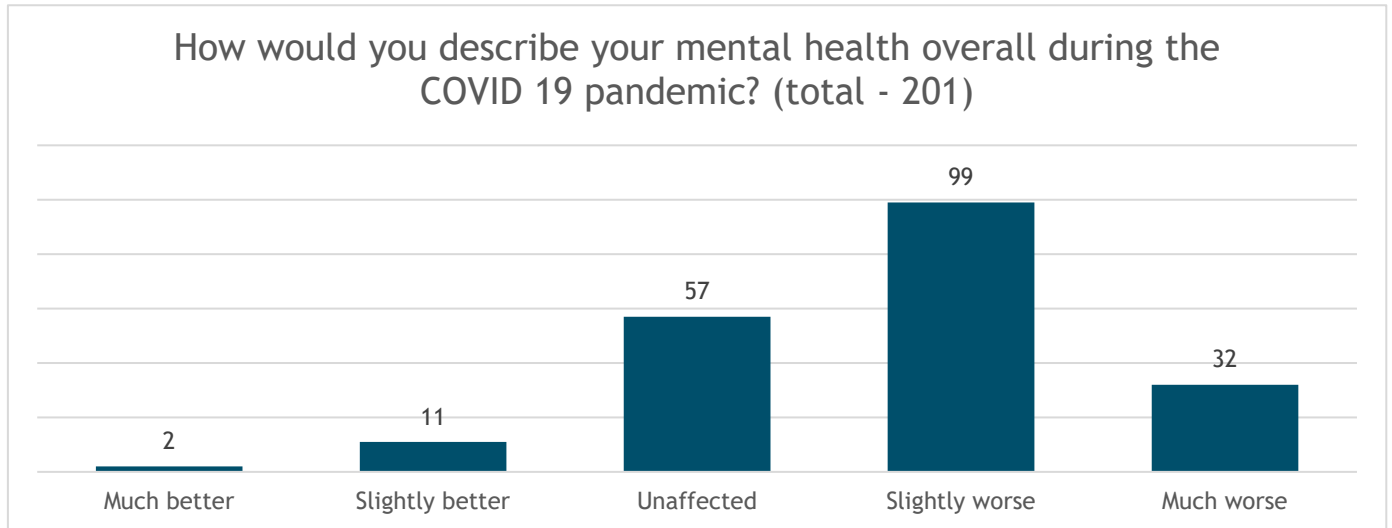
#### Comments related to Leaflets/Paper information:

- “An information letter on updates or if you are lucky enough to have a library open!”
- “Difficult for people without Internet. Messenger newspapers needs to be delivered to all homes again.”
- “Flyer drop, social media campaign.”
- “Households should be provided with a generic advisory booklet, updated annually if necessary.”
- “Leaflet drops to every home to give the information. Not everyone has internet access so they don't know anything if they are isolated.”
- “Leaflets for hub were sent out but some people didn't appear to receive the information.”
- “Monthly/every two months, local newsletter (paper copy for those that have no access or don't want it online) outlining local instructions & requirements from each sector of the services.”
- “Pamphlets to homes? Advertisements in newspapers?”
- “Postal newsletter.”
- “Posters.”
- “Put more information in local newspaper.”
- “Leafleting for important info - reaches elderly.”
- “Mass mailings are old fashioned but effective. They don't rely on someone checking their email or knowing that a text is genuine.”

## 7. Mental health

There has been significant concern about mental health throughout the COVID-19 pandemic. Not only have people found it harder to access the services they would usually rely on, but others have been placed under new pressures as the result of the pandemic.

