How has Coronavirus affected you?

A report by Healthwatch Waltham Forest

November 2020

healthwatch
Waltham Forest

"It's been wonderful to get to know my neighbours and see everyone pull together."

Local resident

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1. Introduction

Healthwatch Waltham Forest sought to capture the patient voice on health and care services during the pandemic. This report is based on patient experience and service user voice captured, using a survey, during the period of 1st March through to 31st July 2020.

2. Background

The Global Context

COVID-19 is an infectious disease caused by a newly discovered strain of coronavirus. The COVID-19 disease is known to cause respiratory infections in humans. This new strain of virus was unknown before December 2019, when an outbreak of pneumonia emerged in Wuhan, China.

The number of COVID-19 infections surpassed that of SARS, on January 30 2020. The World Health Organization subsequently declared the coronavirus outbreak a Global Public Health Emergency. At the time of writing this report the coronavirus COVID-19 is affecting 213 countries and territories around the world.

The National Context

During a pandemic a government will seek to implement measures to restrict transmission rates and to monitor progress of infection rates. It is hoped that these combined measures will reduce the impact of a pandemic on a population. The UK Government response to the COVID-19 pandemic, included steps to improve data collection and management, and the development and implementation of an effective test, trace, and isolate system.

The UK had one of the largest epidemics of any country, when considering COVID-19 cases per head and mortality per case of infection. During April 2020, the COVID-19 epidemic in the UK showed signs of slowing down as daily reports of cases began to decrease.

COVID-19 is a new virus and there is still a lot to learn about how the virus transmits, infects, adapts and is treated effectively.

The main symptoms of coronavirus (COVID-19)

COVID-19 affects different people in different ways. Most infected people will develop a mild to moderate illness and recover without hospitalisation. Unfortunately, some people may develop serious symptoms including: respiratory problems, chest pain and loss of movement.

The common symptoms that people with COVID-19 might experience are; a fever, dry cough, and tiredness. Other possible symptoms include; aches and pains, sore throat, diarrhoea, conjunctivitis, headache, loss of taste or smell, a rash on skin, or discoloration of fingers or toes. However, some people are asymptomatic. That creates a significant challenge in managing the spread of the virus.

Public Messaging

The public messaging around COVID-19 changed during the six months of the pandemic. This led to confusion in the interpretation of the guidance. Key messaging has been reinforced with national and local media campaigns. The latest iteration of the public media campaign is; Hands, wash your hands regularly. Face, where a mask in public places. Place, keep social distancing of 2 meters apart.

The government advice is for people without serious symptoms to manage their condition at home. However, people who develop serious symptoms are asked to seek medical attention.

What is the difference between Influenza (Flu) and COVID-19?

Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus called SARS-CoV-2. Flu is caused by infection with Influenza viruses. During the cold and flu season, it may be difficult for people to tell the difference between them. Therefore, COVID-19 testing may be required to help confirm a diagnosis. This could lead to an increase in demand for COVID-19 testing.

Impact of COVID-19 on BAME communities

As more data became available on the impact of COVID-19 on communities it became increasingly apparent that the virus was disproportionately affecting Black, Asian, Minority, and Ethnic (BAME) communities. In response to the high numbers of deaths of BAME staff, the Royal College of Psychiatrists (RCPsych) produced initial guidance to mitigate risk to staff for mental health organisations in the UK. The Royal College of Psychiatrists noted that more research is required to identify the role of inequalities and discrimination played in disproportionate death rates of BAME employees.

In August 2020, Public Health England published an update on the 'Disparities in the risk and outcomes of COVID-19' report. The update highlighted stark differences in health outcomes for members of the BAME communities compared to white British people. After making adjustments for age and sex, the risk of death from COVID-19 in BAME communities is higher than that for white British people. For example, the report states that people from a Bangladeshi background, were twice as likely to die from COVID-19, compared to white British people.

BAME patients have a 6% higher mortality rate from COVID-19, than white British patients (50% mortality rate for BAME patients. 44 % mortality rate for white British patients).

BAME patients are more likely to be admitted to critical care than white British patients. In intensive care units, black and minority ethnic patients are four times more likely to die from COVID-19 than viral pneumonia. Asian patients are three times more likely to die from COVID-19 than viral pneumonia.

Locally, Ursla Hawthorne, co-chair of Waltham Forest Stand Up to Racism, stated that; "Decades of racism has meant that Black, Asian and Minority Ethnic (BAME) communities face discrimination in employment, education and housing, leading to lower pay and poorer health for these groups. These are also factors which contribute to people dying from COVID-19."

Ursula went on to say that; 'we believe that the task of creating a more just, equal and compassionate society begins now, through acts of solidarity, unity and resistance.'

Culture, Housing and Diversity

Ethnic minorities are more likely to live in intergenerational households and overcrowded accommodation (overcrowded being defined as more people than bedrooms). Living with multiple occupants increases the risk of COVID-19 transmission and infection. It also makes self-isolation more difficult.

According to the National Institute for Health Research and the University of Bristol research in August 2020, 30% Bangladeshi, 16 % Pakistani, and 12 % of black households experienced overcrowding, compared to 2% of white British household. The report suggests that Bangladeshi and Pakistani families were more likely to live in multi-family households. Whereas Bangladeshi, Indian and Chinese communities were more likely to have older people (over 65) living with children in the same household. The report notes that BAME communities are more likely to be living in rented accommodation.

Important local differences in ethnic inequalities indicate the need for localised initiatives and learning from areas that have made progress.

Local Context - Waltham Forest Council

Waltham Forest Council are committed to working with local partners and diverse communities, 'to ensure that all of our residents, organisations and businesses have the information they need to take responsible action to protect their health and that of our most vulnerable residents' (walthamforest.gov.uk).
The council website has a dedicated Coronavirus COVID-19 section that consists of information, advice, guidance and support for residents. The section also has a COVID-19 dashboard that is updated on a daily basis.

Leader of Waltham Forest Council Cllr Clare Coghill said in a message to all residents, "Coronavirus is changing by the day and we are aware that people in Waltham Forest will be feeling concerned. Please be assured that as a Council, we are taking every step to prepare for an increase in confirmed cases of the virus and ensure that the vital services that you rely upon will continue to support residents during this difficult time."

Advice for residents on the Coronavirus Outbreak and Tackling Coronavirus together

There are some people who are at greater risk of severe illness from COVID-19 and for these group, it is very important that they take preventative measures.

The groups at most risk are:

- Those who are pregnant
- People aged 70 or under 70 with an underlying health condition (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds)
- Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- Chronic heart disease such as heart failure, kidney disease, liver disease, such as hepatitis, neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- Diabetes
- Problems with your spleen including sickle cell disease or if you have had your spleen removed
- People with a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- Seriously overweight people with a BMI of 40 or above

Waltham Forest Response to COVID-19

The Waltham Forest Outbreak Control Plan is underpinned by the National Principles for outbreak planning and is structured around the National Guidance. In Waltham Forest, the Outbreak and Control Plan included mechanism to plan for, prevent and manage outbreaks in the best way possible for residents.
The Waltham Forest Outbreak Control Plan has three defining principles; community engagement (including communication), prevention and review and improve.

1.   Community Engagement
The local authority and partners have issued a joint community statement that demonstrates a clear commitment to managing the pandemic. This approach involves; translating core messages into top 5 community languages spoken in the borough, provision of targeted prevention information and webinars for schools, faith based communities, community voluntary sector and the business community.

2.   Prevention

Waltham Forest has a combined focus on 'active prevention', including; training, information and guidance for communities, businesses and schools. The three core elements of this approach are; infection prevention training, infection audits and promotion of best practice, and identifying potential risks of local infection.

3.   Review and Improve

COVID-19 is a relatively new virus and as national guidance changes, scientific understanding and data improves the system response will adapt to include any developments.

3. Methodology

This report reflects the experiences of residents in Waltham Forest. The information was captured via an online survey which was promoted to local residents via our communication channels including our website and social media. The promotion of the survey was supported by our local networks and partners.

4. Strengths & Limitations

The report is a summary of the qualitative and quantitative data shared by local residents. It provides a unique snapshot of people's experiences during the COVID-19 outbreak.

It should be noted that Healthwatch Waltham Forest would normally conduct outreach by engaging with residents at a variety of community hotspots across the borough. However, due to Government COVID-19 restrictions, we have adapted our engagement strategy to be delivered remotely which must be taken into consideration when reviewing the findings.

5. Executive Summary

This report is based on the feedback of 101 people, who completed the survey between April and July 2020.

This is a summary of key themes and issues captured within the report (see sections 6 – 13 for findings in full).

Key Findings: Themes

Physical Health

- Almost a third of respondents (30%) may 'possibly' have contracted the virus, with 18-24 year olds the most likely as a group.
- Those with disabilities or mental health conditions cite the poorest levels of physical health – by a significant margin.
- Concerns about infection risk and safe social distancing are widespread.

Health and Care Services

- Almost half of the respondents (47%) indicate some level of disruption to services, with accounts of cancelled or delayed treatment or tests.
- A lack of clarity from services has resulted in anxiety for many.
- A notable number of people have cancelled their own appointments, with infection risk a key concern.
- Feedback about GPs, including on accessibility and support is mixed.
- Online consultations have 'exceeded expectations' on the whole.
- NHS 111 receives a notable volume of praise, for phone and online services.

Mental Health and Wellbeing

- Major contributors to poor mental wellbeing are uncertainty about the future – notably jobs, finances and the welfare of others.
- Younger people may be particularly at risk, with concerns about graduation and future prospects prominent.
- Those with social support networks, activities and routines are more resilient than those without.
- Services such as talking therapy have proven value, however restriction to remote appointments has discouraged uptake.

Wider Determinants (Relationships)

- Many people feel isolated from family and friends, though technology has greatly helped.
- Household relationships are more likely to have become strained.
- The ability to volunteer or contribute has lifted the self esteem of many.

Wider Determinants (Environment and Finances)

- Those with gardens or access to outside spaces appear to be more resilient.
- A significant number of people (22%) report reduced earnings and 19% have no disposable income, after paying for essentials. Several groups (BAME, 18-24, those with disabilities or poor mental health) are adversely affected.

Communication and Digital Technology

- The vast majority of respondents (97%) find it 'definitely' or 'somewhat easy' to find clear and understandable information. However, there is criticism over the clarity and consistency of communication.
- Most people have access to smartphones, computers and internet, and the vast majority are comfortable with their use. Those with mental health conditions are significantly disadvantaged, compared with others.

Equality Check

When compared with White/White British respondents, we find that those from BAME backgrounds are more likely to:

- Have 'possibly' contracted Covid-19.
- Have a stated long term health condition.
- Be worried about their own health.
- Be worried about the health of friends or family members.
- Be worried about jobs or finances.
- Have lost earnings and income.
- Have internet through a mobile phone.

And less likely to:

- Have a stated mental health condition.
- Have a stated caring or parenting responsibility.
- Have access to disposable income.
- Feel sad about not having access to leisure and facilities.
- Own or have access to a smartphone.
- Own or have access to a laptop computer.
- Have internet at home.

Analysis of Feedback

This report is based on the feedback of 101 people, who completed the survey between April and July 2020.

Our analysis (sections6 - 13) presents findings around physical health and experience of services; mental health and wellbeing; personal and family relationships; environment and finances; communication and digital technology.

