



**The impact of COVID-19 on
Health & Social Care Services in Ealing.**

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Acknowledgements

First and foremost, Healthwatch Ealing would like to thank the 467 residents who took the time to complete this survey.

We would also like to thank all those organisations, including London Borough of Ealing, Ealing Clinical Commissioning Group, North West London Clinical Commissioning Group, the community and voluntary sector, faith groups, businesses and sports clubs who supported this research piece by promoting it to their own networks.

Finally, our thanks to the Healthwatch Ealing staff and volunteers for their hard work at all stages of producing this research piece.



1. Introduction

Healthwatch Ealing is an independent organisation that gives local people a voice to improve and shape health & social care services in the borough.

With the advent of Covid-19, Healthwatch Ealing wanted to hear from local people about whether their access to health and social care services had been impacted and how they were accessing information in a rapidly changing situation. As face-to-face engagement was suspended, the team developed a survey, with input from the Adults Social Care team at Ealing Council, which could be distributed via multiple channels.

The information presented reflects the feedback of 467 individuals who responded to the survey during the period from 25th May - 30th June 2020. Of these individuals, 412 answered all the questions in the survey.

Healthwatch Ealing presents this as information to be considered and utilised to improve service provision and highlight areas of good practice.



2. Aim & Objectives

Aim

- The aim of the study was to examine the impact of Covid-19 on residents and health & social care services in the borough by looking at four clearly defined areas:
 - Who is at 'high risk'?
 - Access to Health & Social Care
 - Access to Information & Advice
 - Mental Health & Wellbeing

Objectives

- Obtain feedback from residents of all ages and ethnicities in all seven of the borough's towns.
- Examine any barriers that existed in accessing information, advice or services.
- Examine whether the lockdown and changes in services had impacted people's mental health & wellbeing.
- Highlight areas of good practice and make recommendations for areas of improvement, as part of planning for an anticipated second wave.



3. Methodology

The survey was open to all residents who lived in the London Borough of Ealing. The primary method for completion was online, but residents were also given the opportunity to complete the survey over the phone.

To capture the breadth of the experiences and behaviours of Ealing residents, some questions allowed respondents to choose multiple options for their answer. The summary for each question will indicate whether the number of participants or the number of total responses is being reported on.

The survey was promoted via a number of channels and organisations, including:

- Healthwatch Ealing's website, newsletter and social media channels
- Newsletters and digital news bulletins from Statutory bodies such as the London Borough of Ealing, NWL CCG, and the Ealing CCG 'e-shot' to the Ealing Patient Participation Groups
- Community & voluntary sector organisations
- Faith groups, Local sports clubs, Local employers

Healthwatch Ealing took into consideration that with some organisations such as local employers and sports clubs, their audience might extend outside of the borough and so worked with colleagues at Healthwatch Hounslow and Healthwatch Hammersmith & Fulham to promote each borough's survey.

No personal data was collected, although 408 respondents were willing to provide monitoring information (age, gender, ethnicity, location).



4. Limitations

A few limitations were encountered while undertaking this research:

- The sample population was not entirely representative of the diversity of the Ealing population. The demographic for this survey was skewed toward the White British ethnicity and subsequently further analysis would need to be conducted to confirm any findings related to inequalities between ethnicities.
- Similarly, despite target activity to engage with people of all ages and living status, reaching all communities proved difficult.
- Due to the way in which the survey was digitally set up, some individuals have answered follow-up questions when they had previously indicated that this question did not apply to them (6.6 & 6.7). While further analysis showed that this had not significantly altered the findings, it is worth bearing in mind.



5. Executive Summary

See sections 6-9 for findings in full.

5.1 Who is at 'High Risk'?

- 46% of respondents considered themselves to fall into the high risk category of contracting COVID-19.
- Reasons for this mainly included long term health conditions such as, being over the age of 70 and a combination of the two.
- Members of Black, Asian and Ethnic Minorities (BAME) communities were more likely to receive shielding guidance and identify as an informal, unpaid carer.

5.2 Health and Social Care

- Although over half of individuals rated communications regarding changes to health care as good or excellent, there is still room for improvement.
- Changes to social care are inconsistent in meeting the needs of individual cases.
- Although uptake seems high, Individuals' experience with digital services has been mixed.
- Individuals are more likely to ask friends and family for help rather than seeking the help of professional organisations or leading authorities, such as the Ealing council.
- In some cases, the distribution of food boxes and support in food shopping remain issues that must be addressed to ensure that each individual's needs are sufficiently met.



5. Executive Summary

5.3 Access to Information and Advice

- People find it relatively easy to access information and stay up to date with how to keep themselves and others safe during the pandemic.
- However, several specific topics were highlighted as difficult to find clear information or advice on including; COVID-19 Testing, changes to regular health and social care support and how to self-manage existing health conditions.
- A smaller percentage of people have found it easy to actually act and implement information.

5.4 Mental Health and Wellbeing

- The impact that the COVID-19 pandemic has had on individuals' mental health and wellbeing has been widespread.
- The inability to successfully access testing has been a source of stress for many.
- Individuals are more likely to turn to friends and family rather than professional services for mental health support as some feel forgotten by services.

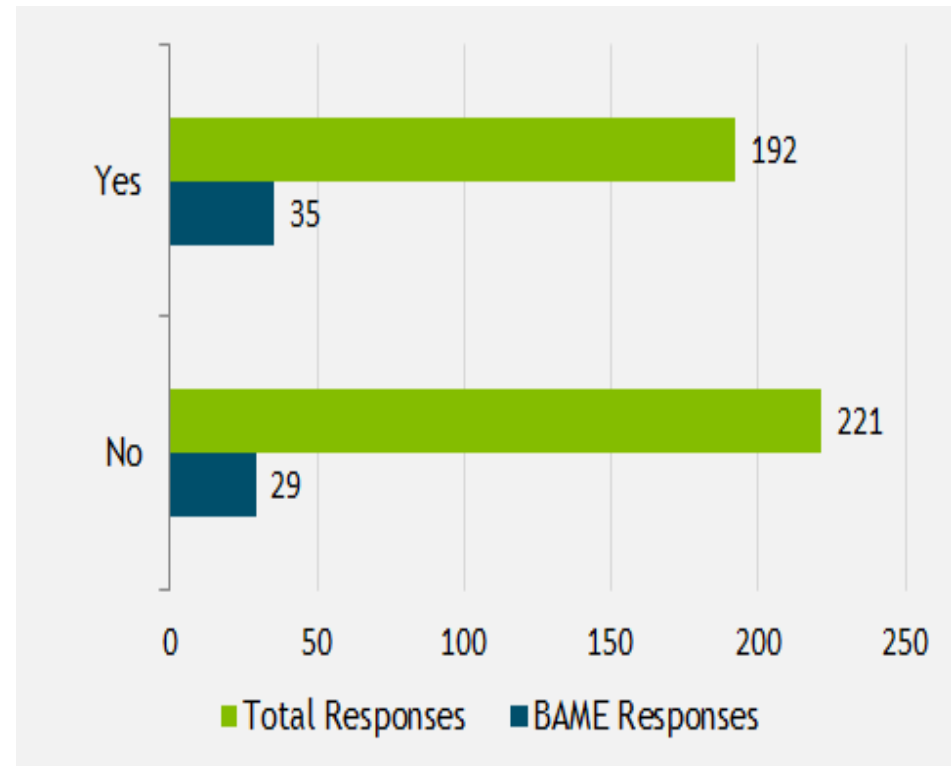




6. Who is at 'High Risk'?

6.1 Do you consider yourself to be at high risk from COVID-19/coronavirus?

- First, we asked individuals to indicate whether they believed they were at a 'high risk' of contracting COVID-19.
- Out of the 413 individuals who responded to this question, 192 (46%) considered themselves to fall into the 'high risk' category.
- Of these individuals, 35 were members of BAME communities, representing 55% of the total number of BAME respondents to this question.
- The answer given by total population and that given by BAME communities compared to White ethnicities was fairly even



6.2 Please tell us why you consider yourself to be at a high risk.

- Of those identifying as high risk, 44% (n. 99) stated an existing health condition, with common examples including Asthma, Diabetes, Cancer and Cardiovascular conditions.
- Age was also a consideration, with around a third of respondents (n. 70) indicating that being aged 70 or over was a high-risk factor, for them.
- 24% (n. 54) of respondents indicated 'other' reasons with some citing poor physical conditions, such as obesity, high blood pressure and weakened immunity (often as a result of surgery).
- Others were concerned that their working, caring or shopping commitments may place them in a position of risk. Frontline public sector staff, such as those working in schools or hospitals feel particularly vulnerable - as did people reliant on public transport.
- A number of respondents also said that their ethnic background is a high-risk factor.
- It is common for people to identify with more than one risk factor - with several answers selected in some cases.



6.2 Selected Comments

“I am diabetic, mobility impaired, obese, widowed, on low income, too young to get any help.”

”I am over 80, and my wife, 78, is classed as extremely vulnerable with her COPD.”

“I am over 70. I have had recent surgery including removing my spleen which leaves me 'at risk of overwhelming infection'. This surgery also required me to have a series of vaccinations spread over 10 weeks following surgery in early March. I did not receive a shielding letter until 27 April, more than four weeks after lock down and shielding measures were introduced.”

“I have an undiagnosed condition. Awaiting for a postponed hospital appointment.”

“I am a Family Worker and was in contact with many people. I did catch the virus.”

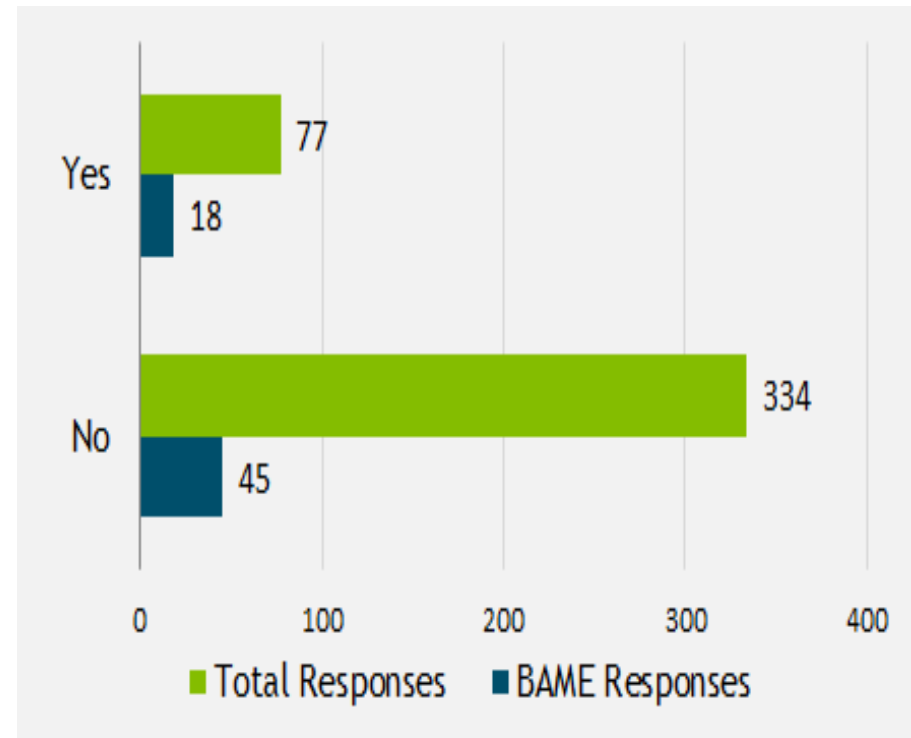
“Worry and stress from my local council is as deadly as the virus.”

“When I follow the flowchart sent by Ealing Hospital (Guide to social distancing for rheumatology patients) I fall in the Red Box stating I am at High risk and need to follow the government's Shielding recommendations for 12 weeks.”



6.3 Have you received a letter or text from the NHS advising that you should observe shielding guidance?

- 411 people responded to this question. of these, 15% (n.63) were made by members of the BAME community.
- While 192 individuals indicated that they considered themselves to fall in the ‘high-risk’ category, only 77 of respondents indicated they had received a letter or text from the NHS advising that they should observe shielding guidance.
- 29% (n.18) of BAME individuals stated that they had received NHS advise to shield.
- This is compared to 17% (n.59) of individuals of White ethnicity receiving the same message
- Further analysis found that there was also confusion around being told to shield by the NHS then being contacted at a later point and being told they no longer needed to.



