

What are people telling us about COVID-19?

Key messages from our evidence: January 2021



About

This regular internal briefing aims to provide an update for national health and social care stakeholders about the COVID-19 related:

- Information and advice the public are asking us about
- Experiences people have shared with us

This briefing focuses on people's views and experiences of:

- Using the NHS111 service, including experiences of the new NHS111 First Campaign
- Visiting care homes
- COVID-19 vaccines

This update is informed by:

- data from 147 local Healthwatch services across England who have shared feedback and produced research on the COVID-19 pandemic, and
- the views and experiences of over 5,000 members of the public who took the time to share their views with Healthwatch.

Key Messages

NHS 111

The following insight is drawn from an analysis of information and experiences sent to us from local Healthwatch, public responses to our national feedback form, as well as initial responses to a dedicated survey about people's experiences of urgent care (including NHS 111) which was launched on 15 December 2020.

General experiences of NHS 111

Of the 506 people who shared their views of NHS 111 with us between March and December 2020:

- 42% (213) reported a broadly negative experience of using the service,
- 43% (217) reported a positive experience, and
- 12% (63) of people's views were neither positive nor negative

Many people who shared their experience with us, said they would like to have had more information about the level of expertise of the call-handlers. Some individuals believed that the operator they were talking to was not qualified to be giving them advice. People also told us that they felt that call-handlers were reading from a script, leading to impersonal and sometimes unhelpful services. In these cases, callers frequently went straight to emergency departments or called 999 after calling 111.

"Questions appeared to be out of context and based on algorithms rather than the actual situation. Outcome was to attend A&E, which was inappropriate advice. Was left thinking that the call handler had no experience or knowledge".

Woman, 25-49 years old, Northamptonshire

Callers also told us that they experienced long waiting times for a call after NHS 111 operators had arranged for a medical professional to call them back. In our survey of experiences of NHS 111, 72 respondents had had a call-back arranged for them. Of these, 37% (27) waited for longer than an hour for a medical professional to call them back, with some waiting up to five hours.

To encourage the public to use NHS 111 when they have an urgent but non-life-threatening need, the service they receive must be faster and more convenient than more usual routes. If people have to wait for a long-time when they need urgent care, any delays in the treatment they experience, along with heightened anxiety levels, make it more likely that when an individual needs urgent care again, they will go straight to an emergency department.

"The person who answered the phone was efficient and understanding, I was promised a call back from a doctor within 45 minutes. It was over an hour before I got the call. I tried to understand that the service is busy, the epidemic is putting extra strain on the medical services, there were worse cases than mine etc. But I didn't feel very understanding. It was three in the morning, I was alone and scared [because I] had no idea of the severity of my condition, all I knew was I needed help and that hour plus wait felt more like two plus hours."

Woman, 50-64 years old

NHS 111 First

From 1 December 2020, NHS England launched a campaign called NHS 111 First. This campaign encourages the public to call NHS 111 to be directed to the correct service, whether that is an emergency department, their GP, or self-care. Callers to NHS 111 can now receive timeslots at local A&E or other urgent care departments, as well as receive timeslots with out of hours GPs. The new service aims to reduce waiting times at emergency departments and limit the number of people in waiting rooms, to prevent the spread of COVID-19.

When the NHS 111 First service was piloted in 2020, several concerns were raised by local Healthwatch, including patients arriving at emergency departments without having called 111 First, and being turned away. The survey Healthwatch England is currently running is being used to investigate experiences and awareness of the new NHS 111 First campaign.

Of the current 307 respondents to our survey, 187 (61%) of people did not know NHS 111 could receive timeslots at their GP or in emergency departments (as of 23 December 2020).

Some NHS staff also responded to our survey, showing confusion over the NHS 111 service changes. Both emergency department staff and NHS 111 operators reported being unaware of the ability for NHS 111 to receive timeslots for callers. There are also some areas of England which are not rolling out this service, such as Sheffield and Leeds. The inconsistent roll-out of the NHS 111 First is likely to cause confusion for both the public and NHS staff.

"Incidentally in my area 111 cannot book an A&E slot. If by this you mean out of hours GP then yes they can. How do I know....well I'm an A&E nurse."

Woman, 50-64 years old

"A friend of mine in her 70's has had a fall this morning. She has damaged her hand and thinks she has broken her fingers. As instructed she rang 111, took over 30 mins to get through. Asked loads of questions and told they would ring her back. This they did and the member of staff had never heard of Trafford Urgent Care or that it only opened at 8am. She asked for an appointment and was told they did not know what she was talking about and just to go. She did not need an appointment. ... [I later discovered that] My friend had a good experience at Trafford."