We analyse feedback as a whole, and also look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.
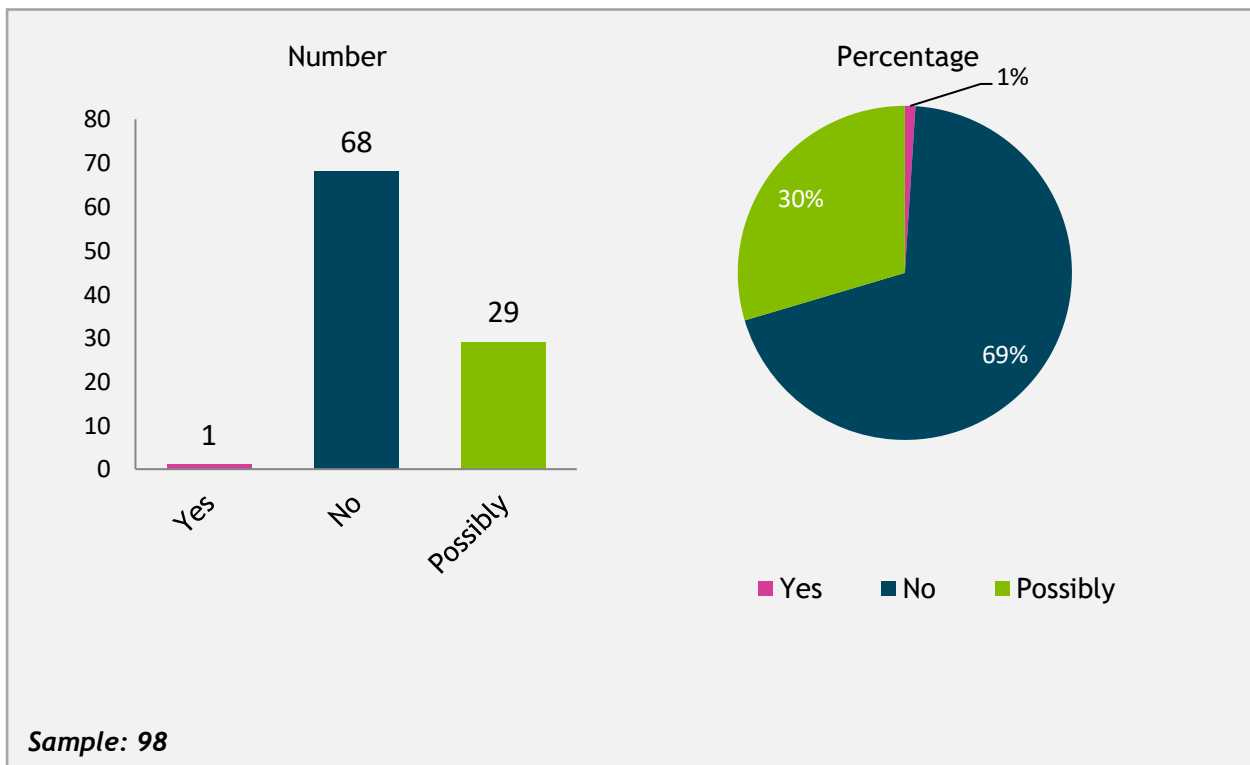
6. Physical Health and Experience of Services

In this section, we explore issues around infection risk and shielding, stated physical health conditions, and analyse feedback on service related experiences.
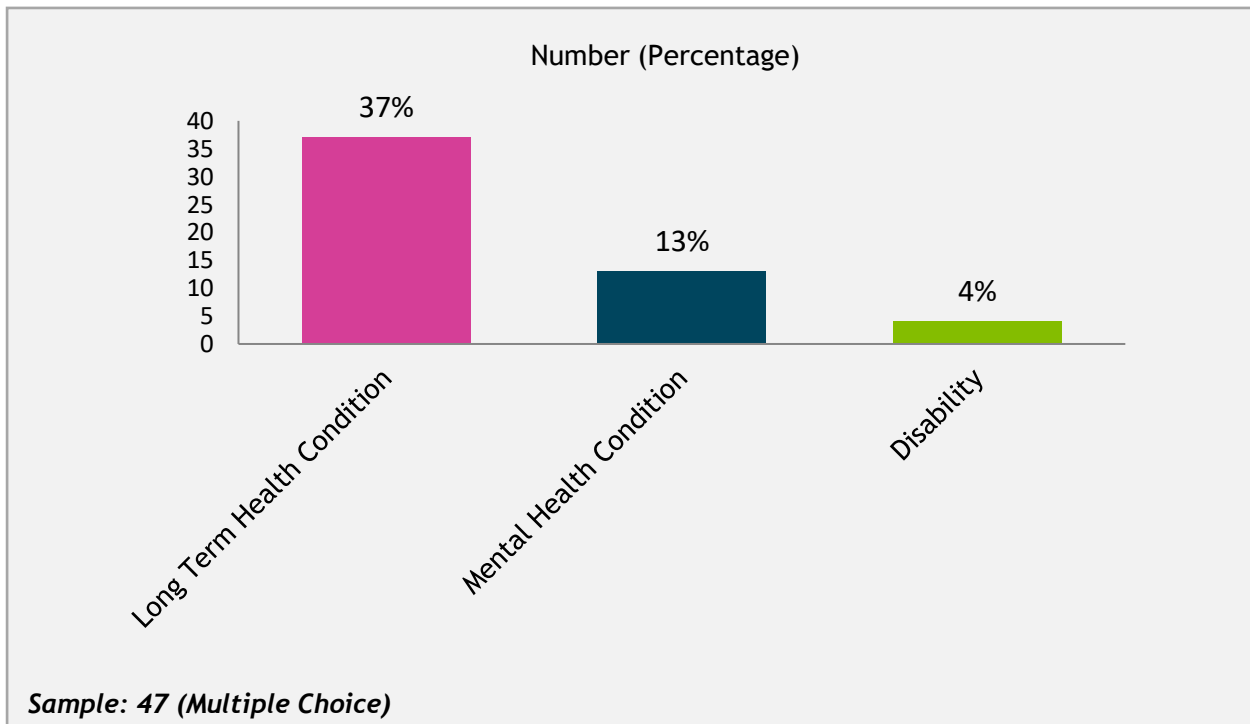
6.1 Physical Health

We began the survey by asking people whether they felt they had contracted the virus.

6.1.1 Have you had Coronavirus/Covid-19?

Sample: 98

Almost a third of respondents (30%) feel they may have 'possibly' contracted COVID-19.

6.1.2 Stated Conditions

Number (Percentage)

Sample: 47 (Multiple Choice)

Almost half of respondents (47%) indicate they have a long term physical or mental health condition, or a disability.

The most commonly stated conditions are Asthma (14 respondents) Diabetes (8) and high blood pressure (5). Lesser mentioned conditions include Cardiovascular, Chronic Obstructive Pulmonary Disease (COPD) and Cancer.

6.1.3 Overall, how would you rate the state of your health these days?

Sample: 101
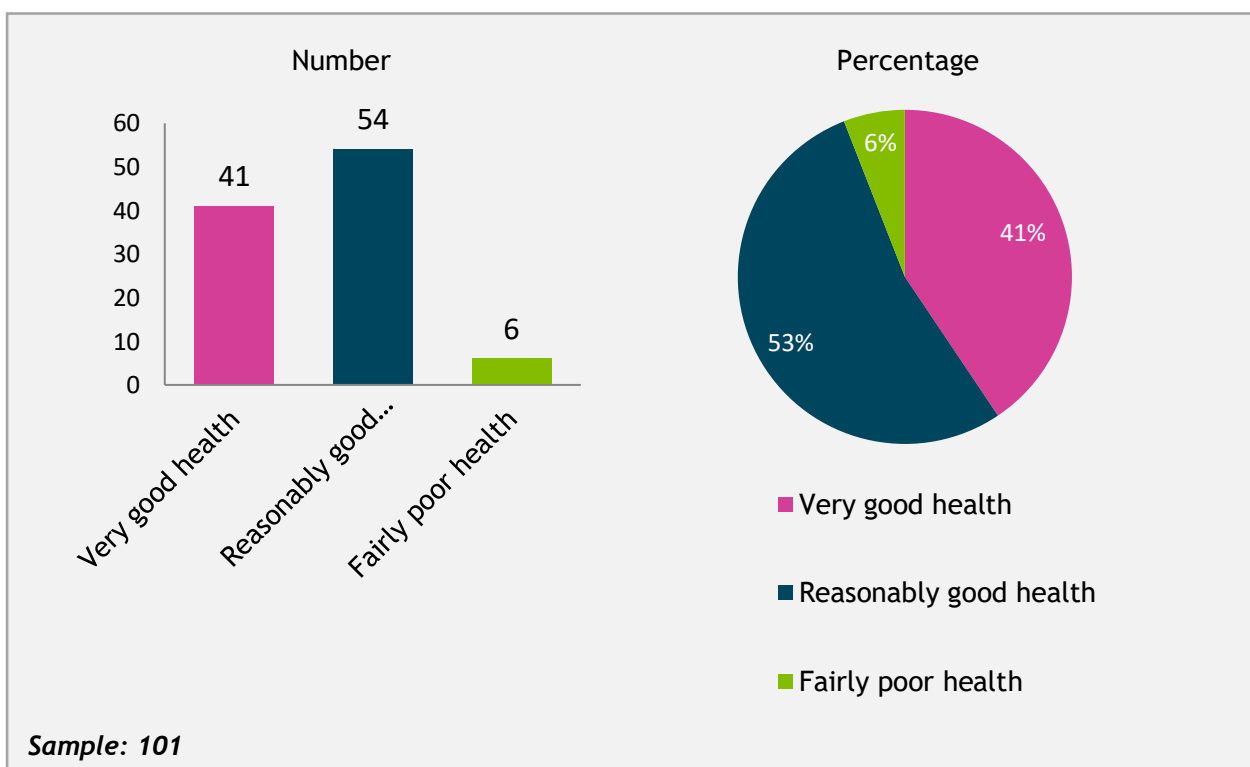
When asking respondents about their health generally, the vast majority (94%) report 'very or reasonably good' health, with 6% indicating 'fairly poor' health.

Impact on Specific Groups

We look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

6.1.4 May have 'possibly' contracted COVID-19.

All respondents (baseline)	30%
Mental health conditions	33%
Long term conditions	35%
Carers/Parent Carers	41%
Aged 25-49	41%
BAME respondents	48%
Disabilities	50%
Aged 18-24	75%

We find that those aged 18-24 are most likely to have 'possibly' contracted COVID-19.

6.1.5 In 'reasonably or very good' health.

All respondents (baseline)	94%
Aged 25-49	93%
Long term conditions	89%
Carers/Parent Carers	85%
Mental health conditions	53%
Disabilities	25%

Findings suggest people with mental health conditions or disabilities are least likely to be in 'reasonably or very good' health.

6.2 Infection Concerns & Social Distancing

A significant number of people express concern about contracting the virus, with many choosing not to leave the house, or make unnecessary trips. One person

notes that the ability to be tested, and to receive a result would do much to alleviate anxiety.

While some observe good social distancing, most of the feedback is critical– with varied accounts of guidance not being followed. Those working on the front line, such as in care homes, feel particularly exposed to infection.

