



COVID-19

in North
Yorkshire

July-November 2020



healthwatch
North Yorkshire

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healthwatch
North Yorkshire

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

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

Charity number: 1171152

Executive Summary

The last five months (July – November) have demonstrated that we continue to live in extraordinary times with both the public and health and social care organisations having to adapt to ever changing circumstances due to the pandemic and government guidelines.

We have heard positive stories of how people, for example, have become more familiar and confident with online health consultations as a means of communicating with their GP or nurse, as well as healthcare professionals themselves becoming better at delivering and providing these services. However, there is still much more to be done to ensure that all people have the right means of access to health care support and information tailored to their needs, whether that is digital or face-to-face.

Another positive has been how local community support organisations across the county have adapted their services to meet the changing needs of the public whether that is around transport, digital support, or community engagement. All of which have immensely benefited the public during this time. We have seen great resilience from the people of North Yorkshire in this time of national crisis with a mood of ‘fraternal friendship’ being offered to all sectors of the community as we have helped each other to live with the pandemic and current national lockdown in England.

The challenges we have faced have been immense, and none more so than within our health and social care system, whose services have been stretched to accommodate the fluctuating rises in COVID-19 cases across the county. Which has often meant that routine care has been disrupted, resulting in patients not receiving their treatment. This has obviously impacted on people’s health and wellbeing. Similarly, we have seen disruption within our care homes and many people have told us how frustrated they have been in not being able to visit their loved ones.

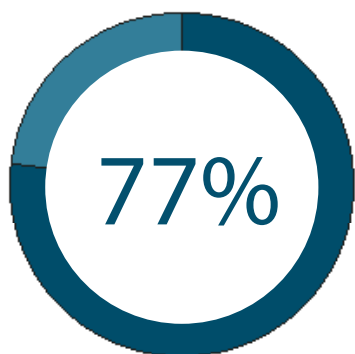
As we approach December with Christmas and the New Year on the horizon, we should acknowledge that we have learnt much since the beginning of the pandemic in March, and it is this knowledge and resilience that will help us in the coming months to live with and beat the virus. Healthwatch North Yorkshire would ask that health and social care services continue to work with and listen to the public to keep them fully informed of any changes to care and treatment and use the views and experiences of people to adapt and improve services for the better in this time.

Introduction

In July 2020, Healthwatch North Yorkshire published a COVID-19 briefing outlining the feedback we had received from people using health and social care services in the county since the start of the COVID-19 pandemic.¹

Since then we have continued to hear from people across the county about their experiences, concerns, and queries amid a fast-moving crisis which remains devastating for millions around the world. North Yorkshire residents have been sharing their views and experiences through our Because We All Care survey,² by telephone, email, through social media, and our website. We remain connected to voluntary-sector partners and community organisations to learn what they have been hearing from the public, while also carrying out engagement with local groups via online meetings.

This latest COVID-19 briefing is designed to provide a fresh update on what we have heard about how the pandemic is affecting people in North Yorkshire, to help those responsible for commissioning and providing services to ensure people are receiving the best possible care. Unsurprisingly, COVID-19 has been the dominant topic in our exchanges with nearly 200 members of the public and organisations since our last briefing, with more than three quarters (77%) related to the pandemic. Demand for information about COVID-19 in North Yorkshire has also driven a huge surge in traffic to our website,³ since March and particularly since July, with notable interest in information about testing and news of the latest local infection rates, restrictions, and guidance.



of all the feedback and queries we have received since July relate to the COVID-19 pandemic

The average monthly page views on our website for 2018 and 2019 compared proportionally with the page views received during September 2020



¹ COVID-19 in North Yorkshire March-July 2020 <https://healthwatchnorthyorkshire.co.uk/wp-content/uploads/2020/07/HWNY-Covid-19-report-July-2020.pdf>

² Because We All Care survey <https://healthwatchnorthyorkshire.co.uk/news/because-we-all-care/>

³ Healthwatch North Yorkshire website <https://healthwatchnorthyorkshire.co.uk/>

Background

At the time of the publication of our last briefing in July 2020, there had been 2,544 cases of COVID-19 registered in North Yorkshire. The summer lockdown restrictions were starting to be relaxed, and North Yorkshire County Council had published its Outbreak Control Plan to help manage the next stage of the pandemic.

When preparing this new briefing for publication in November 2020, there have been 8,425 positive COVID-19 tests in North Yorkshire since March 3,¹ and a new national lockdown has temporarily replaced the system of localised alert levels (Medium, High and Very High). North Yorkshire had been at Medium Alert (Tier 1) – a status that was said by county council Chief Executive Richard Flinton to be “hanging by a thread” going into the national lockdown.² The virus has been spreading “even faster than the reasonable worst-case scenario”³ and while hopes are high for the introduction of an effective COVID-19 vaccine, a long, hard winter looks to be in store.

A shifting landscape

Since July, more information has become available about how the virus is affecting North Yorkshire, via regular updates from the county council and access to localised data about the number of new cases across the county.⁴ This has helped people to understand the situation in their area in a way that underlines the need for everyone to follow official guidance to stop the spread of the disease.

The support put in place by North Yorkshire County Council at the start of the first lockdown in March has continued throughout the November lockdown. The county council has worked with the county’s seven district and borough councils, and community organisations across North Yorkshire continue to coordinate volunteer and community support, ensuring everyone who needs help has someone they can call on.

After restrictions were put in place during October, North Yorkshire’s care homes reopened to designated visitors at the start of November - just as the new national lockdown was announced. The county council has acknowledged “how very important it is to the mental health and emotional wellbeing of residents and their friends and families for visits to care settings to take place, if at all possible, without jeopardising safety”² and said the national restrictions would allow it to continue with its plan of allowing one visitor for each resident, subject to keeping to rules on hygiene, physical distancing, and protective equipment.

