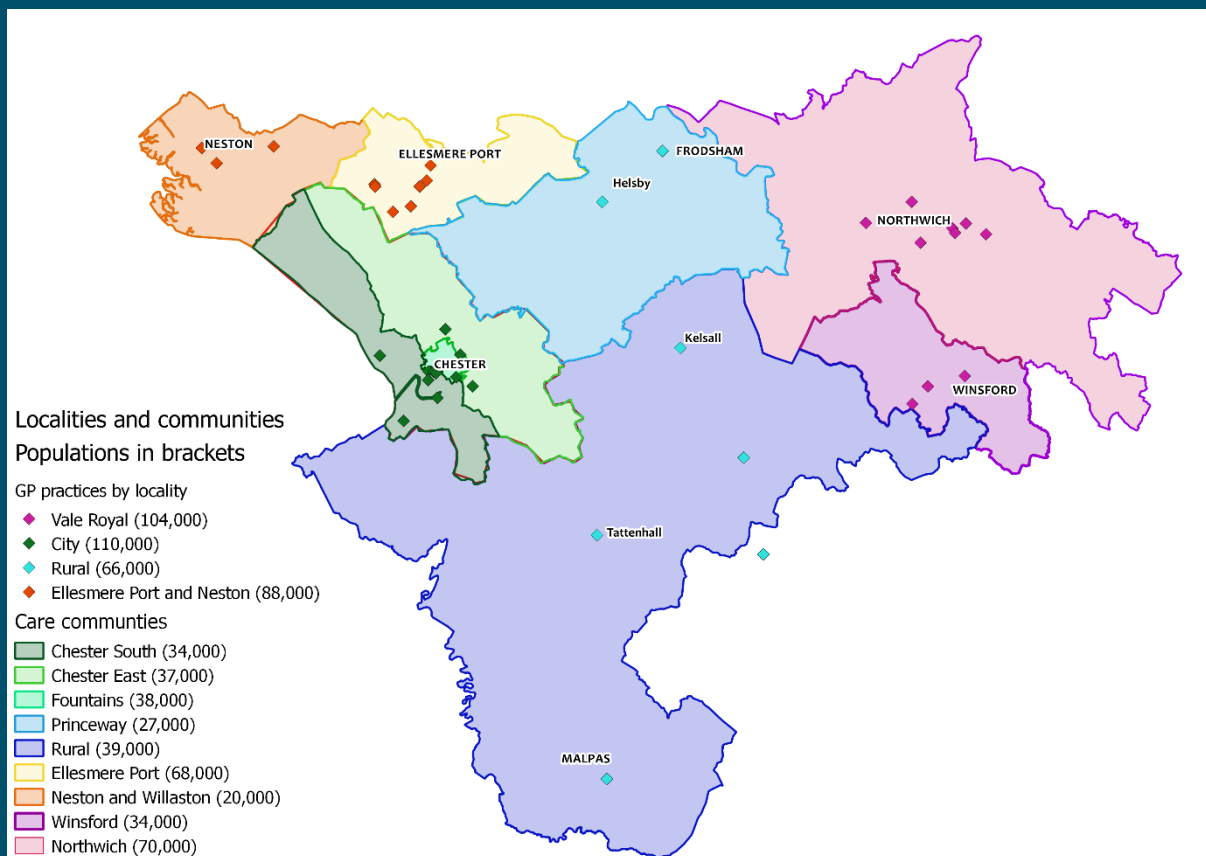


Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Care Communities of

Cheshire West and Chester

May - October 2020



Introduction

Since the beginning of May 2020, we have been asking Cheshire residents to tell us about their personal experiences during the Coronavirus (COVID-19) pandemic. People shared their views and concerns on a wide range of topics, including health, care, mental health, wellbeing, and wider concerns both now and for the future.

This report details the findings from the *Healthwatch Cheshire Health and Wellbeing During Coronavirus* survey, from 4th May up until 15th October 2020. Across Cheshire, we received 1,661 responses during this period, which equates to over 6,000 individual comments. This report focuses on the 830 responses from people in Cheshire West and Chester, and breaks down the information to a local level. By presenting the information in this way, it allows Care Communities to better understand the views and needs of their local population. There are 9 Care Communities in Cheshire West and Chester, which aim to bring together people living, working or involved in an area to improve the health and wellbeing of local residents:

- Chester East (Christleton, Littleton, Huntington, Boughton, Upton, Hoole, Mollington, Mickle Trafford)
- Chester South (Blacon, Lache, Saughall, Eccleston, Handbridge, Dodleston, Kinnerton)
- Ellesmere Port
- Chester Central (City Centre)
- Frodsham, Helsby and Elton
- Neston and Willaston
- Northwich
- Rural (Tarporley, Malpas, Ashton, Farndon, Tattenhall, Kelsall, and Tarvin)
- Winsford.

The findings of this survey are reviewed regularly in order to provide up to date information to partners including Local Authorities, NHS Cheshire Clinical Commissioning Group (CCG), Hospital Trusts, voluntary sector organisations, the Care Quality Commission and Healthwatch England. The survey is ongoing and is updated regularly so that we can capture experiences over time. You can access the survey at:

<https://www.surveymonkey.co.uk/r/7LN6VYS>

What is Healthwatch?

Healthwatch Cheshire, consisting of Healthwatch Cheshire East and Healthwatch Cheshire West, is an independent consumer champion for health and care across Cheshire East and Cheshire West and Chester, forming part of the national network of local Healthwatch across England. Our role is to make sure that those who run health and care services understand and act on what really matters to local people.

Healthwatch Cheshire East and Healthwatch Cheshire West undertake continuous engagement activities with the public to hear about concerns and compliments regarding health and care services. The information we gather is then analysed so that we can identify and act upon trends and common themes by presenting our findings to decision makers in order to improve the services people use. We also share people's views locally with Healthwatch England who strive to ensure that the government put people at the heart of care nationally.

Overview of Findings

The following provides an overview of the main themes and trends in Cheshire West and Chester, before providing the key findings broken down by each of the 9 Care Communities.

Healthcare



- A significant number of people reported not feeling comfortable either making, travelling to, or attending appointments, or feel that they would be overburdening healthcare services if they did.
- The most common differences people experienced in accessing healthcare due to Coronavirus was people's GP appointments taking place over the telephone or by video call, increased waiting times for prescriptions, and being unable to find the over-the-counter medication required in shops and pharmacies.
- Changes to hospital services, including changes to treatment, delays and cancellations of outpatients' appointments, and planned treatments and procedures, were also commonly mentioned.
- Dependent on what the appointment was to discuss, the majority of people would be happy using phone or video calls for hospital-based appointments, GP appointments, other healthcare appointments, or social care assessments in the future.
- 71.4% of people in Cheshire West and Chester who had tried to access their GP Practice rated their experience as 'Good' or 'Excellent' (4 or 5 out of 5). The average rating was 3.99 out of 5.
- Of those who had tried to access Hospital during this time, 76.8% rated their experience as 'Good' or 'Excellent' (4 or 5 out of 5) in Cheshire West and Chester, with an average rating of 4.09 out of 5.
- There was praise for Pharmacies, with 81.2% of respondents in Cheshire West and Chester rating their experience as 'Good' or 'Excellent' (4 or 5 out of 5). The average rating was 4.18 out of 5.
- Communication around changes of services due to COVID-19 was mixed according to our respondents, in some cases it was clear what changes were being made either due to signage, online information, or the service contacting individuals, but in other cases people reported no contact or unclear information.