6.3 Have you received a letter or text from the NHS advising that you should observe shielding guidance?

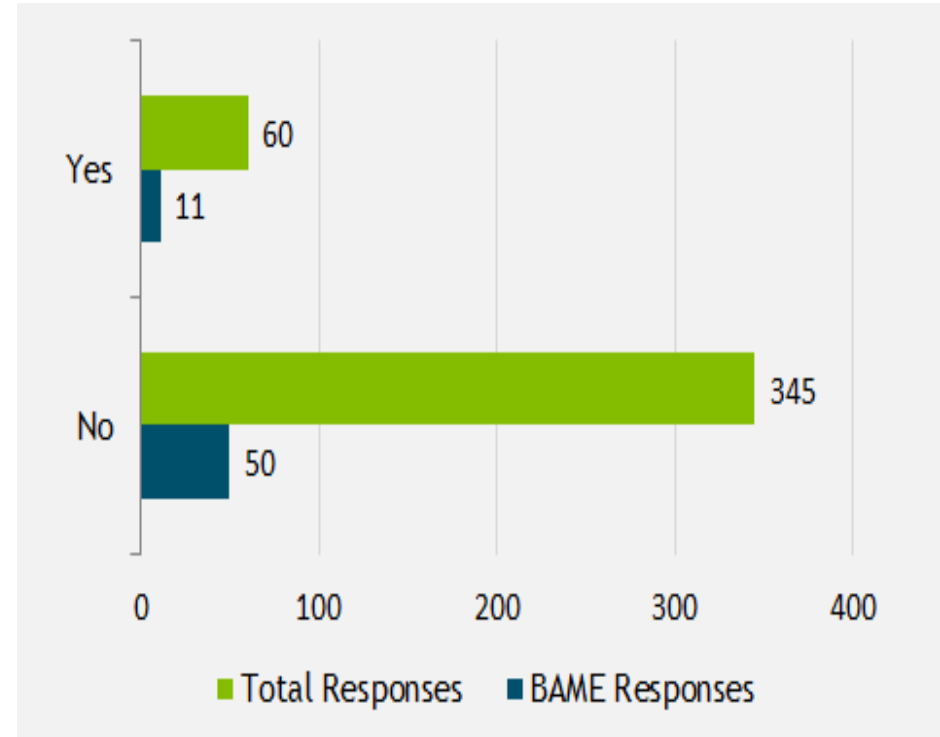
Selected Comments:

- *“Text received from NHS Coronavirus service stated family member was in the extremely vulnerable category.”*
- *“I’m over 70, asthmatic, and have been treated for cancer previously.”*
- *“Elderly mother needed support with shopping.”*
- *“I work with a vulnerable group having more prone to infections.”*



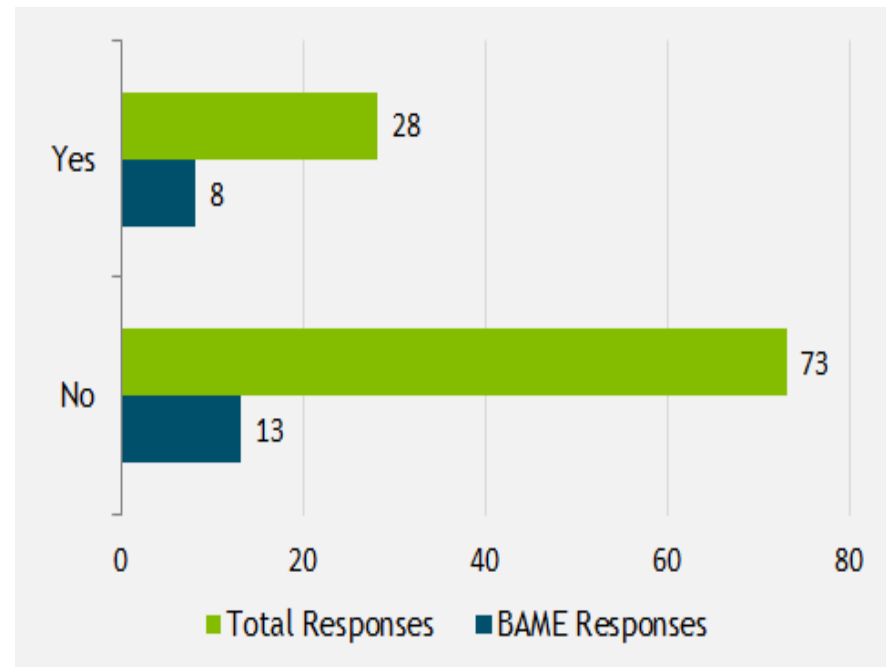
6.4 Have you or another member of your household needed be tested for Covid-19?

- 405 people responded to this question.
- A total of 15% (n.60) of individuals indicated that they or a member of their household, needed to be tested for COVID-19



6.5 If yes, have you successfully managed to access testing? If no, please provide more information.

- Despite only 60 individuals answering 'yes' to the previous question, 101 people responded to this follow up question.
- Of the 101 individuals who responded, almost three quarters (n.73) indicated that they were unable to access testing.
- Through further analysis, a common theme that was identified was that the inability to successfully access testing was a source of stress for many individuals. This is discussed in more detail in section 9 of the presentation.
- Only 32% (n.21) of the BAME sample answered this question. Of these 21 individuals 38% (n.8) indicated that they were able to access testing successfully, compared to 25% of the White ethnicities sample.



6.5 If yes, have you successfully managed to access testing? If no, please provide more information.

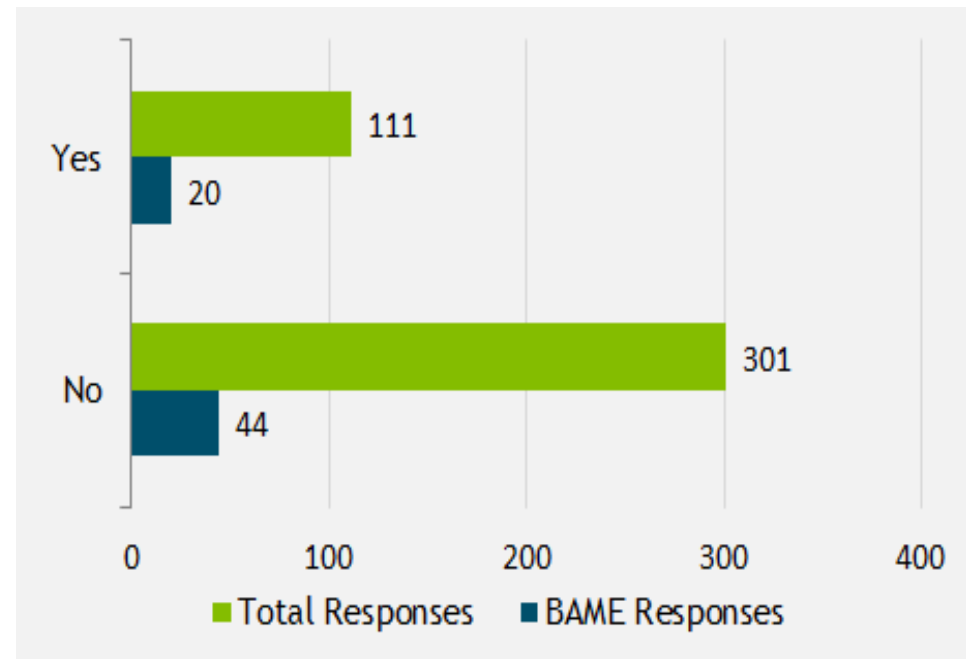
Selected Comments:

- *“The first time Ealing sent me an email saying they were setting up a testing station but when I applied, only one of the links worked. This was immensely stressful.”*
- *“In March, it was not possible to access a test, despite having symptoms.”*
- *“I was unable to access COVID testing during the entire 4 weeks that I was unwell with symptoms as GP advised I would need to be hospitalised in order to be tested.”*
- *“When I had symptoms at start of lockdown, testing was only available for NHS staff, even though I was a keyworker.”*
- *“Had symptoms in late March when no testing was offered.”*



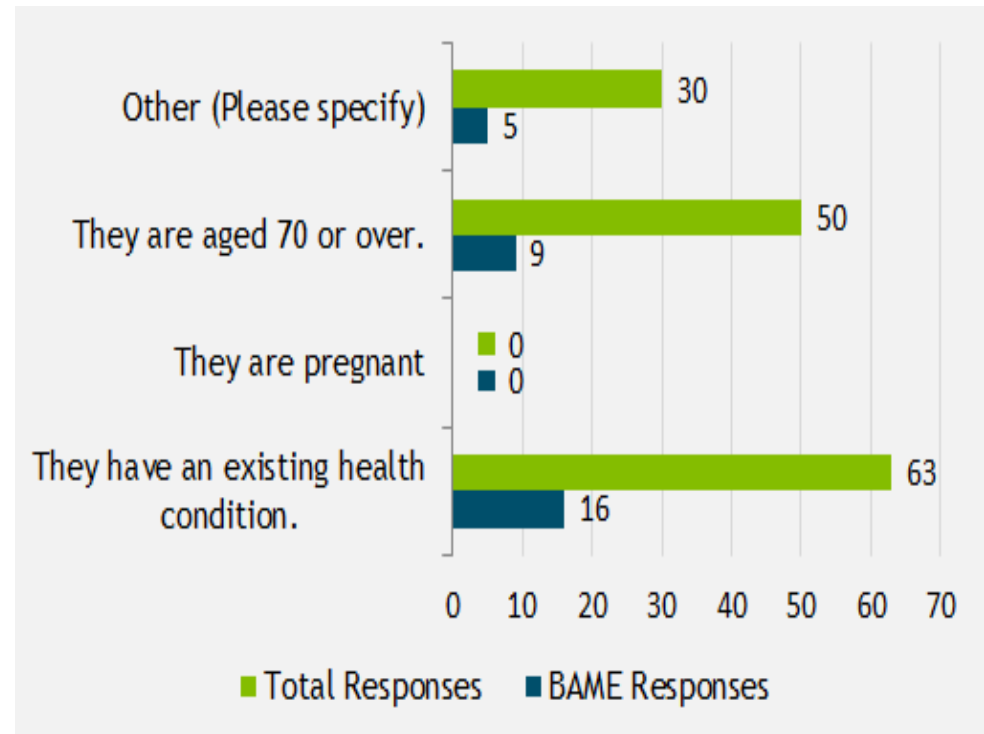
6.6 Do you care for or support someone, or more than one person, who is considered to be at high risk from COVID-19/coronavirus?

- 412 people responded to this question. Of these, 15% (n.64) were made by members of BAME communities.
- 27% of respondents (n.111) indicated that they were caring for or supporting one or more individuals who were considered to be at high risk from COVID-19.
- When comparing the responses of different ethnicities, 26% of individuals of White ethnicity indicated that they cared for or supported someone who is considered to be at high risk, compared to 31% of the individuals who identified BAME.



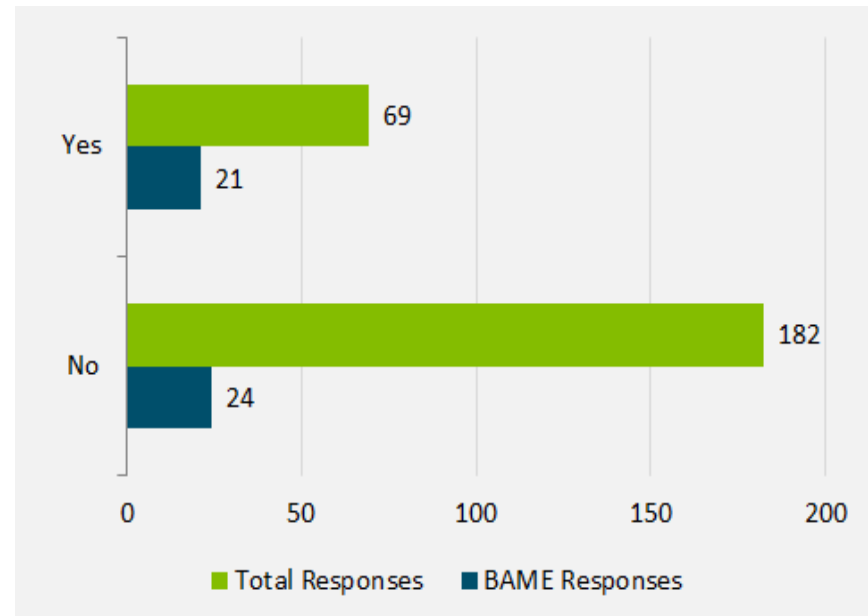
6.7 If you answered yes to 6.6, please indicate why.