Feedback to Healthwatch Trafford, November 2020

Of the 90 respondents who were aware of the new NHS 111 service, the largest proportion (24%) were made aware of it through 111 operators recommending the service to them at their last call. Only nine respondents said they were aware of the services because they had seen or heard NHS 111 First Campaign advertising.

Some people who had used the service reported a negative experience, while others who may not have used the service told us that they had negative perceptions, often because of media coverage they had seen.

"I find the 111 First policy concerning. I don't ring 111 because it's life-threatening, but I also can't ring 999 (too confused). I can, however, book a taxi using an app on my phone, and taxi is the fastest way to get to hospital."

Unfortunately, the 111 First policy means that walk ins are shamed and encouraged to go home (pre-triage), even if life-threatening and the patient needs to be in resus".

Woman, 25-49 years old

However, we also found that 188 (61%) of respondents would be more likely to call NHS 111 knowing that NHS 111 call operators could reserve timeslots for them at their GP and emergency departments.

The feedback we have received to date indicates that more needs to be done better communicate to the public and NHS staff where the NHS 111 First service is available and how it works.

Visiting care homes during the COVID-19 pandemic

The COVID-19 pandemic resulted in many changes to health and social care services, including the suspension of relatives' visits to care homes to protect residents, their loved ones, and staff. In many cases, this has had a severe impact.

"My mother suffered hugely in lockdown. She lost weight. Was distressed. Lost. Bewildered. Since having contact again she is starting to thrive a little however with this new cruel decision to stop visits I fear she will be lost to us. Her soul will shrivel and mum will be lost. I know I'd take the decision to uphold people's mental health and spiritual health. This is so institutionalised and cruel."

Feedback to Healthwatch Gloucestershire

Despite Government guidance changes resulting in visits to care homes being permitted from July 2020, visits were still restricted for many. This had a detrimental impact on people's mental and physical health and wellbeing.

In October and November 2020, Healthwatch England (in partnership with the Association of Directors of Adult Social Services (ADASS) and the Care and Support Alliance) [wrote to Government](#) expressing our concerns. Issues we raised included people's wellbeing in care homes, deprivation of liberties and human rights, and the need for more support for providers to allow for increased visiting.

An in-depth look at Healthwatch England's data from March - December 2020 reveals that restrictions on visiting care homes have impacted on care home residents, their loved ones, and care home staff. 110 people took the time to share their experiences with us. 87 of these people (79%) reported negative experiences around visiting care homes.

Our data did not show differences in experience before and after the changes to government guidance. This could be due to feedback coming in against a backdrop of several changes in guidance in July, October and December 2020.

Impact on residents

The impact of reduced visiting on the residents of care homes cannot be overstated. We have received many reports of increased isolation and loneliness, exacerbating existing mental and physical health problems for residents.

We heard that the new restrictions were confusing and upsetting for residents in care homes, particularly those who may have limited awareness of the COVID-19 pandemic. Infection control measures such as screens, masks, and visiting pods are not suitable for some residents and their loved ones who may have sensory impairments or communication difficulties.

"My husband is in [a care home] and we have had sporadic visiting during July and August and it has been closed to visiting since October. This is having a very severe impact on my husband and his dementia. They have tried to use Facetime visiting but this isn't working because he can't place my voice with the screen and doesn't understand why [I am] not there. They did allow some visiting but again with the mask and face screen it was very difficult to communicate and now they want to use Perspex screens as well which will make it impossible"

Feedback to Healthwatch Shropshire

Impact on family and friends

The impact of visiting restrictions was also severe for the loved ones of residents in care homes.

Many people reported a lack of suitable communication from care homes. One person described being told that their relative's care home would provide mobile devices to allow virtual visits, and another reported being informed their relative's care home would provide visiting pods. However, neither of these were actually provided. In many cases, information has been conflicting and unclear, and people have told us that they have been confused by changes in Government guidance.

"User reported communication from the care home informing them that visits were put on hold with immediate effect (due to Tier escalation on 16/12) until further notice. User sent long message explaining the toll this had taken on their mental health and how distressed they were to find this out. The next day the care home emailed to correct the error and apologise for inconvenience caused."

Feedback to Healthwatch Greenwich

People are worried about the impact of isolation and visiting restrictions on their loved ones in care homes.

We also received reports of residents and loved ones being unable to see each other before a resident passed away.

"It's so hard not being able to visit Mum in her care home. She has dementia which makes it so much worse. The staff are wonderful but I want to be there for her too." -

Woman, 50-64, Derbyshire

Many people acknowledged the need for infection control measures, but felt that a balance needed to be struck, so that the impact of restrictions on residents' wellbeing is reduced.

