

*“I found it really difficult not being able to hug or touch my grandchildren.”*

# Healthwatch Redbridge Coronavirus/Covid-19 Report

October 2020

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## Acknowledgements

We would like to thank everyone who contributed to this report by completing a survey or attending one of our focus groups and everyone who supported us by promoting it and encouraging their members to complete it.

The organisations that took part in our focus groups were:

- [Awaaz](#): (Voice of Women);
- [Parkinson's Redbridge and Epping Forest Group](#);
- [One Place East](#) (members from [One Place Creative](#)); and
- One Place East (members from [Redbridge People's Parliament](#); and [RUN UP](#))

For further information and contact details for these organisations, please see appendix 1.

## Disclaimer

Our survey and the report are not a representative portrayal of the experiences of all people living in Redbridge, only an account of the responses received from those people who were willing to contribute anonymously at the time.

## Objectives

- To understand the ongoing effects of the COVID-19 pandemic on people living in Redbridge
- To identify and address any issues or areas of concern with local NHS health and social care services and work with stakeholders to try to resolve these
- To provide information and signposting to individuals where appropriate because of our survey
- To share our findings at a national level with Healthwatch England to spot any gaps in information, identify any issues and keep the Government and the NHS informed

# Executive Summary

## Introduction

As the numbers of Covid-19 cases began to rise in early March, Healthwatch Redbridge began to collate the experiences of local people.

This report relates to information received from **188** members of the public, or concerns raised through our signposting service since the pandemic began in March 2020. Findings are included from our online survey conducted between 13th May and 25th September 2020. Additional responses have been collated from a series of focus groups held over the summer.

- We received **132** responses to our online survey
- A further **31** people attended four focus groups
- We received **25** comments specifically relating to COVID-19 via our signposting service

The following are issues emerging from this data.

## People at risk of COVID-19

There appears to be confusion amongst some respondents as they were unsure whether they met the criteria for shielding. Nearly half of respondents considered themselves at high risk from COVID-19. However, only **17%** had received a letter advising them to shield.

We remain concerned that some people may have missed the support they were entitled to.

## Carers

Over a third (**34%**) of respondents told us they were caring for someone who would be considered at high risk from COVID-19. Just over a quarter of respondents (**27%**), told us the person they care for received a letter or text advising them to shield.

Potentially, this could mean that some people might have missed out on support they were entitled to.

## Mental Health and Wellbeing

Everyone has been affected by COVID-19. We should not underestimate the impact of the pandemic on the mental health and wellbeing of communities. More support needs to be funded and developed to provide future resilience.

## Communication and Accessing Information

We remain concerned that some people have struggled to find relevant and up to date information, or access appropriate services during the pandemic.

The move towards more digital based services has had a positive impact on some patients as well as ensuring most practices have been able to continue to offer appropriate appointments.

For some, digital platforms have been a barrier to accessing the right support in a timely manner, meaning conditions have remained untreated.

It was noted that electronic triage consultation systems (such as E-consult) are not offered in other languages or access options which can make them difficult to use.

Although it can be extremely difficult for some individuals to find and use information; for carers this can be made worse by their caring responsibilities.

Information needs to be accessible, up to date and easy to understand for all users. More information must be made available by phone and by ensuring written information is available at public places such as GP practices and libraries etc.

## Medical Appointments

The range of peoples' experiences clearly demonstrates that some respondents were concerned and confused with the changes to their appointments during the pandemic. Health services need to provide up-to-date information to ensure patients and carers are better able to understand the changes to their appointment.

Some people need additional support from friends and relatives. It should be addressed and available for patients to have an additional person with them for their appointment when this can be justified.

Some people told us they had taken a decision not to seek medical support or had cancelled or missed treatments. These comments raised real concerns in terms of people potentially having missed diagnosis, delays in seeking treatment, or missing treatment altogether.

## **GP Communication**

GP practices, if not already doing so, should provide up-to-date COVID-19 information on their websites. Concerns were also raised that, in some cases, pre-recorded telephone messages were quite long and could be misunderstood.

Practices should ensure they have different access routes for patients. Patients should be able to contact the surgery via telephone or online.

## **Community Support**

Most respondents felt community support was extremely important. This was something we heard more about during our online focus groups.

## **Phlebotomy Services**

Concerns were raised regarding the availability of, or access to, phlebotomy (blood testing) services within Redbridge.

We were pleased to see the level of phlebotomy services recently rise in the borough with more access to walk-in and online appointments across several practices. However, we are also aware that this increase is temporary (until December 2020) and will continue to monitor the situation and report our findings.

## **Domestic and Other Abuse**

There are concerns that the pandemic could lead to an increase in domestic and other forms of abuse. This is similar to the increases seen at national levels.

Individuals and families must be able to access appropriate support within communities.

## Introduction

Healthwatch Redbridge (HWR) are the independent champion for people using local health and social care services. 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.

Our main role is to raise people's concerns with health and care decision-makers so that they can improve services locally. We also share our intelligence with Healthwatch England who makes sure that the Government is able to focus on health and care concerns nationally.

Most of our information and insight would normally be provided through speaking with people who are using services such as GP practices, hospitals, and care homes.

Initially, we revised our service offered to local communities and our responses were mainly online or responding to telephone enquiries. We teamed up with Redbridge Community Voluntary Service (RedbridgeCVS) to support local initiatives such as community volunteering hubs.

Our CEO was invited to sit on several newly created pandemic committees including the new COVID-19 Board, set up through the local authority Redbridge Council, and Public Health Redbridge.

We used our involvement to raise local issues and concerns:

- Some relatives contacted us as they were worried that their loved ones were being placed under Do Not Resuscitate (DNR) clauses whilst being treated in hospital. Whilst supporting the relatives and patients to raise their concerns with the hospital; we also escalated the issue with the Healthwatch network through Healthwatch England. It became apparent this was not an isolated local issue and was highlighted to the Department of Health (DoH), who re-issued clearer guidance to ensure blanket decisions on DNR were not taking place.
- Through our contacts with Redbridge Faith Forum we were made aware that some communities were concerned that burials were being delayed or the ceremonies were being disrupted due to the pandemic. We raised the concerns with the COVID-19 board and other statutory organisations to ensure their concerns were addressed sensitively.
- During a discussion with colleagues from local Healthwatch and one of our shared hospital trusts; our CEO was concerned about the discharge pathways for patients leaving hospital for care and nursing homes. Although patients were being tested for Coronavirus before leaving

hospital, some patients were being discharged prior to the results being known. HWR were concerned this could lead to some care homes bringing the virus into their homes. We created and completed a survey to identify whether homes were able to cope during the initial stages, this survey was rerun a few months later. Our CEO was able to present the findings at the London-wide Care Provider Forum, and ensure local issues were addressed through support from Public Health Redbridge, and Barking, Havering and Redbridge Clinical Commissioning Groups (BHRCCG). Our reports<sup>1</sup> have also been escalated to Healthwatch England and have been used as part of the national response.

We began our online Covid-19 survey in May 2020. The pandemic was already well under way and we wanted to understand how local people were managing to access local health and social care services. We also wanted to understand how much they might have changed and whether there were any concerns about long-term effects of the changes.

This report includes analysis of all responses collated between May - September 2020, (including responses to the survey, information received through focus groups, and other issues raised since the pandemic began).

Initial findings were shared with colleagues from other statutory organisations to enable them to spot any gaps in information, identify any issues and keep health and social care services informed.

## Methodology

Our Covid-19 survey was designed by Healthwatch England. We amended it to suit our local needs and sent it to all of our community groups.

We reviewed the findings after the first month and began to develop other engagement opportunities to ensure communities would have an opportunity to engage.

To gather feedback from communities who were unable to complete a survey, but wanted to share their experiences with us, we wrote a shortened version of the survey asking specific key questions. We invited community groups to hold online focus group sessions with these groups. We did not manage to hold as many of these as we would have liked. This was partly because groups told us:

- they were not open at all due to Covid-19
- they were not holding online meetings with their members

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<sup>1</sup> <http://healthwatchredbridge.co.uk/care-homes-report>



- they were holding online meetings, but:
  - they were not getting many attendees
  - their members were not keen on attending as they find online meetings “awkward”
  - their members have been working all day which requires attending online meetings and therefore did not want to attend another one

## Note: Respondents per question

Not all survey questions required an answer, for example, if someone did not consider themselves to be at high risk from Covid-19, they could skip the next question which asked for more detail on this.

Additionally, some questions also did not receive an answer/people chose not to answer. Therefore, the total number of respondents per question will vary.

## Digital Exclusion

We became aware of the challenges with collecting individual experiences online via a survey:

- Digital exclusion - this issue has been highlighted across the Healthwatch network. We asked our regular community groups to share with us any feedback they had received from individuals they were supporting to ensure that those who were digitally excluded still had a voice.
- Some people were reluctant to provide online feedback.
- Some people were busy navigating a massive change of lifestyle due to Covid-19 and completing a survey was not a priority for them

## Responses

We received **132** responses to our online survey. We additionally spoke to a further **31** people at four focus groups and received **25** comments specifically relating to Covid-19 via our signposting service totalling **188** responses.

After one month it became apparent that we were not receiving as much feedback through online surveys as we had hoped, and we looked at ways to extend our reach within the diverse communities across Redbridge to ensure we were hearing a wide range of people’s experiences.

Early analysis of the data at that stage also showed a lack of diversity from the respondents (most of our survey respondents were older, white, British women)

which was not reflective of the demographics<sup>2</sup> of the borough. As we were aware that Covid-19 was disproportionately affecting people from the BAME community<sup>3</sup>, we were keen to encourage more responses from people within these communities to give us more of an accurate understanding of the effects of Covid-19 on our local population.

We also noted at this stage less responses from men and young people.

Despite our best efforts, we were unable to gather more responses from diverse communities for whom Covid-19 has had the most significant impact (see appendix 2). However, it is important to note our responses mirror those collated by Healthwatch England<sup>4</sup> from local Healthwatch reports<sup>5</sup> on Covid-19.

We undertook desk-based research to identify additional community groups to widen the level of responses. We contacted groups representing members of the BAME community, young people, and men as these were the groups we had heard from the least. We also contacted faith groups, mental health organisations, youth groups, sports clubs, and gardening groups. Additionally, we worked with voluntary organisations supporting individuals with specific health conditions, Redbridge Councillors, Public Health Redbridge, chairs of Patient Participation Groups, local newspapers, Redbridge College, and patient groups within local hospitals.

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<sup>2</sup> <https://www.redbridge.gov.uk/about-the-council/information-research-and-data-about-redbridge/2011-census-results/>

<sup>3</sup> <https://www.runnymedetrust.org/uploads/Runnymede%20Covid19%20Survey%20report%20v3.pdf>

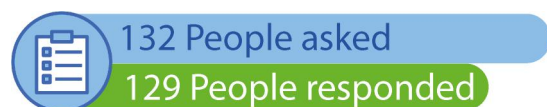
<sup>4</sup> <https://www.healthwatch.co.uk/report/2020-09-07/covid-19-what-people-are-telling-us-about-their-care>

<sup>5</sup>

<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20200909%20A%20review%20of%20our%20evidence%20Q1%202020-21.pdf>

## Findings

### People at risk from Covid-19



Nearly half of respondents (47%), said they considered themselves to be at

Reason for being considered high risk from Covid-19	Number of people
I'm aged 70 or over	49
I have an existing health condition	39
Other	5
	Total = 93*

high risk from Covid-19. The following reasons were given:

*\*More than one option could be chosen*

Two of the people who answered “Other” told us they are from the BAME community (one with additional health needs):



*“BAME, on chemo, overweight”*

### Shielding

We asked people whether they were shielding<sup>6</sup>.



Whilst the number of people who told us they consider themselves to be at high risk is nearly half (47%), the number of people who told us they received a letter or text advising them to shield (17%) is comparatively quite low.