Mental Health and Wellbeing



- In the most part people generally felt that they were coping well. However, respondents also talked about the stress and anxiety they felt, confusion over national guidance and missing family and friends.
- The top 3 things that people told us had affected their mental health during the pandemic were feeling sad about not seeing family or friends, worrying about the health of friends or family, and feeling sad about not being able to do leisure activities.
- The number of respondents who reported declining mental health decreased over time, which could in part be due to the easing of lockdown measures.

- People's current concerns mainly related to other people not observing social distancing rules, money or economic concerns, employment and safety at work, education, concerns about their mental and physical health, worries about the availability of food, and concerns about using public transport.
- Most people looked to their family and friends for mental health support, rather than from a mental health provider.
- In terms of what would help people maintain better physical and mental health, there was frequent mention of clearer information being provided, in particular relating to national government messages.
- Respondents also talked about the importance of family and friends, support from the community and the workplace, hobbies such as gardening and cooking, and exercise including access to parks and gyms, technology such as Zoom, and better access to services.

Care



83 people across Cheshire West and Chester provided responses specifically to the Care section of the survey. Below is a sample of their responses and the richness of views, experience and individual stories they provide. In addition, during December 2020 and January 2021, Healthwatch are conducting a separate survey to capture the experiences of residents of care homes and their friends and families, the results of which will be published in another report.

Experiences of care during the coronavirus pandemic

We asked people to tell us if their experiences of care had been affected by the coronavirus pandemic. Many people's responses broadly talk about delays or reductions in care across Cheshire during the Coronavirus pandemic. People talk about postponements in the implementation of care packages and assessments, and in some cases, concerns were raised about care packages not being implemented at all or being brought to an end due to the effects of the pandemic.

There was an appreciation that a change in visits from Personal Assistants is an understandable measure during the pandemic to reduce potential spread and infection. However, some respondents who receive care or assistance at home talked about visits from Carers and Personal Assistants being stopped or reduced, which has led to difficulties. Some people reported struggling to do things such as cleaning or shopping by themselves, creating risks in having to leave the house. Where care had been provided, people commonly described it as having been a 'good' or 'excellent' service.

Others have had to rely more upon friends and family to fill the role of caring support, which has created concerns for people having to go out for shopping and prescriptions, and the impact that has upon them or the person they are helping if they are supposed to be shielding.

Some respondents who commented upon Care Homes talked about not being able to visit their relative or friend, which again was deemed to be an understandable measure. We are now conducting two surveys with questionnaires for residents of care homes and their friends and families, the results of which will be published separately.

Overleaf provides further details of the experiences people told us about.

Respondents who received care told us about changes and experiences relating to assistance with care at home, Care Homes and Personal Assistants.

Respondents told us about **assistance at home**, in particular in relation to visits from carers being stopped or reduced, and also about the excellent care they had received even with reduced visits. Example comments were:

- *“I have a disabled son and I have received all the care he needs, except when self-isolating when we sent the staff home. His social worker, care provider, and other medical support have been regularly in touch to ensure that not only he but that the whole family are coping and/or need any extra assistance. The care provider checked to see if they needed to supply any PPE as it was available. Declined as we already had it.”*
- *“Since the outbreak of COVID-19, my care has stopped as my carers are also in lockdown.”*
- *“Care providers reduced but a number of carers visiting mum and have provided an excellent service.”*
- *“The carers are brilliant.”*
- *“I couldn't hire my cleaner for several weeks because of lockdown.”*
- *“Care providers reduced the number of carers visiting mum and have provided an excellent service.”*
- *“Podiatrist has cancelled routine home visits.”*
- *“Stopped visits from care workers when advised to shield.”*
- *“Couldn't visit, was horrific. Had agency staff, we had no idea what was going on. Auntie was in excruciating pain and died.”*

There were a number of comments relating to **Personal Assistants**, and comments about having to rely more upon **friends and family** for caring support:

- *“My carer is my wife; she is also her father's carer who is also shielding in his house alone. I was very worried that she was put in a position where she was shopping and caring for both of us in different households and this was/is causing her extreme stress.”*
- *“The sheltered supported housing has been locked down; it is only accessed by essential staff and personal assistants. Difficulty moving a resident needing higher level of care to a residential home.”*
- *“One PA refused to work; Care Agency excellent wore full PPE. Other PA who works for me excellent.”*
- *“My personal experience was influenced by the decision to care for my Mother at my home and manage her health issues myself. This necessitated a move from the West Midlands and her health providers to my home in Cheshire. Every health provider was accommodating and prepared to engage in joined up approaches, although I had to instigate and propel this forward.”*
- *“My daughter who is my carer has been extremely worried of passing the virus on to me.”*
- *“I have asked for my PA not to come to my home, my PA is supporting me remotely with shopping etc, as they have another job at a Care Home and I didn't want to put me or them at risk. So currently being supported by family for personal care on a temporary basis.”*
- *“PA is not now working with my son; I don't expect that to happen until we are further away from the danger of COVID-19.”*

Below are some example comments as to what respondents thought of the **communication that they had received from their care provider:**

- *“Speed of change and lack of information from government.”*
- *“I received a phone call explaining what was going on and they involved me in the decision-making process of next steps.”*
- *“I work for adult social care so have been fully updated on ongoing changes. I have been able to pass this information to clients and their families.”*

Comments also related to **other areas of care**, with some respondents commenting that nothing had changed for them regarding their care during the pandemic. People also talked about how other services had stopped, such as health services and weekly support groups:

- *“Weekly visits have stopped. Support groups aren't meeting.”*
- *“Delayed response from GP about support.”*
- *“I work in health and social care and the impact on the service users has been quite severe especially on their wellbeing and mental health. Not much outside social contact with activities, family and friends.”*
- *“My husband and I are both blind, but we don't receive any social care services. Our independence has been seriously affected by this situation, and our cleaning company has ceased operation for the time being. This is a service we rely on.”*
- *“I have not personally experienced social care. I am shocked however at information that I've received about their lack of PPE. My daughter has been making face shields and giving them for free to Social Care workers. Most work for private companies that could pay for them or at least give a donation.”*
- *“It's just been hard not being able to go to autism activities but there has been online support.”*
- *“Regular medical check-ups have been cancelled and not reinstated.”*
- *“Day Care has been stopped and unless an emergency, respite care is inaccessible.”*
- *“I have been concerned about the way in which care homes have been forced to accept COVID-19 positive patients from hospitals. There has also been too little testing in care situations.”*

The following breaks down the findings from our survey by each of the 9 Care Communities in Cheshire West and Chester, which are organised as appendices.