Unlike the summer lockdown, schools have been fully open, and pupils’ mental health was highlighted as a priority at the start of the new school year in September.⁵ At the time of writing, school attendance across North Yorkshire was at more than 90 per cent, well above the national average.² Of about 1,000 educational settings, from nurseries to post-16 education and colleges

¹ North Yorkshire County Council <https://www.northyorks.gov.uk/latest-news-north-yorkshire-coronavirus-covid-19>

² Healthwatch North Yorkshire News, November 5, 2020 <https://healthwatchnorthyorkshire.co.uk/news/ny-lockdown/>

³ PM Commons statement on coronavirus: November 2, 2020 <https://www.gov.uk/government/speeches/pm-commons-statement-on-coronavirus-2-november>

⁴ Coronavirus data, North Yorkshire County Council <https://www.northyorks.gov.uk/coronavirus-data>

⁵ Healthwatch North Yorkshire News, September 10, 2020 <https://healthwatchnorthyorkshire.co.uk/news/pupils-mental-health-is-a-priority-as-north-yorkshires-schools-fully-reopen/>

being supported by the county council, there were only four settings closed plus a further 15 partial closures of classes or group bubbles.

'Long COVID' and demand for testing

Young people have been in the spotlight in other ways since our last briefing; it was suggested that socialising and group activities may have contributed to the spread of the virus following a sudden spike in confirmed cases among young people in Scarborough in October.⁶ Health Secretary Matt Hancock also highlighted the risks of "Long COVID", with data suggesting that about 10% of 18 to 49-year-olds who become unwell with the virus may suffer long-term consequences, including fatigue, protracted loss of taste or smell, respiratory and cardiovascular symptoms, and mental health problems.⁷

Arrangements for COVID-19 testing have evolved in the county in the past four months as demand has grown for tests. Healthwatch North Yorkshire has experienced a huge increase in demand for information, both online and through phone queries, and supported Healthwatch England in highlighting widespread difficulties experienced by members of the public attempting to book tests through national portals in September. Local services have stressed that neither GP practices or hospitals are able to arrange or undertake tests for members of the public, and that local testing sites are run by the Government.⁸ In addition to mobile testing sites, it was announced that two full-time, seven-days-a-week sites were being built in North Yorkshire.⁹ They are now in service in Harrogate (Dragon Road Car Park) and Scarborough (William Street Car Park).

The NHS Test and Trace smartphone app was introduced in September, and in November the county council announced it was undertaking local contact tracing to help stop the spread of COVID-19 in cases where the national system was unable to contact someone who had tested positive.¹⁰

Highlighting the issues

Since July, much work has been done to highlight lessons from the initial response to the crisis in England. In October, Imelda Redmond, the National Director of Healthwatch England said rapid changes brought on by the coronavirus pandemic left some people disadvantaged and that services must do more to give people "a fair and equal experience". She said: "People are grateful to NHS and social care staff for the quick changes to services they made to keep us all safe from COVID-19. However, these rapid changes disadvantaged some and... we need to avoid making the same mistake twice."¹¹

⁶ Healthwatch North Yorkshire News, October 19, 2020 <https://healthwatchnorthyorkshire.co.uk/news/group-activities-may-be-behind-spike-in-covid-19-cases-among-young-people-in-scarborough/>

⁷ Gov.UK, October 21, 2020 <https://www.gov.uk/government/news/health-secretary-warns-of-long-term-effects-of-covid-19-as-new-film-released>

⁸ Healthwatch North Yorkshire: Coronavirus testing <https://healthwatchnorthyorkshire.co.uk/news/how-to-get-tested-for-coronavirus-in-north-yorkshire/>

⁹ North Yorkshire County Council, October 12, 2020 <https://www.northyorks.gov.uk/news/article/two-full-time-covid-19-testing-centres-open>

¹⁰ Healthwatch North Yorkshire News, November 5, 2020 <https://healthwatchnorthyorkshire.co.uk/news/north-yorkshire-county-council-staff-to-carry-out-contact-tracing-calls-to-help-stop-spread-of-covid-19/>

¹¹ Healthwatch North Yorkshire News, October 12, 2020 <https://healthwatchnorthyorkshire.co.uk/news/healthwatch-responds-to-care-quality-commissions-annual-state-of-care-report/>

Following the arrival of COVID-19, services rapidly developed new procedures and ways of working, often taking advantage of technology such as the switch to GP consultations by phone and online. Healthwatch England said the challenge will be to keep and develop the best aspects of these new ways of working while making sure changes made during the pandemic do not leave anyone without care that is right for them. Imelda Redmond said: “Whether providing advice in the right language, making sure people without the internet can still see their GP or supporting those whose treatment has been delayed, services need to think more about how they can provide everyone with a fair and equal experience.”

In September, Healthwatch England issued a briefing outlining the issues more than 19,700 people had raised with our network nationally between April and June.¹² It highlighted the need for clear, accurate, and consistent information about people’s care and the services they use, and people’s concerns over access to testing and how services would be able to operate safely in the future. Healthwatch England also called on people over 55 to share their experiences to help improve support, after research indicated that they were the least likely to believe care had improved during the pandemic.¹³

Feedback given by the public to the Healthwatch network featured prominently in the Health and Social Care Select Committee’s final report from the first main parliamentary inquiry into the pandemic,¹⁴ and locally stories and experiences shared with Healthwatch North Yorkshire helped to inform the report Understanding our Response to COVID-19 by the Humber, Coast and Vale Health and Care Partnership in collaboration with the Yorkshire & Humber Academic Health Science Network (AHSN).¹⁵

¹² Healthwatch England, September 9, 2020 <https://www.healthwatch.co.uk/news/2020-09-09/covid-19-what-people-are-telling-us>

¹³ Healthwatch England, October 28, 2020 <https://www.healthwatch.co.uk/news/2020-10-28/over-55s-least-likely-think-care-has-improved-over-pandemic>

¹⁴ House of Commons Health and Social Care Committee: Delivering core NHS and care services during the pandemic and beyond <https://committees.parliament.uk/publications/2793/documents/27577/default/>

¹⁵ Humber, Coast and Vale Rapid Insights Report: Understanding our Response to COVID-19 <https://humbercoastandvale.org.uk/wp-content/uploads/2020/09/Understanding-our-response-to-COVID-19-report-singles.pdf>

Feedback & Experiences

Access to services

Between July and November, we have been hearing mixed feedback from people in North Yorkshire regarding access to NHS services and appointments.