Two people felt their conditions were not taken seriously enough and therefore they did not receive the appropriate support.

<sup>6</sup> [Coronavirus: What does shielding mean? | Healthwatch](#)



*“Although I am a Blue Badge holder, I did not receive a letter from the NHS, which meant that I could not be included in the Government vulnerable register. This meant that, for the first months of lockdown, I could not get a delivery from a supermarket.”*

*“We are supposed to be in the vulnerable area as both are 78, both have asthma and I have diabetes. We thought we were to get food support but all we got was a phone call after 8 weeks to see if we were ok but only because we both have Blue Badges. Apparently, there were more deserving cases.*

*“So, with our asthma, diabetes and age related [issues] we weren't in the system ..... some system!”*



### **Comment**

There appears to be confusion amongst some respondents as they are unsure whether they met the criteria for shielding. We remain concerned that some people may have missed support they were entitled to.

## Caring for others and Social Care during Covid-19



Over one third (**34%**) of people told us they care for someone who is considered at high risk from Covid-19. A breakdown of their reasons for being considered high risk are shown in the table below:

Reason you consider the person you care for to be at high risk from Covid-19	Number of people
They are aged 70 or over	36
They have an existing health condition	28
Other	6
	Total = 70*

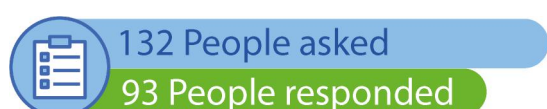
*\*More than one option could be chosen*

Six people chose “Other”, with three of these telling us the person they cared for has learning disabilities. Two people told us the person they care for has dementia or Alzheimer’s.



*“One autistic with learning disabilities and borderline diabetes. Second has Alzheimer’s.”*

## People who are cared for and are shielding



We asked people who had caring responsibilities whether the person they cared for needed additional support. Just over a quarter of respondents (**27%**), told us the person they care for received a letter or text advising them to shield.

This was slightly less than the number of carers who consider their cared for to be at high risk (**34%**). Potentially, this could mean that some people might have missed out on support they were entitled to.

We heard from some people that the pressure and stress they have been under caring for family members has been immense.



*“Pressure to care for parents, keep a job and have some personal life has been extremely difficult.”*

*“Stress levels are super high (and not due to Covid-19 but because of the stress of looking after a very sick person with very little support and limited interest). Horrible.”*

We did not receive much information regarding social care services during Covid-19.



132 People asked

128 People responded

Of the people who answered this question, 9% told us they or the person they care for receives support with daily activities such as getting washed and dressed.

Twelve people answered our follow up question, with seven people telling us the care had changed due to Covid-19. Most of these told us the communication about these changes had been “fair” or “good”.

Two people commented their carers had started wearing PPE. One told us that care had been increased.

## Additional Communication Needs



132 People asked

118 People responded

A number of respondents (14%) told us that they have additional communication needs or support someone with additional communication needs. A breakdown of these needs is shown in the table below:

Type of additional communication need	Number of people
I/they need information in another language	7
I/they use British Sign Language	3
I/they need Easy Read information	3
I/they need information in audio or large print	1
Other	9
	Total = 23*

*\*More than one option could be chosen*

Other needs that people identified included: dementia (three people), visual and sensory impairments (one person each).

Just under half of respondents (44%), told us they had found it difficult to find information and advice in a format that meets their needs.



*“They have dementia and benefit from face-to-face communication.”*

Five carers of people with additional needs, told us about the issues they have faced during Covid-19:



*“Services from Redbridge borough has been extremely poor. Disgusting how they have neglected the old and ASD kids.”*

*“Very difficult to get information from local authority about return to services such as day centres/activities for people with a learning disability.”*

*“Social services [in Redbridge] have been inflexible and unhelpful expecting families to take on everything.”*



One of these carers highlighted the support they had received from local charities throughout Covid-19.



*“Charities have provided ongoing regular support.”*

Although we did not hear from that many carers, it was clear from those we heard from that Covid-19 has had a big effect on them.

Of our survey respondents, 19 (14%) told us they have caring responsibilities, with seven telling us they are caring for someone who has been shielding.



Nine people (**nearly 49%**) told us they had found it difficult to find advice for family carers such as service availability or replacement services.



*“Supporting other people with their mental health issues has put a great deal of strain on my own mental health as I find myself feeling very tired at the end of the day.”*

*“...it was all so difficult due to the fact that I am a full-time carer for my husband, doing everything for him, including washing, dressing and assisting with eating. I therefore never had any time, even just to sit and watch a bit of television.”*



## Comment

We remain concerned that some people have struggled to find relevant and up to date information, or access appropriate services during the pandemic.

Although it can be extremely difficult for some individuals to find and use information; for carers this can be exacerbated by their caring responsibilities.

Redbridge Council provide information on their website specifically for unpaid carers<sup>7</sup> which includes a link to the Redbridge Carers Support Service.

## Recommendation

Information must be accessible, up to date and easy to understand for all users. For some people, accessing online information is unavailable to them.

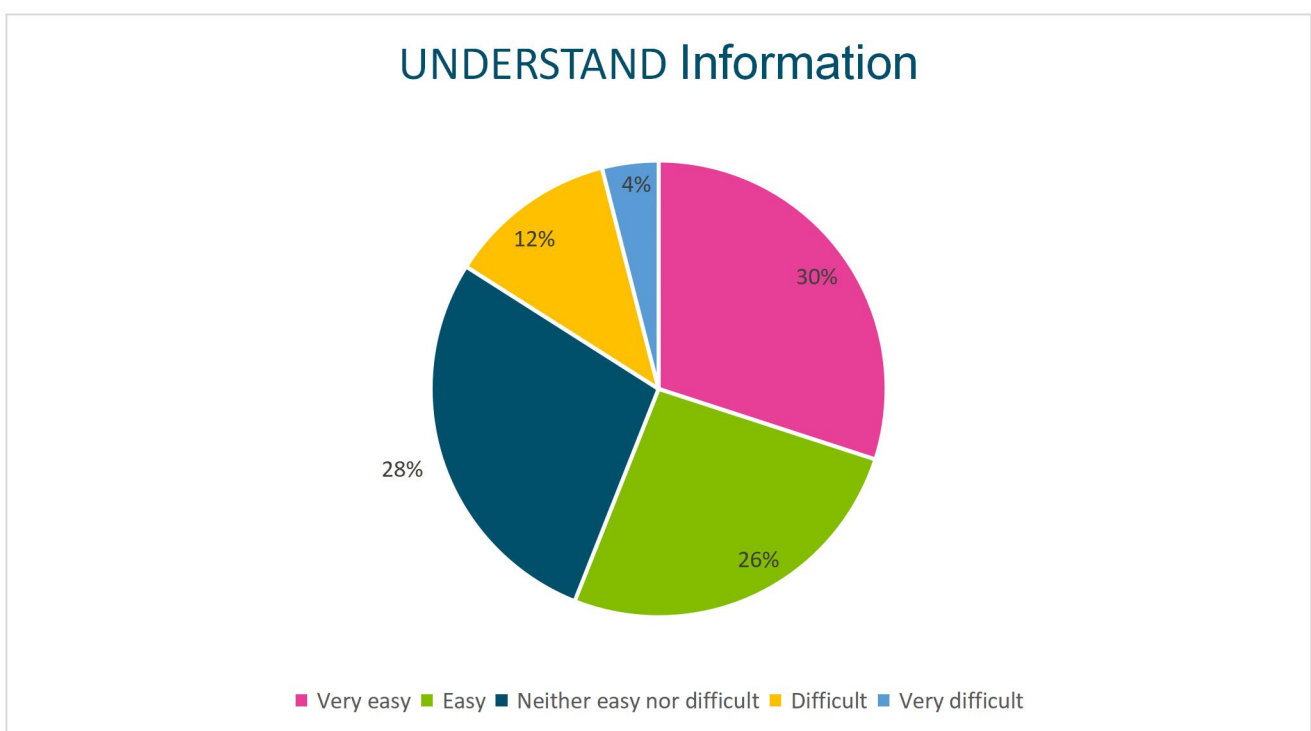
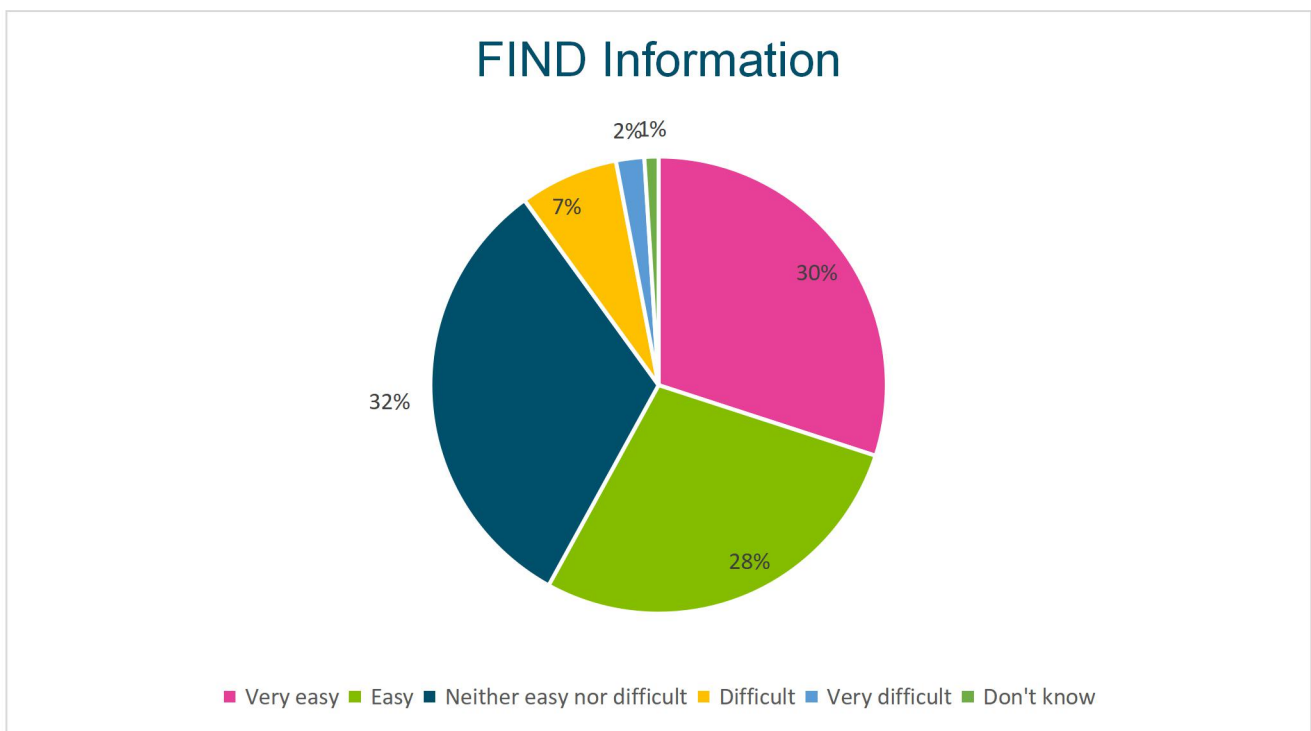
More information must be made available by phone and by ensuring written information is available at public places such as GP practices and libraries etc.

