

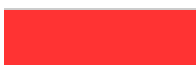


Healthwatch Derby – Survey of health and social care services during Covid-19 monthly Insight – Choices and Behaviours section.

Reporting to:	Bi-monthly Themes, Trends and Analysis meeting / Stakeholders
Report written by:	Beth Soraka
Date periods covered in the report:	July and August 2020
Amount of cases during this period:	51

Overview

This insight report looks at people’s responses to the choices and behaviour section of the on-line survey during the month of July and August 2020. 51 people responded to this section of the survey. This is a bi-monthly snap shot and a full report will be completed at the end of the survey period.

8. We are trying to better understand how the Covid-19 pandemic has affected people's choices and behaviours. Has there been any health or social care service/s that you would have accessed during 'normal times' but chose not to during the Covid-19 period?

			Response Percent	Response Total
1	Yes		35.29%	18
2	No (please go straight to Question 11)		58.82%	30
3	N/A (please go straight to Question 11)		5.88%	3
			answered	51
			skipped	4

This shows us that of the people surveyed over 1 / 3 people changed their choices and/or behaviour in regards to health and social care services during July and August. 15 people gave further information.

Sector Breakdowns – Reasons Why

Primary Care

GPs:

9 people spoke about why they had not attended or delayed attending their GP.

3 -peoples stated that they have not been or delayed attending due to being communicated not to attend or only to attend when an issue became serious. There were evenly positive, negative and neutral sentiments regarding this.

2 -people spoke about routine appointments not going ahead (40+ checks) or did not think they were going ahead (smear)– there comments around this were mixed being:

- Find it concerning
- It was to reduce infections and so they can deal with serious issues

There were individual experiences of:

- A village surgery being closed and no information on website – confusing and worrying.
- Unsure of the support available at GP

- Not attending due to not appreciating the seriousness of condition
- Feel that they have too much on their plate

These experiences are from 9 people so cannot draw themes; though it is noted that almost all the areas raised are issues around communication.

Dentistry:

2 people spoke of dentistry – they did not attend due to:

- Thinking that it would be closed
- Not available

Acute Care

2 people spoke about not attending or delaying A&E, their reasons given were:

Wanting to avoid busy areas, mixing, waiting times and covid-19.

1 family spoke about declining a hospital admission for another family member due to being informed by paramedics that they would go on the Covid red zone due to symptoms. So the family nursed at home until carer could be found. They stated there was a fear of them going on to a Covid ward, triaged and probably not treated.

Other messages:

1 person did not mention a services but that they had interpreted that during this period not to use services unless necessary in order for staff to be cultivated elsewhere.

There was individual comments made about not attending social care, 111, 5 year checks either due to assuming they had been routinely cancelled and thinking that (staff) were already under pressure.

Overview of trends from Choice and Behaviour section

In Junes report there was a strong key message that the main reason people had made different choices was due to :

- The service/s was closed or suspended.
- There was a anxiety or fear around Covid-19
- People did not want to over burden the services, people feeling that their issues was not urgent or could wait.

Over July and August there has not been a strong key message as the previous June report, though we also need to take into consideration that there has been a reduction in response. There is less mention of the key points above, though there still were a few comments relating to a fear in regards to accessing acute services and not wanting to put more pressure on services.

Communication was a linking factor around primary care issues raised - relating to people not attending due to the messaging, unsure about what services is available or assuming that a service is not running.