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<div style="background:#e5007d;color:white">**Selected Comments**</div>

"As advised, I avoid leaving my home as much as possible, not even to exercise, as I found it quite difficult and anxiety-inducing to avoid everyone else who was also outside."

"People should respect the 2 metre boundary when out and about. Too many times people just walk past you like everything is normal. People still walk in groups on the pavement taking over the space especially when there are others on the same pavement walking the other way. Everyone should be walking in single file."

"I am saddened by the irresponsible behaviour of the healthy who do not adhere to requirements in wearing masks – this makes me feel I can't even go out to the local post office with my mask on. I do not feel safe at all - it was my first attempt to go out. I am self employed, if I get sick there is no-one to pay my mortgage or bills etc."

"I rarely go out at all because others are not careful when out walking, whether on pavements, in the forest or elsewhere."

"I would like to know whether I have had the virus. Knowing I was ill but not having a diagnosis causes me anxiety."

"As I work in a care home I feel more exposed - I also have to walk to work."

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6.3 Shielding

Few people comment on their experience of shielding. A local resident suggested that being contacted by their GP was critical in addressing uncertainty.

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<div style="background:#e5007d;color:white">**Selected Comments: Shielding**</div>

"I think the information has been reasonably clear but I was never sure to what extent I was one of those vulnerable patients until my practice got in touch with me about two weeks after lock down."

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6.4 Experience of Services

Initially we asked people if they felt the pandemic has affected their access to services.

6.4.1 Do you feel that Coronavirus/Covid-19 has affected your access to healthcare for other conditions?

Number (Percentage)

Sample: 47 (Multiple Choice)
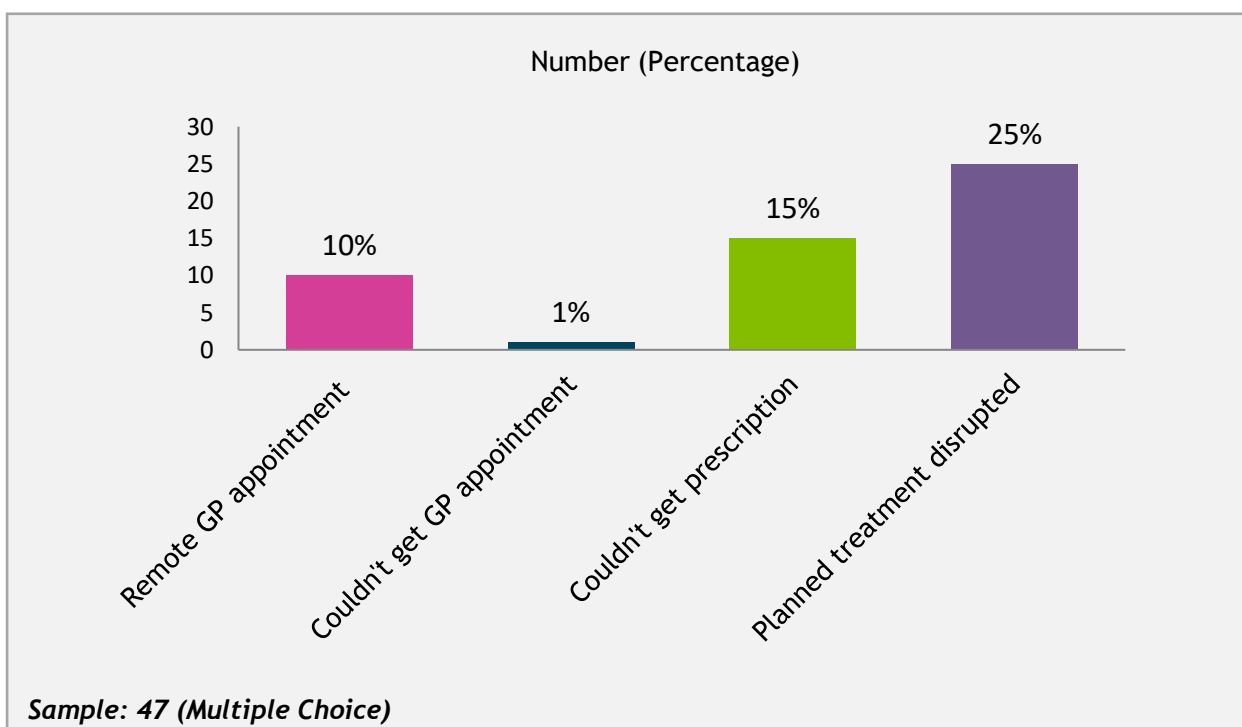
Almost half of respondents (47%) indicate some level of disruption. A quarter (25%) say that planned treatment such as surgery has been cancelled or delayed, while 15% experienced difficulty in obtaining prescriptions or medication. 10% suggest that their GP consultation was available remotely only.

A wide range of cancelled services are cited, with examples including dentistry, smear and other tests, immunisations and surgery. Some people say that cancelled surgery has left them temporarily disabled, while anxiety – especially for parents is commonly reported.

We also hear that service users themselves have cancelled their treatment or testing, due to infection fears.

Selected Comments

"Dental hospital appointment cancelled for me and my son was due to get his brace removed but it hasn't happened. I'm also due a smear test."

"My child needs her immunisation."

"I am temporarily disabled waiting on a new knee, due to lockdown all appointments cancelled."

"GP and consultant access has worked by phone but I have not been able to see a dentist and worry because I feel I have a hole in my tooth and it will just be a bigger problem if left untreated. It's very stressful not knowing when that can be sorted out."

"My daughter developed a lump on her head. The GP was fantastic, & referred us for an ultrasound but the hospital has cancelled this. Obviously as a mother I'm extremely worried about this."

"I avoid medical facilities to avoid virus contact."

"I needed my 6 monthly blood pressure check but didn't want to go near the surgery."

*"I have delayed seeking advice or treatment for something that is bothering me."*

Below is a breakdown of experiences of services during the pandemic, such GPs, NHS 111, hospitals, pharmacies, and maternity and parenting.

The findings focus on what has worked well, and what could have worked better.

6.4.2 GPs

We asked those who attended remote GP consultations to identify the method used.

6.4.2a How did you access your remote GP consultation?

Sample: 33
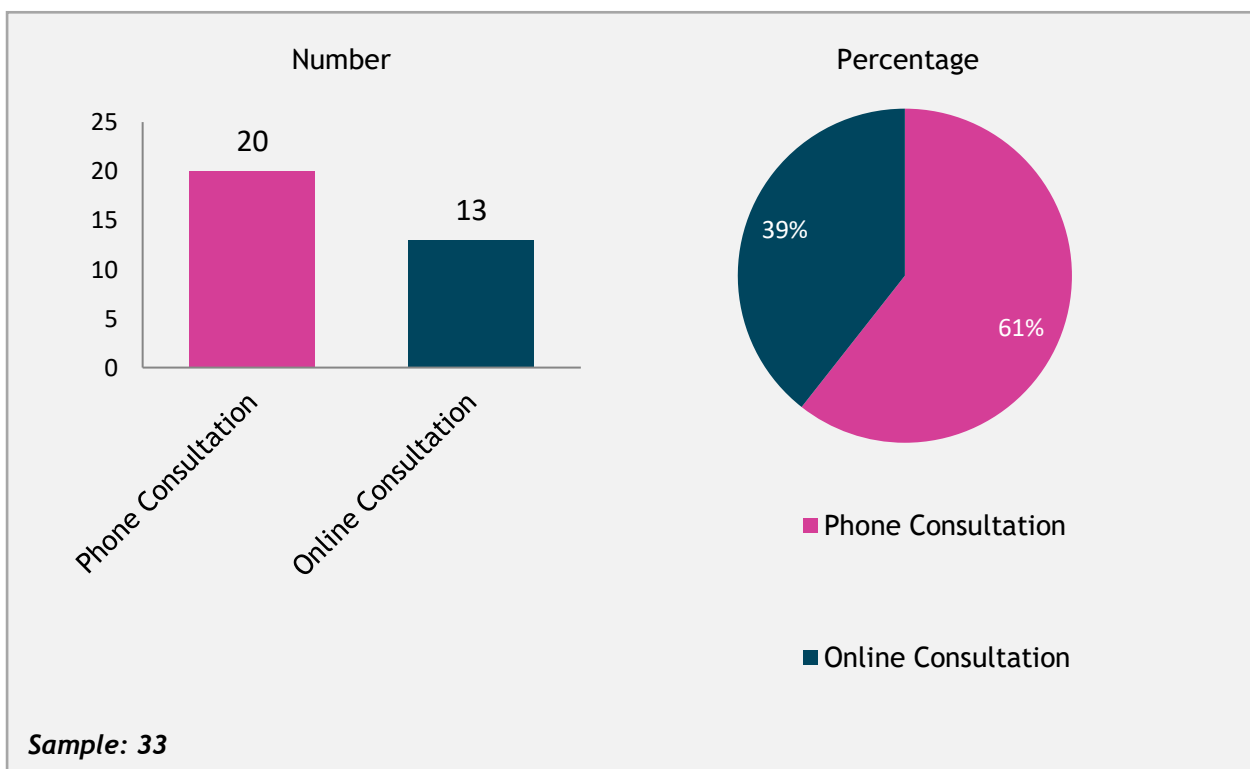
Of the 33 respondents, around two thirds (61%) had phone consultations, with around one third (39%) indicating online appointments.

While some patients are pleased to have been seen in-person, others including parents are disappointed that this option was not available to them. We also hear

mixed reviews on punctuality – with some patients seen within a day and others waiting 'weeks' for a call.

Online services (such as e-consult) also receive mixed reviews, however feedback suggests patients are marginally satisfied on the whole, with functionality praised and examples given of 'exceeded expectations'.

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Selected Comments (Appointment Accessibility):

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Positives

"I am blessed with an excellent doctor's practice, when it was necessary, I was seen in person for one of my conditions which was getting worse. Otherwise, the online services have been excellent."

"I have had to use e-consult a few times for my children & a couple for myself. The forms are very good at asking the right questions. My GP has always been very prompt at calling me back & I never felt rushed. The help given has been fantastic, much better than I expected without a face to face meeting."

"Was happy with the online consultation and would use it again to speak with a GP."

"I called regular surgery for a suspected ear infection and was given a phone appointment within 24 hours. I also took my one year old in to see the nurse for his vaccinations."

Negatives

"I booked an appointment just before doctors surgeries decided to close their doors and was told I would get a call back and nobody did. Took weeks before I was able to speak to someone about my issue."

"No issue with getting an appointment. Happy in this instance but do feel that sometimes I would like the option of face to face appointments especially with my little one. Not everything is possible by phone."

"Did not like the e-consult/online service as I have developed a skin condition and would be better diagnosed if looked at. However, I understand why the online service was put in place and thankful for that."

On general service and levels of support, we hear accounts of prompt and efficient action by GPs.

Some patients complain of cancelled treatment and delayed referrals – in some cases with little or no communication received.

Positives

"Easy to get repeat prescription online - only one item was approved so had to call and find out why - was their error. Sorted quickly with a phone call."

"Emailed the surgery. Prompt reply to email with GP telephoning later the same evening."