- This questions received 143 responses in total.
- Of those that responded to this question, 44% (n.63) individuals indicated that they were caring for someone who had a pre-existing health condition such as, Diabetes, Cancer and/ or Cardiovascular conditions.
- The second most common incidence of support or care was for those that were 70 years old or above with 35% (n.50) people selecting this option.
- Of the 30 that selected 'Other', individuals often provided a more detailed description of the combination of both of the aforementioned risk factors.
- It is common for people to identify with more than one risk factor - with in some cases, several cited.



6.8 Have they received a letter or text from the NHS advising that they should observe shielding guidance?

- 251 people responded to this question. of these, 18% (n.45) were made by members of the BAME community.
- 27.5% (n.69) of individuals indicated that the person(s) that they care for had received a letter or text from the NHS, advising that they should adhere to shielding guidance.
- Worth noting is that again a much larger proportion (47%) of the studies' BAME sample size indicated that they had been advised to shield, compared to under one quarter (23%) in the White ethnicities sample*.



*We cannot assume that the person that is being cared for was the same ethnicity.





7. Access to Health & Social Care

7.1 Have you, or has the person you care for, experienced any changes to your/their healthcare, due to the COVID-19/coronavirus pandemic? (please check all that apply)

Answer	Responses	
Other (please specify)	12.96%	60
Don't wish to say	0.22%	1
None of these	9.94%	46
I/They haven't needed any healthcare services	12.96%	60
My/Their planned procedure was cancelled	9.50%	44
My/Their hospital appointment was cancelled	28.73%	133
My/Their regular hospital-based treatment was disrupted (e.g. dialysis, chemotherapy, physiotherapy)	9.94%	46
I/We could not find the over the counter medication we needed in shops or pharmacies	7.13%	33
I/They could not get my/their prescription medication	3.89%	18
I/We were unable to get an appointment with the GP	5.18%	24
I/ We were only offered a telephone or email appointment with the GP	23.11%	107
I/We were offered a telephone, email or video consultation instead of a face-to-face	23.54%	109
I/They had changes in services, but we have been able to get what we needed	27.00%	125
Total respondents: 463		805

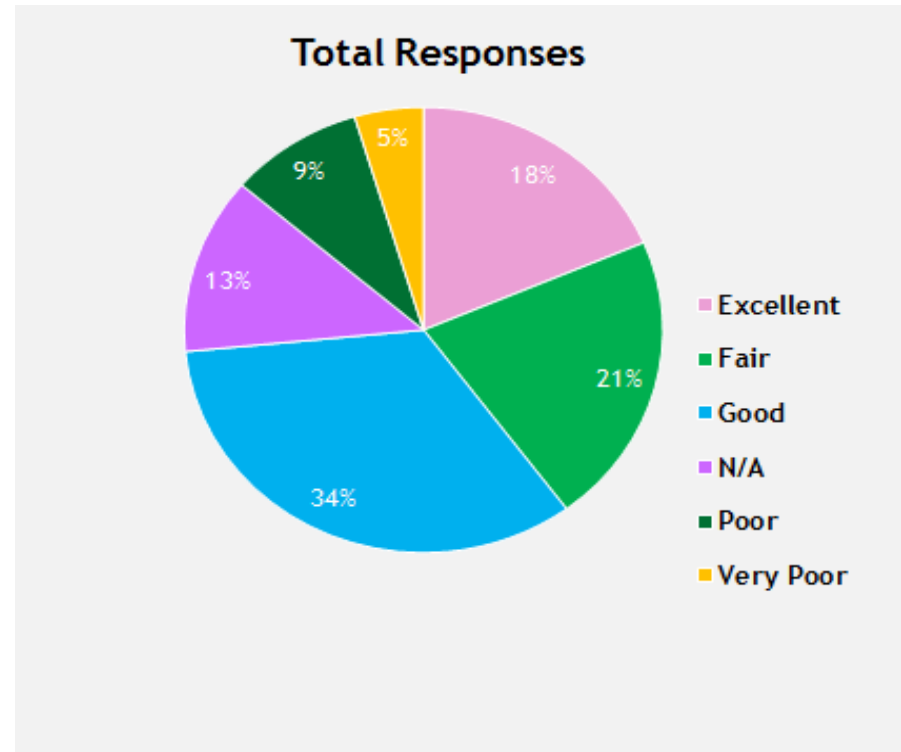
7.1 Have you, or has the person you care for, experienced any changes to your/their healthcare, due to the COVID-19/coronavirus pandemic? (please check all that apply)

- 463 people responded to this multiple choice question, with a total of 805 selections made.
- 29% (n.133) of respondents indicated that their hospital appointment(s) had been cancelled during the pandemic - this category received the highest number of selections.
- Promisingly, 27% (n.125) of individuals indicated that they had been able to get what they need, despite changes in service and approximately 47% (n.216) indicating that they had at least been offered an appointment with their GP via telephone or email.
- What makes these responses even more significant is that 12% (n.60) individuals stated that they had not needed access to healthcare services during the pandemic.
- On the other hand; 10% (n.46) of individuals indicated that their regular hospital based treatment had been disrupted - including dialysis, chemotherapy and physiotherapy, 10% (n.44) had planned procedures cancelled, and 5% (n.24) of individuals could not get an appointment with their GP.



7.2 Where applicable, how would you rate the communication you received about these changes?

- 452 people responded to this question. 58 individuals chose 'N/A' suggesting that they had not received communications about changes to healthcare services pertaining to them.
- Of the remaining 394 individuals, 60% (n.236) rated the communication that they had received about their healthcare changes as 'good' (n.152) or 'excellent' (n.84).
- On the other hand, 16% of individuals rated the communications they had received as either 'poor' (n.41) or 'very poor' (n.21).
- As approx. 24% (n.96) of people only rated the communications that they received as 'fair', this suggests that attention may need to be paid to how individuals are informed about changes to their services.



7.3 Since the beginning of the pandemic, have you accessed any of the following? (please tick all that apply)

Answer	Responses	
Contacted 111 by telephone	15.69%	72
Use the 111 website to access a service	9.59%	44
Checked symptoms on the NHS website	36.60%	168
Checked your symptoms somewhere other than 111/ the NHS website	13.07%	60
Called 999 for medical assistance	3.92%	18
Had a telephone consultation with a GP or practice nurse	37.91%	174
Filled in an e-consult form and received a call back from a GP or Practice nurse	10.02%	46
Spoken to another medical professional over the phone (e.g. midwife, hospital nurse)	23.53%	108
Ordered a repeat prescription online	49.46%	227
Accessed your test results or medical referrals online	7.63%	35
Used a website or app for your mental health (e.g. mood tracker or meditation apps)	9.15%	42
Visited a GP surgery	13.73%	65
Had a home visit from a medical professional	3.27%	15
None of these	19.39%	89
Don't wish to say	0.44%	2
Total respondents 459		1191

7.3 Since the beginning of the pandemic, have you accessed any of the following? (please tick all that apply)

- 1191 selections were made by 459 respondents for this multiple choice question.
- Ordering a prescription online was the most common selection from the options provided, with 49.46% (n.227) of the respondents indicating that they had ordered a prescription online.
- This was followed by over a third of respondents indicating that since the start of the pandemic, they had received a telephone consultation from their GP or Practice Nurse (n.174).
- Other common choices included; Checking symptoms on the NHS website (36.60%, n.168); Spoken to another medical professional on the phone (23.53%, n.108); and contacting 111 by telephone (15.69%, n.72).
- There appeared to be a low uptake in the use of the e-consult service (10%, n.46), Using the 111 website to access a service (10%, n.44) or speaking to a medical professional other than a GP or Practise Nurse via text based chats or video calls (6%, n.28)



7.4 If you answered yes, please tell us about your experience.

- 455 people responded to this question. Some representative example comments of both positive and negative responses are provided below:

Positive comments:

- *“It was great. The appointment was easy to get, and their communication was thorough.”*
- *“Local surgery was very prompt and helpful.”*
- *“Consultant telephone consultation was excellent. Repeat prescription online worked well.”*
- *“Easy to use. Will use this method in the future. A good development.”*
- *“Ordering repeat prescriptions have been no issue, the surgery had linked my prescription to the Chemist have processed efficiently and easy for me to collect.”*

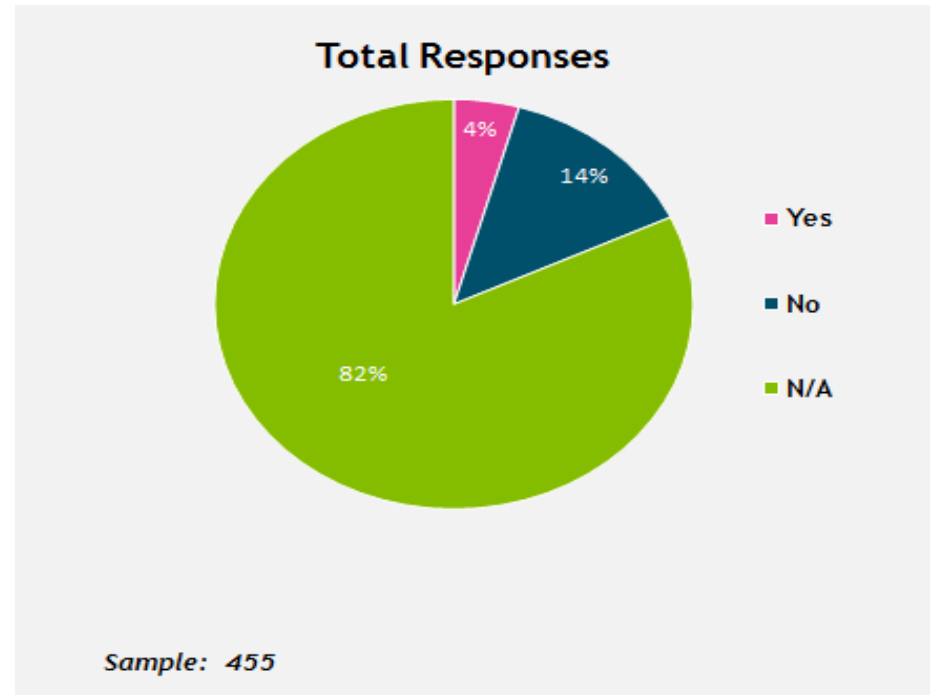
Negative comments:

- *“Things have taken longer than normal e.g. wait times to get through to 999, or 111 meant to call back but did not happen, adding delay to a difficult situation.”*
- *“Very strange, I had a personal visit from the district nurse. We could not communicate very well as we were stressed about the risk of infection. It was very stressful.”*
- *“My prescription took a month as the pharmacy was shut. It was quiet inconvenient I run out of my inhaler.”*
- *“Had trouble getting my medications delivered even though they know I'm shielding.”*
- *“It was limited the assistance over the phone. Mine is a heart condition and neither heart rate nor blood pressure was measured. My son appointment was cancelled by post. No call was offered.”*



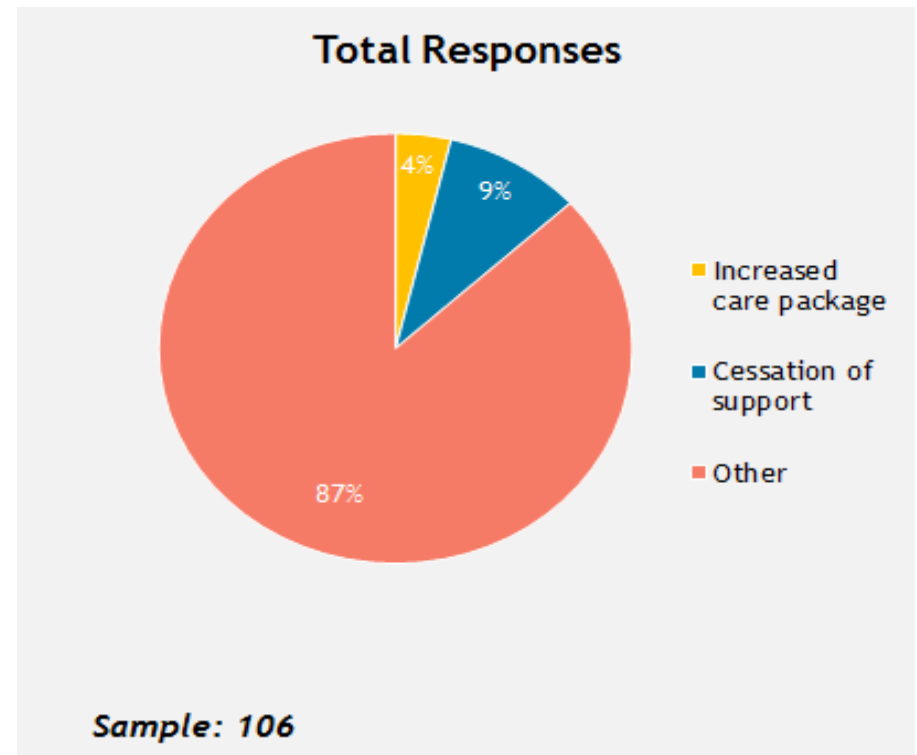
7.5 Has your experience of social care been affected by the COVID-19 / coronavirus pandemic, e.g. visits from care workers, access to residential or nursing homes?