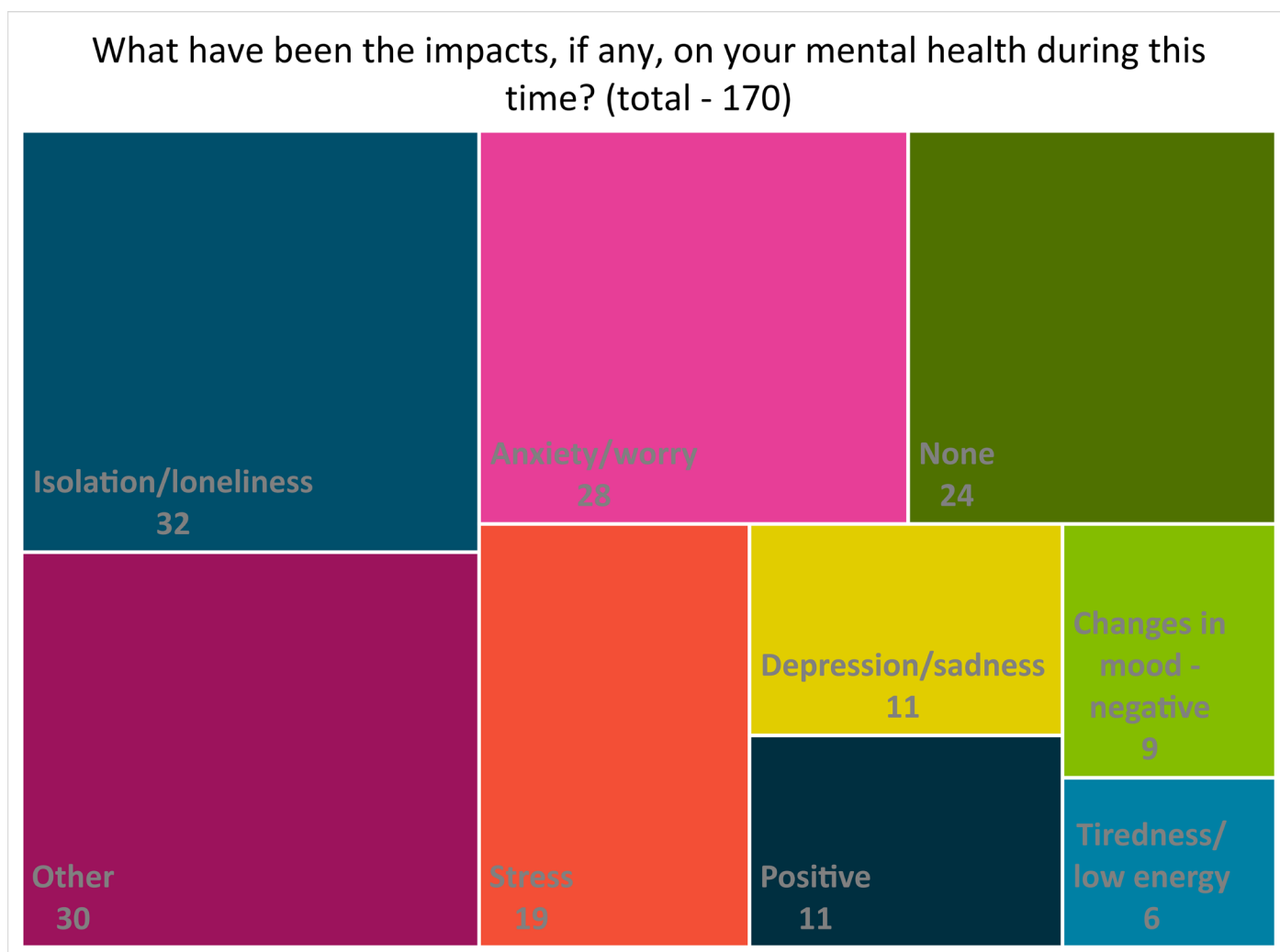
It should be noted that changes occurred during the length of our survey. At the start people had been experiencing lockdown, but during the time the research was going on relaxations in rules took place. Towards the end of our survey there were once again questions about what restrictions should be, as cases of COVID-19 rose in the Greater Manchester area as a whole.



\*28% - unaffected  
\*49% - slightly worse

While one third of respondents said their mental health was unaffected during this period, we also gathered detailed comments from respondents that said they were affected.