<sup>7</sup> <https://www.redbridge.gov.uk/coronavirus-information-hub/key-workers-and-carers/support-for-unpaid-carers/>

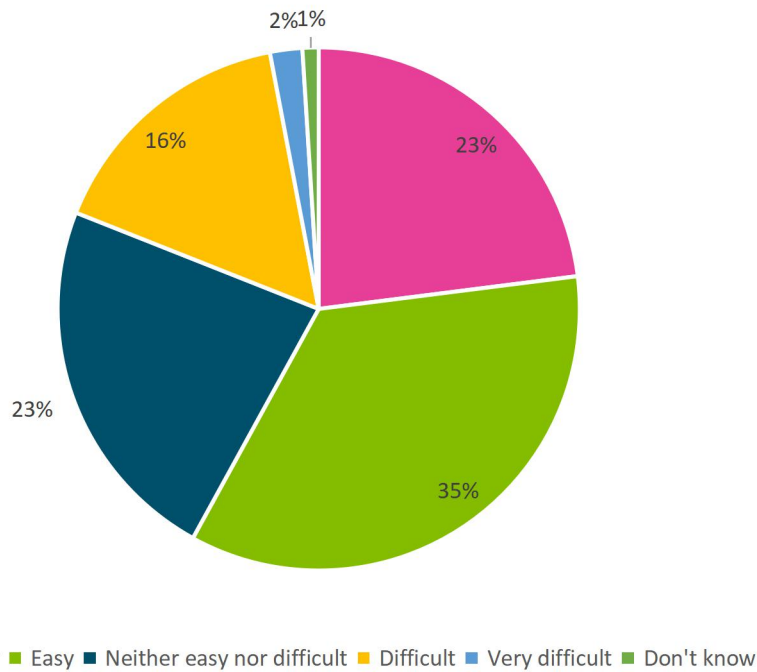
# Information during Covid-19

We asked people about different aspects of information.

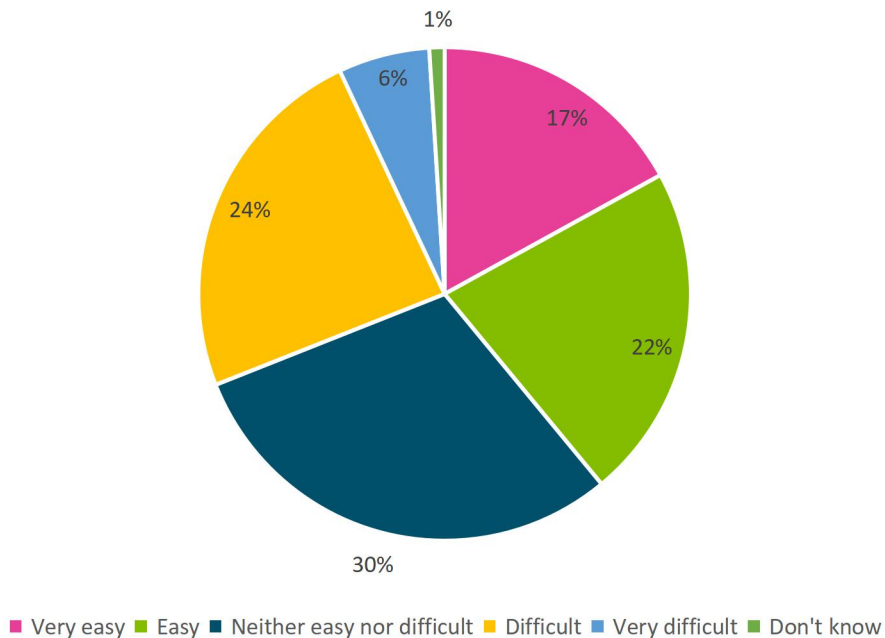
We wanted to know how easy people found it to find, understand, act on and keep up to date, with information about how to keep themselves and others safe during the COVID-19/coronavirus pandemic.



## ACT ON Information



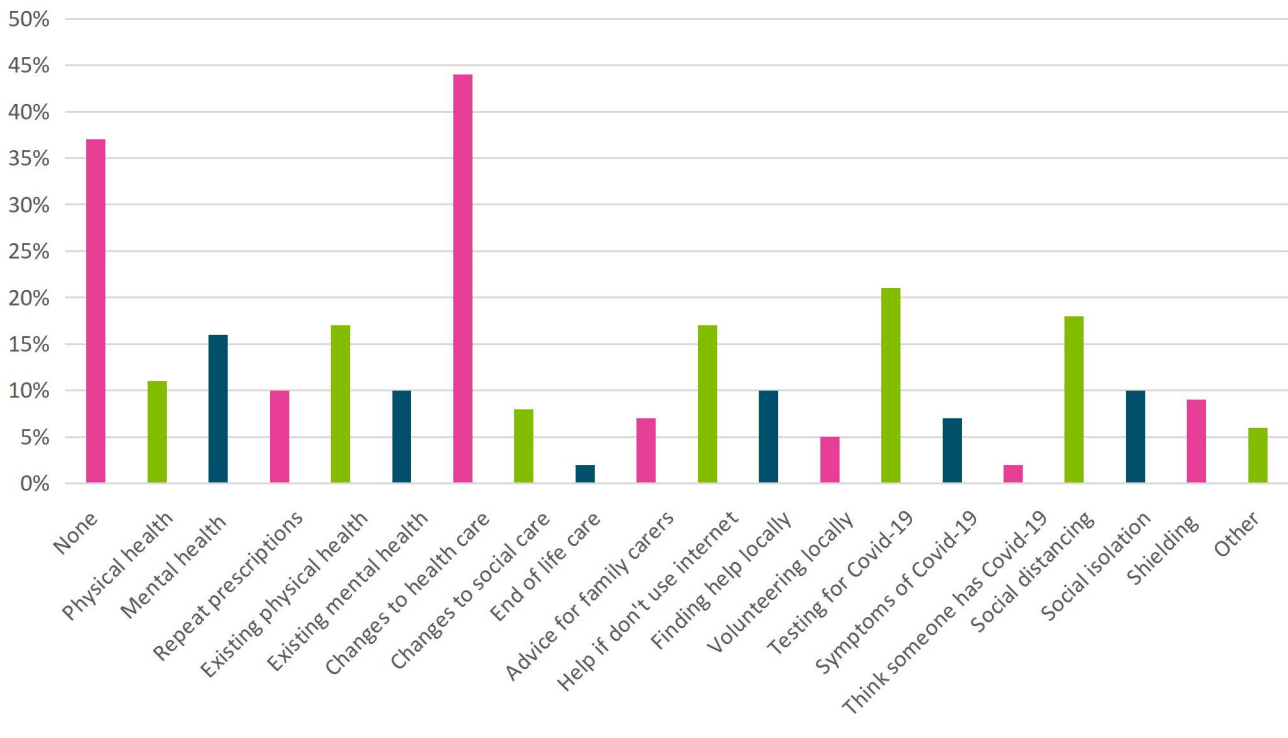
## KEEP UP TO DATE WITH THE CHANGES to Information



Generally, most people felt able to find, understand or act on information about COVID-19 and how to keep themselves and others safe during the pandemic.

When asked whether they could keep up with the changes in information, we found more people felt this was more difficult.

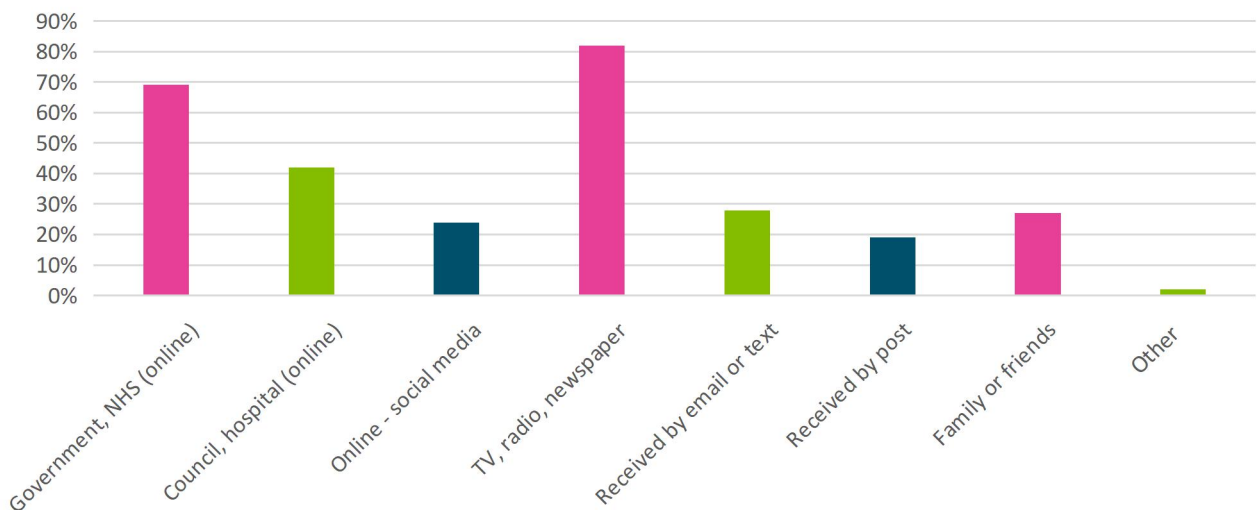
## Topics it was difficult to find information or advice about



People felt it was most difficult to find up-to-date information on the “changes to health care services I usually access” (44%). This included the changes taking place at GP practices, hospitals, pharmacies, or community nursing.

It was also difficult for people to find relevant information on [testing for COVID-19](#) (21%), issues with [Social distancing](#) (18%), and help where there were barriers to using the internet (17%).

## Where have you found information or advice about Covid-19?



There were two main sources of information that people utilised for information or advice about Covid-19. Most people (82%) found information about Covid-19 from media sources including TV, radio, and newspapers. The next most accessed source (69%) was online via national organisations' websites such as the government or NHS.

When asked if they had found specific sources of information especially helpful, 31% of people told us they had. The sources with the most mentions were the Government, either through the televised daily briefings or the gov.uk website, with 11 mentions and the BBC with four mentions. Perhaps surprisingly, there was only one mention each for the NHS website and Public Health England.



*“Daily briefing by Government and Government website. TV and radio.”*



*“BBC news online gives me a great deal of information and differing viewpoints.”*

Six of the 11 people who told us that the government information was helpful, also commented that it was not always that clear.





*“Understanding changes in government policy and advice given the inconsistencies and delays.”*



*“Online Guardian and BBC - only because I trust them to get things right. I find I can understand the information better reading these sites than watching the Government briefings.”*

## Medical appointments during Covid-19

We asked people to tell us about their experiences of accessing medical appointments during Covid-19.