Introduction

Between 4th May until 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 45 people who answered our survey from the Chester Central (city centre) area, to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

We had 40 responses regarding how access to healthcare services has changed during the response to the pandemic, with some respondents giving more than one reply.



Some comments regarding how health services had changed included:

- *“My B12 shot has been delayed by a month.”*
- *“Tried to make an appointment for cervical screening but was unable to book one.”*
- *“I was able to seek advice from NHS online and a pharmacy when needed (for non-Covid queries), I assumed it would be pointless to contact a GP surgery.”*
- *“I needed the minor eye care facility and was directed to it by the receptionist at my GP practice.”*

40% told us that their GP appointment was by telephone or video call

45% of responses related to changes to hospital services; outpatients' appointments being either via video/phone call, postponed or cancelled, or planned procedures cancelled

25% told us that they experienced longer waiting times for prescriptions or couldn't get their prescription

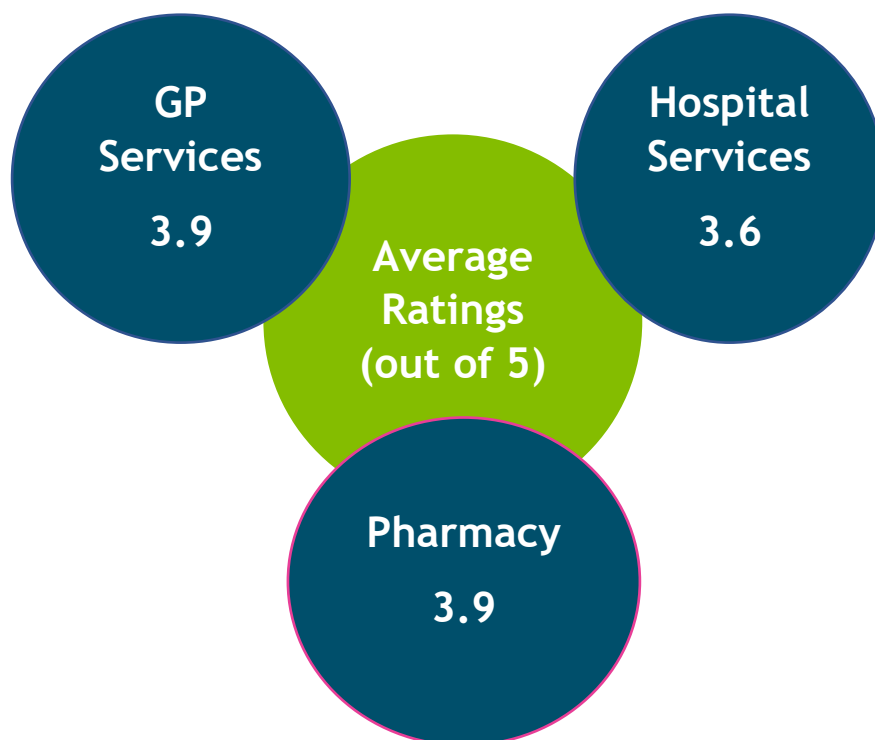
Opinions on telephone or video appointments

We asked people to share their thoughts about telephone or video appointment and how they would feel about using this system going forward. 6 people responded to this question, the majority of whom felt happy with using this in the future for GP appointment, and half of those for hospital appointments.

- *“I work in healthcare and I have been delivering some telephone appointments, they are not as effective as face-to-face consultations and there is the risk of missing nuances that you see in person.”*
- *I'm partially deaf and find phone/video calls really hard - phone because it is audio only, video because the sound is distorted.*

How people rated their services

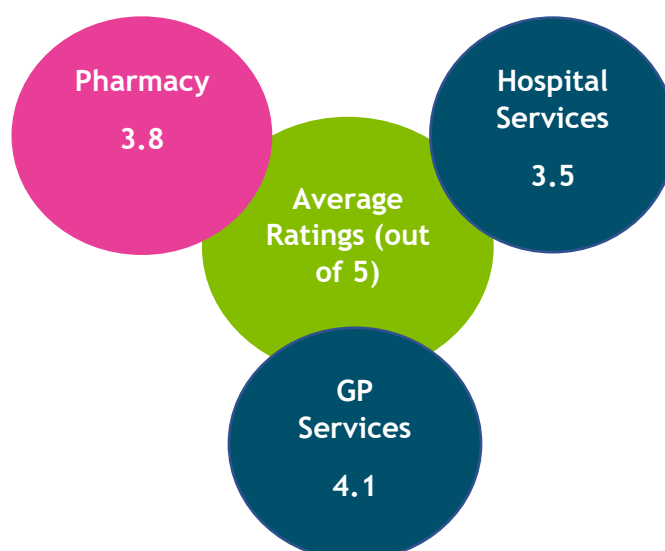
We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Below are the most commonly mentioned services and their average ratings.



The below are comments relating to why services were rated this way:

- *“My doctor rang the day I needed her and my Chiropodist and Dentist have also been in touch.”*
- *“The podiatrists in particular were brilliant, I was ill with suspected Covid-19 for 6 weeks with an infected foot ulcer. They offered to come out but I refused as didn’t want to risk their health. They rang me twice a week to check on me whilst I was ill. Their support was a huge help.”*
- *“Consult via phone was acceptable but made more difficult due to my speech impediment.”*
- *“I had to wait a long time for my prescription to be signed off by a doctor and then the medication was out of stock at the pharmacy.”*
- *“GP - poor because called me despite my stated preference for email, was very short with me on the phone, often talked over me.”*

How people rated communication from services



The below are comments relating to why communication from services were rated this way:

- *“Everyone is trying their best, but the government communications are very poor and conflicting and information is often released at the last minute with poor clarity, therefore makes nationwide guidelines very difficult. Very poor in a pandemic. But this is on the government - NOT the above services.”*
- *“I received regular emails updating me in their services.”*
- *“Wasn’t sure whether GP was open, wasn’t sure about contacting the hospital. Podiatry was excellent, always available to speak to if I was worried.”*
- *“Early communications remove uncertainty.”*