A chart below displays the various complex ways in which mental health had been impacted by COVID-19.



As is shown above people discussed a variety of mostly negative emotions and impacts. The pressures on people in this study were concerning. In order to explore this further some quotes from the areas mentioned have been reproduced below.

**Anxiety/worry:**

- “A feeling that this is, from now on the only way to go. As I age (now 77) my health and mental health will deteriorate and I will get no help.”
- “Anxiety about unknown and lack of national clarity. Impact on self and others. Increase in work. Reduction in ability to exercise, usually way of coping with increased anxiety. Adapting to working from home.”
- “Anxiety over being shielded and risk of becoming infected, worry over my kids missing school and their social lives. Worry over the state of the country.”
- “Very worried re lack of health checks. It’s like everything apart from virus doesn’t matter. Not impressed with additional lockdowns and not being able to see people.”

### Isolation/loneliness:

- “I’m normally very well but my mental health has been impacted by a feeling of being imprisoned and unable to do what I want. I also feel for the majority who are impacted in far greater ways...children...lack of education...young people...lack of social interaction...people losing work. We’re paying a very heavy price for keeping the NHS protected.”
- “Lack of contact with family and friends who normally give me a boost. Telephones are not a replacement for face to face. I have too much time to sit and think.”
- “Not socialising with family and friends.”
- “I feel very isolated now that new restrictions are in place unable to see family or friends in garden and I’m still shielding. Feel like everyone else’s life is now continuing but mine is on hold. Work have no understanding of what I’m going through and have not been in touch or done any risk assessments to make me feel it’s safe to return. My health has been impacted and I’m less mobile which makes me worry I’m going to lose my job as a disabled worker as I’m not sure I can sustain a full day as a teacher.”

### Stress:

- “A lot more stress due to exam cancellation and other school related issues.”
- “I have found trying to access the medical services stressful. However working from home has removed daily frustrations of using public transport.”
- “My job has become more stressful especially as I have had to combine it with full time child care.”

There were a smaller number of comments that suggested mental health had been improved during the time of the pandemic:

### Positive:

- “Appreciation and gratitude of keeping fit and well, by being even more in tune with nature.”
- “Good weather has more of an effect on me. Getting outside is more important.”
- “It has improved my mental health as I have had the chance to slow down and reflect and spend more time with my family.”
- “Spending time with the family has been great.”

## 8. General experiences

We added a closing question with the opportunity for people to express themselves in more detail because COVID-19 has created a unique set of experiences, which cross cut personal, professional, health, and also regional differences.

Could there be any positive effects during this period? We did find some people expressed this sentiment. Overall though a lot of turmoil had been created, especially around family life and access to support services. Food access was also a significant concern for many at the early stages of the pandemic.

Broadly, the open comment section at the end of the survey could be sorted under the following areas:

Access to services

Caring

Family

Life in general

Shopping

Work

Positive

No change



24 hr

## Access to services

### RECEPTION

“A couple of phone calls from surgery early on in epidemic were reassuring but some emails updating situation. However when trying to contact surgery it was horrendous, phonelines were down, what a rigmarole to organise an e-appointment. It took about two days to have some medication ordered, I do hope face to face appts will return when safe.”

“At the surgery, a notice said the entrance was locked and that it was not possible to enter to speak to the reception staff. The instructions said to make a booking via the internet. I was disappointed that the response on the internet said it was not possible to contact the surgery via the internet but gave no advice as to how the surgery should be contacted. A telephone number of the surgery was given but although I have tried telephoning at different times during the day, the number is always engaged. So after two days, I have still not been able to contact the surgery.”

“I am in contact with family using social media. I feel quite aggrieved that I am unable to access my GP online at [Trafford Practice]. My online account was closed by them when I rang to query the new system. I found it too difficult to set up a new account. I am 75 years old and rely usually on my family to help with technology. It was beyond my capabilities. It was relatively easy before and very useful for appointments and ordering medication. Luckily I found an easy app with Well pharmacies and they now do my repeat prescriptions and deliver them. But for anything else I will have to use the phone and speak to a receptionist. So their updating has sent me back. I really can't be bothered.”