- 82 individuals believed that this question was applicable to them, suggesting that 82 participants in our study received some sort of social care.
- Almost one quarter (n.20) of these individuals indicated that the social care that they were regularly provided with, had been affected by the pandemic.



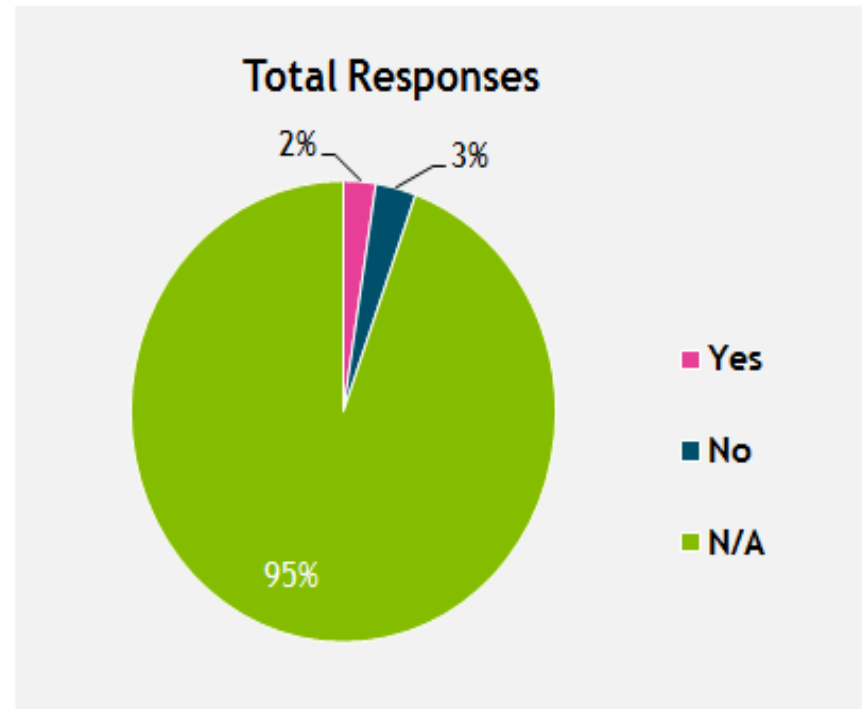
7.6 If yes, what type of changes were made to your social care support?

- 106 people responded to this question compared to the 82 who had previously indicated that they received social care support.
- While this makes it difficult to draw any firm conclusions it should still be noted that 10 individuals indicated that their social care had ceased.
- If it was presumed that these 10 individuals were in fact from the group that indicated their support had been affected by the pandemic, this is a cessation rate of 50%.
- As It is common for people to select more than one option in this type of multiple choice question, with some citing several, the 'Other' category needs further exploration as to what kind of changes these choice represent.



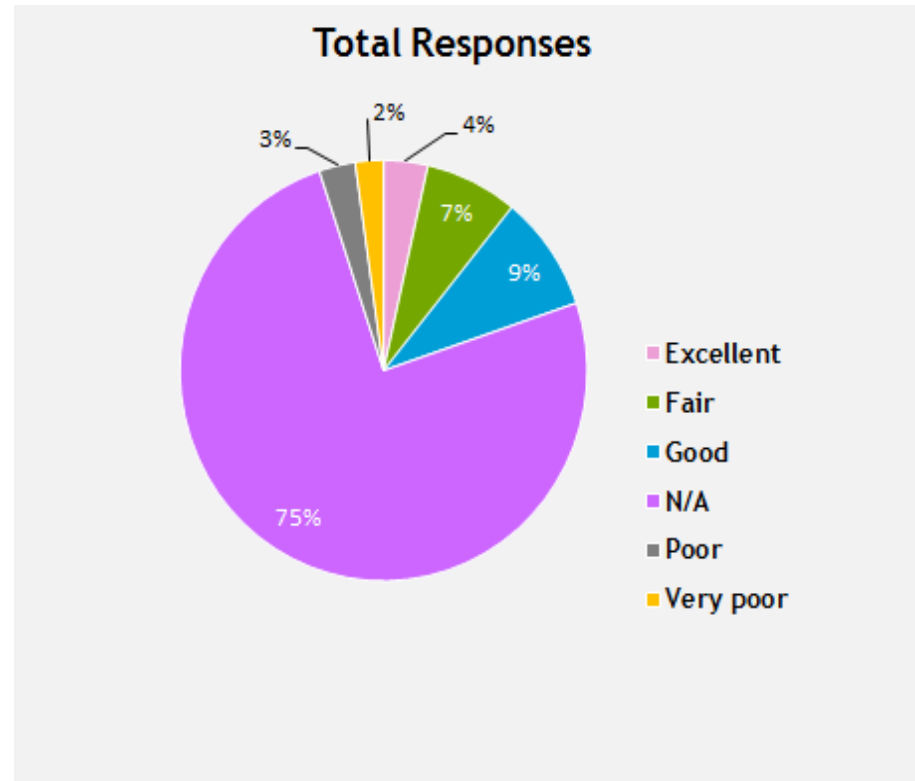
7.7 If there were any changes to your social care support, did they meet your needs?

- 18 individuals actively participated in this question.
- Approximately 55% (n.10) of individuals who actively participate in this question indicated that the changes that were made to their social care support did not meet their needs.



7.8 Where applicable, how would you rate the communication you received about these changes?

- 313 people responded to this question. Of these, 17% (n. 54) identified as BAME.
- Of the 78 people who received communications, 50% (n.39) rated them as ‘Good’ or ‘Excellent’.
- 20% (n.16) rated the communications as either ‘Poor’ or ‘Very Poor’.
- Taking ‘Fair’ (30%) responses into consideration, these findings suggests that there is room for improvement in communicating with individuals regarding their social care support.



7.8 Selected Comments

Positive comments:

- *“My wife has dementia. She goes to day centre to give me rest bite, due to the pandemic it was stopped. But still, the day centre have been in contact every week to check.”*
- *“The food supply was good and they were mindful of my food allergies.”*
- *“My husband has dementia. Night carer and day carer are still good. The social care is doing their best with telephone support and continuing to order appropriate home aids delivered punctually by MediQuip.”*

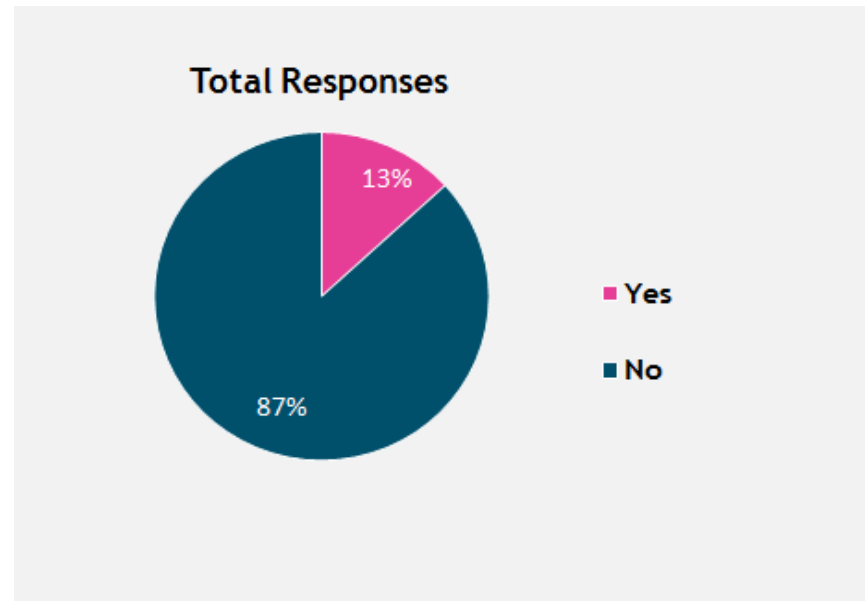
Negative comments:

- *“No one has checked in to see how family member is doing, despite being classified as extremely vulnerable.”*
- *“My family member is known to Social Services and entitled to support, no one has checked in to see how they are coping.”*
- *“There were problems with the call quality and so it seemed I would lose necessary help, and also have to go through financial and care assessments.”*
- *“I look after myself. Nobody is there to help me.”*
- *“I took over sole care of my mother did not receive any social care.”*
- *“I don't yet know. I have been contacted by social services to review and change my care plan.”*



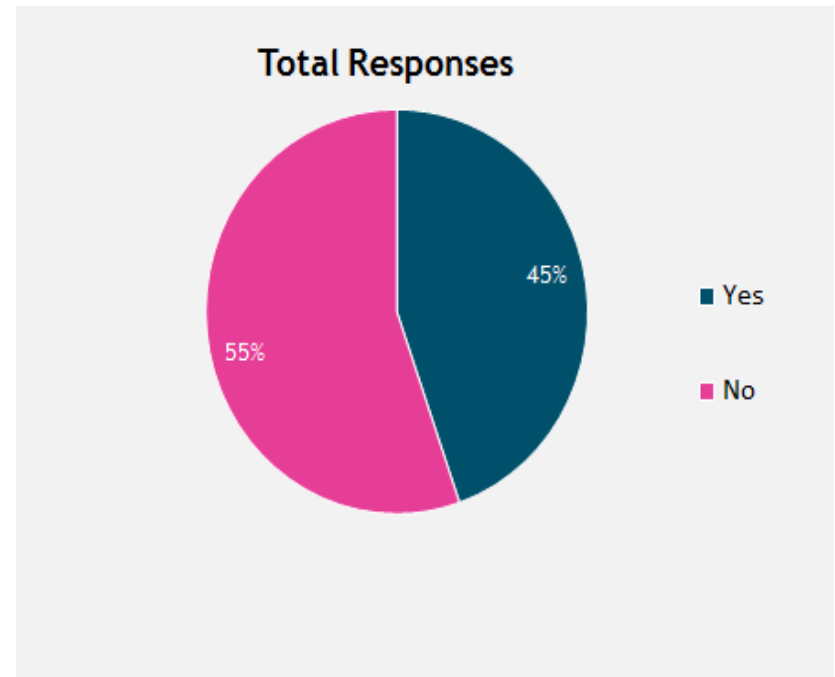
7.9 Are you an informal, unpaid carer?

- Of the 424 individuals who answered this question, 13% (n.56) indicated that they were an informal, unpaid carer for a friend or relative.