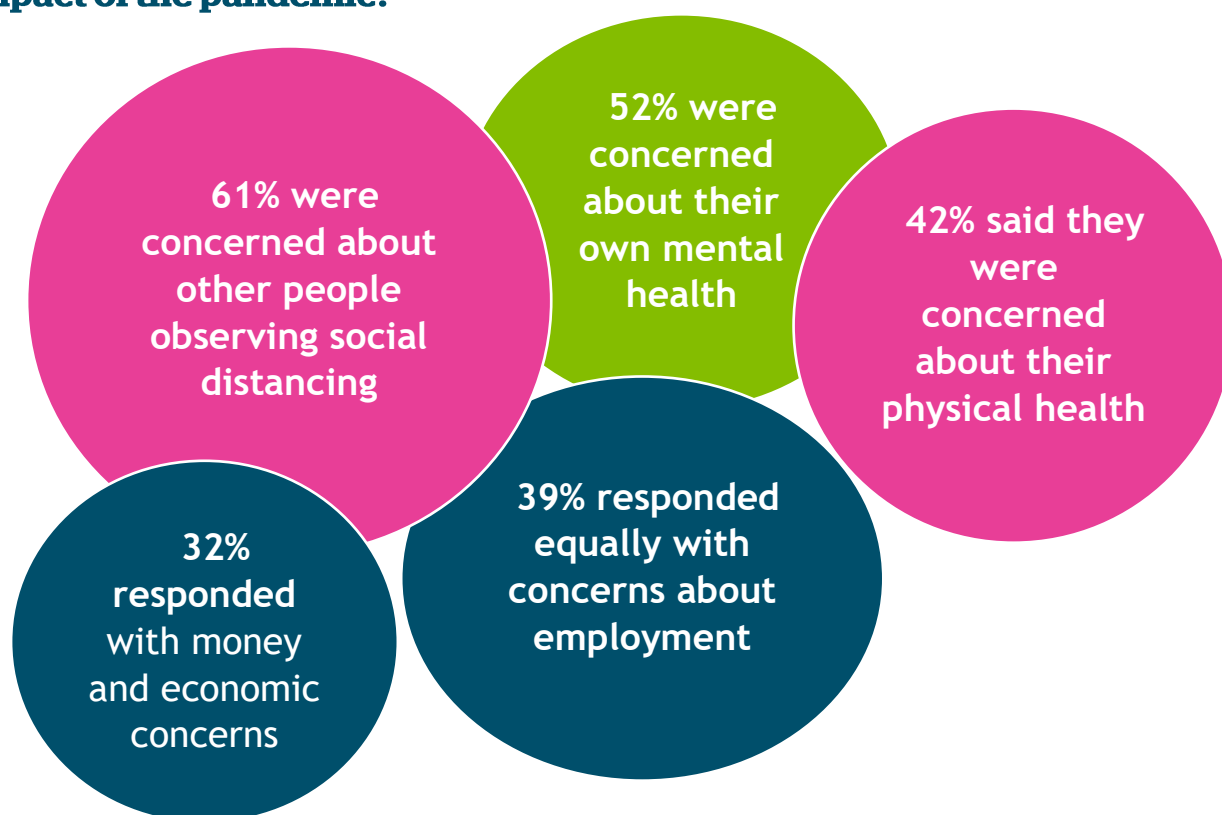
How coronavirus has affected people's mental health



The top 3 things that the 44 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (32 responses)
- Worrying about the health of friends or family members (24 responses).
- Feeling sad about not having access to leisure activities, e.g. going out, going on holiday (23 responses)

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Being able to see my parents and getting respite from being the sole provider, working from home, doing everyone’s shopping (including my parents) and looking after a teenager whose GCSEs have been cancelled, her summer taken away and a very emotional 7-year-old. I just want to be able to see my parents and for my children to see my parents.”*
- *“Walking the dog. Zoom meetings with WI/Choir/Family.”*
- *“Access to family, friends and the cinema.”*
- *“Confidence in government measures.”*
- *“Clearer information. Have felt that the Government are not honest and do not really help people’s well-being unlike some other countries.”*
- *“Not sure, I have been working at home and live alone, my concerns have partly centred around not being productive enough. I feel as though I am working with one hand behind my back, but as far as I am aware deadlines remain and have to be met, I thus am ‘working’ longer hours and not really getting time to relax in the evenings. It has been hard to manage my time and I feel as though I am failing both with regard to productivity and time management.”*
- *“Living in a flat makes you feel trapped using same doors and lift plus communal bins feels like extra risk.”*
- *“More knowledge of risks with shielding etc.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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You can contact us on:

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- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

Tartan Rug

This is the Tartan Rug for the Chester Central Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

Produced by Cheshire West and Chester, Insight and Intelligence team. Version 2 : October 2019

	Period	Value type	Chester Central
1 Total population (MYE 2018)	2018	Number	15,839
2 BME population (Census 2011)	2011	%	13.8
3 Not proficient in English (Census 2011)	2011	%	1.1
4 Population under 16 (MYE 2018)	2018	Number	1,238
5 Population aged 65 and over (MYE 2018)	2018	Number	2,363
6 Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	10.8
7 Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	14.9
8 Child Development at age 5 (%)	2013-2014	%	51.4
9 GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	55.1
10 Unemployment (%)	2018	%	1.8
11 Long Term Unemployment (Rate/1,000 working age population)	2018	%	1.7
12 Older people living alone (%)	2011	%	46.5
13 Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	21.5
14 Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	99.3
15 Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	101.7
16 Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	95.9
17 Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	83.1
18 Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	95.4
19 Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	104.5
20 Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	84.8
21 Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	135.2
22 Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	124.1
23 Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	95.6
24 Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	106.5
25 Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	109.5
26 Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	105.1
27 Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	122.4
28 Limiting long-term illness or disability (%)	2011	%	14.5
29 Deaths from all causes, all ages (SMR)	2011-2015	SMR	115.9
30 Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	139.0
31 Deaths from all cancer, all ages (SMR)	2011-2015	SMR	102.8
32 Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	115.6
33 Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	111.9
34 Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	138.4
35 Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	112.6
36 Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	105.9
37 Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	160.1
38 Deaths from causes considered preventable (SMR)	2011-2015	SMR	158.4

Abbreviations:

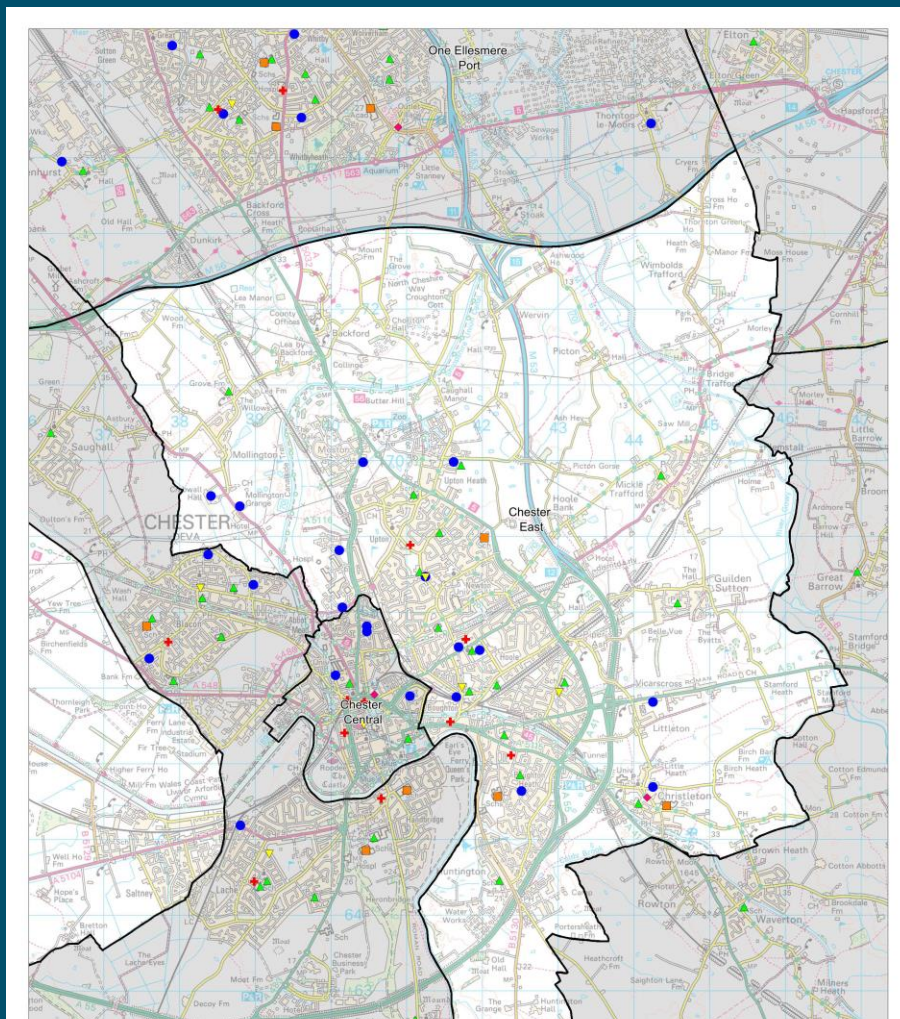
SAR = Standardised Admissions Ratio
SIR = Standardised Incidence Ratio
SMR = Standardised Mortality Ratio

Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age-sex specific death rates for England in 2011-15 to each area's population.

Significantly better than England Not significantly different Significantly worse than England

Appendix 2 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Chester East

May - October 2020



Introduction

Between 4th May and 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 95 people who answered our survey from the Chester East area (including Christleton, Littleton, Huntington, Boughton, Upton, Hoole, Mollington, and Mickle Trafford), to provide the residents and local service providers with a snapshot of the key findings.

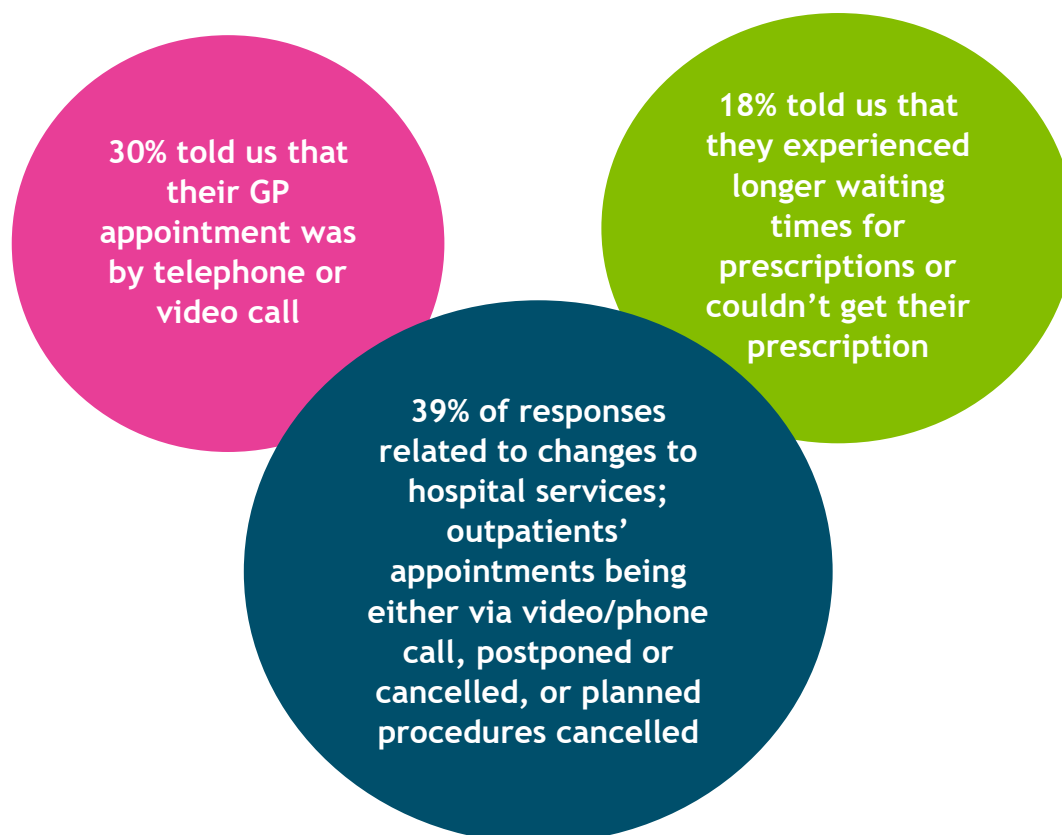
Accessing healthcare services during the pandemic

We had 88 responses regarding how access to healthcare services has changed during the response to the pandemic, with some respondents giving more than one reply.



Some comments regarding how health services had changed included:

- *“I have some symptoms I would like to see GP about but I felt they weren't important enough to trouble GP at this time.”*
- *“I haven't received an appointment for an investigation I have been waiting for.”*
- *“Smear test due but don't feel safe to go.”*
- *“I need a blood test to diagnose a condition, it isn't urgent so it has been delayed but it has created some anxiety.”*
- *“Dentist access very limited.”*