“My husband has had his leg amputated during lockdown and other than the hospital we feel abandoned as we cannot access social services, aids or equipment. I was meant to be shielding as well and could not get a food delivery at all. I did get food boxes from the hub but gave this to those really in need; my husband had to shop despite mobility issues before his leg amputation. Trafford Council have been pathetic at keeping local people updated, especially those without internet access. Some of our neighbours have been really stranded.”

## Positive effects?

“We have taken more joy in the small things as normal life is on hold.”

“Done a lot more gardening and walking than previously.”

“In my case nothing changed as I would not allow it to change my life.”

“It hasn't really affected my household that much.”



## Caring



“Enhanced caring responsibilities for 81 year old mother who has COP\*D and heart problems. Clinics etc she should attend have been cancelled. Latest appointment with Trafford General Respiratory Consultant conducted by telephone which is not helpful at all.”

[\*chronic obstructive pulmonary disease]

“As a carer, I have been visiting my mother and shopping for her much more frequently (she lives round the corner from me which is fortunate). She has experienced difficulties coming to terms with what has been happening as she has Alzheimer’s.”

“I used to share caring duties with my sister who lives elsewhere...Now my sister can't come in so I have to stay off work to care for mum 24/7. I have been too anxious to go into work...I feel carers and the shielded have been completely overlooked in many respects. Our circumstances are complicated and we don't even have a window in the day where we feel safe to go out.”

## Family



“Routine changes. Not being able to see and hug children and grandchildren and friends.”

“It has been difficult for my children being out of routine. They have missed social contact with their friends (particularly my younger daughter). I have been primary carer for my elderly Gran as my Dad has been shielding. On the positive side we have been spending more family time together.”

## Shopping



“Access to food was difficult initially until the local supermarkets acknowledged my eligibility for priority delivery slots because of my ultra vulnerable status. Fortunately I had taken precautions during the month of February to ensure that I had a supply of basic food and other essentials which were adequate on a short term basis.”

“Being retired, the lockdown has not had a major impact on me other than the frustration of not seeing friends and family...In the first few months there was a fear of going to the shops and my daughter did all our shopping. We now feel safe to go shopping ourselves...I am however concerned about the Winter months and the likelihood of the virus returning.”

## Work



“Working at home is not too bad. There have been lots of advantages like peace and quiet on the roads, birdsong more audible, reduced pollution, spending more time with kids, household budget reduced, appreciating friends and colleagues more than ever.”

“Working from home has impacted physical health, which in turn effected [mental health]. This was unexpected, and employer now taking steps to support me.”

“I lost my job in march. Only shopped local so everything more expensive. Money has been a worry.”



## Life in general

“A couple of phone calls from surgery early on in epidemic were reassuring but some emails updating situation. However when trying to contact surgery it was horrendous, phonedlines were down, what a rigmarole to organise an e-appointment. It took about two days to have some medication ordered, I do hope face to face appts will return when safe.”

“As I have COPD my employer advised that I went into lockdown one week prior to everyone else. As a result I have been in solitary confinement since the middle of March. I have no family living at home and therefore was alone. I registered as an extremely vulnerable person and very gratefully received weekly food parcels up until fairly recently when I was able to get a regular priority shopping slot. My friends and son were able to bring me essential items when needed. I was not able to walk my dog properly only going out late at night and only walking around the block. I believe her mental health suffered for this and she is now very "clingy". Without my dog I think I would've broken down so much sooner than I did. I have been able to work from home throughout the whole of lockdown and will continue to work from home till January I believe. I have found the solitude extremely difficult as facetime, skype and zoom don't make up for seeing people face to face. I have become very solitary and am extremely nervous about going into shops again. I have managed to start getting out for longer walks with a support bubble of friends but find myself shying away from strangers. I am sill extremely nervous about contracting the virus. During lockdown I have been lucky enough to access counselling when I have needed it which has helped.”