With face-to-face contact being reduced, many appointments were cancelled or rescheduled at the start of the pandemic. Delays continue and some people are still having to wait for a significant period of time before getting an appointment. When we published our last briefing, we noted that some people were struggling with remote appointments (either over the phone or video calls).

In North Yorkshire, people were reassured by those responsible for commissioning health services that they would be able to continue getting the help they need as the winter season approaches.¹ They were asked to support services to maintain patient and staff safety by consulting NHS 111 first if they were unsure which service they needed, using accident and emergency departments only for emergencies, being prepared to travel to a different location for appointments or treatment, and helping friends and family get online.²

In August, Healthwatch England published their *The Doctor Will Zoom You Now* report,³ which investigated the perceived advantages and disadvantages of the rapid roll-out of virtual NHS consultations. Positives included aspects such as appointments being more convenient for some patients, taking less time out of their day, cutting out travel, and having more control when in their own environment. Negatives included difficulties finding a quiet place, lack of a fixed time for an appointment and lack of opportunity to provide feedback.

Since our last briefing in July, feedback suggests phone and online appointments have improved for some people:



The phone system, online provision of photos, rapid call-back by a GP and the prompt sending of a prescription to the local pharmacy are a great improvement on the previous process, and I'm glad this is likely to continue

#BecauseWeAllCare response, Woman, 65-79, August

However, this does vary. Some people have reported negative experiences, mainly centring on being unable to speak to a specific healthcare professional, and from people with ailments which require contact or closer inspection than is possible over the phone. Feedback we have heard indicates that people are not always able to choose between video or phone call, which is an option which may be preferred by some.

¹ Healthwatch North Yorkshire News, September 23, 2020 <https://healthwatchnorthyorkshire.co.uk/news/people-in-north-yorkshire-are-told-local-health-services-will-be-ready-for-them-this-winter/>

² Healthwatch North Yorkshire News, August 6, 2020 <https://healthwatchnorthyorkshire.co.uk/news/people-in-north-yorkshire-asked-to-help-health-and-care-services-recover-from-effects-of-coronavirus-pandemic/>

³ Healthwatch England: The Doctor Will Zoom You Now <https://www.healthwatch.co.uk/report/2020-08-18/doctor-will-zoom-you-now-getting-most-out-virtual-health-and-care-experience>

For those attending appointments in person, services are working in highly restricted circumstances. Dr Andrew Lee, NHS Vale of York Clinical Commissioning Group's Executive Director of Primary Care and Population Health, said in November that infection-control measures mean it takes much longer to see patients or carry out procedures.⁴

"For example, a face-to-face consultation might take 10 minutes usually, but now takes twice as long as staff have to put on and take off protective equipment, as well as clean down the rooms between each patient. We have had to restrict activity at some clinics to provide a safe environment for some of our most vulnerable patients. No one wants a waiting room full of the elderly, pregnant women, young children, patients with cancer, mixed in with people who might have COVID-19. All of these restrictions have a knock-on effect in terms of reducing the number of appointments and slots."

Dr Lee explained that many tests, procedures, chronic disease reviews, screening, health checks and other non-urgent work had to be delayed during the first wave of the pandemic, creating a backlog of work and causing "a damaging effect on our health system that we are struggling hard to fix even now".

Healthwatch North Yorkshire has heard concerns about adjustments made in local healthcare settings, including tests being carried out in car parks, and others finding it embarrassing to disclose their reason for attending a practice over the intercom with other people waiting in the queue nearby. For some, phone and video appointments are no substitute for being seen in person:

Doctors not seeing you in surgeries even now lockdown has almost lifted. Only doing phone consultations is not really helpful, as my problem was mobility and because of not being able to go outside I could hardly walk. Needed help with pain relief and it wasn't forthcoming.

#BecauseWeAllCare Survey, Woman, 65-79, August

Earlier in the pandemic, services had encouraged people not to let the virus discourage them from seeking help for important medical concerns. GP practices in North Yorkshire said in November that demand for appointments was returning to levels not seen since the start of the pandemic, and asked people to be patient when trying to get through on the phone.⁵ GPs in the Vale of York have also warned that waits for an appointment may be longer than usual.⁶ This suggests initial concerns over attending healthcare settings are subsiding.

A lot of people have been too scared to go the doctors because of COVID. They're too worried, they don't want to bother doctors. That's a bit of a tragedy. If I needed to go to A&E tonight, I'd go, I wouldn't be bothered because it would be cleaner than it's ever been. I would be quite confident of going to A&E but some people would be scared.

Focus Group with Community Group, Woman, Bedale, October

⁴ NHS Vale of York CCG <https://www.valeofyorkccg.nhs.uk/a-winter-ahead/>

⁵ Healthwatch North Yorkshire News, November 2, 2020 <https://healthwatchnorthyorkshire.co.uk/news/people-in-north-yorkshire-asked-to-be-patient-when-trying-to-get-through-to-gp-on-the-phone/>

⁶ NHS Vale of York CCG <https://www.valeofyorkccg.nhs.uk/please-be-understanding-of-gp-service-delays-in-the-vale-of-york/>

North Yorkshire's hospitals have had to make significant ongoing adjustments to arrangements. In October, York Teaching Hospital NHS Foundation trust which runs hospitals including York and Scarborough had suspended visiting to all of its sites (with exemptions including end-of-life care circumstances at the ward manager's discretion, and paediatric and maternity services).⁷

Other examples include the postponement of all non-urgent, non-cancer surgery at Airedale NHS Foundation Trust which runs hospitals including Airedale, Castleberg and Skipton,⁸ and a plea by South Tees Hospitals NHS Foundation Trust which runs hospitals including the Friarage in Northallerton for people to attend appointments on their own wherever possible.⁹

We have heard of instances where changes in how services are delivered have left people struggling to access medication, as one person told us;

The chemist itself was brilliant but the doctors had got every single prescription wrong since lock-down. I have had to do two or three trips to get the right prescription; I was given the wrong tablets and too many of them. I refused to take them as I know that once you have left the pharmacy you cannot take them back. My relative has dementia and had been supplied with too many steroid inhalers at once and used them too quickly. They ended up in hospital because of this. For people with additional support needs those mistakes can be made by GP's can have serious consequences.