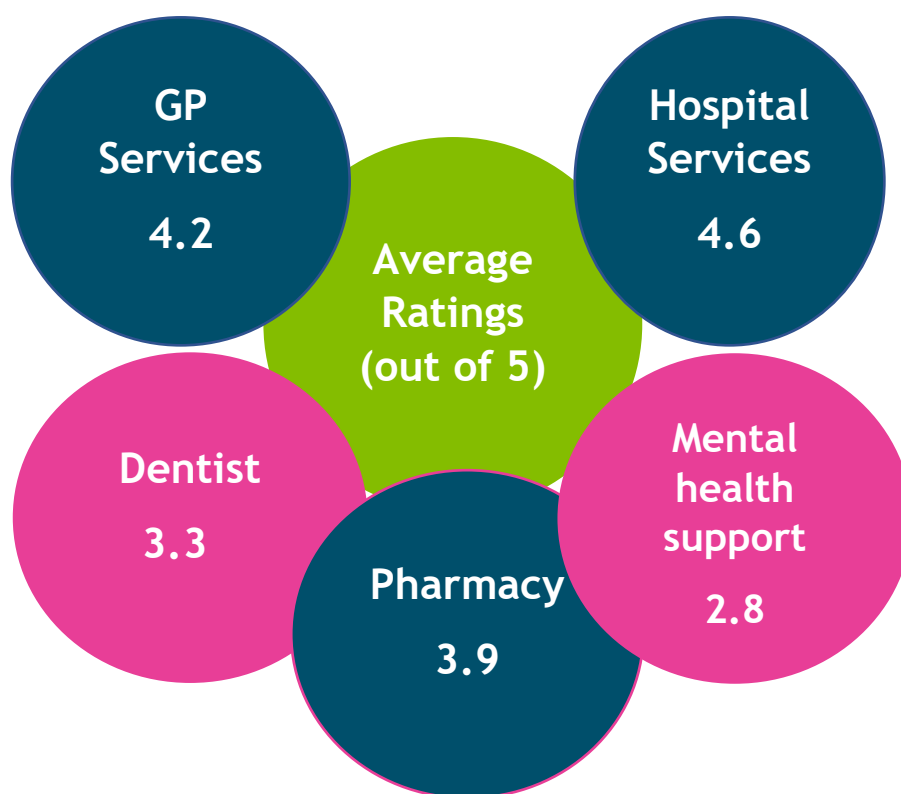
Opinions on telephone or video appointments

We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 10 of the 11 people who answered this question in relation to GP appointments said they would be happy with this continuing in the future, and 10 out of 12 for hospital-based appointments. Comments included:

- *“I am hard of hearing so not the best at using a phone, also lipread a little which I find it very difficult or impossible with people wearing face masks.”*
- *“On the whole I prefer face-to-face consultation.”*

How people rated their services

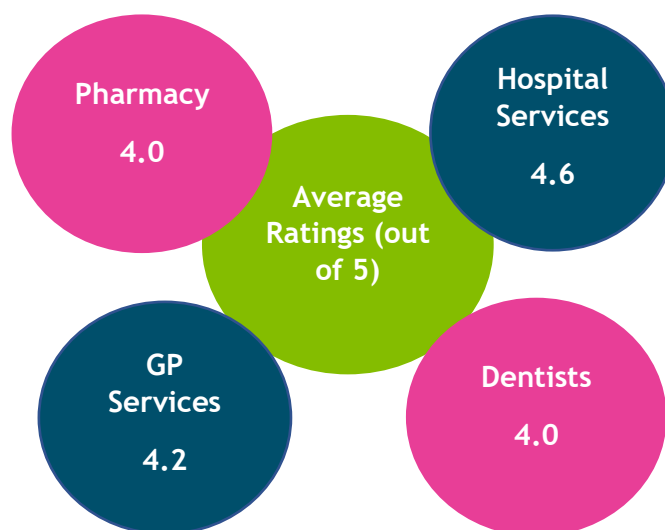
We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Below are the most commonly mentioned services and their average ratings.



The below are comments relating to why services were rated this way:

- *“The providers did what was needed in a timely and helpful way.”*
- *“Completely unhelpful, go round in circles between GP and pharmacy trying to get prescription sorted because GP refuses to prescribe more than a week supply for a medication that is needed weekly and then loses the repeat request meaning doses are missed.”*
- *“Waited 50 minutes for phone to be answered.”*
- *“Unable to get delivery of medication from pharmacy when shielding even though I have no relatives locally and all of my friends were isolating.”*
- *“Access to both very restrictive by Covid regulations increased wait time less of a service.”*
- *“On time and informative.”*
- *“Dentist check up postponed by 3 months limited hygiene services and dental services.”*
- *“GP was excellent at registering me as a new patient and providing an appointment for me for an ongoing issue even though it was not an emergency.”*

How people rated communication from services



The below are comments relating to why communication from services were rated this way:

- *“GP - used website, patient magazine, and Facebook, easy to find information.”*
- *“Dentist - hampered by regulations but did communicate by individual email. Pharmacy - no comms at all.”*
- *“Just a letter - ‘if you still have symptoms call after 31st July.’”*
- *“Because it was made clear that this was the only way you could access GP appointments.”*
- *“No consistency in communication. Different person called each time and asked the same questions. Promises made to call which never materialised and told not able to provide me with a number to call to chase up.”*
- *“I was informed by email of disruption and then when available again in October the process of gaining entry to the premises.”*

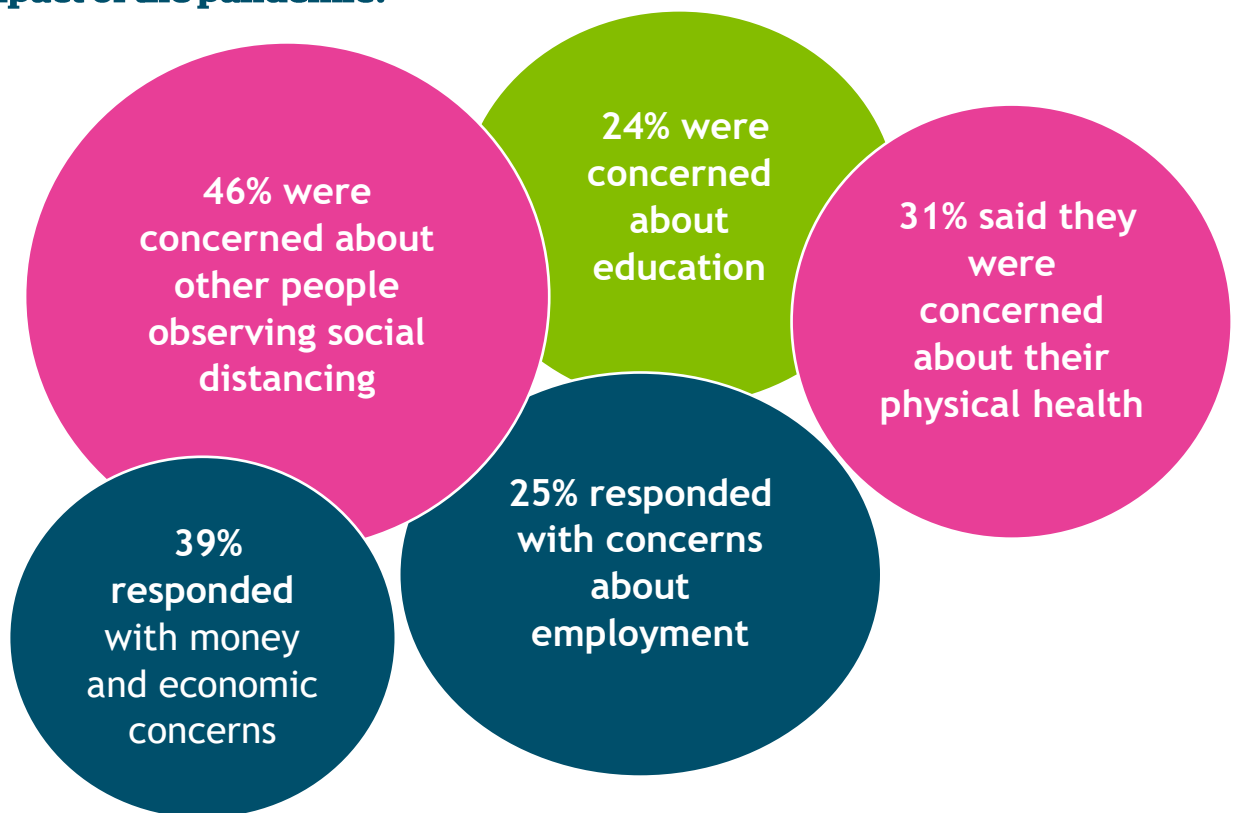
How coronavirus has affected people's mental health