“The major impact has been having an older partner and a young grand daughter living in my home, one classed as vulnerable and one home schooling who was very anxious too. Queuing at supermarkets to buy food and keeping to the 2 metre rule which some people don't adhere to I found my anxiety levels going through the roof. Not been able to see close relatives and friends. Basically I was someone that loved to pop to the shops most days and at weekend I would like to go to out of area shops, now I feel completely different and anxious and go out once a week maybe to different shops but get what I need and then back home. Its made me feel very anxious about visiting friends and meeting up to eat out.”

“My life has changed completely. Lockdown for me as a person living on their own felt like house arrest and solitary confinement in luxury. Socially isolated, internet services became and remain a central part of life. Shopping ceased in person after witnessing violence and experiencing abuse in shops. I continue to food shop on line. I also shop for other items on line. Minor domestic crisis became major problems. Caring responsibilities ceased early on due to deaths of people I cared for. I have adapted my life to make the best of a difficult situation. I am cautious about doing too much too soon as we come out of lockdown down to my vulnerability to the virus. I worry about accessing health services.”

“My routine had changed. I still did my school work from home but it was hard to get back into my old routine and getting back to school. But now I'm happy things are kind of getting back to normal.”



## Focus Group Work

We arranged a series of focus groups and meetings with professionals working in the Trafford area with the help of partner groups for this report. We spoke to groups representing those from BAME backgrounds, older people, carers, and community health.

The engagement team based their conversations around three questions when doing this part of the research:

- What is your experience of access to services during the pandemic?
- How have you been coping during COVID-19?
- Is there anything else you would like to share with us?

The results of these conversations are summarised below.

Comments from BAME people:

### Concerns and effects of COVID-19 on health and care

- Members finding their hospital appointments and elected surgery cancelled in March; no communication during the last six months.
- Cancer patient tests put on hold for nine months.
- All pain management/services stopped.
- Answer phone at Patient Advice and Liaison Service (PALS) Trafford General Hospital not working.
- Shielding letters not understood due to language barrier for many local people.
- High level of fear amongst local people about contracting COVID-19 culminating in them not seeking help. Testing and screening issues for many people.
- Concern that people would not undertake regular cancer screening, so work is being done to engage BAME women in particular on this.
- Digital exclusion a big concern; for certain BAME groups language is a barrier e.g. recent arrivals to the UK.

### Positive experiences of services

- Trafford Early Development Service (TEDS) - A parent whose son has cerebral palsy praised the support received from TEDS, which included lots of information and advice, constant follow-up phone calls, on-line physio.

Comments related to older people:

### Concerns and effects of COVID-19 on health and care

- Isolation and loneliness - many people do not have access to the internet or cannot understand how to use Zoom (a web conferencing programme). This presents a problem; people cannot easily go round to them and assist with set-up due to social distancing.
- There is said to be some funding to address digital exclusion. Loaning tablets and sim cards to people for an initial three-month period, with support on how to use them with the aid of volunteers to help alleviate isolation and loneliness.

## Positive experiences of services

- There were no major problems reported with health services from the group we spoke to. One person who is diabetic was due to go to Trafford General Hospital for appointment, instead the doctor has had three follow up calls with them.
- Another person was continuing to test own blood sugar at home. In three months, plan is to have a meeting to assess.
- Other comments praised two GP practices in Urmston re: blood tests, both residents stated there was no problem getting a blood test or eye test (Specsavers). One resident had been very impressed with the whole blood test procedure carried out by GP practice.