Focus Group with Voluntary Community Group. Anonymous, Skipton, August

However, others have reported that reduced footfall in hospitals has led to smoother experiences:

I hurt my knee about two months ago and wasn't able to walk. I went straight to A&E and was seen straight away, x-ray and everything. I wasn't in there long at all, I was really surprised. I was seen straight away. I then had physio over the phone which felt a bit odd, but they send me out some exercises and actually I'm walking a lot better than I was. I've got an appointment this week with a consultant and I thought that would take ages, but he's already got my x-rays so that speeded it along. I've had breast screening this week and that was brilliant as well.

Focus Group with Community Group, Woman, Bedale, October

⁷ York Teaching Hospital NHS Foundation Trust <https://www.yorkhospitals.nhs.uk/your-visit/visiting-people-in-hospital-during-covid-19/>

⁸ Airedale NHS Foundation Trust <https://www.airedale-trust.nhs.uk/blog/6-november-2020-postponement-of-elective-procedures-for-four-weeks/>

⁹ South Tees Hospitals NHS Foundation Trust <https://www.southtees.nhs.uk/news/hospitals/attend-appointments-on-your-own-if-you-can/>

Changes to how appointments are conducted extend beyond healthcare settings. It was revealed in August that children and young people in Scarborough and Ryedale would have online assessments to avoid face-to-face appointments during the COVID-19 pandemic.¹⁰ The service had not been able to carry out assessments in person because of the social distancing rules in place to limit the risk of spreading coronavirus.

Feedback received by Healthwatch North Yorkshire suggests that overall, the movement towards using technology for providing health and social care services during the past five months has had both positives and negatives.

‘We need both options’

At a mental health participation group we attended in August we were told how the use of digital technologies has been helping some to be involved with activities when previously they were unable to participate, but others found it difficult:

Some said being able to take part online means people who have previously been unable to join in have been able to participate more easily and more often. Other people said that they could not access digital technology. Attendees said they would like to see both online and in person options in the future to enable everyone to participate.

Focus Group, Anonymous, Harrogate, August

This feedback sums up one of the core conundrums of the pandemic: the necessity to change how services are delivered has created opportunities for greater inclusion of some people who previously faced barriers within health and social care settings, but has also brought its own set of barriers to inclusion which service providers must take into account.

It also suggests the likelihood that some methods of engaging with patients and members of the public which have seen accelerated adoption during the pandemic will be here to stay when we return to something approaching normality.

¹⁰ Healthwatch North Yorkshire News, August 10, 2020 <https://healthwatchnorthyorkshire.co.uk/news/autism-assessments-for-children-and-young-people-in-scarborough-and-ryedale-go-online/>

Hospital discharge and long-term conditions

Patients felt unready to leave hospital and missed out on vital follow-up visits and assessments, according to Healthwatch and British Red Cross research into hospital discharge arrangements during the first five months of the coronavirus pandemic.¹

However, the investigation did also uncover a number of positives, including increased collaboration between services and positive feedback from the public for healthcare staff working under pressure.

Healthwatch England, with support from the British Red Cross and Healthwatch staff and volunteers around England, carried out work to better understand the impact of emergency measures implemented earlier this year to free up beds for COVID-19 patients. More than 500 patients and carers (both paid and unpaid) across England took part in the survey, which gathered people's experiences from late March to late August.

Key findings

- 82% of respondents did not receive a follow-up visit and assessment at home, one of the key recommendations of the policy. Almost one in five (18%) of those also reported having unmet needs, such as equipment, medication, or advice
- Some people felt their discharge was rushed, with one in five (19%) feeling unprepared to leave hospital
- More than a third (35%) of respondents and their carers did not get a contact for further advice, despite this being a recommendation
- Overall, patients and families were very positive about healthcare staff, praising their efforts during such a difficult time

Healthwatch research also indicated that those with a long-term condition were highly likely to avoid health and social care services due to risk factors around COVID-19, with 51% of people with a long-term condition avoid services compared with 29% of the average population.² The research commissioned by the Care Quality Commission and Healthwatch England for the Because We All Care campaign also showed that:

- 81% of people with long-term health conditions report issues when trying to access services, such as longer waiting times. This is 17% higher than the general population.
- 52% of patients with long-term health conditions did not want to put additional pressure on Health and Social Care services by giving feedback.
- 32% of people with a long-term health condition got more support from family and friends over the course of the COVID-19 pandemic.

In November, Diabetes UK revealed that nearly half of all people living with diabetes in England have had no contact with their healthcare team since the start of the pandemic.³

¹ Healthwatch North Yorkshire News, October 27, 2020 <https://healthwatchnorthyorkshire.co.uk/news/improve-hospital-discharge-now-before-winter-to-manage-second-peak-of-covid-19-warn-red-cross-and-healthwatch-england/>

² Healthwatch England, September 17, 2020 <https://www.healthwatch.co.uk/news/2020-09-17/people-long-term-health-conditions-most-likely-avoid-care-services-due-covid-19>

³ Healthwatch North Yorkshire News, November 12, 2020 <https://healthwatchnorthyorkshire.co.uk/news/effects-of-covid-19-pandemic-revealed-ahead-of-world-diabetes-day/>

Jackie's story

Jackie, 52, from Selby, underwent emergency surgery during the summer. She tells us about her difficulties following her discharge from hospital – and how the pandemic has affected her treatment for several long-term conditions.

“At the beginning of August I was rushed into hospital with what I thought was a blockage – it turned out it was a hernia. I was sent home two days after my emergency surgery because of COVID. Once I got home, the care I received was shocking. I had to organise district nurses to come in to change my dressings. When I've been in hospital in the past, if I've had to have visits from a district nurse at home they've normally set that up. I had to do all that myself.

“I was told at the hospital they were doing no follow-up appointments due to COVID. I started to get a rather large red lump on my tummy the other side of the scar where they had cut me open. I phoned the surgery and asked to speak to my doctor. The receptionist said 'you're in the queue, the doctor will ring you later on'. When the phone finally rang it was some kind of nurse. I explained that I needed to speak to a doctor but she said I would have to speak to her. I told her this lump was rock-hard, red, inflamed and hot to touch. They gave me antibiotics, but the nurse I spoke to didn't ask for photos, didn't want to do a video call with me. She said the lump was part of the surgery and that it would heal in six to eight weeks.