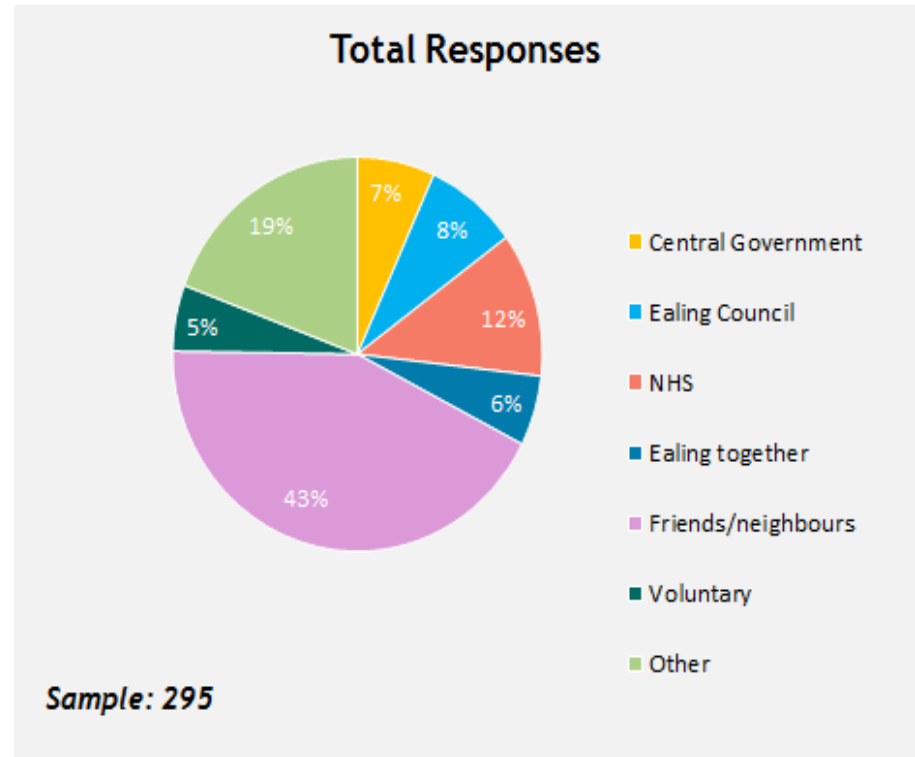
7.10 Have you, or has the person you care for, needed help with food shopping or social contact due to the Covid-19/coronavirus pandemic?

- 382 people responded to this question.
- 33% (n.126) of individuals indicated that they needed help with either food shopping or social contact for themselves or the individual that they care for.
- It is difficult to draw conclusions from this 'and/or' statement, however, this initial finding may suggest that basic care such as food and social contact cannot be overlooked when planning how to best care for those in need.



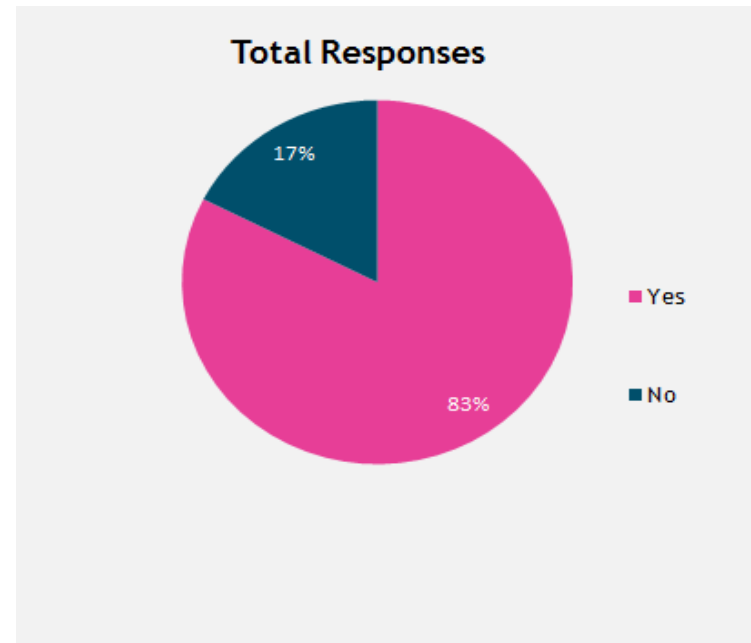
7.11 Have you/they accessed help from any of the following (please check all that apply)

- 223 people responded to this question with a total of 295 responses.
- Help from Friends and/or Neighbours was the most common response with 56.5% (n.126) of the individuals who responded indicating that they had turned to them for help and support.
- Significantly fewer individuals indicated that they or the person that they care for, had accessed professional help from the NHS (16%, n.35), Ealing Council (11%, n.24), or Central Government (9%, n.20).



7.12 Did this support meet your needs? If not, please provide more information.

- 212 people responded to this question.
- 17.45% of these individuals (n.37) indicated that the support that they had received was inadequate and did not support their needs.
- Further thematic analysis of this question found that of the 26 individuals who provided more information, 9 individuals indicated that they had difficulty with gaining access to food, either through council food boxes or inability to book grocery deliveries.



7.12 Did this support meet your needs? If not, please provide more information.

Example comments regarding inadequate support:

- *“It was time consuming, frustrating and poorly managed.”*
- *“Very little concrete support or information for residents who have to care for relatives some distance away.”*
- *“I needed gas card topped up and I live alone and am shielding. They couldn't assist they said.”*
- *“I have food allergies and the food box provided was completely unsuitable.”*
- *“Partially met our needs. But we greatly mourn the loss of day centre which greatly reduces my freedom since I am now the 24 hour sole carer.”*
- *“I am on immunosuppressant and have been completely unable to get a response from my consultant on what to do.”*

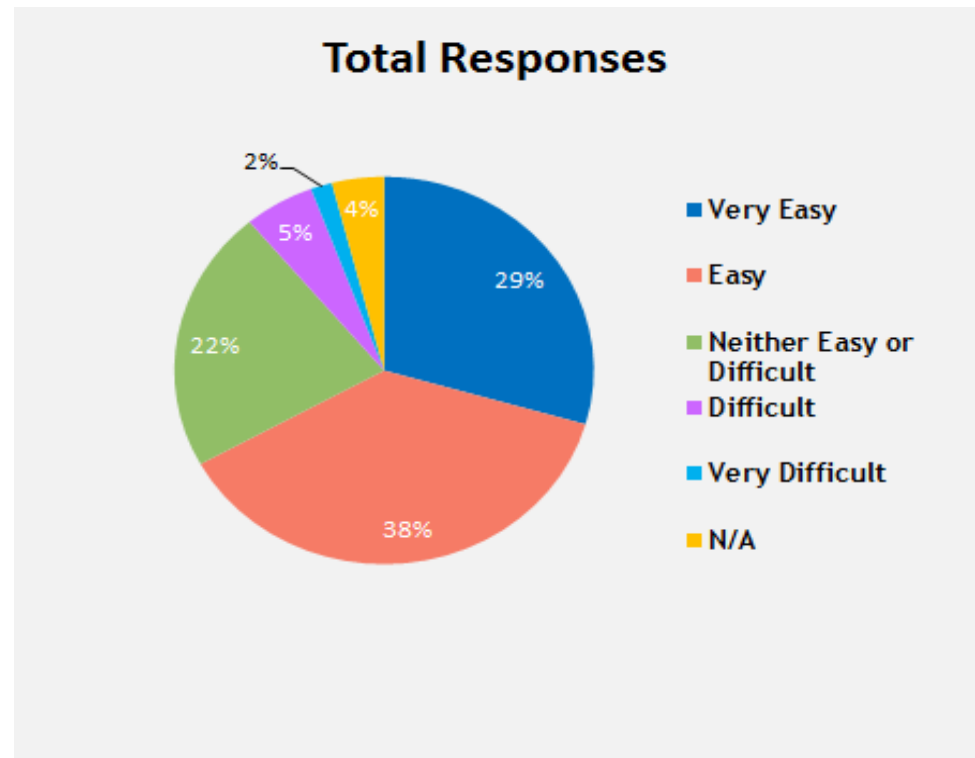




8. Access to Information & Advice

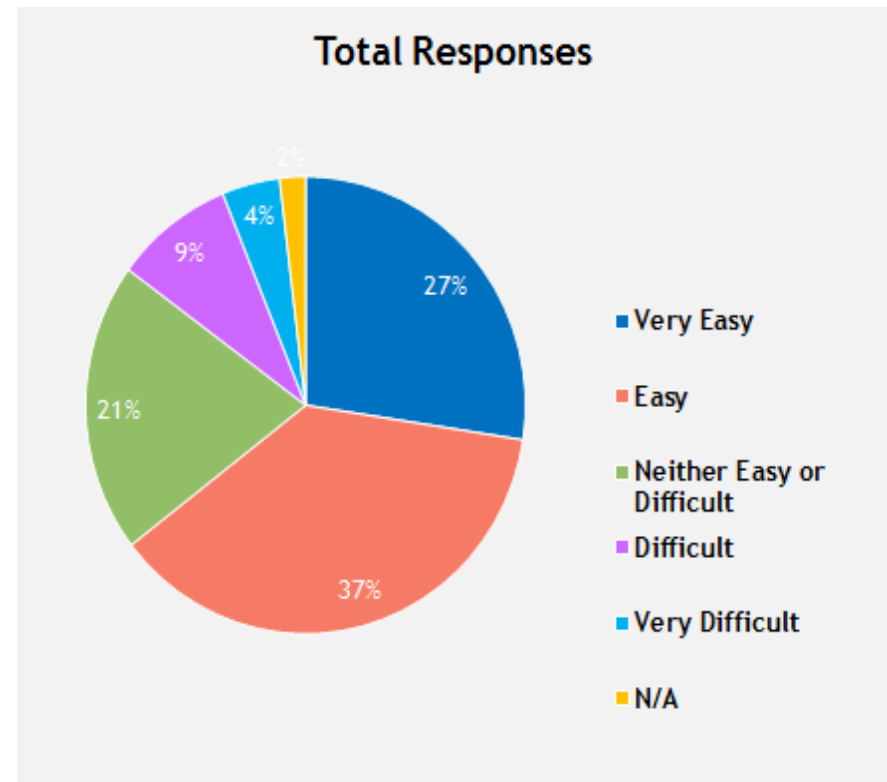
8.1 How easy have you found it to find the information you need about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

- 424 people responded to this question. Of these, 15% (n. 65) identified as BAME.
- The majority of people (67%) found it 'easy' or 'very easy' to find the information needed about how to keep themselves and others safe (n.284).
- 7% (n.30) of people found it 'difficult' or 'very difficult' to find the information needed.
- It is worth noting that 22% (n.93) responded 'neither easy or difficult', indicating that a total of 29% of respondents didn't find it easy to find the information they needed about staying safe during the pandemic.



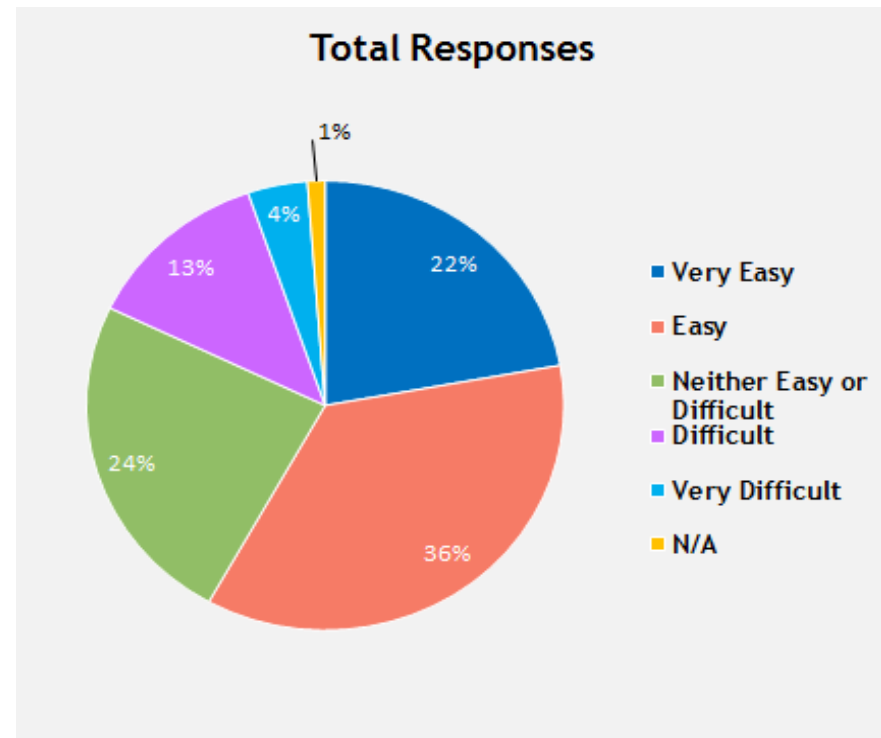
8.2 How easy have you found it to understand information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

- 418 people responded to this question. Of these, 15% (n. 65) identified as BAME.
- 65% (n.273) of individuals found it 'easy' or 'very easy' to understand the information about how to keep themselves and others safe during the pandemic.
- While only 13% (n.55) found it 'difficult' or 'very difficult' to understand COVID-related information, a further 21% (n.87) indicated that they found it neither easy nor difficult. This should be noted when drawing conclusions on the distribution of information



8.3 How easy have you found it to keep up to date with the changes to information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

- 420 people responded to this question. Of these, 15% (n. 65) identified as BAME.
- 58% found it 'easy' or 'very easy' to keep up to date with the changes being made to information about how to keep themselves or others safe, during the pandemic.
- Once again, it should be noted that a total of 41% (n. 171) individuals indicated that they did not find it easy to keep up to date with the changes to health information related to COVID-19.