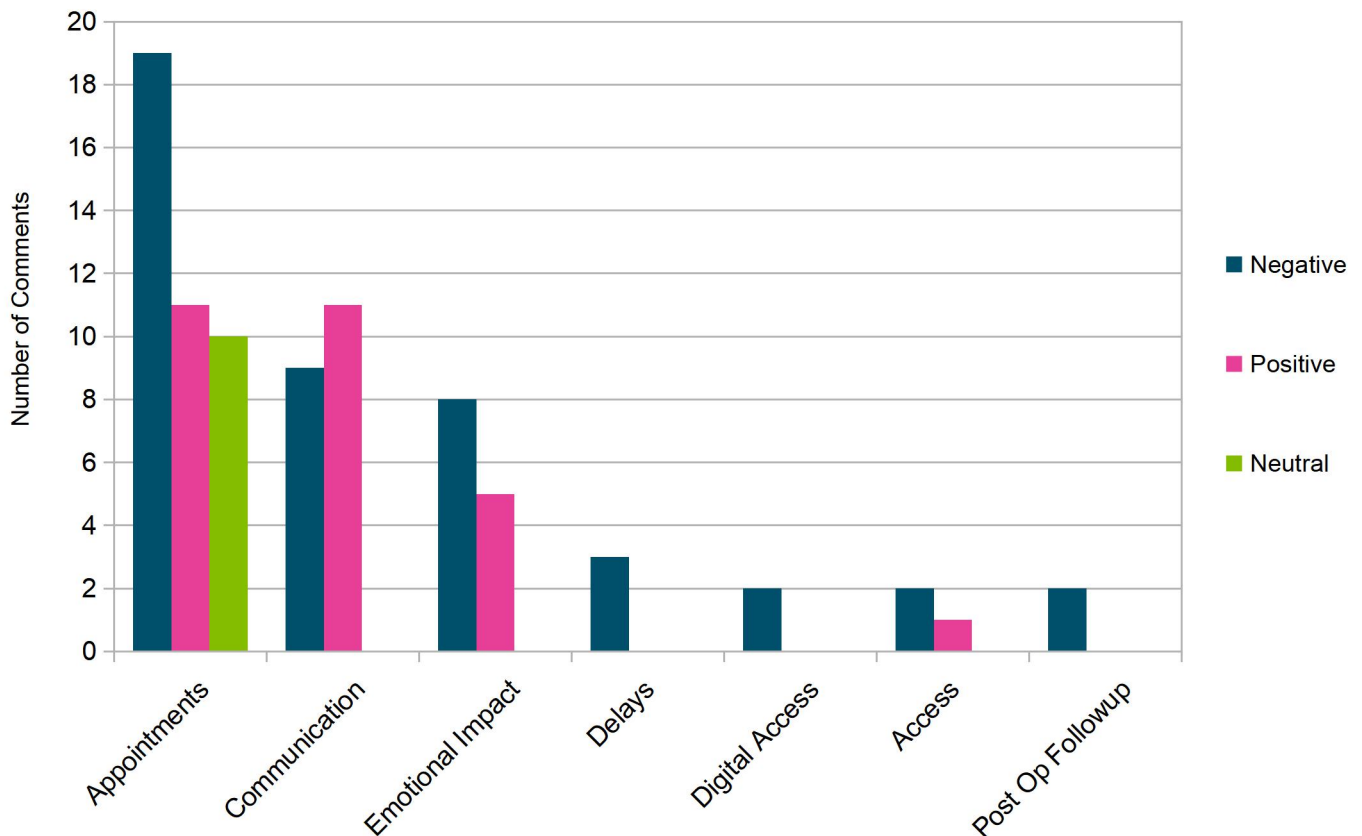
132 People asked

129 People responded

### Hospitals

In total we received 83 comments relating to issues to do with hospitals. Of these, 45 (54%) were negative comments, 28 (34%) were positive, and 10 (12%) were neutral. The below graph shows these comments broken down by theme.

#### Hospital Comment Breakdown by Category



## Appointments

Unsurprisingly, appointments received the most negative comments (19). This was mainly due to appointments being cancelled, postponed, or switched to a telephone appointment.

We also heard from people through our signposting service, with one person sharing their experience of having their operation cancelled twice at two different hospitals.

Within our survey responses, several people told us that changes to their appointment, related to more than one appointment. Not everyone specified the hospital this related to, but Whipps Cross and Queens were mentioned as well as some out of borough hospitals, including Moorfields Eye hospital (which seven people told us about).

One person told us about four changes to appointments with four different clinics:



*“Hospital appointments [changed] for: Chest specialist, Pain clinic, Bone specialist, Hearing specialist”*

We were keen to hear more in depth about people’s experiences of medical appointments during our online focus groups.

Members of **Awaaz (A Voice of Women)**, told us of significant medical appointments that were cancelled due to Covid-19: *“a serious heart problem”*, *“an important eye operation”* and a lack of follow up after a kidney transplant operation.

Participants from **Parkinson’s Redbridge and Epping Forest Group** told us that all of their medical appointments (GPs, Queen’s hospital and National Hospital for Neurology and Neurosurgery) had gone ahead, but had been changed to telephone appointments, with one person additionally having a video appointment with their GP.

Two participants from **One Place East** (members from **Redbridge People’s Parliament** and **RUN UP**) explained how their appointments had taken place with amendments. One was unable to take a relative into the hospital with her but was met by a learning disability nurse at the entrance who supported her during the visit. Another was supporting their elderly parent with their visit but had to wait outside. They felt anxious as they were left to wait a long time.

Members of the **One Place East** (members from **One Place Creative**) group told us of appointments that were cancelled and delayed, e.g., blood tests related



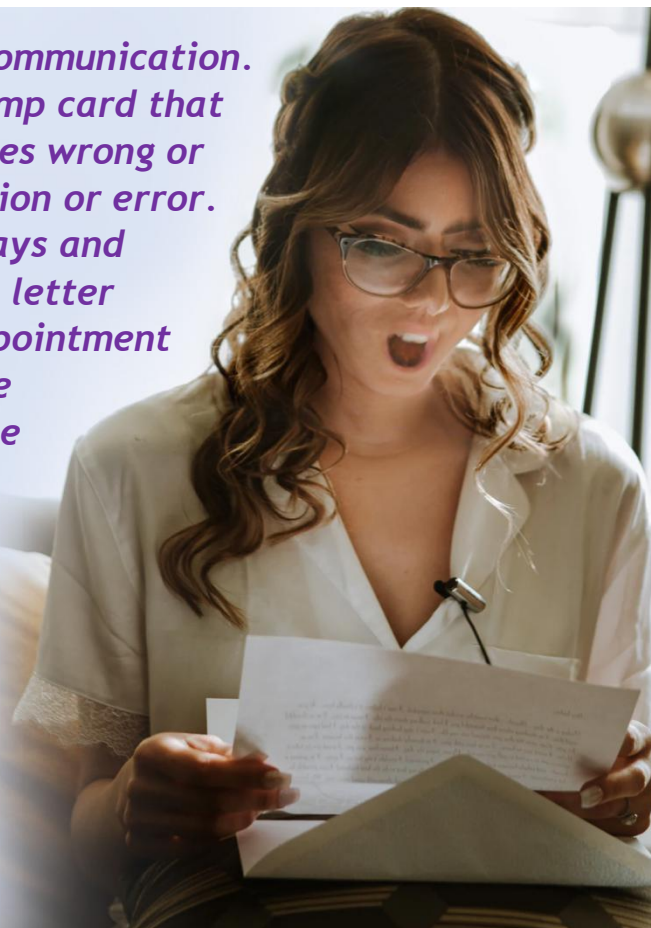
to medication and diabetes, annual health checks and a tooth operation at Guys Hospital.

Some respondents described confusion, frustration, and disappointment at the changes:



*“Awful. Delays, lack of communication. Covid has become the trump card that covers everything that goes wrong or every lack of communication or error. Worse thing has been delays and conflicting messages e.g., letter stating come in for an appointment at the same time as phone message stating stay home and wait for a call.”*

*“Disappointment because operation cancelled and do not know when will be organised again.”*



Eleven people shared their positive experiences regarding the alternative format that their appointment took place.



*“We had various NHS hospital appointments booked, but the hospital communicated about each appointment and advised that they would be telephone appointments. Usually the consultant called on time, I put the phone on speaker so my husband could hear all the questions and answers and it worked very well.”*

Several people pointed out that an alternative appointment formats was not suitable for their specific health condition - for example, a skin condition.

Additionally, we received ten neutral comments where people informed us that their appointments had been postponed.

Two people told us their hospital appointments successfully went ahead:



*“Was assessed and sent for tests surprisingly promptly and seen in clinics that strictly observed social distancing and had good PPE.”*

One person told us they accessed urgent care services several times.



*“I required urgent care so have used 999, ambulance and GP and hospital services. In general, the services were more efficient than usual.”*

## Comment

The range of people’s experiences clearly demonstrates that some respondents were concerned and confused with the changes to their appointments during the pandemic.

## Recommendations

- Health services need to provide up-to-date information to ensure patients and carers are better able to understand the changes to their appointment.
- All hospitals should provide video information, walking a patient through the new systems. Some hospitals, such as Barts Health<sup>8</sup>, have created their own short videos to support patients and explain the new processes
- Some people need additional support from friends and relatives. It should be addressed and available for patients to have an additional person with them for their appointment when this can be justified.

## Communication

Over half of respondents (52%) told us they had received communications from their health provider regarding changes to their medical appointments during the pandemic. The majority of these were hospital appointments as these were most likely to be booked in advance.

Two people shared their concerns regarding a lack of communication:

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<sup>8</sup> <https://www.bartshealth.nhs.uk/your-outpatient-appointment>



*“I had a check-up appointment following a heart procedure cancelled and not yet rearranged. My husband who is shielding had bowel surgery in early March has had no communication from the hospital regarding follow up appointment.”*



*“No information about when the telephone consultation would take place. Have used 3 methods of contact as concerned that chemo drug is running low delay in response about to run out in 5 days still no update.”*

One participant from our online focus group with **One Place East** (members from **One Place Creative**) highlighted the issues with poor communication. She told us that she received a text inviting her to a hospital appointment, giving her less than two hours’ notice. When she arrived, they told her she was supposed to have had a scan first so they could not see her that day.

However, regarding communication on changes to appointments, slightly more survey respondents shared with us positive, rather than negative comments.



*“I received phone calls, letters and text messages. In some instances, services were quicker than before Covid.”*

*“We had various NHS hospital appointments booked, but the hospital communicated about each appointment and advised that they would be telephone appointments.”*

*“Usually, the consultant called on time, I put the phone on speaker so my husband could hear all the questions and answers and it worked very well.”*



## Emotional Impact

Many people told us they felt “stressed”, “concerned” or “worried” about the delays to their appointments.

For some, issues about the actual information provided, or the communication regarding the changes, had added to their concerns.

## Comment

It is inevitable that within a pandemic such as this, appointments had to be postponed at the peak of lockdown and this understandably caused people to feel worried and disappointed.

However, in some cases the confusing information or lack of communication, added to this worry.

It is positive and encouraging to hear that several appointments have been able to go ahead using other formats.

## Recommendations

- Services need to clearly acknowledge people’s frustrations when communication goes wrong.
- Patients and carers should have a choice of communication routes available to them where they have communication support needs<sup>9</sup>.
- There is still confusion surrounding the types of appointments that can be offered to patients. Although it has been confirmed that face-to-face appointments are still being offered; we have anecdotal evidence from several patients that this is not happening. Clearer guidance should be available.

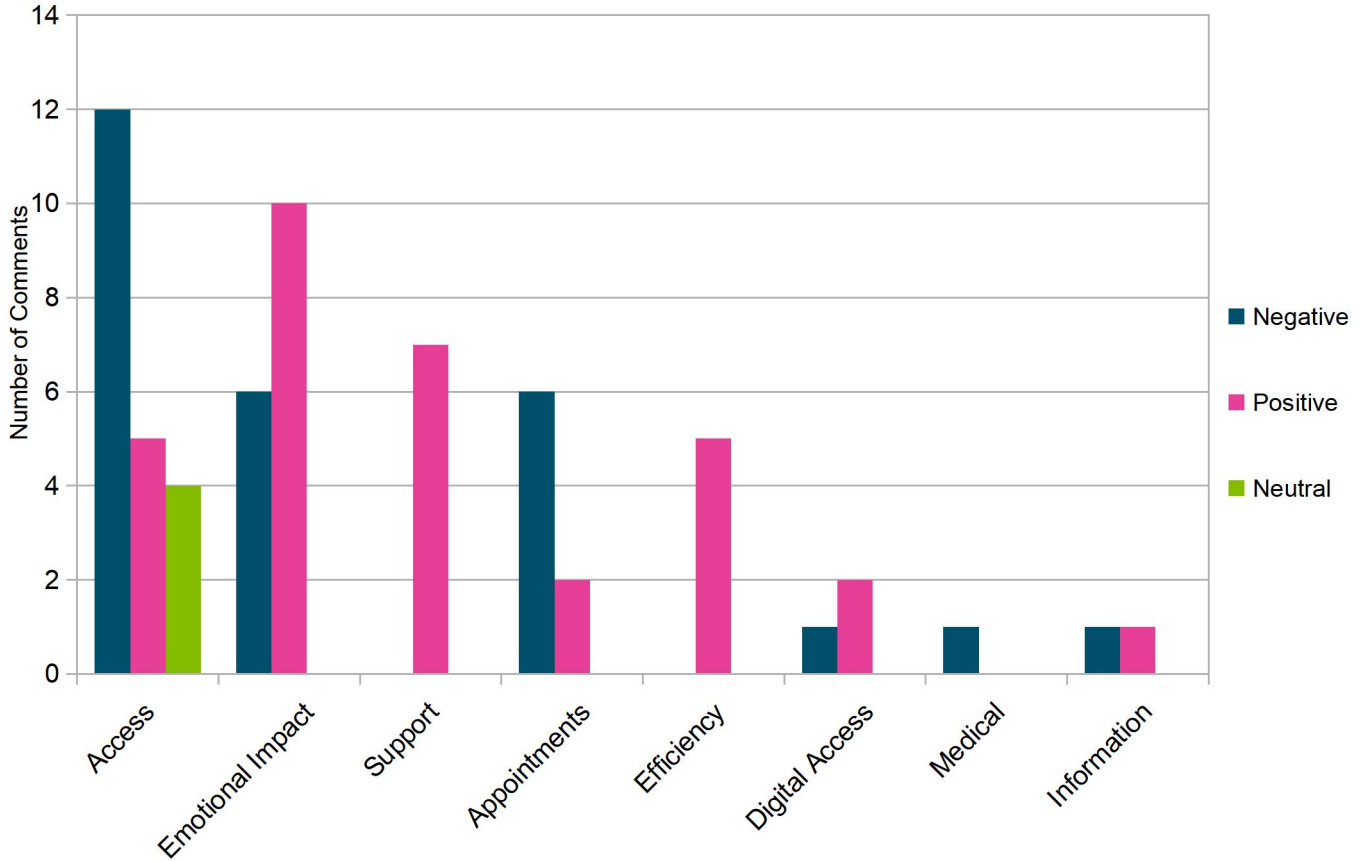
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<sup>9</sup> [Accessible Information Standards :: Local Healthwatch \(healthwatchredbridge.co.uk\)](https://www.healthwatchredbridge.co.uk)