Negatives

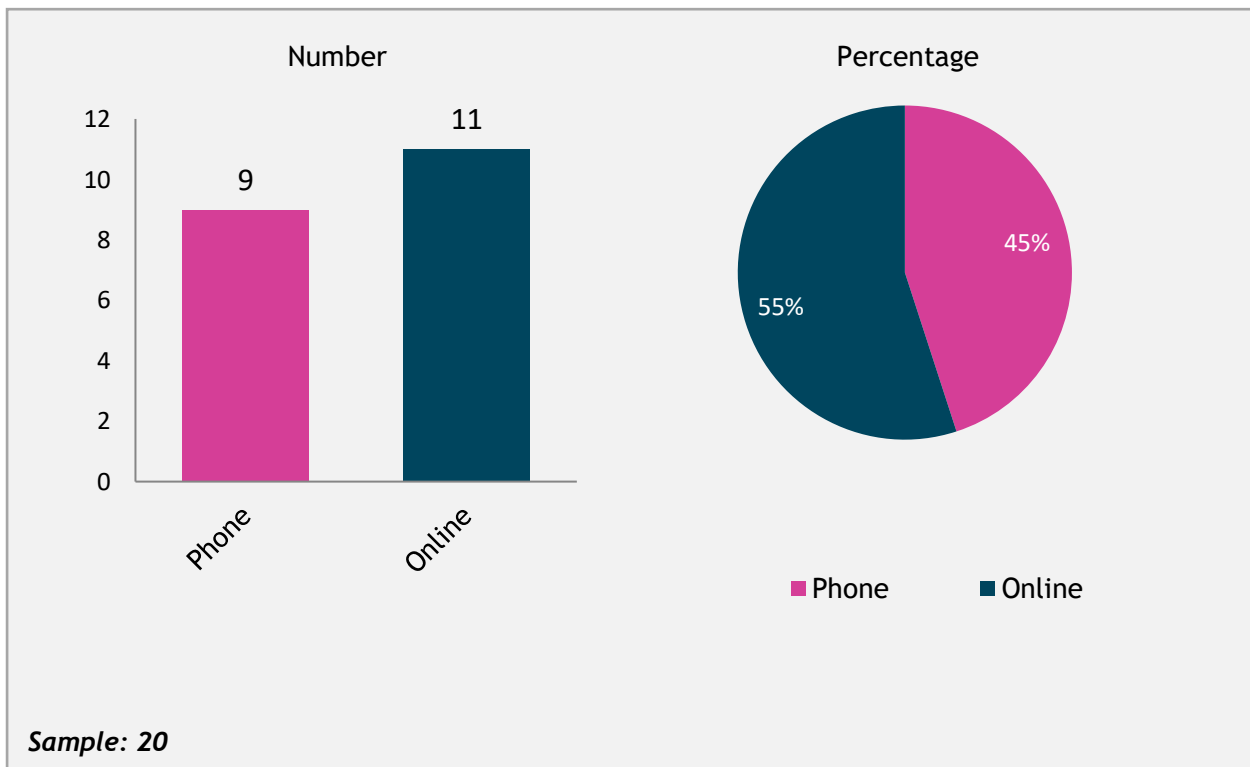*"Unable to get referral for tests when symptoms most severe."*

"Physiotherapy appointments were cancelled 'on my behalf' by the doctor. Not impressed."

6.4.3 NHS 111

We asked those who experienced NHS 111 to indicate whether the phone or online service was used.

6.4.3a How did you access NHS 111?

Sample: 20

At 55%, the online service was marginally more popular among the 20 stated users.

We hear that the service has been 'simple and straightforward' to use, with minimal waiting times and good levels of information and support. One person was pleased that the online service was able to issue a sickness certificate.

Few, if any negative comments about NHS 111 are received.

Selected Comments
Positives
"Called 111 for Covid advice for someone else relatively straight forward and did not wait long."
"NHS Online was simple and straightforward to use."
"111 were fantastic when I first showed signs of Covid. A nurse called me back & was very reassuring & informative."
"My son had Covid symptoms so we tried to get advice by using 111 online. It went through a series of questions with him then told him to isolate for 14 days & issued him a certificate for work. (Now we know he did have it as after 14 days he lost his sense of taste & smell.)"

6.4.4 Hospital Services

Many people comment on cancelled or delayed treatment and tests, with worry and frustration caused – particularly for those unable to make contact with the service.

One person, experiencing a good service at A&E was frustrated at not being tested for Covid-19 during the visit. Few people leave positive feedback about hospitals.

Selected Comments
Negatives
"Physiotherapy on hold, x-ay not done for broken shoulder recovery, no face to face therapy. I am unable to book it."
"My left knee is giving grief and I had an MRI scan on 30 March which shows a complex tear in the cartilage but I cannot be referred until the crisis is over."
"I have had issues but have been unable to get hold of the specialist or his secretary over the phone."
"It has not affected me, but my partner had a hospital appointment cancelled which has made him very concerned about his high blood pressure and leg problems. There is not really anything we can do about it (he has spoken to GP but not much they can test or do over the phone)."

General

"I had to go A&E when my symptoms of the Coronavirus were getting too serious. I first called NHS 111 about what to do and they advised that I should go to the A&E since the symptoms sounded serious. I was at the A&E for about 4 hours, but they did not test me for the virus. They just gave me painkillers for the chest pains I was experiencing. They also told me to self-isolate and my family to self-isolate. I had to call NHS 111 again after 2 days since I still felt really ill and breathing comfortably was still hard. NHS 111 said I can go to the A&E again but I did not go this time. Overall, the experience at the A&E was good but I did not come home with a straight answer as to if I was infected with the virus or not since I did not get tested at the A&E."

6.4.5 Pharmacies

We hear that prescriptions and over-the-counter medicines have been difficult to obtain for some, especially during the early stages of lockdown. One person says it took 'four pharmacies and lots of queuing' to acquire a prescribed asthma inhaler.

Lack of delivery is also an issue, with those having to collect worried about placing themselves, or their cared for at risk as a result of the journey. Those visiting services leave mixed reviews, such as on waiting times.

Selected Comments

Positives

"I got my repeat prescription. But I did not have to order it in person or online since it is automatically ordered monthly. My daughter went to pick up my prescription for me and she said that the wait at the pharmacy was not as long as she expected. The service at the pharmacy was good."

Negatives

"Unable to get over-the-counter medication during the first few weeks of the pandemic."

"The asthma nurse contacted me and helped arrange an e-prescription. It was very difficult to obtain my inhaler. It took four pharmacies and lots of queuing - perhaps I could have jumped the queue with my NHS badge but I felt bad doing this."

"I had to collect my medicine as pharmacy would not deliver."

"Getting prescriptions delivered was not easy."

"Would be better if I didn't have to go out to sign for my medication(Tramadol) as we are shielding my daughter who is on immuno-supressants."

6.4.6 Maternity and New Parents

Those using midwifery services are complimentary, including on appointment accessibility and waiting times. One person says the 'Calm App' has helped with anxiety and sleeping. Delays at other services, such as community nursing are noted.

Selected Comments

Positives

"Midwife consultation was good, didn't have to wait too long. I have used the calm app which has helped with anxiety and getting to sleep."

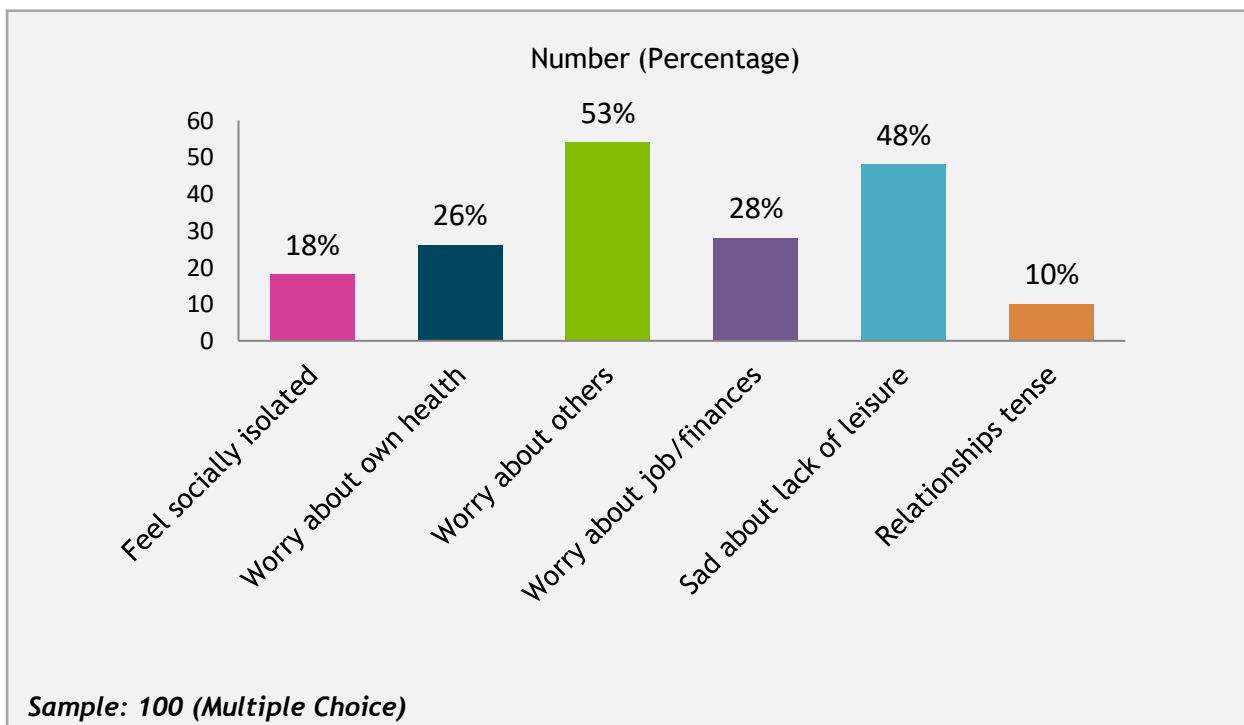*"I have had 2x appointments with my midwife, one over the phone, one face to face which have both been fine."*

Negatives

"I was having weekly appointments with the wound clinic to redress and assess a wound I have, as I'm pregnant."

7. Mental Health and Wellbeing

We asked people if they felt that the pandemic has affected their mental health and wellbeing. A range of multiple-choice options was presented.

7.1 Do you feel that the Coronavirus/COVID-19 pandemic has affected your mental-health and well-being?

Number (Percentage)

Category	Percentage
Feel socially isolated	18%
Worry about own health	26%
Worry about others	53%
Worry about job/finances	28%
Sad about lack of leisure	48%
Relationships tense	10%

Sample: 100 (Multiple Choice)

Over half of respondents (53%) are worried about the health and wellbeing of others, while half this number (26%) express concern for their own health. A lack of leisure and activities, such as ability to take a holiday has impacted almost half of people (48%) while a significant number (28%) worry about jobs or finances.

7.2 General Experience

Accounts of stress, anxiety, irritability and lack of sleep are common and some people say they are eating or drinking excessively. Key contributors to poor mental wellbeing are uncertainty about the future – notably jobs, finances and the welfare of others, and it is noted that the inability to socialise with family or friends makes it more difficult to relieve stress. One person is disappointed that their personal welfare is not checked on by others.

Many people say that hobbies have helped with their mental health and wellbeing, especially activities related to exercise – such as yoga or walking. Having access to personal space, such as the outdoors is also commented to be beneficial.