8.4 Which topics, if any, have you found it difficult to get clear information or advice about? (Please select all that apply)

Answer	Responses	
Looking after my mental health and wellbeing	9.90%	41
Looking after my physical health	10.14%	42
Accessing repeat prescription medications	7.49%	31
Managing existing physical health conditions	13.04%	54
Managing existing mental health conditions	5.07%	21
Changes to the health care services I usually access	17.87%	74
Changes to social care support I usually access	1.21%	5
Advance care planning and end of life care	0.97%	4
Advice for family carers	3.86%	16
Help for people who do not use the internet	6.28%	26
Accessing help in my local community	6.76%	28
How to volunteer in my local community	4.11%	17
Testing for COVID-19	18.60%	77
Symptoms of Covid-19	6.04%	25

8.4 Which topics, if any, have you found it difficult to get clear information or advice about? (Please select all that apply)

Answer	Responses	
What to do if you think someone in your household has COVID-19	5.07%	21
Social Distancing	10.87%	45
Self-isolation	8.45%	35
Shielding people who are at very high risk of severe illness	13.04%	54
None. I have all the information I need	40.82%	169
Don't know	0.72%	3
Others (Please specify)	10.82%	45
Total respondents 414		833



8.5 Which topics, if any, have you found it difficult to get clear information or advice about? (Please select all that apply)

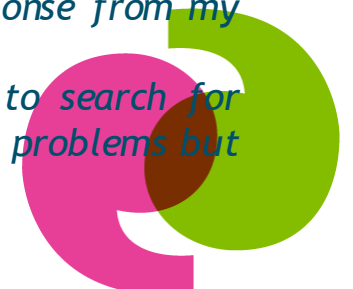
- 414 people responded to this question and a total of 833 selections were made.
- Approximately 40% (n.169) of respondents stated that they had all the information that they needed.
- However, several key topics were highlighted as difficult to get clear information or advice on including; COVID-19 Testing (18.60%); Changes to health care services that individuals usually access (17.87%); Shielding high risk individuals (13.04%); and Managing existing health conditions (13.04%).

Positive comments:

- *“Up to date information from the government which can be ambiguous.”*
- *“Social skills development and zoom like meeting started for teenagers to aid their social skills development.”*
- *“I have all the information because I can use the internet, understand newspapers and news bulletins, can ask questions and can persist until I get an answer.”*

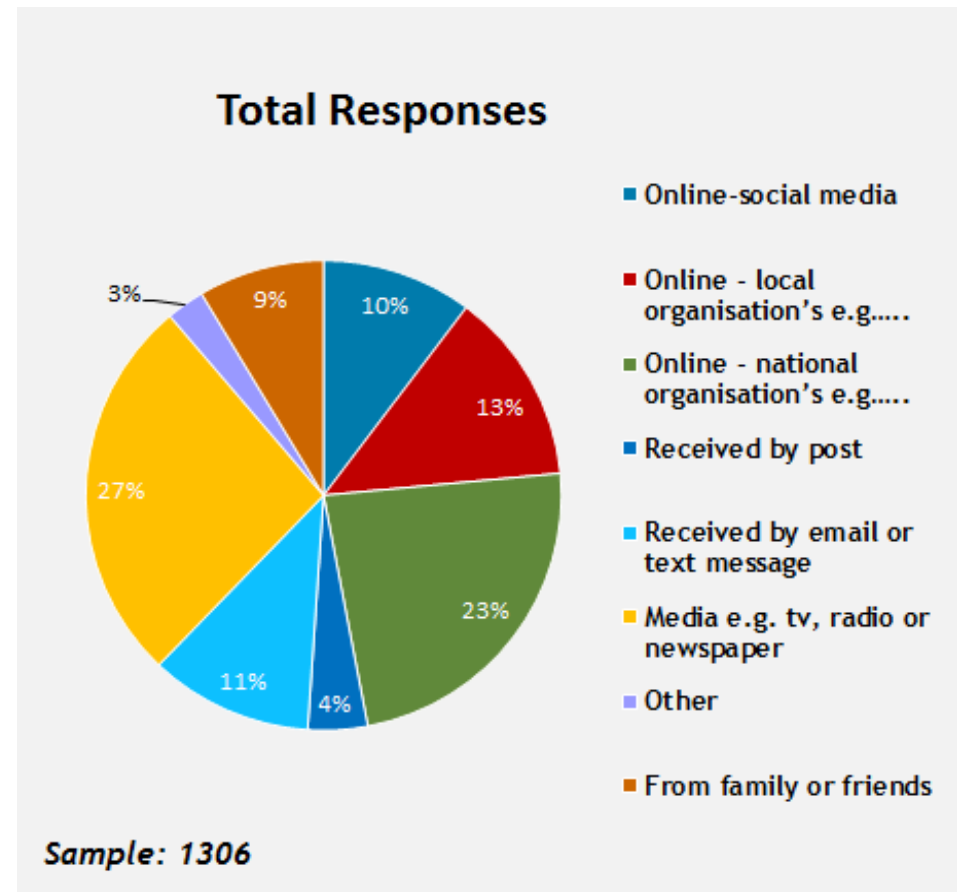
Negative comments:

- *“Ealing Council is ripping off its residents by charging ridiculous amount of overpayments in social housing and council tax, it's pathetic.”*
- *“I am on immunosuppressant and have been completely unable to get a response from my consultant on what to do.”*
- *“We were sometimes unsure when changes to lockdown occurred and had to search for information for the likes of us, over 70 and with some underlying healthcare problems but not on the Government list of those needing to be shielded.”*



8.6 Where have you found information or advice about the COVID-19/coronavirus pandemic? [Please select all that apply]

- 422 people responded to this question and a total of 1306 selections were made.
- A high percentage of individuals indicated that they had found information about the pandemic via national Govt or NHS websites (73%, n.307) or media channels such as TV, Radio or the newspaper (82%, n.348).
- In comparison; 41% (n.173) found information on local organisation websites (Council, Local Hospital, Voluntary Sector Organisations), 34% (n.145) received information via text or email, and 32% (n.134) sourced information and advice from social media.
- 26% (112) of people indicated that they do receive information and advice from friends or family.



8.6 Selected Comments

Positive comments:

- *“Ealing council sent the message it was excellently expressed - clear, short and to the point. “*
- *“I work for the NHS, so most of the information I required was provided by my employer.”*

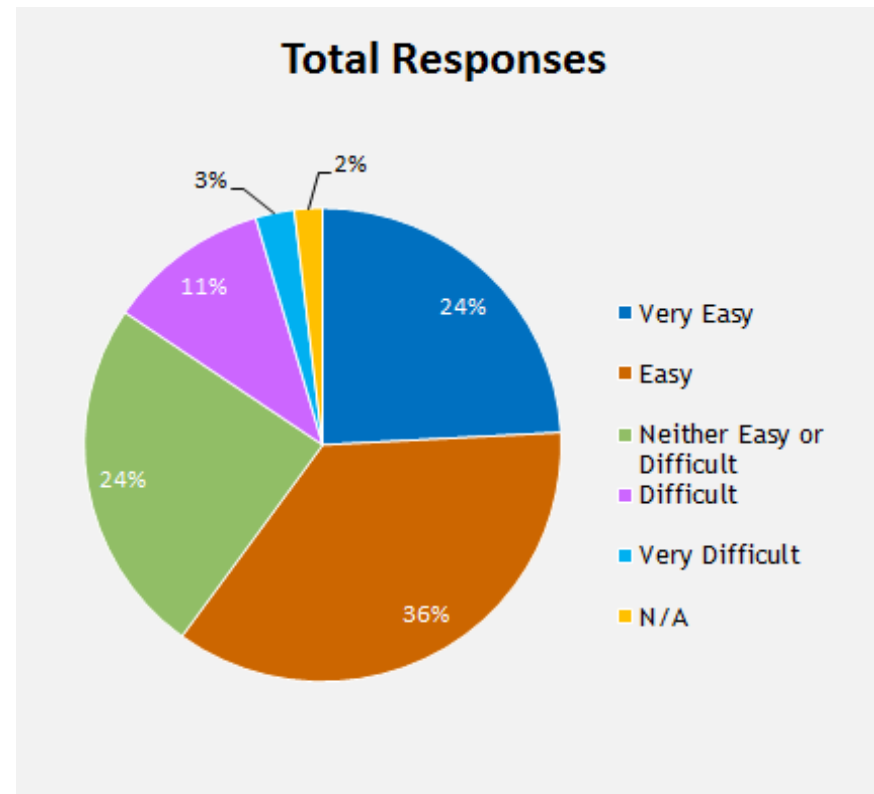
Negative comments:

- *“The information which I had received from my GP was rubbish, ill-informed and a waste of time.”*
- *“My GP has designated me as 'vulnerable' still they did not provide a valuable information.”*



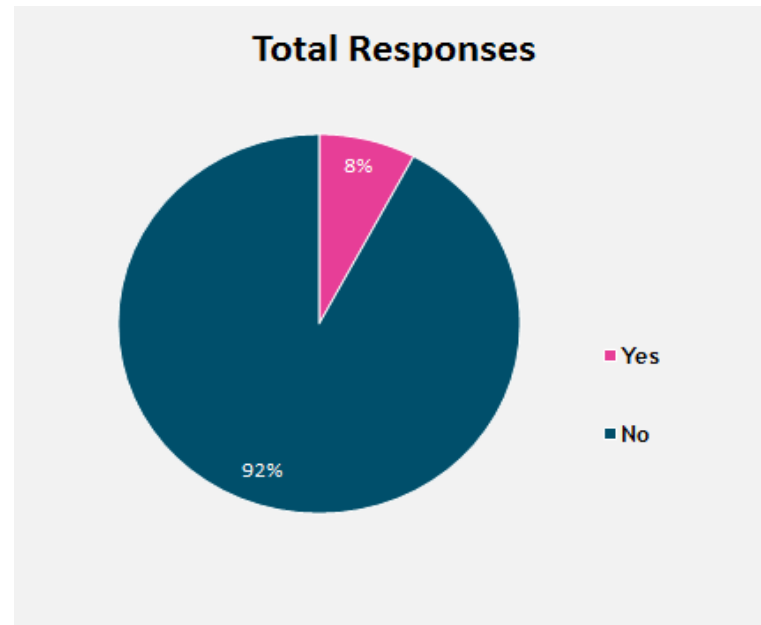
8.7 How easy have you found it to act on information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

- 418 people responded to this question.
- 60% (n.251) found it either 'easy' or 'very easy' to act on the information they had seen about how to keep themselves and others safe during the pandemic.
- On the other hand, 14% (n.57) of respondents found it 'difficult' or 'very difficult' to act on information about how to keep themselves or others safe.
- Taken with those that indicated they chose 'neither easy or difficult', a total of 38% (n.159) of people did not find it easy to act on information.