“A couple of days later a district nurse came to change my dressing. She took one look at it and said 'you need to see a doctor'. I said that I'd given up ringing my GP – it's like trying to get into Fort Knox. She rang York Hospital, where I'd had the surgery. I was rushed back in again – it turned out it was an abscess that was just about to burst. I didn't stay in but it was drained. There was no way the nurse at the GP practice could have known whether it was a lump from the surgery or an abscess because she didn't offer to look at it. Even after I'd had my abscess drained, I had a letter from the hospital – it normally tells you what you've had done, and all it said was that it was an emergency. If I was to pass that on to somebody else, they wouldn't have had a clue what I'd had done.

“I have several chronic illnesses – I'm type 2 diabetic, I suffer with chronic pain, I suffer with arthritis, I'm asthmatic, I've had trouble with my liver because of the pain meds. I've had no checks this year. I've not had a diabetic check for a year now. I have a permanent ileostomy. I'm not the only one with a long-term condition. Luckily my asthma's under control but I know of somebody who has had trouble with their asthma and has struggled to get appointments.

“[Services] can't keep using COVID as an excuse. Yes, there's a pandemic – I appreciate that and it terrifies me. But my illnesses don't stop because of the pandemic. My stoma doesn't go back to normal. My worry is that people are going to go under the radar and problems are going to go undiagnosed.

“We can't even get to speak to our doctor at our surgery. They won't even let me into the chemist unless I have a mask on, and I wear a sunflower lanyard³ because I can't wear a mask. I'm now at the stage where I probably won't contact my GP because I get nowhere.”

³ The Hidden Disabilities Sunflower lanyard scheme <https://hiddendisabilitiesstore.com/about-hidden-disabilities-sunflower>

Social care

We have heard many accounts of workers in adult social care doing amazing work in very challenging circumstances. While people have told us they are unhappy that visiting has been restricted to protect people living in care settings, we are also hearing from family members that care homes are doing their best in a difficult situation, looking after their loved ones, and responding to people's needs.



The staff are kind, caring and very interested in [my husband] and treat him like a loving relative. I could not ask for better staff who are always there for me in this horrid time and they know that we are both broken-hearted about being apart after meeting at 13 and being married for 56 years.

#BecauseWeAllCare response, Woman, 65 to 79, September

In October, Healthwatch England, in partnership with the Association of Directors of Adult Social Services (ADASS) and the Care and Support Alliance, wrote to the Secretary of State for Health and Social Care expressing concern about the guidance on visits to care homes.¹

The letter stated: "The absence of visits for older and disabled people in residential homes is having a profoundly detrimental effect on their health, welfare and wellbeing. Prolonged isolation is detrimental to all of us. For those who lack capacity or who are at the end of their lives, it is particularly devastating."

In North Yorkshire, visiting to care home settings was suspended during October. It was reopened to designated visitors early in November, a situation which was expected to continue in line with updated Government guidance.² North Yorkshire County Council, working with representatives including people who live in care homes, co-produced recommendations to support people who live in care to stay connected with loved ones in a COVID-secure manner.³

'Already fragile'

The Care Quality Commission's annual assessment of health care and social care in England, State of Care,⁴ says: "The impact of COVID-19 on adult social care has been severe. Care homes in particular have borne the brunt of a disease that disproportionately affects older people and those with multiple conditions and care needs. Adult social care staff have worked hard to keep people safe, but the sector, already fragile, has faced significant challenges."

Feedback and information from the Healthwatch network featured prominently in the *Think Local Act Personal* report understanding the impact of COVID-19 on people who access care and support,⁵ which was published in October. This included increased pressure on unpaid carers with the suspension of respite and day services, shortages of PPE and testing, plus issues with care home residents accessing general practice.

¹ Healthwatch England, October 30, 2020 <https://www.healthwatch.co.uk/response/2020-10-30/call-better-guidance-care-home-visits-read-our-letter-government>

² Gov.UK, November 4, 2020 <https://www.gov.uk/government/news/new-guidance-to-support-safe-care-home-visits-during-lockdown>

³ North Yorkshire County Council, November 2020 <https://www.northyorks.gov.uk/visiting-care-homes-during-coronavirus-covid-19>

⁴ Care Quality Commission: State Of Care 2020 <https://www.cqc.org.uk/publications/major-report/state-care>

14 ⁵ Think Local Act Personal, October 2020 <https://www.thinklocalactpersonal.org.uk/assets/TLAP-TIG-report-on-Covid-19.pdf>

Peter's story

Peter, 96, who is living with dementia, has been at a residential home in Ryedale for the past two years. His daughter Jo tells us about the effects of the pandemic on his care and his family's ability to plan for his future.

My Dad was an intellectual man – a writer and documentary film director. He lived independently with family support until he was 95 and was aware of his encroaching dementia, starting when he asked his GP to refer him to the memory clinic at the age of 91.

In 2018, due to his increasing dementia but incredible mobility (he used to ride London buses all over the place and go for long walks in the forest) we thought he needed to enter residential care and he agreed, as he would be nearer three of his four children.

A lady with a dog used to take him out twice a week for drives, coffee, to her house to spend time with the dog and to "Musical Memories" events. I saw him usually twice a week – either bringing him home for the day or going to medical appointments, to watch the cattle market in Malton, haircuts, the cinema etc. A chiropodist and a music therapist used to visit him at his residential home. Every month my brother and his wife came for a weekend and spent time with him, and he saw his grandchildren and great-grandchildren as well as friends when they were staying with us during holidays. Until late 2019, he often stayed the night with us too.

He would often remark that really he wanted to die, as he had had a good life but it was over – however, all the activities gave him many moments of pleasure, and the talk and stimulation helped him engage, though his dementia was progressing and his mobility deteriorating. Before but particularly since the lockdown in March, the care home has provided him with great support. We were also fortunate that his companion lady also worked in the care home and was able to organise some FaceTime video calls with the family.

We were even more fortunate when the restrictions eased and the home was allowed to organise garden and window visits. It was well controlled – booked appointments for only one family member at a time, lots of hand sanitiser and staff setting out benches at more than two metres apart. This got worse after the summer, when in the name of "opening up" visits to care homes there were Government restrictions to one named visitor only. Also, masks were compulsory, even in the garden, so it made it even harder for him to recognise us.