Some have found it easier to cope over time, with social networks including 'mutual aid groups' a source of support and reassurance.

Selected Comments
Positives
"I try to use yoga and meditation to help with mental health issues."
"I go for long walks in quiet streets or to parks/fields on my own which gives me physical exercise and mental peace. The beautiful weather during the lock down has helped my mental well-being."
"I was very anxious at the start of the pandemic, but I think things have settled down. The local mutual aid network has been great for helping with this - social contact with neighbours and advice and tips (e.g. what time supermarkets are quiet)."
Negatives
"I suffer anxiety, disturbed sleep, irritability, reduced concentration."
"The unknown is difficult. No real plans for the future. Hard to feel positive about life when everything is taken out of your control."
"I have had stress due to lack of work, social activity and this leads to over eating."
"I am just worried about my family and my financial situation. I was really struggling but have had to try and not think about it otherwise it just gets me down."

> *"There is low-key mental health support in being able to meet up with friends, which I'm definitely missing."*

> *"Concerned about elderly relatives."*

> *"I would like someone to check in with me rather than me having to ask for mental help support always."*

7.3 Education & Employment

While some people experience a reduced workload and with it, improved mental wellbeing, others find that hours have increased – in some cases substantially.

Younger people, such as students are concerned about the ability to graduate and acute worry is expressed about future employment and housing opportunities. Those on furlough are also worried and some say that the lack of working routine such as interacting with clients or exercising while working has affected their 'balance and peace'.

Selected Comments

Positives

"I feel better than I ever have before as I'm not worked to the bone and under high stress actually."

Negatives

"Due to these times as a distribution worker my hours have gone beyond normal expected hours and no weekends or rest."

"Emotional instability after being put on furlough."

"I am a university student so my exams/assignments have been more stressful as I have less access to resources. As I am in my final year I am stressed about finding a job and getting money and becoming homeless due to not finding a job."

"Student - I'm worried about failing and not graduating (the ceremony has already been cancelled). I will not get a job as there will probably be a recession and I will be poor forever."

"I just need to get back to work so I don't have to worry about my finances. My work and social interaction with my regular clients also give me physical exercise and mental balance and peace."

7.4 Services and Support

Cognitive Behavioural Therapy (CBT) services are largely praised, with good accessibility observed – either online or by phone. One person notes that previous CBT has helped them to cope during the pandemic. Services such as midwifery are also found to be supportive.

Restriction to remote appointments has discouraged many people from using or engaging with services, with long waiting lists also cited. It is notable that some people do 'not know how to access' support for their mental health needs.

<div style="background:#f2f2f2;padding:1em;">

<div style="background:#8cc63f;color:#fff;padding:0.5em;font-weight:bold;">Selected Comments</div>

Positives:

"GP service was good. I'm using a login to access CBT that I was given through the NHS. Without it I would have struggled to manage anxiety."

"The counselling service adapted really well to a phone service."

"Anxiety increased. Felt really trapped by the situation and worried about health. I gradually felt better but without the CBT I had in the past my anxiety would have taken over me completely."

"I have up and down days, I have been put at ease by having the midwife to talk to."

Negatives

"Feeling low motivation and depression but the mental health facilities here are slim to none. I do not think a thirty minute phone call 6 times and use of an online CBT app are at all useful."

"I have not been able to access the face-to-face psychotherapy I was using, which then had to abruptly end. I have also refrained from applying to a new psychotherapy programme, because I knew that face-to-face therapies were already out of the question."

"I'm on a 2 month waiting list for support."

"Very anxious at times, do not know how to access help. Have felt very angry at times for no reason. Rolling waves of anxiety and guilt for not spending my time well."

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8. Personal and Family Relationships

This section explores relationships, including parents and children, households and wider family and friends.

8.1 Parents and Children

While parents appreciate and value the extra time spent with their children, some with additional duties, such as home schooling can find it difficult. There is also concern about a lack of social interaction and infection risks when returning to school.

Selected Comments

Positives

"I am obviously missing my family and friends and it can get a bit like Groundhog Day, but I am also really appreciating this extra time with my son, especially before we have another baby."

Negatives

"It's painful to watch my little boy struggling with lockdown and not being able to socialise. For an adult it's just a few months for a young child it's a significant portion of their life."

"I'm a carer, my husband a bus driver, with three children. Feel immense pressure when it comes to homeschooling, and guilty for exposing our children as we had to send them to school."

8.2 Households

We hear that household relationships have become stronger, but in marginally more cases more strained – especially if living conditions are challenging.

Selected Comments

Positives

"Miss swimming 3+ days a week, but my wife is my best friend."

Negatives

"Relationships with the person I stay with are sometimes tense."

"7 of us living together, 3 physically disabled, 1 bipolar, and an autistic child. Trifle tense with a few arguments."

8.3 Wider Family and Friends

There is widespread frustration at not being able to visit family and friends, with some people feeling 'cut off' and others missing the physical interaction. This can be especially difficult during social occasions such as religious festivals. We also hear that some families have not been able to attend funerals.

Technology, such as video conferencing has helped many people to stay in touch, however it is observed that those without this are at a clear disadvantage. One person notes 'an increase in correspondence' since the pandemic.

Selected Comments
Positives
"Contacting family and friends often. Using Zoom/Messenger video to chat."
"People I haven't heard from in years are contacting me, which means my correspondence has increased."
Negatives
"I feel very cut off from my extended family."
"I miss external interactions with friends, family & work colleagues."
"I cannot see my family and friends - I miss the physical contact and hugs from the children and people I love."
"It has restricted us from visiting and spending time with family, especially during Ramadan, which we spend with family a lot."
"I stay in contact with my mum on the phone but have not seen her as she is in south London & doesn't have internet or a smart phone."
"My brother-in-law died in a care home in Durham. We were not able to attend the funeral, which was very sad."

8.4 Partner

We hear that personal relationships with partners have become more challenging, and in some cases strained.

Selected Comments
Negatives
"Broke up with partner and friends are very stressed or depressed."
"Not being able to meet my partner very often - he lives elsewhere in London."

"My sexual partner does not live with me and I cannot see him (we speak on the phone, but of course that is not the same, lol)."

9. BAME Communities

Around a fifth of respondents (21) identify either as from a Black or Minority Ethnic (BAME) community, or from a non-White background.

9.1 Health

When comparing survey results with those who identify as White/White British (W/WB), it is notable that respondents from BAME communities are 25% more likely to have 'possibly' contracted Covid-19.

On looking closer at health, we find that BAME respondents are 7% more likely to have a long term physical health condition, while 3% less likely to have a mental health condition, and 8% less likely to have a caring role.

BAME respondents are marginally more worried about their own health, and the health of friends or family.

9.1.1 Impact Scale

	BAME %	W/WB %
May have 'possibly' contracted Covid-19	48%	23%
In 'reasonably or very good' health	95%	94%
Have a long term health condition	43%	36%
Have a mental health condition	10%	13%
Have a disability	5%	4%
Have a caring/parent caring responsibility	19%	27%
Worried about own health	29%	26%
Worry about the health of friends or family members	57%	53%

9.2 Wider Determinants

BAME respondents are 13% more likely to worry about jobs or finances and this anxiety is justified – as almost a quarter (24%) have lost income, comparing with 18% of those from W/WB backgrounds.

It is also striking that just 52% of BAME respondents have disposable income (money left over after paying for essentials) comparing with 86% of W/WB.

On leisure and activities, such as holidays, W/WB respondents are feeling notably more negative.

9.2.1 Impact Scale

	BAME %	W/WB %
Feel socially isolated	19%	18%
Worry about job/finances	38%	25%
Have lost income	24%	18%
Have some disposable income	52%	86%
Feel sad about not having access to leisure facilities	38%	49%
Relationships with people I share a house with are tense	10%	10%

9.3 Access to Digital Technology

Respondents from BAME communities are 2% less likely to own or have access to a smartphone, while a more significant 6% less likely to own or have access to a laptop computer, compared with those from W/WB backgrounds.

BAME respondents are less likely to have internet at home, but more likely to have internet on a mobile phone, compared with those from W/WB communities.

9.3.1 Impact Scale

	BAME %	W/WB %
Own/have access to a smartphone	86%	88%
Own/have access to a laptop	81%	87%
Have internet at home	86%	96%
Have internet on the mobile phone	86%	81%

10. Wider Determinants

In this section, we look at wider social determinants including the environment, activities and stimulation, finances and employment, and food and shopping.

10.1 Living Environment

Those with gardens or access to outside spaces recognise themselves to be fortunate. Some working from home find it difficult, with inappropriate equipment, furniture and environment cited.

On the wider environment, an increase in pests – such as rats is reported.

<div>

Selected Comments

Positives

"Isolating (especially without IT knowhow) is only bearable because I live with my husband and have a big garden."

"I cannot walk or stand for long at the moment so have relied on supermarket deliveries and the help of friends and neighbours. Compared to many I appreciate I have a nice home and garden to retreat into and a good support network."

"I am fortunate and have a garden and access to the forest."

Negatives

"Working from home has affected my lower back issues & made them worse as I'm sitting on a dining chair at the kitchen table.

" I struggle to focus working from home & prefer an office environment to get stuff done. Myself& partner are both working from home so it's difficult to manage if we both have virtual meetings with everyone else in the house."

"No real exercise, streets too busy to keep social distancing so can't get to a park. Live in very small flat without room to do it indoors so am working with my partner in one small room where we have spent months now in isolation."

"Because the nearby High Street market is closed (no stalls), the rats have had to come further away, so I've freely installed wire mesh around the drainpipe areas, by request."

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10.2 Activities and Stimulation

Many express frustration at losing their activities and routines, with some citing an impact on their lives and mental wellbeing. With exercise facilities limited, some people are also worried about their physical fitness, while others have improvised to allow exercise indoors.

Those with hobbies, such as knitting or walking are finding it easier generally.