Comments from professionals:

## Concerns and effects of COVID-19 on health and care

- According to one professional in Stretford and Old Trafford 90% of clientele have various mental health needs.
- Digital deprivation - This is affecting people with Learning disabilities, those in poverty, those lacking in the use of technology, elderly people who struggle to make use of this technology. It is therefore hard to maintain regular support.
- People brought to financial crisis and housing problems due to job loss or suspension during the pandemic.
- We heard about an early discharge from hospital for 80-year-old BAME resident, family not notified, resulting in a fall and readmission to hospital.
- No treatments available for people struggling with pain and long-term health conditions.
- People are confused, do not know what constitutes 'urgent' for being seen by a medical professional.
- Organisations such as 'One Stop Shop' not helpful; there is no one taking responsibility to let people know what to do to help themselves.
- Trafford Housing Trust (THT); the biggest social housing provider in the borough is receiving 2-3 calls a day from their clientele who are in financial crisis.
- THT have staff in place to help people, but local people are not coming forward because there are no face-to-face appointments.
- COVID-19 restrictions creating tension for residents living in flats and apartments due to increase noise levels as more people are at home during the day.
- An overall increase in poor mental health. Some BAME residents not always willing to speak about mental health issues because of shame, or lack of understanding.
- COVID-19 is frightening the elderly and vulnerable, who are locking themselves away and not accessing or refusing support.
- Lack of information about the Community Hubs; lots of people unaware of them and what they can offer.

## Closing comments

The variety of experiences we have gathered from our survey and focus group work have demonstrated that COVID-19 and the measures brought in to combat it have had a significant impact for residents in Trafford. It is hoped that the selected quotes used throughout the report illustrate the complexities COVID-19 has caused and a window onto the period in question for Trafford residents we heard from.

Some of the reasons for the depth of the impact of COVID-19 include lack of understanding, a need for access to the right information, and an ongoing lack of clarity around how individuals and services will respond over time to the pandemic.

We heard for example that while there is on the surface a wealth of information available on COVID-19, such as through the national media, council websites and directly from health services themselves, not everybody has equal access to these. Indeed, there is considerable variation between how sites where healthcare is delivered, such as GP Surgeries, dental practices and hospital departments, have responded to COVID-19. In order to address this, it is important that people are able to contact services via a variety of channels, even if to confirm when appointments may resume, or check that their issues have been registered.

Another side to COVID-19 is how already existing inequalities have combined with the conditions created by COVID-19. This means that those without funds, in precarious housing, perhaps having different levels of language ability, or that previously relied on face-to-face support, are known by local professionals to be struggling. In our focus groups there was often mention of a significant number of people in need. People are struggling to adapt to a world that often requires digital skills and an ever-changing set of guidance when interacting with support services. This set of experiences should not be forgotten when talking about Trafford residents, even if a majority might not face these challenges.

Many of those responding to the survey had tried to access services during the pandemic suggesting that, despite COVID-19, health care seeking behaviour had continued in Trafford. Of those that did not seek healthcare services the main reason was not COVID-19, but not needing healthcare at the time. We have heard about a variety of experiences with services, many of them doing what they could, especially GPs. On the other hand many services did restrict access in some way. In future responses to COVID-19, ways to engage patients and keep them up to date in any way that is safe should be explored.

In terms of mental health some people were negatively affected. Many of the comments received express the distress and worry that COVID-19 has brought. A key cause was job insecurity resulting from the pandemic and also increased caring responsibilities, often due to schools being closed. By addressing these two issues some of the mental health pressures might be alleviated.

Our open question on the general experience of people during the pandemic received a lot of detailed comments. It was clear that COVID-19 has markedly changed the lives of residents in Trafford, as it has elsewhere. The significance in particular of the national restrictions on movement, closure of key services such as schools, and the economic impact on jobs should remain key concerns for how local and national authorities respond in future.

## Thanks

We would like to thank all those that took part in the survey as well as focus groups. The details shared have been carefully considered, even if all cannot be included in the report.

A number of local organisations and professionals have also supported this work during a challenging time. Although we always rely on such goodwill to conduct research, at this time we are particularly grateful.

Our volunteers have been very supportive during the ongoing pandemic. We appreciate their continued support, input, and advice in shaping this work during unprecedented changes.