Impact on staff

We have received a number of reports from care home staff who are struggling during the pandemic.

Care home staff have reported being expected to work without adequate PPE or COVID testing, in one case resulting in a staff member contracting COVID.

Staff have also reported working long hours with many staff being unable to work, and not being adequately compensated. They report feeling over-worked and under-compensated, with one person reporting that she and other staff members are still experiencing PTSD-symptoms due to their work throughout the pandemic.

"Hi, I am a Shift Leader in a Nursing Home...inside the [Nursing] Home has also been filled with stress of a different nature that appears to have been forgotten. The guidelines we receive almost daily from Public Health makes staffs lives complicated in and out of work. Our staff have also put their lives on hold to care for our residents by adhering to specific guidance for us to help keep our residents safe. The verbal abuse I...have received from families is appalling. It is not our choice to not allow visitors it is the law, we have been told we have no compassion towards families and the struggles they are going through. Like all other businesses we are following guidelines and unfortunately the visitor status has changed, it is not a choice that the Nursing Home alone has made. We strive everyday to ensure our residents feel loved and safe, we make personal sacrifices to ensure this. We do not do our job for thanks we do it because we care for our residents and now more than ever they have become our family. Please families understand the work and effort we are going to [in order to] ensure your loved one is safe, cared for and happy".

Woman, 25-49

Many staff also report empathising with residents and families and wanting to be able to offer clear guidance and reassurance to allow visits.

"I work in social care, we had a terrible time when the virus first hit us, we lost a lot of residents due to corona. It was heart breaking to see how quickly previously "healthy people" quickly passed away . I used to dread going in for my night shift as I knew there would be a long list of people who had passed away from my previous night and another list of end of life . It was very scary as I was terrified that I would take it home with me and infect my family."

Woman, 50-64, Cumbria

COVID-19 vaccines

Towards the end of the year, COVID-19 vaccines have become a topic of national discussion. To date, Healthwatch England has received limited direct feedback from users. We expect this feedback to rise significantly as more people are vaccinated and we overcome the reporting lag created by the festive period.

Attitudes towards the vaccine

The Royal Society for Public Health (RSPH) conducted a large scale, independent survey investigating the public's attitudes towards the vaccine. The [RSPH's report](#) opens by highlighting that the success of the COVID-19 vaccine roll-out depends largely on the public's confidence in the safety and effectiveness of the vaccine. The report polled a representative sample of 2,076 UK adults between 4 and 6 December 2020.

The polling found that over three-quarters of the UK public would take a COVID-19 vaccine if advised to do so by their GP or health professional, with just 8% stating they would be very unlikely to do so. However, the willingness to be vaccinated was statistically significantly lower amongst people from lower socioeconomic grades or Black, Asian or minority ethnic backgrounds. Nearly four in five White respondents said they would get the COVID-19 vaccine compared to 57% of Black, Asian or minority ethnic respondents.

The views expressed in this report were largely consistent with research undertaken by local Healthwatch. [Healthwatch Hillingdon](#) found that of 876 respondents, 731 (83.4%) would consider being vaccinated, 91 (10.4%) were unsure, and 54 (6.2%) would not. They found a similar divide in attitudes according to ethnicity. Half of all Black respondents said they were unsure about getting vaccinated and 18.8% said they would not get vaccinated. This differed greatly to White respondents, 87.8% of whom said they would consider being vaccinated.

[Healthwatch Leeds](#) also conducted a survey of 3,000 people which found that 2720 (80%) people were planning to get the COVID-19 vaccine when it was made available, 454 (13%) were unsure and 230 (7%) will not. Both Healthwatch Hillingdon and Leeds found that men are more likely to consider being vaccinated. In Hillingdon 88.5% of men said that they would take up the vaccine whereas only 83.5% of women said they would, with 9.7% remaining unsure. The Healthwatch Leeds report found similar results as only 80% of women said they plan to get the vaccine, compared to 87% of men.

There is a need for clear communication around access to the vaccine that is appropriate for everyone, especially older people. Efforts need to be made to reach members of Black and ethnic minority communities to ensure that as many people as possible feel that the COVID-19 vaccine is both safe and effective. The recording of demographic data for those being vaccinated will also be vital to ensure the NHS reaches out effectively to every section of the community.

Talk to us

If you have a question about the contents of this update, please either contact a member of our [Policy or Research and Insight teams](#) or email CV19Enquiries@Healthwatch.co.uk.