10.3 Finances and Employment

We asked people to confirm their employment status, and to indicate whether the pandemic has affected their working or financial situation.
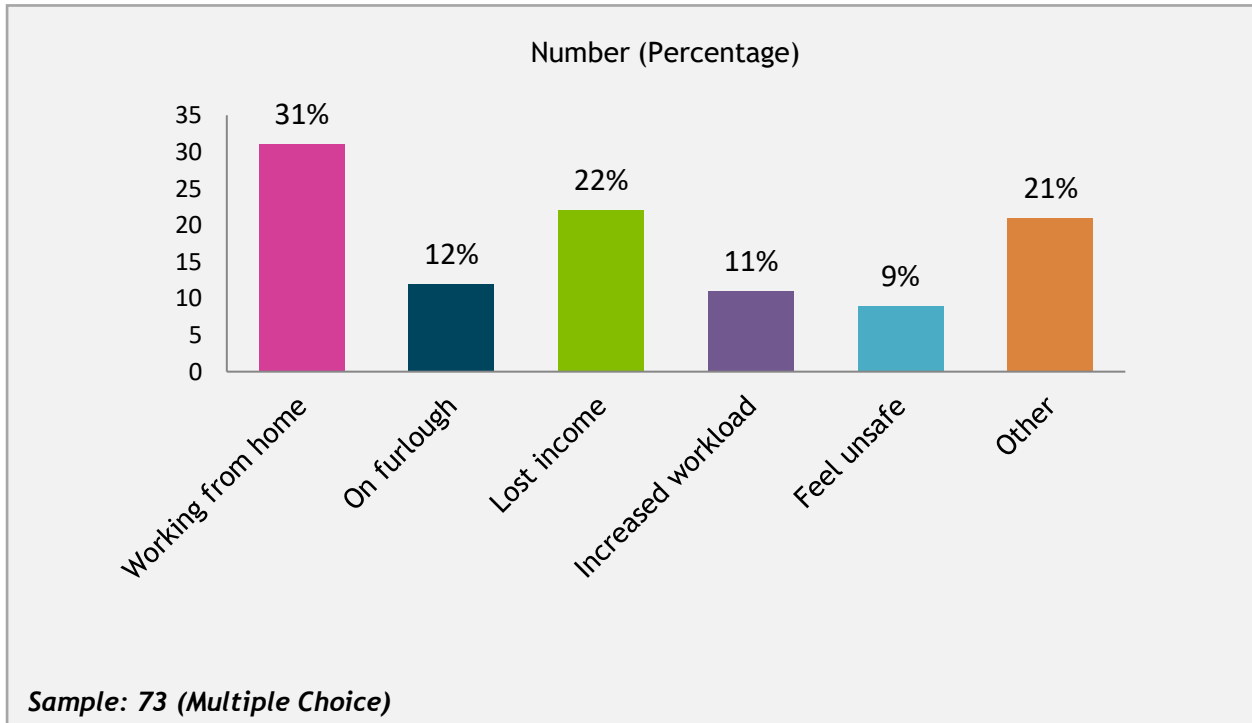
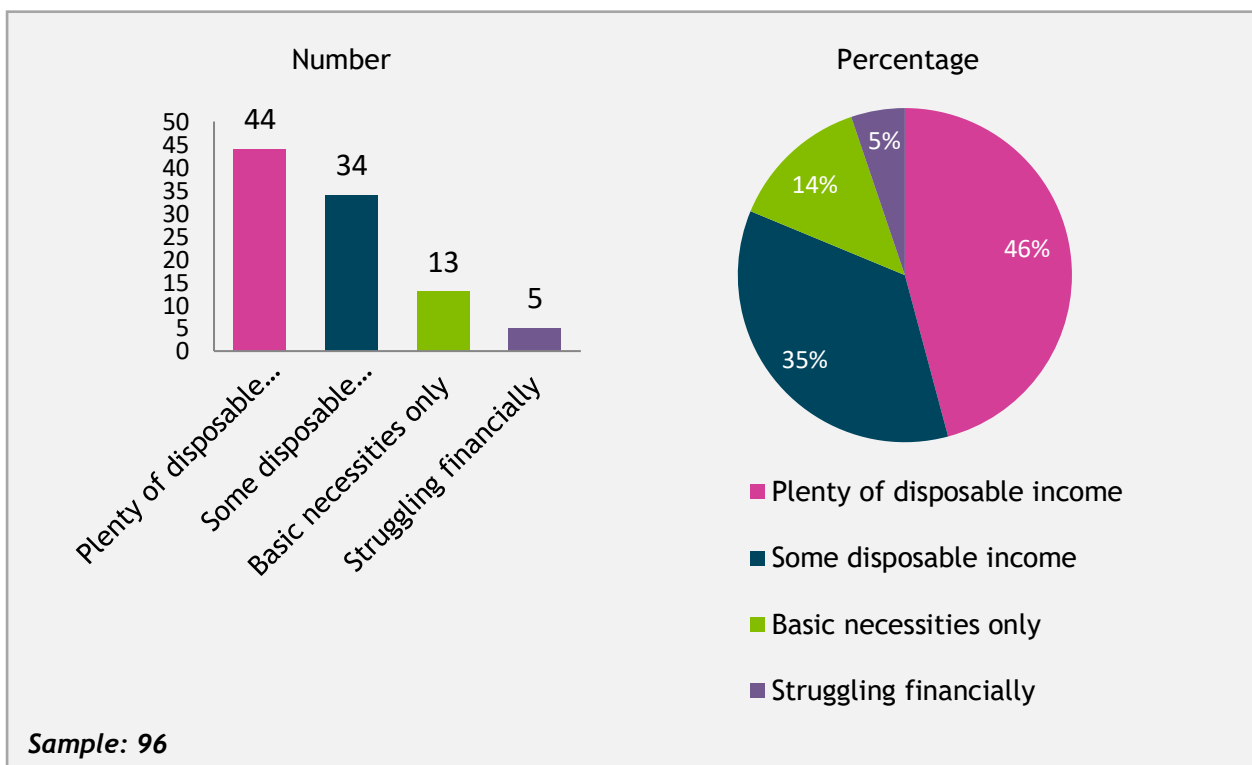### 10.3.1 What is your employment status?

Sample: 101
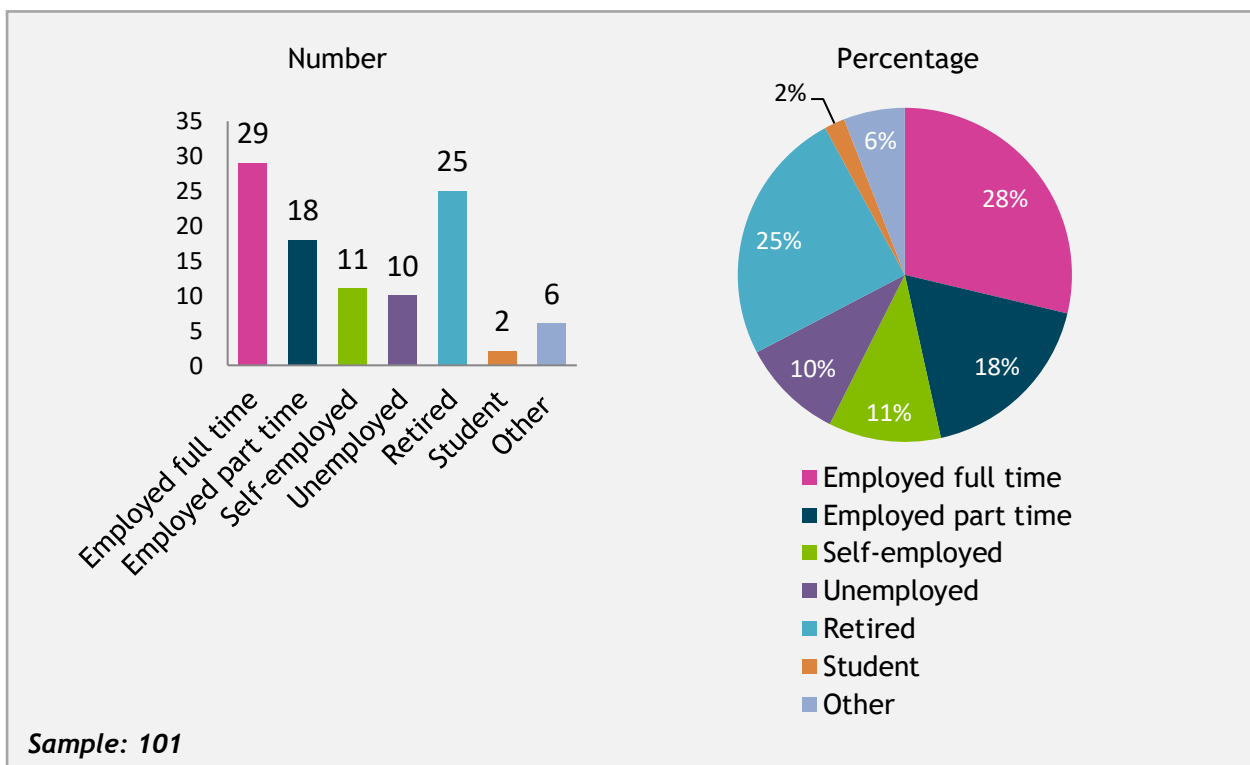
Almost half of respondents (46%) are employed either full or part time, with a quarter (25%) retired and around 10% respectively self or unemployed.

10.3.2 Do you feel that the Coronavirus/Covid-19 epidemic has affected your work?

Number (Percentage)

Working from home: 31%
On furlough: 12%
Lost income: 22%
Increased workload: 11%
Feel unsafe: 9%
Other: 21%

Sample: 73 (Multiple Choice)

When asking if the pandemic has affected work, we find that around a third (31%) are working from home and a fifth (22%) report losing income. A notable number (9%) say they feel unsafe while travelling to, or at work.

10.3.3 Which of the following describes your financial situation?

Number

Plenty of disposable...: 44
Some disposable...: 34
Basic necessities only: 13
Struggling financially: 5

Percentage

Plenty of disposable income: 46%
Some disposable income: 35%
Basic necessities only: 14%
Struggling financially: 5%

- Plenty of disposable income
- Some disposable income
- Basic necessities only
- Struggling financially

Sample: 96

While a clear majority of respondents (81%) have a level of disposable income, a significant number (19%) do not.

Those who are relatively unaffected by either work or income consider themselves to be fortunate, while a large number with reduced hours and earnings are considerably worried for themselves and their families – with self harm reported in one case.

We receive accounts of financial hardship – including mounting debts, diminishing savings, increased living costs such as electricity during lockdown, and a level of benefits that is not sufficient for basic needs.

For those looking for work, the job market is noted as challenging and a lack of childcare prevents some from working.

Selected Comments

Positives

"I am fortunate to have been able to continue to work at home and though I have been feeling unwell due to Asthma and Hay Fever throughout the lockdown, I count myself fortunate to still be earning a living."

"I am lucky that my job can be done from home and my work have been very supportive."

Negatives

"Since the start of the pandemic, I lost my job which has put financial stress on my family and me."

"Feeling very low and stressed about rent debt. Feeling very overwhelmed and not able to cope with anything difficult. Some self harm and self harm urges. This hasn't been a consistent issue before."

"I can't work due to the lock-down and haven't worked for the last 4 weeks, and being self-employed I am living off savings and still waiting to see what happens with the promised financial support package from the government."

"I can only claim universal credit which is not enough. I am worried. Especially as I also have some debt- credit cards and overdraft."

"I still get my student loan but living cost has gone up due to being indoors for longer than usual, electric/gas/food."

"As I work as a freelancer in events, all events have been cancelled so I am not earning anything."

"My work contract ends at the end of May and it is proving challenging to get another role."

"Almost impossible to work with two small kids (1&3) and no childcare."

Impact on Specific Groups

We look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

10.3.4 Have lost income.

All respondents (baseline)	22%
BAME respondents	24%
Long term conditions	27%
Aged 50-64	27%
Aged 25-49	29%
Mental health conditions	29%

On loss of income, a number of groups are marginally impacted.

10.3.5 Have disposable income (money left after paying for essentials).

All respondents (baseline)	81%
Long term conditions	73%
Carers/Parent Carers	70%
BAME respondents	52%
Aged 18-24	50%
Disabilities	50%
Mental health conditions	48%

When looking closer at disposable income (money left after paying for essentials) we find that several groups are significantly disadvantaged – this includes those from BAME communities, aged 18-24, with disabilities or a mental health condition.

10.4 Food and Shopping

Many people have been supported with their shopping needs, with assistance and advice provided by individuals, networks including mutual aid groups and front line staff such as social workers.