## General Practices

A total of 63 comments were received relating to General Practice. Of these, 32 (51%) were positive, 27 (43%) negative, and 4 (6%) were neutral. The below graph shows these comments broken down by theme.

### GP Comment Breakdown by Category



## Access

The area that received the most negative comments was access to GPs, with 12 negative comments.



*“It is difficult to get hold of the surgery on the phone.”*

*“Needed to go to A&E with worsening condition. GP or nurse could have dealt with it at surgery, but not open.”*

*“It is quite difficult to get a GP call-back from the surgery and can take a number of days, but it is the only way to speak to a GP as you cannot make an appointment to see the GP.”*



We also heard about the issues with this via our signposting service where one person told us they had tried unsuccessfully to contact their GP over five days.

## Emotional Impact

Nearly twice as many people talked positively, rather than negatively about the emotional impact of these changes... “brilliant”, “very helpful” and “very good”.



*“Our GP’s at our practice, have been brilliant and even extended their hours including over Bank Holidays and it was very reassuring to know that all enquiries were dealt with efficiently and quickly.*

*“Nothing was too much trouble unlike some practices that were closed and paid little or no attention to their patients.”*

## Support



*“GP phoned me at start of lockdown to check I was alright and had support.”*



*“GP has organised blood tests at home and is always on the end of the phone.”*

Most participants from [Awaaz](#) identified similar changes that their health provider had made during Covid-19. Examples given included:

- Having telephone appointments;
- Booking online GP appointments;
- Prescriptions being home delivered; and
- No face-to-face contact.

## Efficiency

Comments from our survey showed people positively commenting on the efficiency of practices...



*“GP telephone consultations. I was called back within the hour. I would like it if telephone consultations were to continue after Corona subsides, it seemed much more efficient.”*

*“With regard to GP appointments, I have always managed to get quick appointments and by arrangement the GP telephoned the house. I then described the problem and together we came up with a solution. On one occasion, I sent photographs of skin problems to the GP who then made a referral to a Dermatologist at the hospital. That was in recent times and it all went quite well.”*

We heard a bit more about people’s experiences during our online focus groups with **One Place East**. Nearly all participants from the focus group with **One Place East** (members from **Redbridge People’s Parliament** and **RUN UP**) said that their GP practice was now offering telephone appointments during Covid-19, but many told us that there are long waits for an appointment.

Another participant from **One Place East** (members from **One Place Creative**) told us that whilst her regular GP appointments were initially cancelled, she has subsequently had telephone appointments from her practice, now offering ‘on the day’ appointments.



Another told us of her annoyance at her practice not explaining they had changed the way patients could order their prescription.



*“I went to the surgery for my medication but was told that they had changed the process so that it could be ordered online and collected from the pharmacy...”*

*“I had no idea what they were talking about as I'm not computer literate. I felt annoyed that the surgery didn't explain the new prescription process to me and left it up to the pharmacy to do so.”*

## Information

One person told us they would have liked to have received some communication from their GP practice.



*“I received no information from my GP practice. I feel a general message explaining how they were operating at the moment would have been helpful.”*

## Recommendations

- GP practices, if not already doing so, should provide up to date COVID-19 information on their websites.
- If they have the technology, they should also provide text messaging updates (obviously this would not be suitable for all patients).

## Medical Appointment Attendance: Concerns

We asked people whether they had decided not to seek medical support during Covid-19.



132 People asked

108 People responded

Eleven people told us they had no need to seek medical support. Some people were worried about their relatives and therefore did not seek medical support. Others did not explain why they had not sought medical advice in person.



*“Although concerned about husband's health did not contact 111 as did not want him taken away without me. I know how to deal with most problems, so he recovered well (was a hypo).”*



*“My husband had a fall and on consultation on the phone with the GP it was decided not to go to hospital for an X-ray which the GP first thought should be done because of the risk of exposure to the virus.”*

Perhaps most worryingly of these, was the person who felt that there was no point in trying to access medical support for cancer services:



*“No point. My partner should have been seen under cancer 10-day referral at Whipps Cross in April. He's still waiting. What is the point of me contacting GP services? No point whatsoever.”*

Four people told us they had postponed tests, treatment, or a scan.

Four people mentioned issues with access to services.



*“Closed door policy not helpful bearing in mind my surgery has the space for social distancing”*

One person told us they had Covid-19:



*“I had the virus in March and did not feel that I would get any further information, than what I already knew and was doing”*

Another real area of concern is how digital exclusion can lead to people being excluded/missing treatment.

One person told us how they had not been able to follow up with accessing treatment:



*“Have swollen feet had a telephone consultation with GP suggested elevation. if condition persists required to send an image instead of attending GP practice. Technical skills not good, condition was intermittent but not continuous decided to leave it.”*



*“Not treating patients who have regular hospital appointments for maintenance of their condition is very short-sighted and will lead to far more sick and disabled people....”*

Four participants from our online focus group with **Awaaz** told us that although they felt unwell during Covid-19, they decided not to contact their GP/the hospital.



*“Families are scared to go to hospital.”*

## Comment

These comments raised real concerns in terms of people potentially having missed diagnosis, delays in seeking treatment, or missing treatment altogether.

The issue of potential delayed diagnosis and missed treatments will create future medical problems for many.

## Digital Access

In addition to the comments on digital access raised by survey participants, we also received comments on this during our online focus groups.

One person from **Awaaz** told us that technology was a barrier to them being able to access an appointment.



*“I wanted a face-to-face or video call, but GP surgery just said to fill in appointment request online. This was difficult and I could not do it.”*

Participants from **Parkinson’s Redbridge and Epping Forest Group** told us of the change’s services had put in place due to the pandemic, with alternatives being offered such as telephone and video appointments.

One participant told us they sent a photo of their condition to the GP and was referred to a dermatologist.

Another said their eye specialist could only do their appointment face-to-face, so it was postponed until next year.

The group all felt that telephone and video appointments worked well and that they should be used long-term as they are less time consuming, easy to arrange and have no travel or parking costs. They also felt that waiting times seem to be cut with services being offered in this way. They saw it as a breakthrough.

### Comment

The expansion of patient appointments being offered digitally seems to have been met with mixed reactions. The move towards more digital based services has had a positive impact on some patients as well as ensuring most practices have been able to continue to offer appropriate appointments.

For some people it has been a helpful addition and meant they have been able to access diagnosis and support efficiently. For others, it has been a barrier to accessing the right support in a timely manner, meaning conditions have remained untreated.

The introduction of an electronic appointment triage systems (such as E-consult) has enabled some patients and carers to access their GP services. However, we are also hearing from people who have found the information required for the electronic consultation system can be quite onerous, particularly for people not used to or unable to access online systems.

We noted that E-consult systems are not offered in other languages or access options, which can make them difficult to use.

Concerns were also raised that, in some cases, pre-recorded telephone messages were quite long and could be misunderstood.

It is difficult to assess the level of digital exclusion across Redbridge. We have increasing concerns that some patients may not be able to access appropriate support/NHS services.

We remain concerned that, although having requested information for the last three months, we have recently been made aware that no figures are known on the levels of digital exclusion. We are working closely with the CCG and PH Redbridge to understand the level of exclusion.

## Recommendations

- GP appointments need to be accessible for all patients. GP practices must ensure all patients are able to access the right kind of support appropriate for their needs. Where patients have different communication support needs, the practice must be able to meet their needs and not create a barrier for an individual seeking appropriate support.
- Practices should ensure they have different access routes for patients. Patients should be able to contact the surgery via telephone or online.
- Whilst useful to offer patients some information in a pre-recorded message, it would be worthwhile for practices to consider how long patients can remain focused listening to this message, particularly where there might be additional support or communication needs, or where English is not the first language.
- The demand on telephone systems may have an impact on some practices where those systems are unable to cope with call volumes. We would recommend practices review or assess those systems to ensure they can provide the necessary infrastructure.

## Dentists

We heard from seven people regarding dentists. They shared nine comments which were all negative. Four people told us that their appointment had been cancelled and not rebooked. Three people told us they could not get treatment.



*“Needed dental treatment but could not get it.”*

Two people commented they would not access dentists unless it was an emergency.

Participants from the **Parkinson’s Redbridge and Epping Forest Group** shared a variety of issues concerning access to dentists during Covid-19. They told us of appointments being cancelled and practices only offering emergency appointments. One participant had to attend a practice in central London as that was the only practice that offered emergencies at the time. Another participant who was finally able to get an appointment after a very long time, was told they would have to pay considerably more to cover the cost of PPE and cleaning between patients.

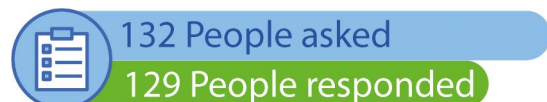
We also heard about people’s experiences with dentists via our signposting service. Two people told us about their difficulty with accessing a dentist during Covid-19. One person told us how they had been advised by their dentist to purchase and use a repair kit to fix his broken tooth.

It is worth noting that dentists were closed during the initial lockdown and only opened in early June 2020, however some of our comments relate to after dentists had reopened.

## Accessing Community Services

Through both our online focus groups and our signposting service we heard about people's experiences of community services.

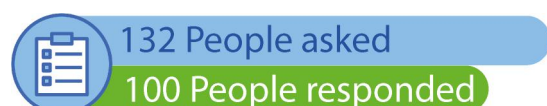
### Repeat Prescriptions



We asked people if they required repeat prescriptions. Seventy-six percent of people told us they do. The method they use to request their repeat prescription is shown in the table below:

Prescription method	Responses
Automatically from the pharmacy	28
Online via an app	24
Other - (includes 11 who are telephoning either their GP or pharmacy to request their prescription)	23
Emailing my request to my GP	12
Taking my request to my GP	10
Total	97

We asked people if the way they get their repeat prescriptions has changed during Covid-19.



Thirty-six percent of people told us it had. People were generally happy with the repeat prescription service, with nearly three quarters telling us they thought it was “good” or “excellent”.