# Appendix 1 - Survey Questions

## Questions 1- 12 Demographics

Question 13 - To start the survey please think of the health and care services you have tried to access during the COVID-19 lockdown period.

Have you tried to access health or social care services during the COVID-19 pandemic?

Question 14 - Is there a particular reason you have not tried to access services?

Question 15 - Was COVID-19 a factor in your decision not to access services, if so please state why you felt this?

Question 16 - Please indicate the service area you are talking about, if more than one then please select multiple areas.

GP, Dentist, Optician, Community nursing, Home care, Community mental health services, Accident and Emergency, Hospital - in patient services, Hospital - outpatient services, Other (please specify).

Question 17 - How has COVID-19 affected the service area indicated from your experience?

GP, Dentist, Optician, Community nursing, Home care, Community mental health services, Accident and Emergency, Hospital - in patient services, Hospital - outpatient services, Other (please specify).

Question 18 - What has the service done well?

GP, Dentist, Optician, Community nursing, Home care, Community mental health services, Accident and Emergency, Hospital - in patient services, Hospital - outpatient services, Other (please specify).

Question 19 - What has the service done not so well? How might it be improved?

GP, Dentist, Optician, Community nursing, Home care, Community mental health services, Accident and Emergency, Hospital - in patient services, Hospital - outpatient services, Other (please specify).

Question 20 - How aware are you of community (COVID-19) hubs?

Extremely aware, Very aware, Somewhat aware, Not so aware, Not at all aware (I have not heard of community hubs)

Question 21 - How accessible are community (COVID-19) hubs?

Very easy, Easy, Neither easy nor difficult, Difficult, Very difficult, Not accessible to me at all, I have not tried to access a community hub.

Question 22 - How do you access news and information? If more than one then please select multiple areas.

GP surgery, Hospital/NHS provider, Social care provider, Trafford Council, NHS app  
NHS 111 (online), NHS 111 (phone), Voluntary group/charity, Community sources  
Television, Radio, Newspapers, Social media (Twitter/Facebook), Internet Page (other than provided by above sources),  
Friends/family, Carer, Other (please specify)

Question 23 - Do you have any suggestions on how access to information or content could be improved?

Question 24 - What have been the impacts, if any, on your mental health during this time?

Question 25 - How would you describe your mental health overall during the Covid-19 pandemic?

(Very positive, Positive, Neutral, Negative, Very negative)

Question 26 - How has COVID-19 affected you and your household more generally? We are interested to know how life has changed considering both COVID-19 and the associated lockdown period.

## Appendix 2 - Data

### Demographic Section

Which gender are you / do you prefer to be recognised as?	Responses
Male	39
Female	188
blank	16
n/a	3
<b>TOTAL</b>	<b>246</b>

Which ethnicity do you feel most closely describes you?	Responses
White British	195
White Irish	2
White other	6
Black or Black British - African	2
Black or Black British - Caribbean	3
Asian or Asian British - Chinese	2
Asian or Asian British - Indian	7
Asian or Asian British - Other	2
Asian or Asian British - Pakistani	2
Other (please specify:)	2
Prefer not to say	3
blank	15
n/a	5
<b>TOTAL</b>	<b>246</b>

Age group	Responses
17 or under	25
18 - 34	7
35 - 44	31
45 - 65	97
66 -79	62
80 or over	6
blank	14
n/a	4
<b>TOTAL</b>	<b>246</b>



<b>Sexual Orientation</b>	<b>Responses</b>
Heterosexual / Straight	205
Gay	3
Lesbian	1
Bisexual	4
Other	2
Prefer not to say	7
blank	19
n/a	5
<b>TOTAL</b>	<b>246</b>

<b>Do you identify as being disabled person? Do you consider yourself to have a disability?</b>	<b>Responses</b>
Yes	35
No	189
blank	18
n/a	4
<b>TOTAL</b>	<b>246</b>