8.8 Do you, or does the person you care for/support, have any additional communication needs?

- 398 people responded to this question. of these, 16% (n.63) were made by members of the BAME community.

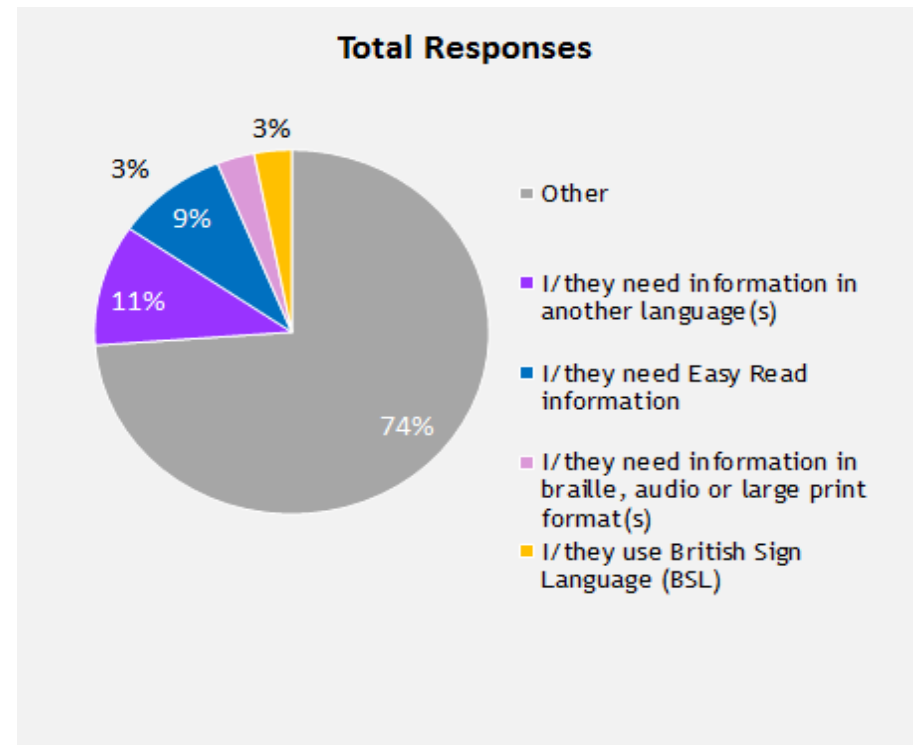


8.9 If you answered "yes" to the question 8.8, please tell us what these are. Please select all that apply.

- 65 people responded to this question. of these, 74% (n.48) chose the 'other' response. A selection of representative comments are presented below.

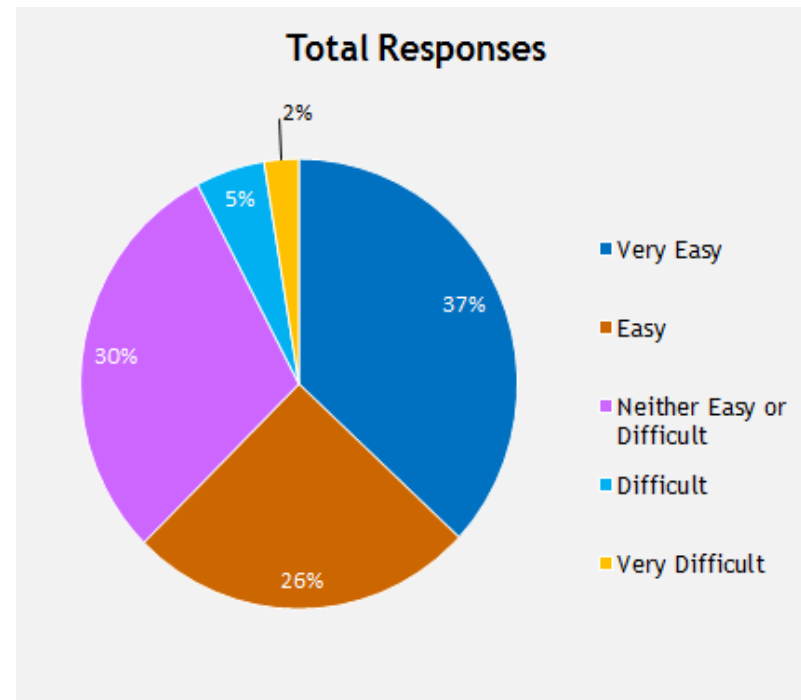
Selected Comments:

- “Communication difficulties due to neurological illness”
- “I am shielding I will not take risk to go to Ealing Audiology”
- “Needs understanding support.”
- “Speech difficulties in understanding and speaking or writing as a stroke survivor.”
- “Autism and PTSD/BPD are both represented in this household, making understanding difficult.”
- “My husband has certain communication difficulties due to Aspersers Syndrome and age related cognitive impairment.”



8.10 How easy was it to find information and advice in the format(s) or language(s) needed?

- 195 people responded to this question. Of these, 23% (n.44) were made by members of the BAME community.
- 63% (n.122) found it 'easy' or 'very easy' to find information and advice in the format or languages that they required.
- It is worth noting that a total of 45% (n.20) of the BAME communities sample population did not find it easy to find information and advice in the format or language needed. This is discussed further in the conclusions.

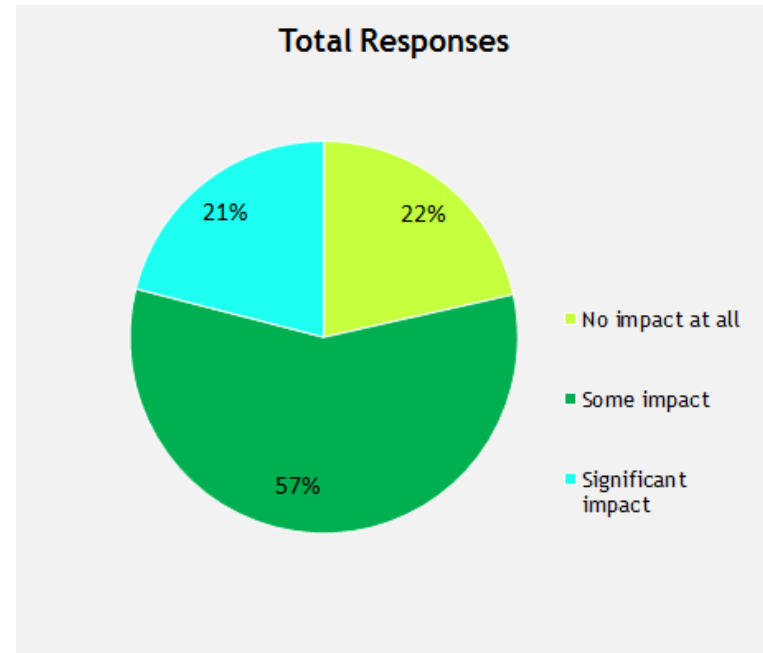




9. Your Health & Mental Wellbeing

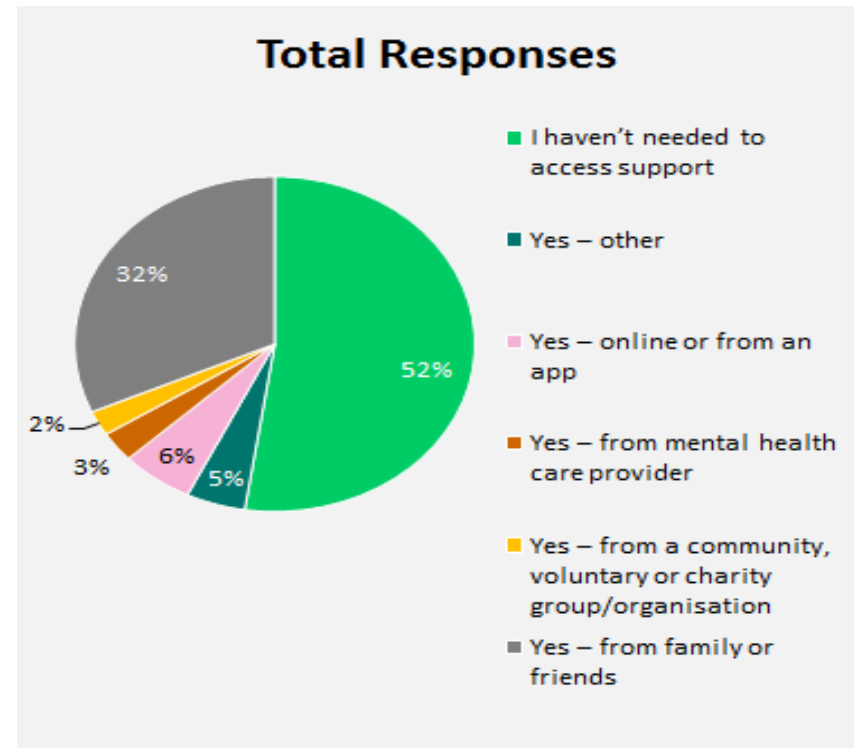
9.1 How much of an impact has the COVID-19/coronavirus pandemic had on your mental health or wellbeing?

- 409 people responded to this question. of these, 15% (n.63) were made by members of the BAME community.
- Approximately 78% (n.321) of respondents stated that the pandemic has affected their mental wellbeing in some way.
- 21% (n.81) of the total sample indicated that their mental wellbeing has been significantly affected by the pandemic.
- When comparing the impact that COVID-19 has had on the mental health of different ethnicities within our sample, 31% (n.20) of BAME respondents indicated that the pandemic had significantly impacted their mental health, compared to 19% (n.66) of the White ethnicity sample population.



9.2 Have you been able to access support for your mental health or wellbeing during this time?

- 376 people responded to this question. of these, 16% (n.60) were made by members of the BAME community.
- 32% of individuals indicated that the support they sought out during this time was from family and/ or friends rather than an authority/ perceived expert.
- There were no significant differences between how different ethnicities had been accessing support during this time.
- Despite 78% (n.321) of the sample in the previous question stating that their mental health and wellbeing had been impacted by the pandemic, 52% (n.197) in this question indicated that they had not needed to access support.
- However, further analysis does indicate that people are concerned about the lack of mental health support that is available.



9.2 Have you been able to access support for your mental health or wellbeing during this time?

Positive responses:

- *“I have occasional consultations with a psychiatrist. Had a consultation through telephone this worked fine.”*
- *“A daily wellbeing session and e-mail support is also available which has helped.”*
- *“I have been able to chat to a small circle of friends by telephone. Some neighbours have enquired after me from time to time.”*
- *“Mind website has been particularly useful.”*
- *“I have exercised everyday and practice mindfulness or meditation with the help of there apps. Apps like Calm apps, YouTube are helpful to keep myself stress free.”*

Negative responses:

- *“No one cares for us as we belong to the BAME group.”*
- *“At lockdown the worries have affected me and my duration of sleep has decreased. If I knew where or how to access support, maybe I would have tried.”*
- *“No support at all at work many staff stopped work so the work load was too much , I even have to do the domestic work as well .”*
- *“Not been able to access support for family member who has a learning disability and very complex needs, which has resulted in them experiencing multiple, extreme “meltdowns” with very severe challenging behaviour.”*
- *“There isn't any appropriate support available.”*



10. Conclusion

10.1 Who is at 'High Risk'?

Individuals often identified several contributory factors which categorised them as 'high risk', including wider determinants such as ethnic background, working conditions and essential commutes.

The analysis indicated that individuals from BAME communities were more likely to be advised to observe shielding guidance and more likely to care for or support someone that appears to be at high risk. Due to the lack of population representation in the sample (see ethnicities chart below), these findings would have to be explored in further detail.

10.2 Access to Health & Social Care

Appointment cancellations and regular healthcare disruptions were at least somewhat met with an appropriate response. Communications regarding these changes were rated highly, however, there is still room for consistency, ensuring that all individuals that require access to services are appropriately informed of changes to their care.

A broad range of digital services are being used by individuals to support their health and wellbeing. However, it is likely that already vulnerable/ isolated groups will be most impacted by this sudden acceleration of digital access to healthcare services.

Social care has been impacted by the pandemic, with some providers reducing and even terminating care offerings. Extraneous factors including social isolation and lack of access to food were also cited as affecting both informal carers and those they cared for - It is imperative that we further understand how this group has been impacted.