*“I manage very well. My repeat prescriptions are done online, and a neighbour kindly collects when I'm notified for collection.”*

Several people told us that their prescriptions are now being delivered by their pharmacy.



*“The local Pharmacy collects my prescriptions from our GP & delivers them to us.”*



*“I phone in my prescription, my Doctor emails it to the Chemist, they deliver it to my door.”*

## Orthopaedic Services

One participant from **One Place East** (members from **One Place Creative**) told us the orthopaedic team proactively ordered and sent a new pair of shoes to her, greatly shortening the length of time this process usually takes.

## Phlebotomy Services

Several people raised concerns with us about the availability of, or access to, phlebotomy (blood testing) services. This resonated with other concerns which were being raised on social media platforms.

Working closely with Redbridge Health Scrutiny Committee (HSC) and the Barking & Dagenham, Havering and Redbridge Clinical Commissioning Group (CCG), we were pleased to see the level of phlebotomy services rise in the borough and more access to walk in and online appointments across a number of practices.

However, we are also aware that this increase is temporary (until December 2020) and have highlighted this concern to the HSC and Health and Wellbeing Board and will continue to monitor the situation and report our findings.

## The Impact of Covid-19 on Mental Health and Wellbeing



132 People asked

127 People responded

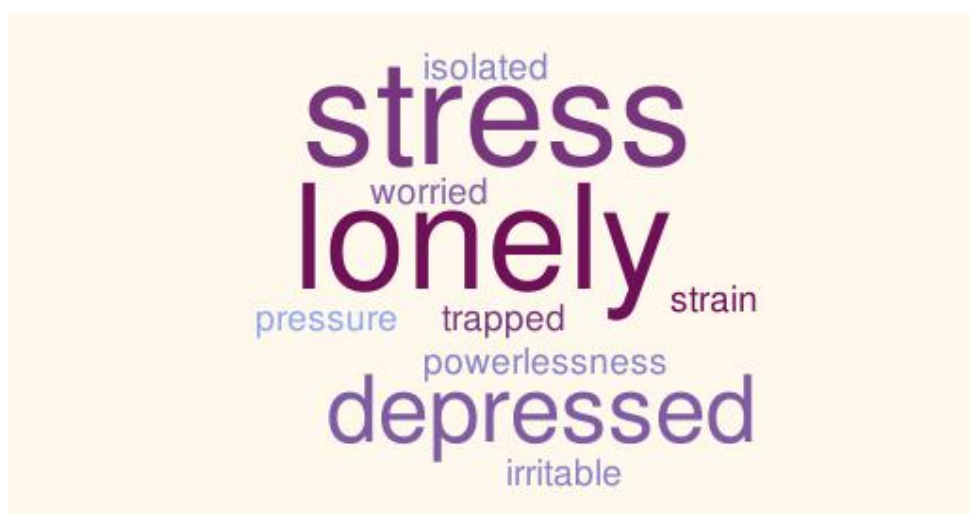
We asked people about the impact of Covid-19 on their mental health and wellbeing. Just over half of respondents (**54%**), told us the pandemic little or no impact on their mental health or wellbeing.



*“I have kept busy and cheerful and concentrated on what I can do, not what I can't do.”*



However, for the remaining (46%) of respondents, “lonely” and “stress” were the most used words when describing the impact of Covid-19 on their mental health and wellbeing. Even some people who said that Covid-19 had had a neutral impact on themselves, used these descriptions.



Almost a quarter of people (22%), told us their mental health and wellbeing had been impacted either “significantly” or “very significantly”.

A graphic featuring a woman with glasses and curly hair, looking distressed with her hand to her forehead. To the left is a green vertical bar with white quotation marks. Three quotes are overlaid on the image in purple text.

*“I lost my husband just prior to lockdown, after caring for him for 3 1/2 years housebound. Then came lockdown, and I felt even more isolated and depressed as I had no family in the local vicinity to help me.”*

*“Just feeling more lonely than before.”*

*“I have felt a little lonely sometimes as I live on my own and do not have any immediate family.”*

The breakdown of the respondents within the 22% group by age showed that 12 respondents (43%) were in the 35-54 year age categories. This is significant as people in this age group represented a fifth (19%) of our overall survey

responses. It should be noted that, within this group, five people had caring responsibilities and four had long-term health conditions.

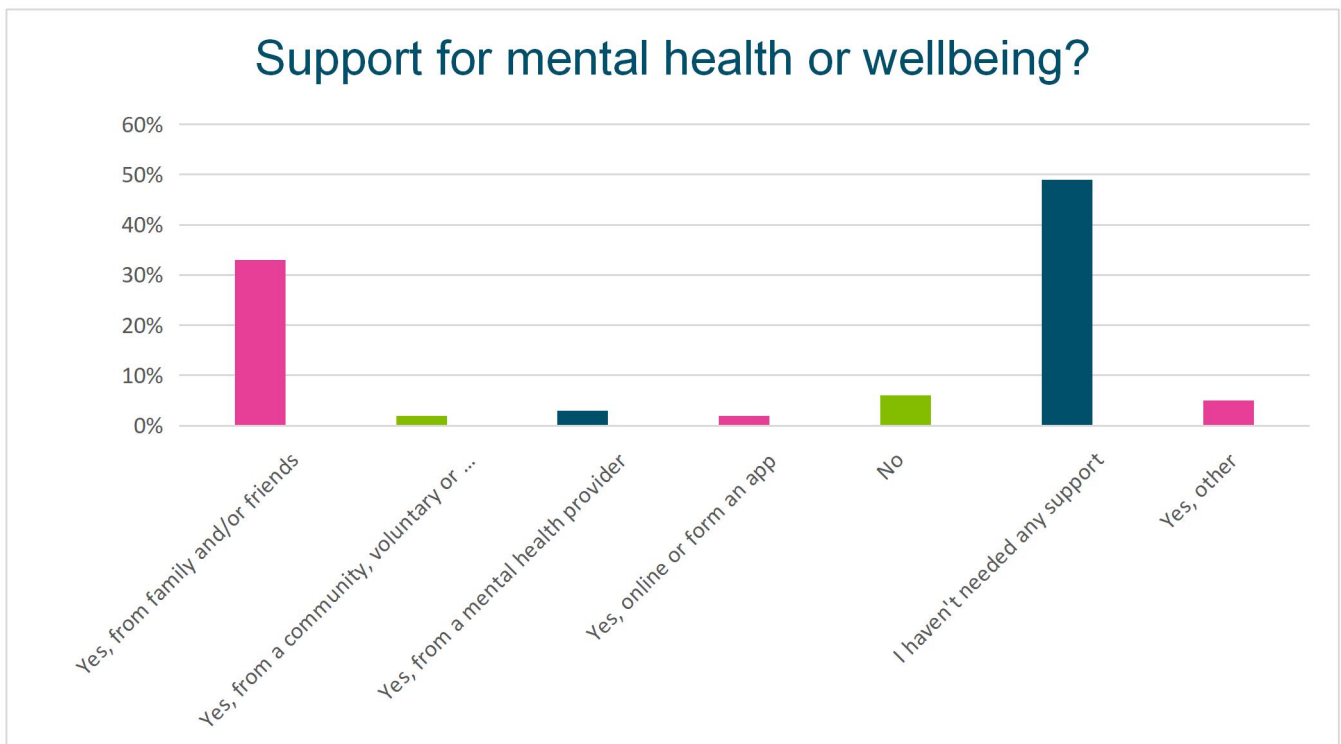
Another person told us they have been paying to see a counsellor, whilst another said they were not keen to ask for support having been let down by social workers in the past.

## Accessing Mental Health Support

We asked if people had been able to access support for their mental health or wellbeing.



A breakdown of the responses is shown in the table below:



Of those people who said they needed support, most received this from their family and friends (33%).



*“I am very fortunate that I have family and friends who support me.”*

We received both positive (22) and negative (23) comments. Positive comments ranged from support from family, friends, and neighbours, to being happy with their own company.



*“The only support I really needed was to be able to see and talk to more people every day as, unlike my husband I need people, even though I also like my own space.”*

Additionally, three people mentioned they had received support from a mental health care provider.



*“Counselling & access time zoom has saved my mental health.”*

Four people shared with us that they were missing their usual activities, such as volunteering, classes, or hobbies.



*“I am normally very busy doing voluntary work and visiting elderly, so miss this 'work' to keep me occupied in mind and body.”*

We gained a deeper insight into the impact on people’s mental health during our discussions with online focus group participants.

All (7) of the **Awaaz** group’s participants felt there had been a significant impact of Covid-19 on their mental health and wellbeing and the mental health of their families.

They spoke about worrying about their families regarding contracting Covid-19 and concern for relatives who could not understand what was happening and about the restrictions.

Other effects mentioned regarded the intensity of the situation and lack of respite. One member of the group told us:



*“There is extreme mental health growth as families are all in one place and no escape from each other. I have heard of a situation where the mother self-harmed and had to go to hospital for mental health support.”*

Two members of the group raised the importance of trying to have some form of social contact during Covid-19.



*“Your social groups make a difference with mental health as some groups can be very helpful. We are checking in with some people every day by calling them to see how they are.”*

The **Parkinson’s Redbridge and Epping Forest Group** had been personally affected by Covid-19 as they lost six of their group members: two just before lockdown and four during the lockdown period.

Only one of these was as a direct result of the pandemic. The others were due to Parkinson’s related health issues. However, due to the pandemic, families felt that treatment was less than would have been the case under normal conditions. Families were unable to say good-bye to loved ones or have the traditional funerals. Also, the level of support generally was lacking for bereavement.



*“We have not been able to grieve properly or go to funerals...”*



*“We couldn’t see family or friends which left me feeling helpless.”*

There was a great sense of group support where they have been helping one another.



*“Two weeks before we went into lockdown, I lost my husband to Parkinson’s and was really low. I didn’t talk to or see anyone and was grieving very hard and I was low at stages.*

*“I am now talking with another group member who also recently lost his wife. We are supporting each other.”*

The group talked about how helpful their regular online meetings have been during this time.

One group member also talked about experiencing *“low mood during lockdown, especially at the start”*.

All (10) of the participants of **One Place East** (members from **Redbridge People’s Parliament** and **RUN UP**) felt that that Covid-19 had had an impact on their mental health and wellbeing, with nine of the ten participants saying that they felt *“a bit low”* due to being indoors for a long time.

One participant said that their mental health had deteriorated, and their doctor had to change or increase their medication, with another sharing that their mental health had also worsened, and they are *“getting more agitated because of the current situation”*.

Three of the participants from **One Place East** (members from **One Place Creative**) talked about how much they had missed socialising and going out and the impact of not being able to do this has had on them.



*“Being in lockdown was hard for me because before Covid I was always out. I had a few meltdowns and got angry and cried, especially at the start of lockdown when people could only go out for essentials like shopping, but not to socialise.”*

One participant shared a positive message that they feel has come out of the pandemic, stating the ability to spend more time with family members, which has helped to improve their relationship.

Another had food boxes delivered by the council, which she found thoughtful and was the highlight of her week.

## Comment

Everyone has been affected by Covid. Even those that told us they have not been directly affected as they will know someone who has been affected, or they will be aware of a change to services.

## Recommendations

- We should not underestimate the impact of the pandemic on the mental health and wellbeing of communities, more support needs to be funded and developed to provide future resilience.