While online shopping is beneficial for some, others comment on the frustration of securing delivery slots and lack of choice. A shortage of some products is reported, and difficulty in obtaining healthier options such as fruit and vegetables has affected some people's health.

Selected Comments

Positives

"My husband got supermarket delivery slots often, so we offer to add items for others nearby. If it can't be delivered, we do without."

"I joined a Covid-19 mutual aid group and spoke to a neighbour on there. Through my social worker for my son she helped me with another group to arrange some shopping."

"I have donated money to the Walthamstow food bank. My neighbours and I order food for each other on online shops if needed."

Negatives

"I miss doing my own shopping and I miss having someone to talk to face-to-face."

"The only affect I have experienced is frustration about shopping delivery slots."

"It is very frustrating when someone else is doing your shopping and an item is not available because they do not know what to do and usually do nothing."

"Stressed by the difficulty of getting shopping....putting on weight as unable to access healthy food particularly fruit and vegetables."

"Shopping for elderly relatives - difficult to access some of their requirements as stock low."

10.5 Community Support

Feedback suggests that people have 'come together' as a community to offer support to those nearby. In doing so, many are now more familiar with their neighbours, and their needs. Being able to volunteer or contribute has been beneficial for many people's mental health and wellbeing.

We receive little, if any negative feedback.

Selected Comments

Positives

"Found sense of purpose and usefulness by being involved with local Scrubhub and street Covid support group."

> *"Feeling fortunate that I'm retired and financially stable. Probably drinking a bit too much. Angry with the government's continuing negligence and dishonesty. But glad I've been able to volunteer via the borough's Covid telephone support."*
>
> *"I volunteered with a homeless persons' charity, left stuff outside for a local charity and donated a bit of money to a charity. This made me feel quite good."*
>
> *"I have been in contact with many of the Mutual Aid groups to help patients unable to shop/cook etc. The groups have been wonderful!"*
>
> *"I've got to know a neighbour who has a huge amount of unmet needs."*

11. Communication and Information

This section examines various aspects of communication, in particular whether people have enough, and/or the right information, to keep safe.

11.1 Knowing What to Do, During Covid-19

We asked people if they have been able to find the information needed, to keep themselves and others safe during the pandemic.

11.1.1 Have you found it easy to find clear and understandable information about what to do to keep yourself and others safe during the Coronavirus/COVID-19 pandemic?
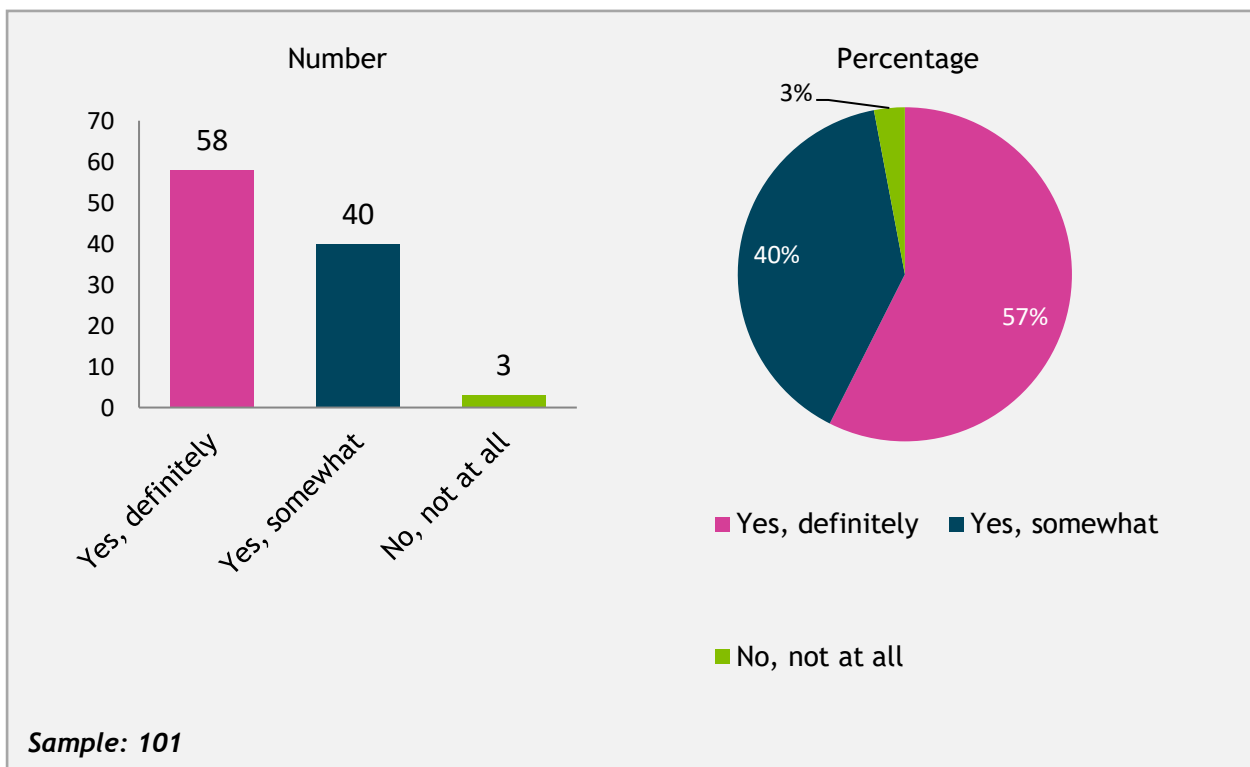
Sample: 101

The vast majority of respondents (97%) find it 'definitely or somewhat' easy to find clear and understandable information.

The most popular information sources include mainstream news, websites such as the NHS/NHS 111, BBC and World Health Organization (WHO), social media and local publicity from the council.

Both national and local sources are valued, and social media groups (such as WhatsApp) are seen as a 'valuable tool' in providing targeted information.

Repeated and constant use of simple slogans, such as 'stay at home' or 'wash your hands' have clearly influenced behaviour. The more complex 'stay alert' messaging, following easing of restrictions in July has lead to confusion - with complaints about 'unclear, conflicting and inconsistent' information common.

Selected Comments

Positives:

"World Health Organization (WHO) website is by far the clearest source of information."

"Being part of our local Covid-19 support group has helped enormously. We've been able to collate national NHS guidelines and marry them with local support."

"I have found the local WhatsApp groups to be the most valuable tool during this time."

Negatives:

"Easy to find the information around the start of lockdown. It has become less clear recently as to whether people are supposed to be isolating or not."

"Initial 'stay at home' message very clear. Current messaging baffling. Just using common sense and staying away from people rather than trying to interpret different organisations' messaging."

"It has felt like advice is changing quickly and sometimes contradictory."

"I think it's extremely important that guidance is universal, and not left to individual interpretation."
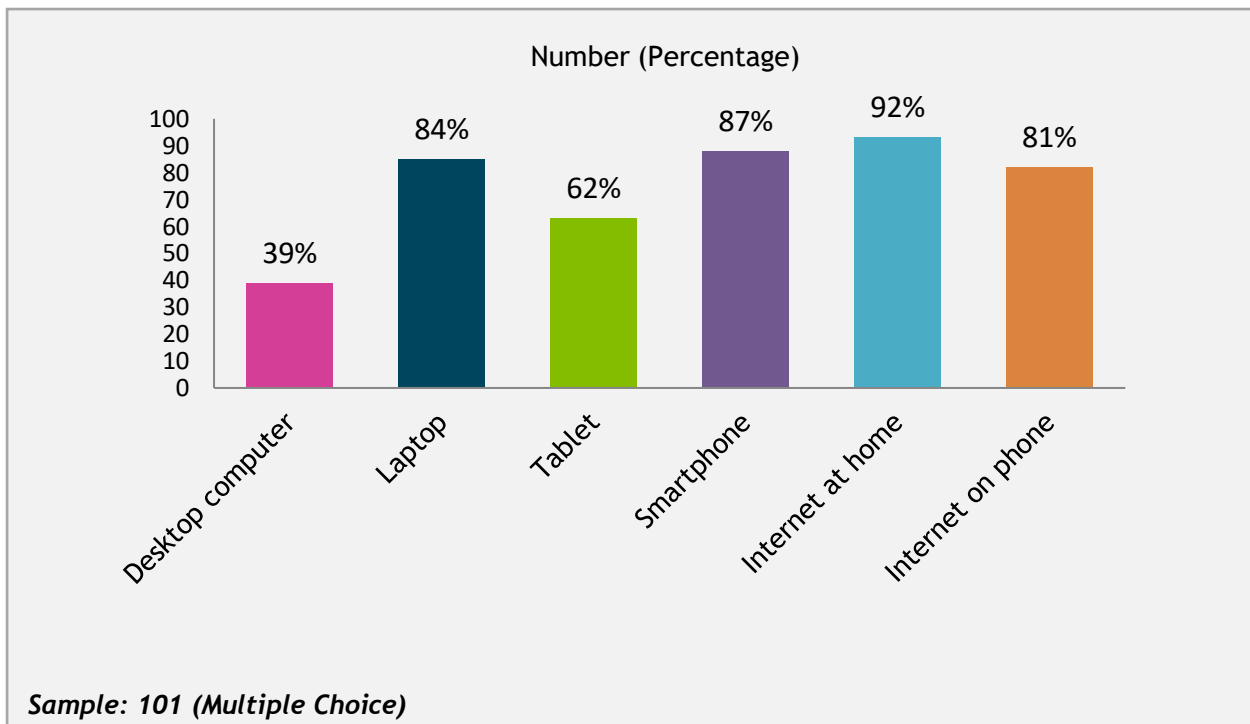
12. Digital Technology

In this section, we look at access to, and confidence in using digital equipment.

12.1 Access to Digital Equipment

We asked people which items of digital equipment they had access to at home, with multiple-choice options including desktop computer, laptop computer, tablet, smartphone and internet.

12.1.1 Do you have access to any of the following at home?

Number (Percentage)

Device	Percentage
Desktop computer	39%
Laptop	84%
Tablet	62%
Smartphone	87%
Internet at home	92%
Internet on phone	81%

Sample: 101 (Multiple Choice)

Use of smartphones and laptops are common, with ownership exceeding 80% for both. Tablets, at 62% are slightly less popular, and desktop computers at 39% the least used by respondents.

The vast majority (92%) have access to the internet at home, while a smaller percentage (81%) also have internet on their mobile phone.