<b>What is your current employment status?</b>	<b>Responses</b>
Employed	98
Not working - retired	77
Not working - due to ill health	6
Not working - due to disability	9
Student	23
Unemployed - Not seeking employment	9
Unemployed - Seeking employment	3
blank	17
n/a	4
<b>TOTAL</b>	<b>246</b>

<b>Are you a carer?</b>	<b>Responses</b>
Yes	43
No	186
blank	13
n/a	4
<b>TOTAL</b>	<b>246</b>

Do you have children? (tick all that are appropriate)	Responses
Pre-school age child/children	11
Primary school age child/children	35
Secondary school age child/children	23
16-18 year old child/children	17
19+ aged child/children	103
No children	73
<b>TOTAL</b>	<b>262</b>

What is your marital status?	Responses
Married / Civil partnership	134
Divorced / Widowed	37
Single	48
Prefer not to say	2
Other (please specify)	3
blank	15
n/a	7
<b>TOTAL</b>	<b>246</b>

In which area/locality do you live?	Responses	% of those that responded
North - Old Trafford, Stretford, Gorse Hill, Longford and Clifford	27	12%
Central - Sale, Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's	80	35%
West - Urmston, Partington, Bucklow St Martin's, Davyhulme East, Davyhulme West and Flixton	51	22%
South - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village	56	25%
Other / outside Trafford	14	6%
blank	14	-
n/a	4	-
<b>TOTAL</b>	<b>246</b>	

**Have you tried to access health or social care services during the COVID-19 pandemic?** Responses

Yes	168
No	68
blank	10
TOTAL	246

**Is there a particular reason you have not tried to access services?**

Open-Ended Response

**Was COVID-19 a factor in your decision not to access services, if so please state why you felt this? If possible let us know the name of the service.**

Open-Ended Response

The areas of service people accessed

**Please indicate the service area you are talking about, if more than one then please select multiple areas.** Responses

GP	142
Hospital - outpatient services	53
Dentist	47
Other (please specify)	24
Optician	24
Accident and Emergency	23
Hospital - in patient services	13
Community mental health services	9
Community nursing	8
Home care	3
TOTAL	346

## Other (please specify)

911

A and E

Acupuncture

Audiology

Blood test

Chemist

Community ear care clinic

Covid-19 testing station

Ear syringe

Hearing aid repair

I was looking for help for a GP referral for physio treatment but I went through my private provider so as not to burden the service

Macmillan cancer care, Podiatrist

Orthodontist

Orthodontist

Pharmacy

Physiotherapist

Podiatrist,

Podiatry

Podiatry at Trafford General Hospital

Psychiatrists

Social carer

TDAS; Childrens social work; police

TGH Walk in

Urgent care

## Covid Hubs

How aware are you of community (COVID-19) hubs?	Responses
Extremely aware	35
Very aware	25
Somewhat aware	50
Not so aware	35
Not at all aware (I have not heard of community hubs)	59
blank	42
TOTAL	246

How accessible are community (COVID-19) hubs?	Responses
Very easy	18
Easy	19
Neither easy nor difficult	19
Difficult	1
Not accessible to me at all	2
I have not tried to access a community hub	144
blank	43
TOTAL	246

## Information

How do you access local health and care news and information? If more than one then please select multiple areas.	Responses
GP surgery	102
Television	87
Social media (Twitter/Facebook)	84
Friends/family	69
Internet Page (other than provided by above sources)	65
Trafford Council	57
Radio	43
Newspapers	41
NHS app	26
Hospital/NHS provider	25
Community sources	22
Voluntary group/charity	18
Other (please specify)	15
NHS 111 (online)	13
Carer	7
NHS 111 (phone)	8
Social care provider	4
TOTAL	686

## Mental Health

How would you describe your mental health overall during the Covid-19 pandemic?	Responses
Much better	2
Slightly better	11
Unaffected	57
Slightly worse	99
Much worse	32
blank	45
TOTAL	246

If you require this report in an alternative format, please contact us with your requirements.

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