Recently we heard that the care home was to close for good. This was very sad and alarming news as he is settled there and we have built a good relationship with his carers, who we trust. However, apart from erratic FaceTime calls and garden visits when the weather was good, I've hardly seen him. I have been unable to sit with him in his room and make any kind of assessment of his needs or wishes. My Dad gave all four of his children power of attorney for his welfare and we presumably have a legal as well as a moral right to make the best decisions for him but this is very hard without the chance of any meaningful contact.


If he moves to an unfamiliar environment, it will be a "leave him at the door" situation under current arrangements, without family support to settle in. We are hoping that the busy staff will have time to communicate and form a relationship with us as we are to a certain extent his ambassadors, but under current circumstances this will probably be more difficult on both sides.



Support workers

In our outreach work we have been told by people receiving support in the community that although they found the start of the pandemic difficult, it has now become easier to manage as support workers have been able to return to work, and have been adapting to using video technology to provide support. We have also heard about services replacing broken utilities, laptops, and broadband to help those in need.

We have heard from a number of social care workers, and some are feeling let down. We have heard of tension between staff and management, with conflict over how the rules should be interpreted. Others have told us how they have struggled to access the necessary PPE (personal protective equipment) – in some instances PPE has become scarce, while for others it has taken a while for their management to supply it.

 Social care was ignored at first, [we've been] left to obtain the training for PPE until it was offered last week. We and other agencies sourced our own training as this is important. Offers of assistance in home care was not good and this sector keeps people out of hospitals. [Our] PPE was reduced due NHS being a priority!

#BecauseWeAllCare survey response, Woman, 65-79, August

Unpaid family carers have been particularly hard hit. Feedback from within the voluntary, community and social enterprise sector outlines how many carers are anxious about going out for fear of bringing COVID-19 back into their homes. In many situations, respite breaks have been suspended too, making it harder to carry out activities outside the home or to take a break if the person they are caring for can not be left. This is also contributing to complex family situations, especially when schools have been closed, meaning that homes have been more crowded and young carers have found it particularly hard to get away and get a break.

Access to support

Since March, North Yorkshire County Council has been working alongside district councils with 23 community support organisations (CSOs) to co-ordinate a volunteer effort to make sure nobody felt alone or went without food and other essentials during the pandemic.

These organisations became single points of contact for anyone who needed help with food deliveries, prescription pick-ups, or simply a friendly face and a chat. This network continues to help anyone who needs it.¹

We have heard that the work of volunteers from a variety of organisations has made an incredible impact during the pandemic:



I have issues with depression and anxiety but usually manage okay with keeping occupied and work and spending time with friends. I didn't have to shield but was working at home and became really anxious on the few occasions I went to the supermarket. I couldn't get online deliveries and was starting to panic about getting food as I have IBS and need a specific diet.

I got chatting to a lovely lady from Mind who put a leaflet through my door for the help hub and she spent an hour sat with me in the garden just chatting and said she could arrange some gluten and dairy-free food the following day and said someone from the hub would then ring me and get me a shopping volunteer for as long as I needed. I honestly don't think I would've come out the other side completely sane without them all and it was a relief that someone was looking out for me the whole time.

#BecauseWeAllCare response, 25-49, Woman, Scarborough, September

It seems the need is as strong as ever for volunteers to support the authorities in offering practical support to vulnerable people. In November, people in North Yorkshire were urged to sign up to support local health services as NHS Volunteer Responders – and those who have previously registered were urged to come back into service.²

This March, the scheme recruited 360,000 active volunteers. NHS Volunteer Responders work with people who are vulnerable to the virus, helping them to stay well by staying at home. They also directly support the NHS by delivering equipment and supplies, providing patient transport, and directing patients at NHS sites. New ways to support the NHS are due to be announced shortly.

¹ Healthwatch North Yorkshire News, August 6, 2020 <https://healthwatchnorthyorkshire.co.uk/news/county-council-offers-safety-net-to-vulnerable-people-as-shielding-restrictions-eased/>

² Healthwatch North Yorkshire News, November 9, 2020 <https://healthwatchnorthyorkshire.co.uk/news/nhs-volunteer-responders-old-and-new-urged-to-step-forward-to-support-north-yorkshire-services-during-covid-19-pandemic/>

Mental health

In our last briefing in July, we highlighted that mental health was a major area of concern. People missing face-to-face contact, struggling with isolation, and loneliness were common themes in our feedback in the early stages of the pandemic and the lockdown restrictions.

Accessing support was another major issue at the start of the pandemic as carers and support workers were less able to meet with those they support, but this seems to be less of an issue now for most people we have heard from.

We have heard less – although definitely still some – accounts of people missing face-to-face interactions and experiencing feelings of loneliness in the recent months, likely due to the lifting of restrictions for a period and community groups growing increasingly accustomed to online technology.

We have heard how important online meeting platforms, such as Zoom, have been in keeping people connected, with community groups organising events such as Zoom discos and quizzes. These activities are a vital lifeline for many:



The only thing that has kept me going is Zoom meetings.

Focus Group with Disability Group, Man, Selby, October

We have heard numerous examples of groups adopting previously unfamiliar technology to bring people together; in July, Scarborough & Ryedale Carers Resource received a grant to help tackle loneliness, which was used to set up a peer support group for about 60 older unpaid carers to meet every fortnight to enjoy a few hours of respite from the daily responsibilities of caring for a family member at home.¹

Staff at Carers Resource wasted no time in arranging one-to-one calls with each group member to review what access, if any, they already had to the internet, and what support and equipment they needed to ensure they stayed connected with the peer support group and its activities. Staff and volunteers from the charity spent hours on the phone, helping carers learn how to use their online devices. Those without devices were provided with Amazon Kindles they could use to get online and carers without internet access were given dongles so they could connect.