Other support mentioned: *working or volunteering, meditation, keeping busy, support from the NHS & statutory services (GP, pharmacy, London Borough of Redbridge), neighbours, entertainment, and crafts.*

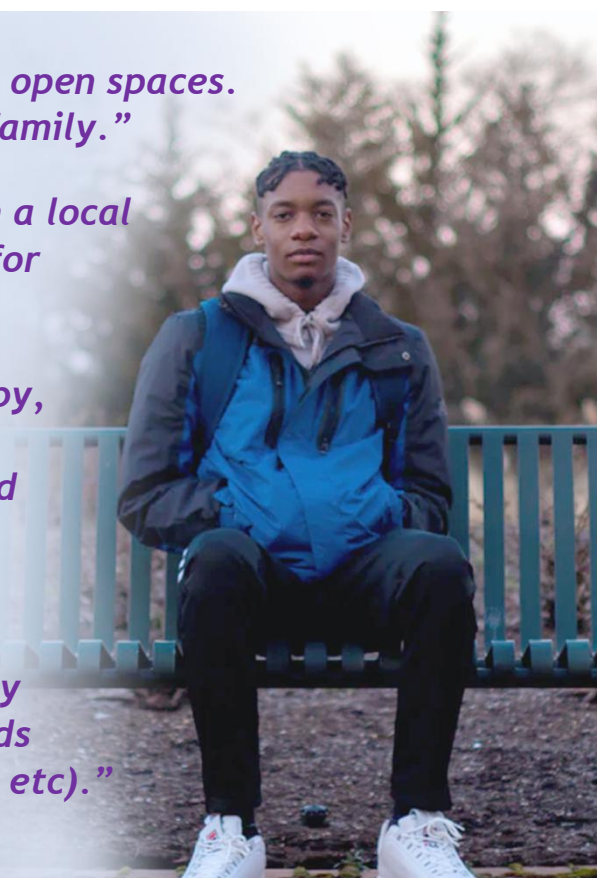


*“Walks in the local parks and open spaces.  
Video calls with friends and family.”*

*“I am able to walk my dogs in a local  
country park so that is good for  
physical and mental health.”*

*“Gardening - already my hobby,  
but it has been invaluable to  
occupy my days enjoyably and  
keep me feeling positive.”*

*“Routines. Physical exercise.  
Keeping connected with family  
and friends via digital methods  
(email, video calls like Zoom, etc).”*



## Community Support

Most respondents felt community support was extremely important. This was something we heard about during our online focus groups.

Three participants from **Awaaz** told us they received support from their families during Covid-19. The group discussed the use of volunteers to provide support. There was a sense of need for trust to be built between the community and other services e.g., statutory or voluntary.



*“We have provided food parcels and meals as the local  
authority vulnerable people form/application process is too  
nosy*

*and asks too much information”*



*“Volunteers are great help, but we need to build trust as they are strangers”*

The group told us that they provided support within their community.



*“We shared a list of people in need between us and we looked after them”*

Participants from **Parkinson’s Redbridge and Epping Forest Group** told us that a mixture of family, friends and neighbours supported them during the pandemic. One participant was very happy with the support they received from the NHS Responders scheme who helped with shopping.



*“...he supported us for weeks with shopping. He would drop it off at a distance and stop for a chat which made the world of difference to me at the time.”*

One participant was able to get priority support with online shopping after contacting her local supermarket. Another mentioned that different support groups had contacted them.

Everyone in the **One Place East** (members from **One Place Creative**) group spoke about the support they had received from One Place East during Covid-19. This support has been available in a variety of formats such as ‘WhatsApp’ group chats, telephone, and online workshops. Other members mentioned receiving support from their family and friends.



## Signposting

As a result of holding the focus groups, Healthwatch Redbridge was able to share relevant signposting information with community groups regarding blood testing clinics, Redbridge Talking Therapies service and information on Redbridge Mutual Aid groups.

## Other Issues

One participant worked in an organisation that supports and protects Muslim women from domestic violence. She had noticed a rise in their service users (women who are seeking divorce). She suggested the rise in cases is due to job losses and the financial uncertainty this causes. She highlighted a lack of refuge spaces as a key concern.

She also commented that women might be supported by their children, to leave during this time as they have been home and witnessed the situation.

## Comment

This raised a significant issue regarding concerns over the increases<sup>10</sup> in many forms of abuse<sup>11</sup> during the pandemic.

Individuals and families must be able to access appropriate support within communities.

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<sup>10</sup> [Domestic abuse during the coronavirus \(COVID-19\) pandemic, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/news-releases/2020/12/2020-12-01-domestic-abuse-during-the-coronavirus-covid-19-pandemic-england-and-wales)

<sup>11</sup> [Sharp increase in UK child sexual abuse during pandemic | Child protection | The Guardian](https://www.theguardian.com/uk-news/2020/apr/22/sharp-increase-in-uk-child-sexual-abuse-during-pandemic)

## Appendices

### Appendix 1: Details of focus groups organisations:

#### **Awaaz: (Voice of Women)**

Awaaz aims to be the voice of women in Redbridge, providing education, social welfare and support to all ethnicities. Their mission is to ensure a safe environment where women's health rights, sexual and reproductive rights, and social and economic empowerment are achieved. They have a 'rights-based approach', provide community focused interventions and high-level advocacy.

**Contact:**

Awaaz a Voice of Women  
1 Holstock Road, Ilford,  
Essex IG1 1LG

**Drop-in sessions:**

Loxford Children's Centre  
136-138 Ilford Lane, Ilford  
Essex IG1 2LG

Email: [mail@awaaz.org.uk](mailto:mail@awaaz.org.uk) or [awaazgroup@awaaz.org.uk](mailto:awaazgroup@awaaz.org.uk)

Website: [www.awaaz.org.uk](http://www.awaaz.org.uk)

#### **Parkinson's Redbridge and Epping Forest Group**

This group offers information, friendship, and support to local people with Parkinson's, their families and carers. They also organise regular events and social activities where people can meet other people affected by Parkinson's in their area.

**Contact:**

Kieran O'Driscoll  
Broadmead Baptist Church  
Chigwell Road,  
Woodford Green IG8 8PE

Valerie Dalsou

Tel: 07956169028

Email: [Valerie1000@hotmail.co.uk](mailto:Valerie1000@hotmail.co.uk)

Tel: 0344 225 3609

Email: [kodriscoll@parkinsons.org.uk](mailto:kodriscoll@parkinsons.org.uk)

Website: <https://localsupport.parkinsons.org.uk/provider/redbridge-and-epping-forest-branch>

## One Place East:

### One Place Creative

One Place Creative project was set up by One Place East for people with disabilities or lived experience of mental ill health and long term conditions. The aim was to increase their involvement in the learning of the creative industries, empowering them to learn new skills, make new friends, learn from industry professionals, and eventually get a job or start a business.

**Contact:**

Saifur Valli

Tel: 020 8925 2435

One Place East,

98-100 Ilford Lane,

Email: [saifur.valli@oneplaceeast.org](mailto:saifur.valli@oneplaceeast.org)

Ilford, Essex IG1 2LD

Website: [www.oneplaceeast.org/services/one-place-creative/](http://www.oneplaceeast.org/services/one-place-creative/)

### Redbridge People's Parliament

Redbridge People's Parliament is a group run by and for people with a learning disability. They campaign for the rights of people with a learning disability and speak up and feed-back their views on services in the borough and suggest changes to services to meet the needs of people with a learning disability. They have big Parliament meetings four times a year and 8 smaller monthly meetings. At the big parliament meeting they invite guest speakers and voice their opinions on the services they use.

The parliament has 4 MP's who work with other groups and go to different meetings to make sure the groups views are heard.

**Contact:**

Tel: 0208 925 2435 or [carol.gardner@oneplaceeast.org](mailto:carol.gardner@oneplaceeast.org)

### Redbridge User Network, User (RUN UP)

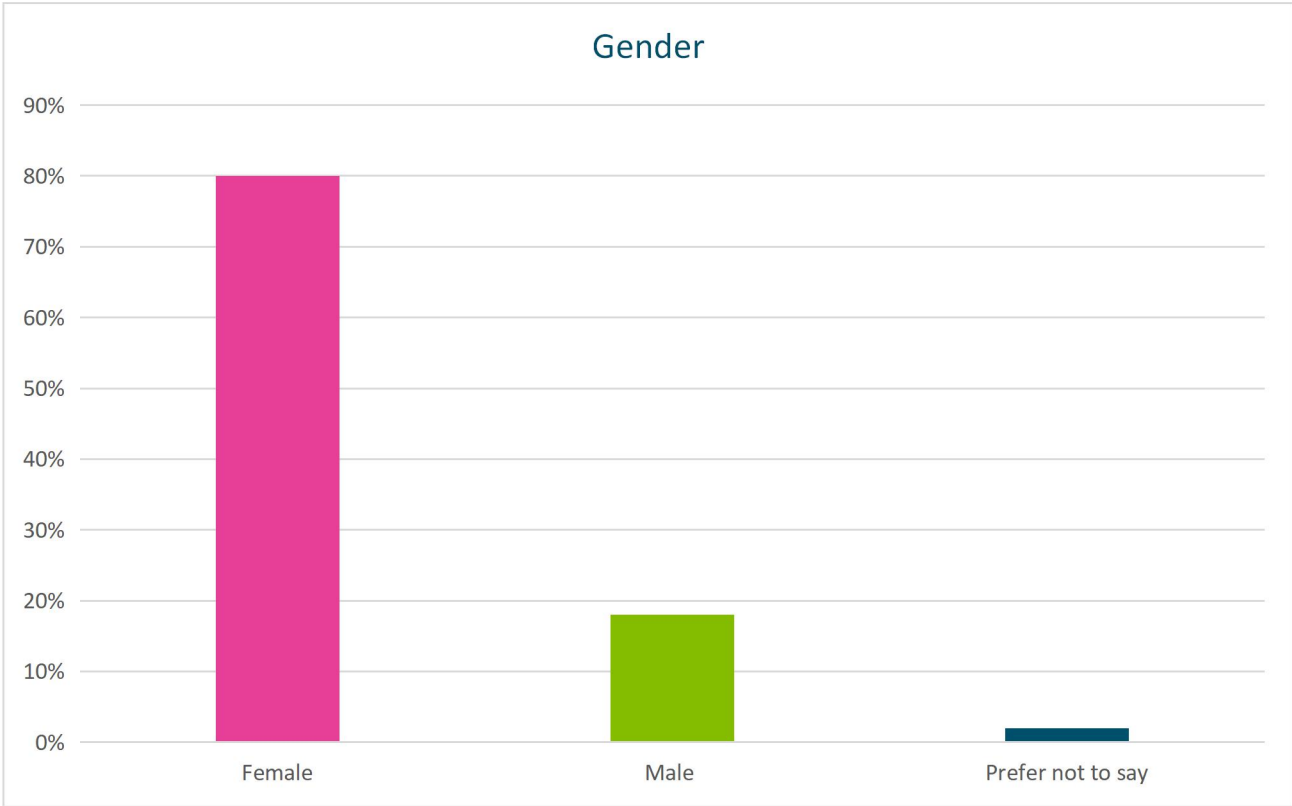
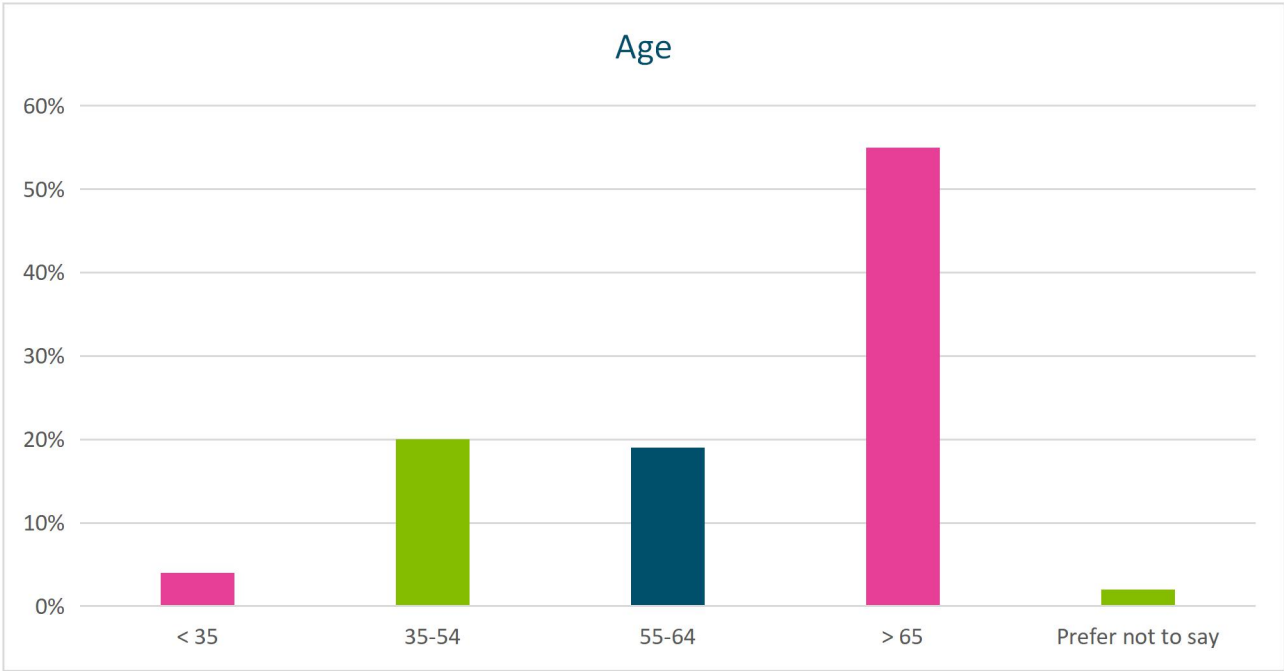
RUN UP is a mental health user group whose principal aim is to fight for the rights for everyone affected by mental health conditions. They aim to ensure that the voices of people with mental health issues are heard; they campaign to improve and develop local mental health services; and ensure mental health service users are involved in the planning, development, management and monitoring of services.