Access to devices has been beneficial for 'entertainment, study and work', however one person assisting a neighbour has been 'astonished' at the difficulty of accessing services, such as sheltered housing, without technology.
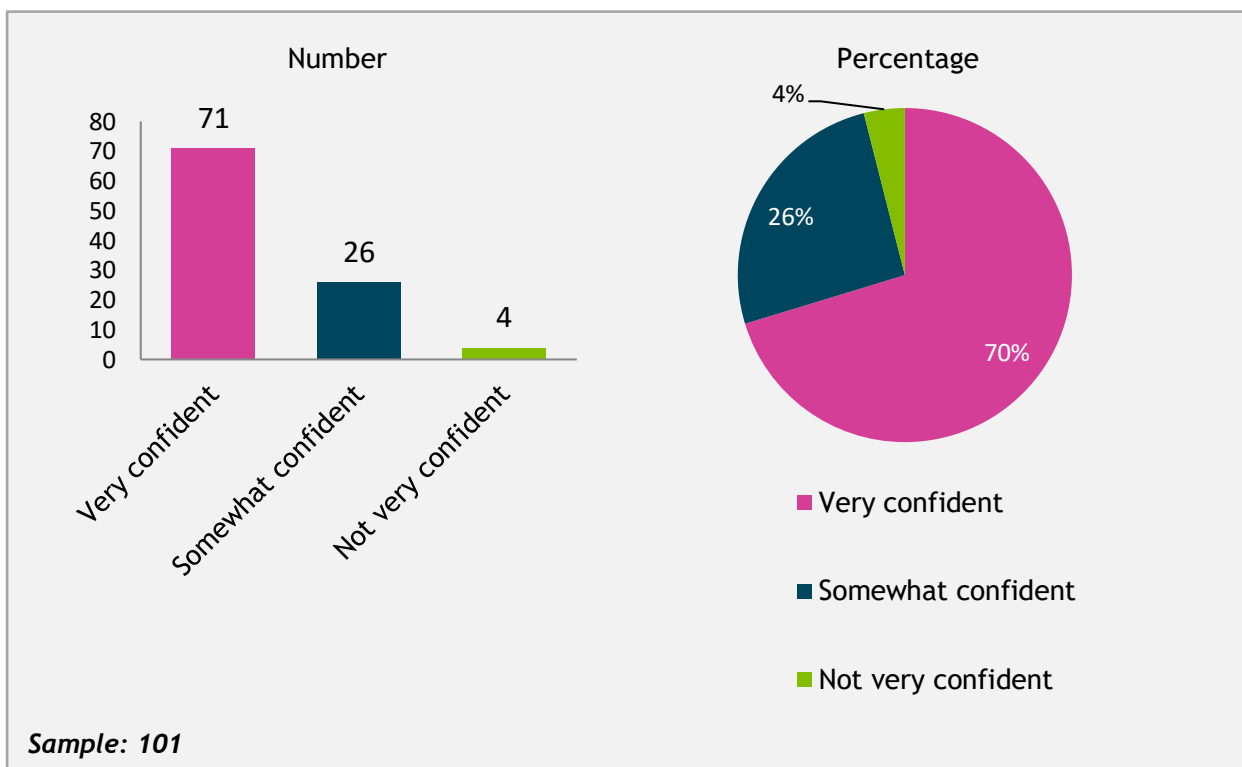
Selected Comments

Positives:

"We have multiple devices and computers. It's really helped us with entertainment, study, work."

We asked people how confident they felt to use a computer, tablet or smartphone.

12.1.2 How confident do you feel using a computer, tablet or smartphone?

Sample: 101

The vast majority of respondents (96%) feel 'very or somewhat' confident.

Impact on Specific Groups

We look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

12.1.3 Own or have access to a smartphone.

All respondents (baseline)	87%
BAME respondents	86%
Disabilities	75%
Aged 18-24	75%
Aged 65+	71%

Mental health conditions	62%

12.1.4 Own or have access to a laptop.

All respondents (baseline)	84%
BAME respondents	81%
Carers/Parent Carers	81%
Disabilities	75%
Aged 65+	71%
Mental health conditions	52%

12.1.5 Have access to the internet at home.

All respondents (baseline)	92%
BAME respondents	86%
Aged 65+	86%
Aged 18-24	75%
Mental health conditions	57%

We find that those with mental health conditions are least likely to own, or have access to a smartphone, laptop computer or internet at home. Those aged 65 and over, or from BAME communities are also consistently disadvantaged.

12.1.6 Feel 'very or somewhat' confident to use a computer, tablet or smartphone.

All respondents (baseline)	96%
Aged 50-64	94%
Long term health conditions	92%
Aged 65+	90%
Disabilities	75%
Mental health conditions	62%

Findings suggest that those with disabilities or a mental condition are least confident in using a computer, tablet or smartphone.

13. Recommendations

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

Health and Care Services: 4 Recommendations

1. Those with cancelled medical appointments, referrals and tests report on little, or no contact from GPs and services. Patients with conditions such as Cancer are especially worried. When seeking information, some have found services to be unresponsive.

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

2. Some patients have cancelled or delayed their own treatment and tests, citing fears around infection.

Suggestion: A large proportion of those avoiding services will be vulnerable, or in need of attention. Assuming that services are safe, with adequate capacity, we encourage widespread positive messaging, nationally, regionally and locally, to ensure that those who need treatment, testing and care, receive it.

3. Online consulting systems, while not desired by, or appropriate for all, have exceeded the expectations of patients as a whole - with ease-of-use and functionality praised.

Suggestion: It is well known that increased uptake of remote services will increase capacity for those most needing face-to-face appointments. We recommend that feedback about online and other remote services is encouraged, and positive stories promoted where appropriate.

4. Those with disabilities or mental health conditions cite the poorest levels of physical health – by a significant margin.

Suggestion: While nobody should be overlooked, groups with a clear and disproportionate level of need require substantial, targeted and sustained support to both improve health in the short term, and prevent longer term deterioration. We would urge services to contact patients known to them, and to encourage and enable those outside of the system to step forward for support.

Mental Health and Wellbeing: 3 Recommendations

1. Services such as CBT (Cognitive Behavioural Therapy) have proven value, however we hear that restriction to remote appointments has discouraged uptake.

Suggestion: We find that those with mental health conditions are least likely to have access to a smartphone, laptop or internet, and are also least confident in their use. While we recognise that remote services are necessary during the pandemic, we hope that a sufficient level of in-person appointments are also available, so that levels of support are adequate, effective and address some of the digital challenges that clearly exist. In addition, provision of support such as training, equipment and internet connectivity may help reduce barriers.

2. Younger people are particularly at risk of poor mental health, with many expressing concerns about graduation and future prospects, such as employment or housing.

Suggestion: Colleges, universities, social and mental health services and charities will be aware of these concerns and we hope that there is a good level of co-ordination, to ensure that younger people receive the high quality support and advice needed.

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

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

Wider Community: 2 Recommendations

1. Anxiety about contracting the virus is widespread, with varied examples of people - perhaps unnecessarily staying at home.

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

2. Financial stress is a key contributor to poor mental health and we receive worrying accounts of hardship – including mounting debt, diminishing savings, increased living costs, and a level of income or benefits that is not sufficient.

Suggestion: Given that financial advice or support is available, we hope that the local authority and agencies tasked with responsibility widely publicise what is on offer to local residents, and minimise barriers to timely access or support.

BAME Communities: Wholesale Recommendation

Findings suggest that those from BAME communities are disadvantaged, and more vulnerable in a range of key areas – including health, employment and financial security, and technology and digital needs.

Suggestion: As the evidence is clear and substantial, we recommend further investigation and review, to better understand and address issues and themes. Healthwatch Waltham Forest would like to be a core partner and stakeholder, in any such undertaking.

14. Glossary of Terms

BAME	Black, Asian & Minority Ethnic
CBT	Cognitive Behavioural Therapy
COPD	Chronic Obstructive Pulmonary Disease
WHO	World Health Organization

15. Distribution and Comment

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

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

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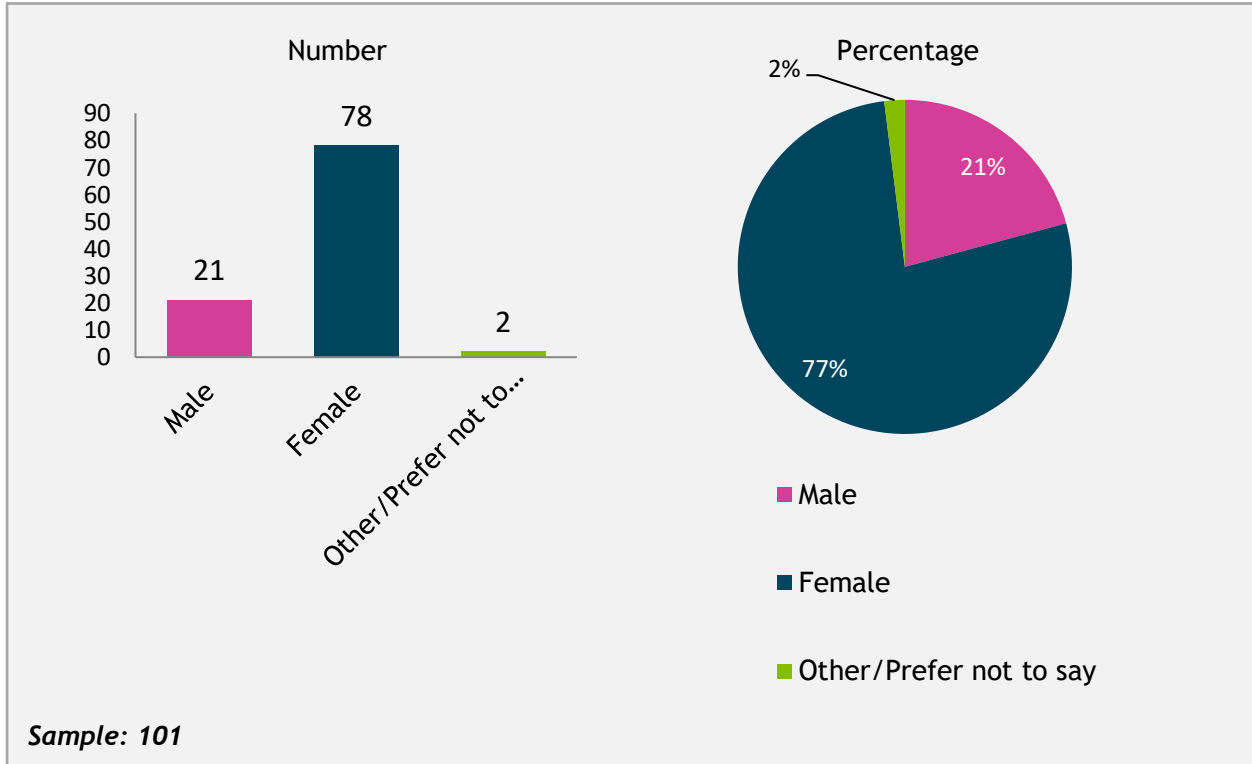www.healthwatchwalthamforest.co.uk

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Annex - Demographics

The stated demographics of participants are as follows.

What is your gender?

Number

Gender	Number
Male	21
Female	78
Other/Prefer not to...	2

Percentage

- Male: 21%
- Female: 77%
- Other/Prefer not to say: 2%

Sample: 101

How old are you?

Number

Age	Number
18-24	4
25-49	41
50-64	33
65+	21

Percentage

- 18-24: 4%
- 25-49: 42%
- 50-64: 33%
- 65+: 21%

Sample: 99

What is your ethnicity?

Number

Ethnicity	Number
Indian	2
Pakistani	3
Bangladeshi	4
African	1
Carribean	8
Mixed	3
White British	67
White Irish	1
White Other	9
Other	1

Percentage

Ethnicity	Percentage
Indian	1%
Pakistani	2%
Bangladeshi	3%
African	4%
Carribean	1%
Mixed	3%
White British	68%
White Irish	1%
White Other	9%
Other	1%

Sample: 99

45

"My job is under threat.

My partner is having to work all the time to keep us afloat.

I have two small children at home all the time who miss company and going out."

Local resident