10. Conclusions continued

10.3 Access to Information

The majority of people found it easy to access, understand and keep up to date with general information about keeping themselves and others safe. We should be weary that the analysis indicated individuals are less confident in being able to actually act on the information they have received.

Despite this general level understanding, there remains a reduced lack of understand regarding several specific topics (Testing, Shielding, Social Distancing and Changes to regular healthcare). This suggests that more can be done to support the dissemination of topic-specific information. The analysis indicates that using a wide range of digital channels of communication would be one effective way to do distribute such information as individuals use a range of media outlets to stay informed.

10.4 Mental Health and Wellbeing

The analysis suggests that there is potential for mounting pressure on services that provide mental health support in Ealing.

Family and Friends were a preferred source of support and further analysis showed that this may be perpetuated by feeling forgotten by statutory services and the stress of not being able to access testing. Both of these factors may have impacted mental wellbeing.

When comparing the impact that COVID-19 has had on the mental health of different ethnicities, 31% (n.20) of BAME respondents indicated that the pandemic had significantly impacted their mental health, compared to 19% (n.66) of White respondents.



11. Recommendations

11.1 Who is at 'High Risk'?

Suggestion 1: The health inequalities in BAME communities is clear. In order to further explore and address issues identified in this study, at a local level, Healthwatch Ealing would like to be a key stakeholder in a working group with the aim of addressing the inequalities that have been identified in this study and those from neighbouring Healthwatch organisations.

Healthwatch Ealing has already started work with GOSAD and BAME-led organisations in the borough, utilising virtual focus groups and forums to identify themes and understand how recommendations can transform into actions with impact. We would urge Ealing CCG and Ealing Council to be a part of these efforts.

11.2 Access to Health and Social Care

Many individuals who have had their healthcare disrupted, still feel forgotten.

Suggestion 1: Clear lines of communication should be kept between healthcare services and patients. These lines of communication could take a more targeted approach to information distribution, focusing on delivering a clear and concise message to particular groups. In line with this, we would urge services to get in touch with all patients who have had cancelled appointments, as soon as possible, with clear (and unambiguous) reassurance on reinstatement of appointments.

Suggestion 2: Service care providers must reach out to high risk and shielding individuals to ensure basic needs, such as assistance with food deliveries and social interaction, are in place for all service users.



11. Recommendations continued

11.3 Access to Information

Suggestion 1: A focus must remain on telephone consultations when individual cases call for it, as well as using a wide range of communication channels to disseminate COVID-related information, particularly around more specific topics such as testing, managing long term conditions and shielding.

Suggestion 2: Healthwatch Ealing will work with community sector organisations as well as working with the North West London CCGs and Healthwatch Collaborative Group to ensure the promotion of and best practice across digital inclusion services in the borough.

11.4 Mental Health and Wellbeing

Suggestion 1: Facilitating and supporting mental health support services should remain a priority, particularly given the development of the second wave of the pandemic. Any actions should ensure that the BAME communities are kept at the forefront of this facilitation process.

Suggestion 2: In tandem, we would urge primary care and community sector organisations to continue to check on the welfare of those identified as vulnerable.

Suggestion 3: More needs to be done to instil a sense of community and purpose for those feeling social isolated, stressed and anxious. More online forums, informal 'meet-ups' and knowledge sharing sessions could contribute to this - Including work on how individuals can improve their own mental health and wellbeing

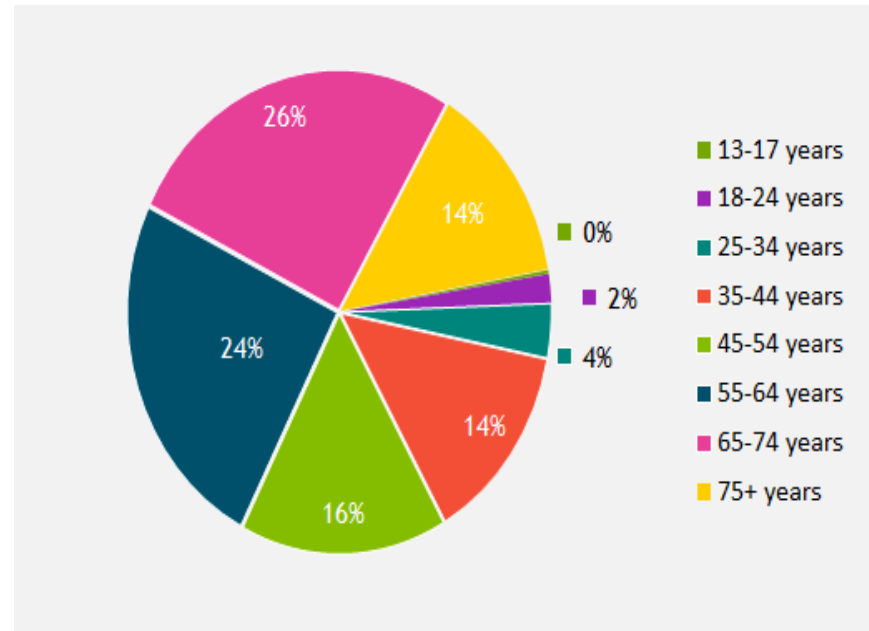




12. Monitoring Information

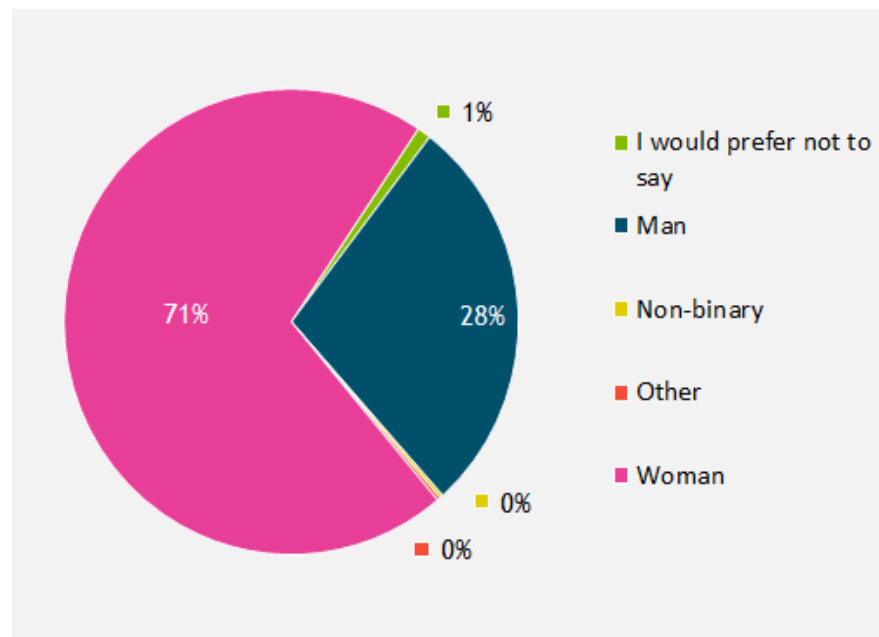
12.1 How old are you?

- The pie chart below shows the number of reviews received from different age groups from 410 respondents.
- The majority of feedback received was from the age group 65-74 years, 26% (n.108).
- The age group 13-17 years had the fewest number of reviews 0% (n.1).



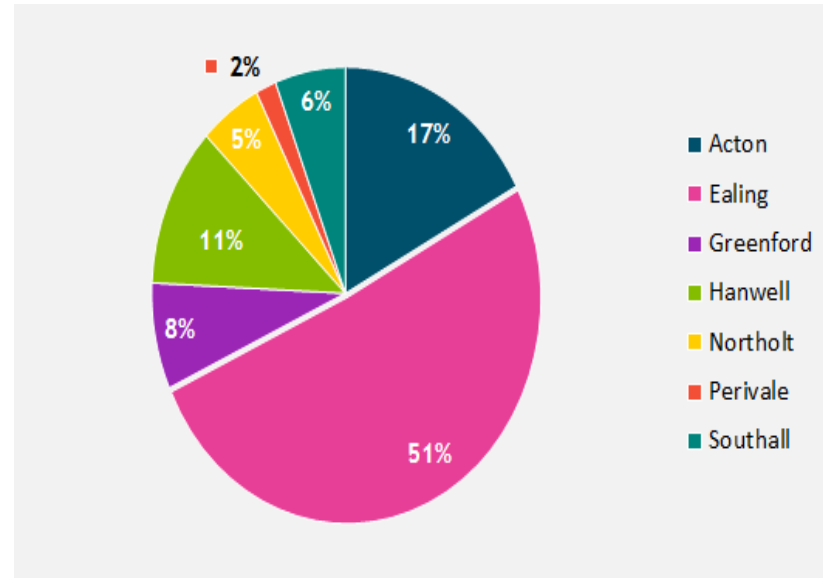
12.2 How would you describe your gender?

- 411 people responded to this question.
- The majority of the responses received were from females, 71% (n.290).



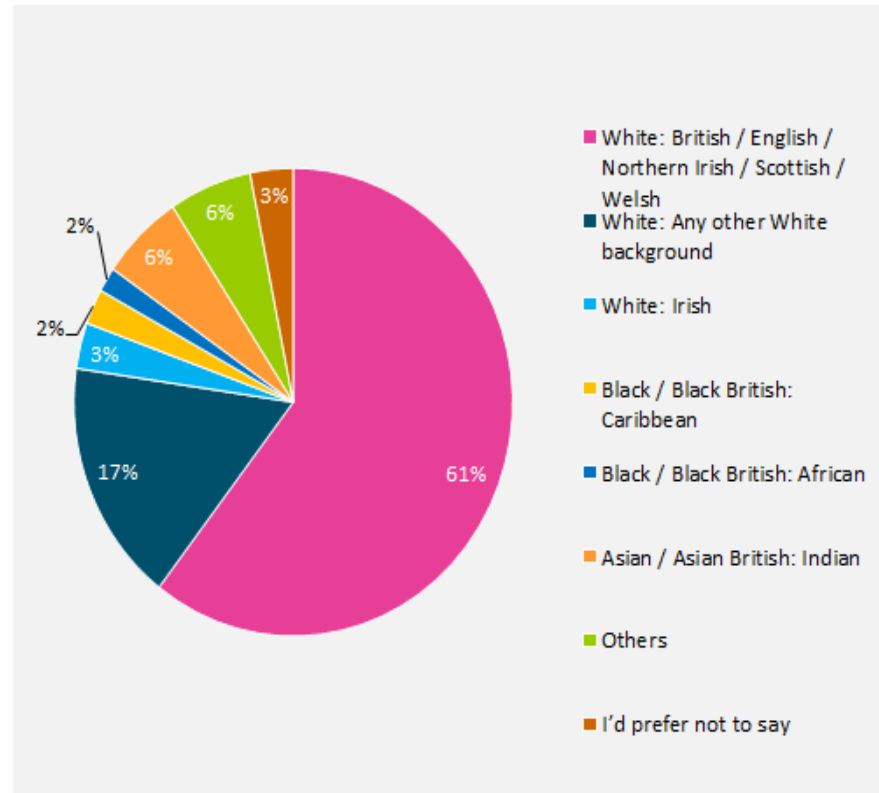
12.3 What area do you currently live in?

- 408 people responded to this question.
- Over half of those who provided monitoring information lived in Ealing, 51% (n. 208).
- The fewest number of respondents lived in Perivale, 2% (n.7).



12.4 Please select your ethnic background

- In terms of ethnicity, 410 individuals shared their ethnic origin with us.
- The majority of feedback was received from people who identified as White British/English/Welsh/Scottish/Northern Irish - 61% (n.248).
- 17% (n.69) White: Any other White background.
- Others, 6% (n.25) Asian/Asian British: Indian, 6% (n. 24); Black/Black British: Caribbean, 2% (n.8); and Black/Black British: African, 2% (n.8) make up the 65 individuals who represent the BAME communities in this study.



12.5 Do any of these describe you?

- 455 people responded to this question. Of the 455 respondents, 14% (n. 64) identified as BAME.
- The majority of survey respondents (88.35%) did not receive any form of care or support
- 8.13% (n.37) indicated that they received care at home from friends and/or family