The impact of COVID-19 on mental health is hard to measure. There are some clear impacts which can have a detrimental effect on mental health, such as people being less able to meet with others, but other aspects are less material and hard to quantify. Recent research has found that more than eight in 10 UK adults have experienced stress because of the pandemic.²

¹ Healthwatch North Yorkshire News, July 22, 2020 <https://healthwatchnorthyorkshire.co.uk/news/unpaid-older-carers-in-scarborough-go-digital-to-stay-in-touch-with-friends-and-family/>

² Mental Health Foundation: Coping With The Pandemic <https://www.mentalhealth.org.uk/news/coping-with-the-pandemic>

During this very difficult period, at Healthwatch North Yorkshire we have kept our phone line and email inbox staffed to gather important feedback and provide vital signposting to sources of support.

We have observed a marked increase in the number of calls and emails from people who are distressed, and that these tend to be of a greater intensity than they were at the time of our previous briefing in July.

As someone in one of our focus groups told us when asked how they have been finding it compared with the early months of the pandemic:

While initially difficult, there was some belief that this would be a short-lived thing at the start, and therefore it was easier to manage with, but as the realisation that 'it's not going anywhere anytime soon' has sunk in, it has become harder.

Focus Group with Disability Group, Woman, Selby, October

In October it was reported that employing one Social Prescribing Link Worker services across the three GP practices in Tadcaster and Rural Primary Care Network (PCN) has enabled a new cohort of patients to be identified and supported in ways more suited to their needs.³

Community First Yorkshire, which has produced a Social Prescribing and Community-based Support Guide and toolkit for organisations, said: "[Social prescribing] has been increasingly recognised, in particular during this period of changes to lives as a result of the COVID-19 pandemic."

³ Healthwatch North Yorkshire News, October 19, 2020 <https://healthwatchnorthyorkshire.co.uk/news/social-prescribing-guide-launched-as-covid-19-pandemic-drives-need-for-a-different-kind-of-support/>

Test and Trace, testing and official information

Since July we have received many comments and queries relating to NHS Test and Trace, COVID-19 testing, and Government guidance about the pandemic. Most of the sentiments have been negative. A common theme has been that guidance from the Government has not been clearly communicated, and more could be done to ensure people are aware of the latest advice.

It is confusing with the local restrictions in place. The ward 'Craven' in Bradford is under local lockdown but the district of Craven in North Yorkshire is not and it is confusing knowing what you are allowed to do and how you are allowed to interact with people in neighbouring areas.

Engagement Meeting, Anonymous, Craven, October

The most common issue raised with us has been one of confusion around testing and people struggling to get tested for COVID-19. People have not had clarity on how to order a test; we have heard of issues regarding the recording of tests, and there has been confusion about when to get tested. Further to this we been receiving reports of people struggling to get home test kits with people being told of a lack of availability.

...struggled to book Covid-19 testing, having been advised by NHS 111 that I should get a test as symptomatic. I have been on the NHS and gov.uk website and have been unable to book to get a test without travelling more than 60 miles.

Phone, anonymous, Pickering, October

Testing sites

Feedback we have been receiving from people trying to book a test has indicated some people are being directed to testing sites that are a distance unachievable by many. In one instance, a North Yorkshire resident was given an option of an appointment in Aberdeen.

Being unable to get a test has been a major problem for people who need a negative test before they are able to receive medical treatment; in September we heard from one person who had been trying for several days to book a test ahead of a pre-transplant assessment.

A mother called and told us: her daughter has been told she needs a COVID-19 test prior to a lung transplant assessment in hospital next Monday. They have been trying since the Monday before the appointment to book a test for Thursday, but they keep hitting brick walls online, and on the phone.

Currently the advice is that no home tests are available and people should try "later" when more "may become available". Website also advises no drive-through tests are available despite being listed for the local area in the coming days. She needs the test to be able to have her transplant assessment but has not been able to book one for a day and a half. There is no indication on any platform as to when more tests, either drive-through or home, will be available.

Phone, Woman, September

Mobile testing sites, which appear in a variety of locations across North Yorkshire,¹ have also been a source of confusion, with members of the public being unable to identify the testing facility once arriving at the location identified by their satellite navigation system.

NHS Test and Trace

At the end of September, people in North Yorkshire were urged to use the NHS COVID-19 smartphone app to help control the spread of coronavirus and protect themselves and their loved ones, with infection rates rising.² Healthwatch England said the development of the app had addressed questions it had raised with the NHS about how people's data would be collected and stored.³

We have heard about a lack of follow-up through the Test and Trace system. Someone who had tested positive for COVID-19 told us they had not been asked who they had been in contact with. Someone else who knew they had been in contact with people who had tested positive for the virus said they not been contacted and told to isolate by Test and Trace staff;



A friend contacted us to say that she had tested positively for COVID-19. Given that we were in close contact with her 48 hours before she had any symptoms, we expected a call from one of the contact tracers to confirm what we should do... although she received a call to confirm that she had tested positive, she had not been requested to provide names and contact details of people she had been in contact with.

Having checked the process we should follow on the Government website we understand what we must do (self-isolate for 14 days from the day of our last contact with our friend) but how many people don't or simply ignore because there is no request to do this from the Test and Trace service contact tracer? Clearly time is of the essence in halting the spread of the virus but the Test and Trace process appears to be less than robust and on occasions actually puts others at risk?

Email to Healthwatch North Yorkshire, September

We received an update four days later informing us that their friend had since entered hospital for treatment, but there had still been no follow-up from Test and Trace.

Steps have since been taken to improve the contact-tracing process in North Yorkshire, with trained staff from the the county council's Customer Resource Centre taking on responsibility for contacting people who have tested positive to trace their contacts – if the national service had been unable to make contact with them within 24 hours.

¹ Healthwatch North Yorkshire: How to get tested for coronavirus in North Yorkshire <https://healthwatchnorthyorkshire.co.uk/news/how-to-get-tested-for-coronavirus-in-north-yorkshire/>

² Healthwatch North Yorkshire News, September 25, 2020 <https://healthwatchnorthyorkshire.co.uk/news/people-in-north-yorkshire-urged-to-download-the-nhs-test-and-trace-app/>

³ Healthwatch North Yorkshire News, August 19, 2020 <https://healthwatchnorthyorkshire.co.uk/news/healthwatch-says-new-contact-tracing-app-addresses-privacy-concerns/>

Dentistry

Dentistry is one of the most common areas of concern for people who contact Healthwatch North Yorkshire. Prior to the COVID-19 outbreak, we were hearing on a regular basis from many people who were struggling to find a dental surgery taking on new NHS patients in North Yorkshire.