**Contact:** Chris Day - RUN-UP Goodmayes Hospital, Barley Lane, Goodmayes, Essex IG3 8XJ

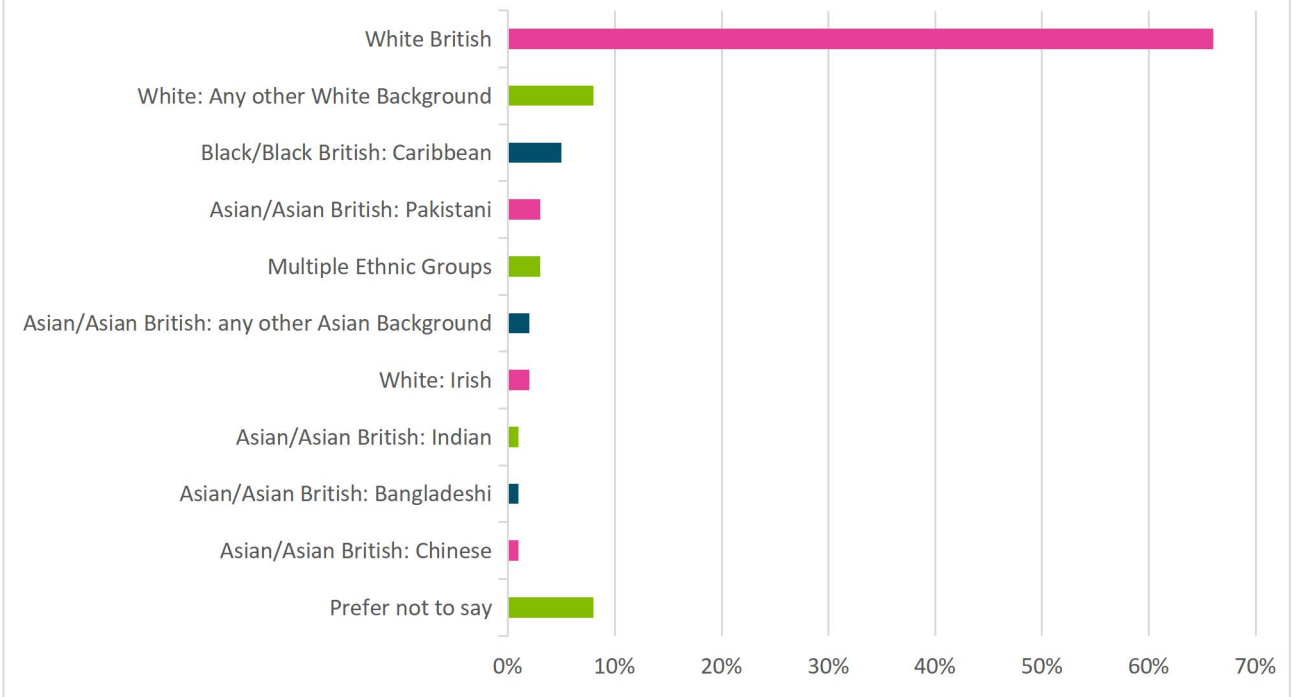
Tel/Fax: 0300 555 1201 ext 7888

Email: [runup@hotmail.com](mailto:runup@hotmail.com)

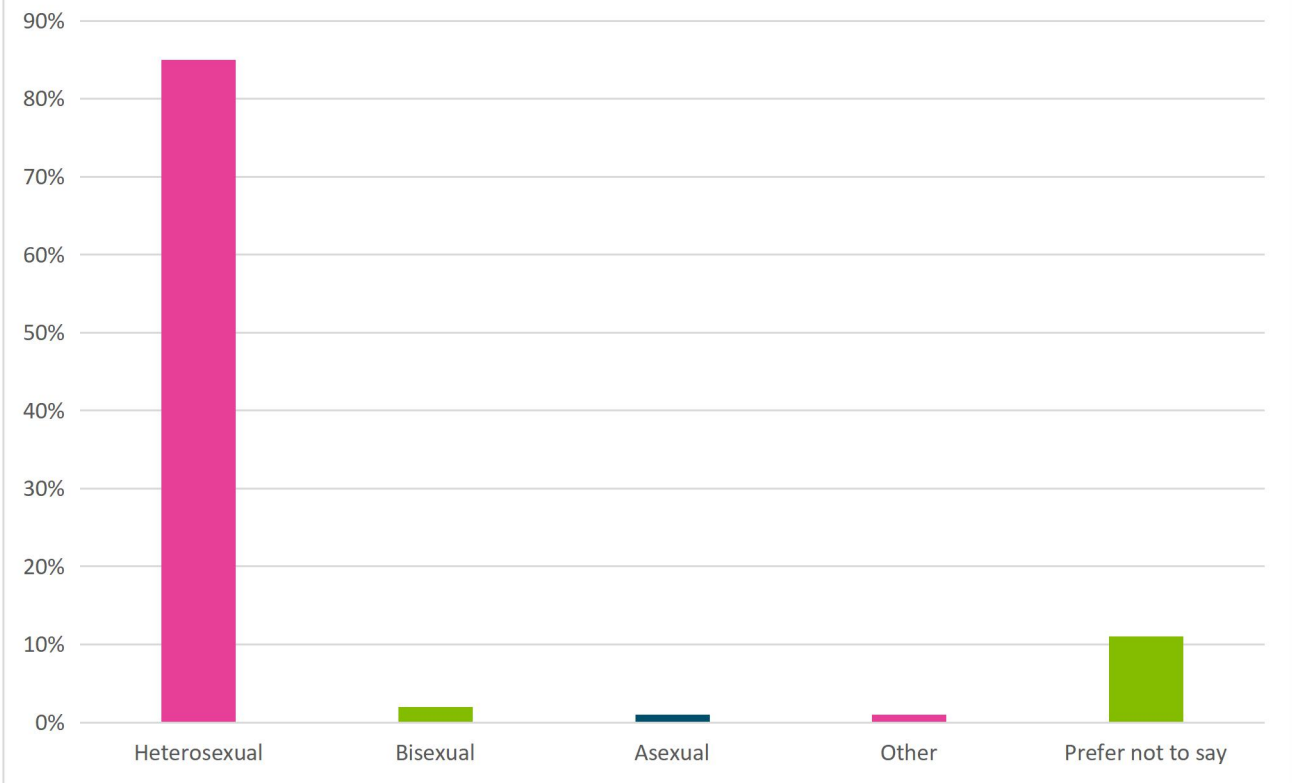
# Appendix 2: Demographics - Who did we hear from?

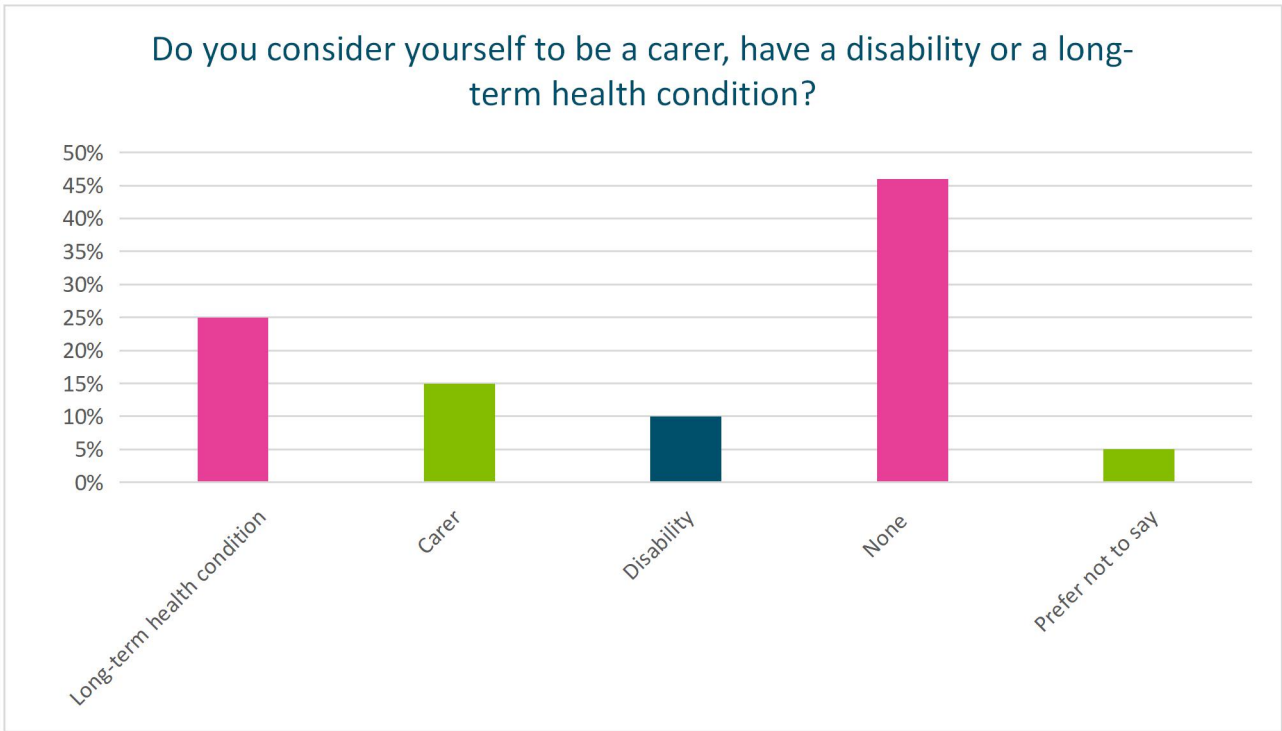


### Ethnic Background



### Sexual orientation





**Note:** In terms of those most affected by Covid-19, it should be noted that 55% of our respondents were over 65 years old. The NHS has stated those at moderate risk includes people over 70 years of age<sup>12</sup>, with anyone over 60 being at increased risk of becoming seriously ill from Covid-19.

Other groups who are identified as at risk of becoming seriously ill are people with specific health conditions, and those from particular ethnic communities.

<sup>12</sup> <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>



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[www.healthwatchRedbridge.co.uk](http://www.healthwatchRedbridge.co.uk)