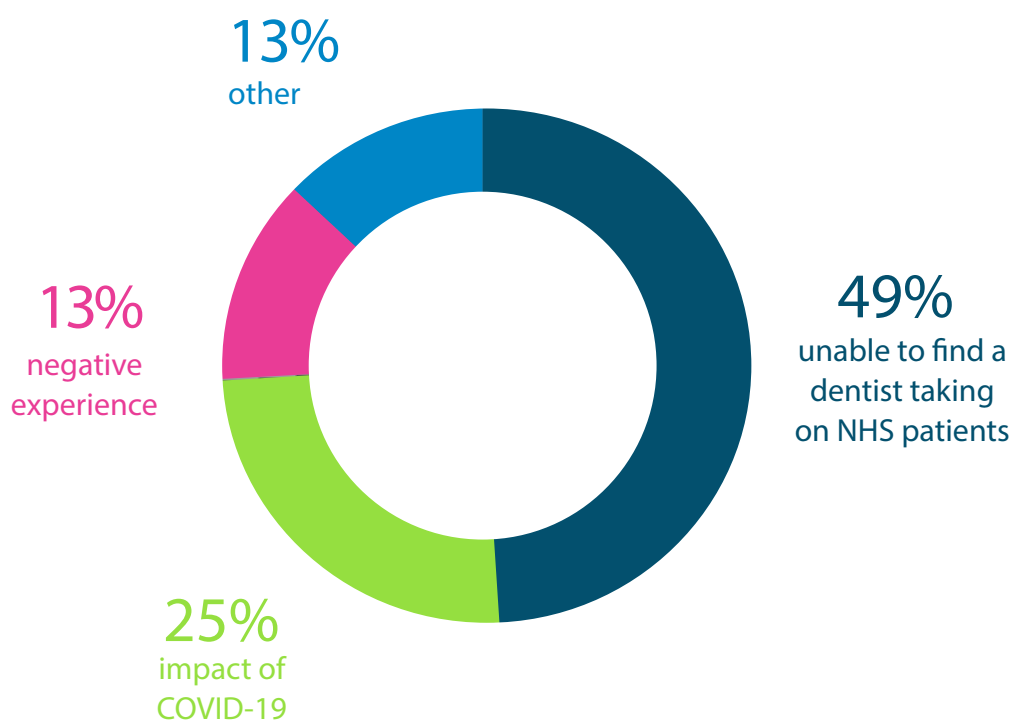
This situation has undoubtedly been exacerbated by the effects of the COVID-19 pandemic. The NHS has issued guidance outlining the impact of infection-control restrictions on patients, including the prioritisation of patients who need urgent attention and longer waiting times for routine care.

We have experienced an increase in queries from people unable to access NHS dental care, and we have been sharing the advice that anyone with an urgent dental issue should telephone their dental practice (or any NHS practice if they don't have a regular dentist) to be triaged, with face-to-face appointments made available for anyone who needs them.¹

Feedback

In October, Healthwatch North Yorkshire provided feedback on the situation to the NHS Dental Commissioner for Yorkshire and the Humber. NHS dentistry is becoming a matter of growing concern for Healthwatch nationally, and we have also been working alongside Healthwatch England and the local network.

We outlined to commissioners in October that in the previous 12 months, we had received 59 pieces of feedback regarding dentistry:



¹ Healthwatch North Yorkshire: Are you trying to find an NHS dentist in North Yorkshire? <https://healthwatchnorthyorkshire.co.uk/news/are-you-trying-to-find-an-nhs-dentist-in-north-yorkshire/>

We have heard from individuals who have been waiting two, six, and in one case even 10 years for a place with an NHS dentist in their local area. In other cases, we have individuals who are travelling hundreds of miles to see a dentist as they are unable to access care closer to home.

My husband and I moved here from York 2 years ago and we have been unable to find a dentist that will take NHS patients in this time. We have been on the waiting list for nearly as long as we have lived here and I check regularly but we are getting no closer to being seen.

Email, Sherburn in Elmet, July

A significant proportion of our calls regarding a lack of available dentists come from people seeking help in finding a dentist. We have found that the online NHS search service² is usually not kept up-to-date by local practices.

Another major area of concern is the impact that COVID-19 has had on services, which has reduced the availability of appointments. The feedback on this has been mixed, with some members of the public expressing understanding, while others are frustrated. We are also hearing of cases where the increased challenges due to the pandemic have put people's treatment plans on hold, including ongoing cases:

I am still waiting to have my tooth taken out, in hospital. I have had an infection now since after Christmas. The dentist can only check me, and make sure that I am alright. [I'm] in so much pain.

Comment to Healthwatch North Yorkshire, September

Additional appointments

In addition to the many people who have been unable to register in their area, the closure of Bondgate Dental Practice in Helmsley in September left people who had been registered as NHS patients without a local surgery.

In the wake of the closure, patients were informed they would be receiving information regarding how to make alternative arrangements. However, they were given generic advice, including to use the online NHS search function – effectively leaving them with no alternative provision.

Following representations made to the regional dental commissioner by Healthwatch North Yorkshire on this issue, NHS England wrote to former Bondgate patients informing them that three local practices had been instructed to provide additional appointments solely for those who had been registered with the closed practice in Helmsley.

² NHS service search: Find a dentist <https://www.nhs.uk/service-search/find-a-dentist>

Conclusion

Healthwatch North Yorkshire would like to thank all the people and organisations who shared their experiences and feedback with us, without whom this COVID-19 briefing would not have been possible. Meeting with and hearing from the people of North Yorkshire is really important to us, and it is this information and personal stories that we share with healthcare professionals, NHS commissioners, and health and social care providers to help bring about change within treatment and care.

We are most definitely living in extraordinary times and the need to adapt our services, innovate, and work more closely, both with health and social care systems and with the public, patients, and community support organisations has never been more needed than it is now. We ask that people continue to share their health and social care experiences with us, whether they are good or bad. We are as keen to shout about the successes as we are about the challenges facing our health and social care system.



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

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