The top 3 things that the 93 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (58 responses)
- Worrying about the health of friends or family members (47 responses).
- Feeling sad about not having access to leisure activities, e.g. going out, going on holiday (46 responses).

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Any sort of support for myself or my child. A break from caring 24/7 for a baby with additional needs. My child’s appointments and therapies not being cancelled for an indefinite amount of time.”*
- *“Clearer government guidance to help remove uncertainty and provide assurance that they are appropriately managing the pandemic by prioritising health rather than the economy.”*
- *“The difficulty for me is that all face-to-face help has had to be stopped, which means that I cannot go for tandem rides or for longer walks and free runs with my guide dog. Social distancing is very detrimental to me as a blind person because this means that I cannot receive any guiding support.”*
- *“Have been well supported by friends and family.”*
- *“Daily workouts and walks.”*
- *“Better internet connectivity. Speed drops and buffering disconnection issues.”*
- *“We have a telephone support network through Church and continuing by organising socially distanced Church yard maintenance/village green events.”*
- *I think there could be a lot more positive and helpful emails and social media to balance the negative news we are facing*
- *More resources sent out e.g. via post so people down feel they have to reach out and feel they are being a burden to an already strained healthcare service*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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This is the Tartan Rug for the Chester East Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

Produced by Cheshire West and Chester, Insight and Intelligence team. Version 2 : October 2019

	Period	Value type	Chester East
1 Total population (MYE 2018)	2018	Number	48,983
2 BME population (Census 2011)	2011	%	7.9
3 Not proficient in English (Census 2011)	2011	%	0.5
4 Population under 16 (MYE 2018)	2018	Number	9,184
5 Population aged 65 and over (MYE 2018)	2018	Number	10,267
6 Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	8.8
7 Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	9.7
8 Child Development at age 5 (%)	2013-2014	%	66.4
9 GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	64.2
10 Unemployment (%)	2018	%	1.4
11 Long Term Unemployment (Rate/1,000 working age population)	2018	%	0.9
12 Older people living alone (%)	2011	%	33.4
13 Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	12.1
14 Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	97.1
15 Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	109.3
16 Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	82.8
17 Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	96.5
18 Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	77.5
19 Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	102.5
20 Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	113.4
21 Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	118.7
22 Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	95.0
23 Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	111.6
24 Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	93.2
25 Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	91.8
26 Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	86.9
27 Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	100.6
28 Limiting long-term illness or disability (%)	2011	%	17.0
29 Deaths from all causes, all ages (SMR)	2011-2015	SMR	95.8
30 Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	88.0
31 Deaths from all cancer, all ages (SMR)	2011-2015	SMR	94.3
32 Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	91.2
33 Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	87.4
34 Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	71.7
35 Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	86.5
36 Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	91.6
37 Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	94.9
38 Deaths from causes considered preventable (SMR)	2011-2015	SMR	95.4

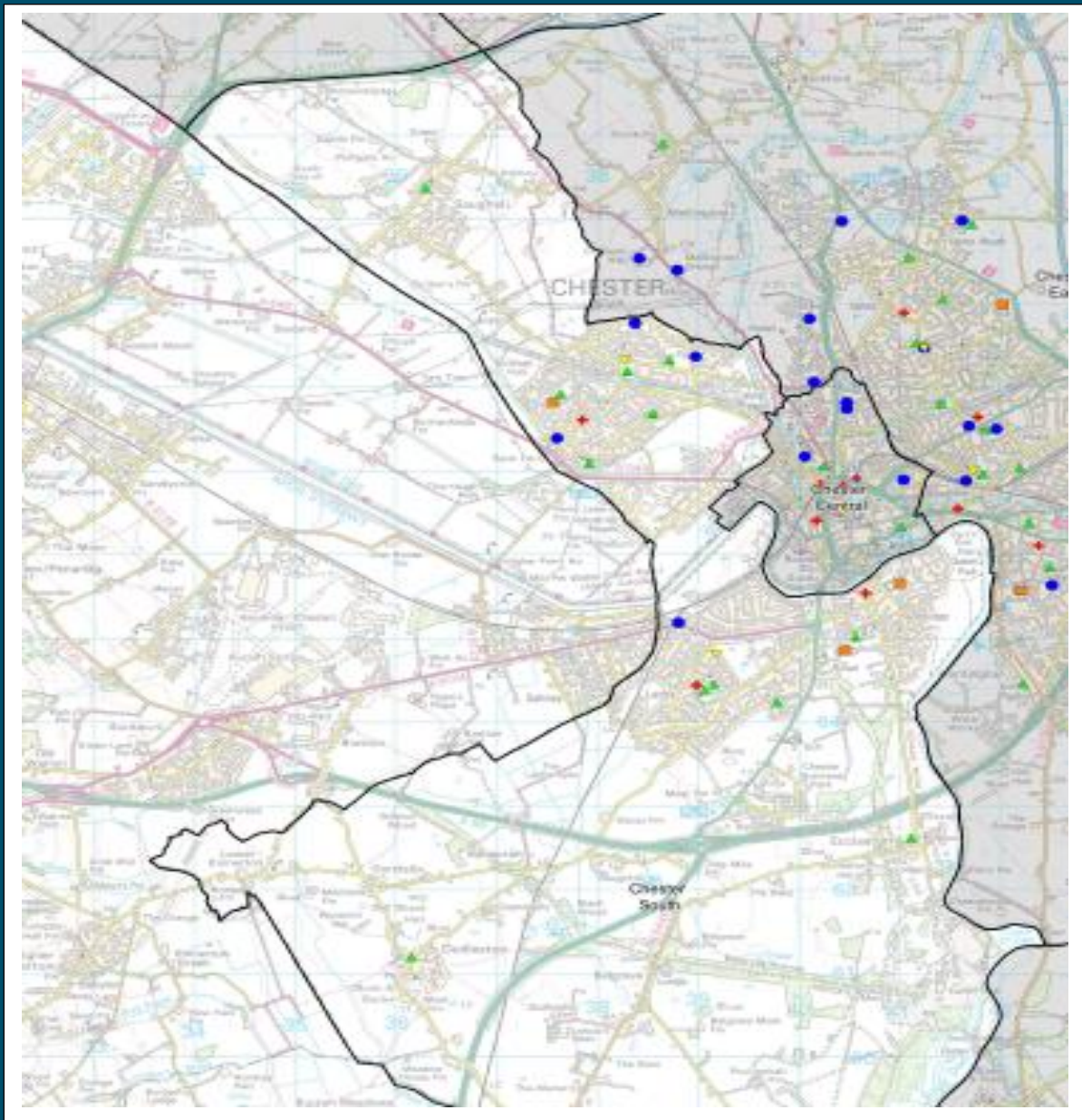
Abbreviations:
SAR = Standardised Admissions Ratio
SIR = Standardised Incidence Ratio
SMR = Standardised Mortality Ratio

Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age-sex specific death rates for England in 2011-15 to each area's population.

Significantly better than England Not significantly different Significantly worse than England

Appendix 3 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Chester South

May - October 2020



Introduction

Between 4th May until 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 62 people who answered our survey from the Chester South area (Blacon, Lache, Saughall, Eccleston, Handbridge, Dodleston, and Kinnerton), to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

We had 57 responses regarding how access to healthcare services has changed during the response to the pandemic, with some respondents giving more than one reply.



Some comments regarding how health services had changed included:

- *“I had to pay for private dental treatment as my dentist is not open - I could only get a temporary fix.”*
- *“My dental treatment was cancelled with very little alternative options; this could have been handled a lot better.”*
- *“My hospital outpatients’ appointments were all delayed.”*
- *“I’ve postponed all enquiries with my GP until after the pandemic.”*
- *“I wasn’t able to access my regular prescription.”*
- *“I have a cracked tooth, but because I’m not in pain I was told I can’t get it treated yet.”*
- *“All appointments went well.”*

33% told us that their GP appointment was by telephone or video call

49% of responses related to changes to hospital services; outpatients’ appointments being postponed or cancelled, or planned procedures cancelled

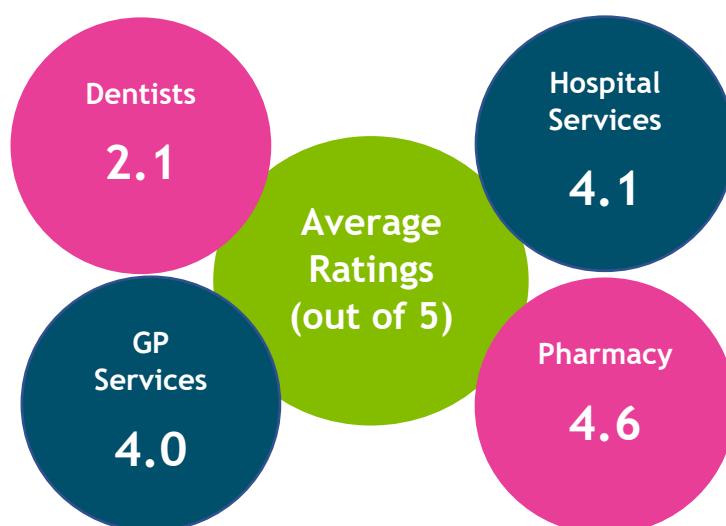
14% told us that they experienced longer waiting times for prescriptions or couldn’t get their prescription

Opinions on telephone or video appointments

We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 5 people who responded to this question said they would be happy with this going forward, but only for certain GP and hospital appointments, if they had the choice.

- *“For certain simple queries and maybe ongoing things this would be acceptable.”*
- *“It’s more time efficient and cost effective to have some appointments over the phone.”*
- *“It would be beneficial to be triaged by a GP over the telephone or a Zoom call on the day of contact and then I could choose to have a physical appointment at a later date, if needed.”*
- *“I have speech impediment.”*
- *“I prefer to discuss health issues face to face not over a phone.”*

How people rated their services



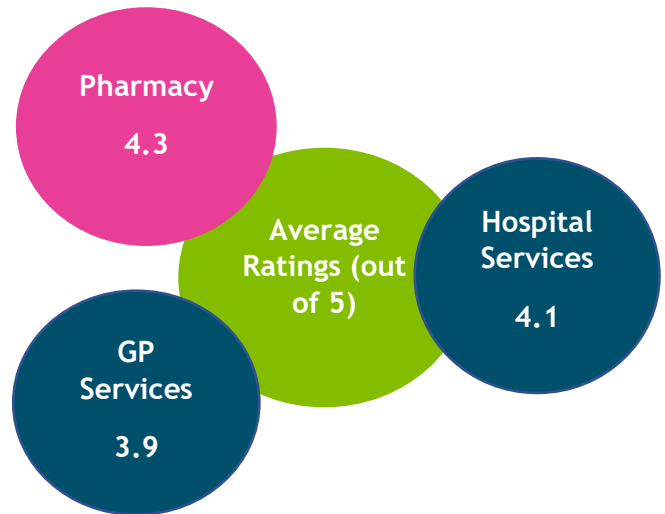
We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Above are the most commonly mentioned services and their average ratings.

- *“It was a struggle to receive Podiatry treatment at first, but I challenged their hesitations and was able to secure an appointment.”*
- *“Dentists have been particularly difficult. There were no appointments at my NHS dentist, only private appointments were available. Therefore, I only got a temporary filling, this was not finished off properly because of a lack of PPE making use of equipment unviable.”*
- *It is easier to get a triage phone appointment now and any prescriptions are sent electronically to the pharmacy. I only need to attend in person if bloods or other examinations are required. It’s more efficient than sitting in crowded waiting rooms.” for ages.*
- *“Had to wait for a telephone consultation from GP. Could not get an appointment was for emergency only because of COVID 19.”*
- *“First class care and service in difficult times.”*

How people rated communication from services

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- *“I’ve found plenty of information on the GP Practice website and at the pharmacy.”*
- *“I wasn’t able to speak to my GP when I needed to, so I had to ring NHS 111 instead.”*
- *“I asked the GP receptionist if I should be shielding, they said they didn’t have the expertise to give me this advice.”*



How coronavirus has affected people’s mental health



The top 3 things that the 61 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (37 responses)
- Worrying about the health of friends or family (33 responses)
- Feeling sad about not being able to do leisure activities (27 responses)

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?



- *“Being able to get out and also having someone to talk to.”*
- *“Being able to see family and friends.”*
- *“Feeling like the government were handling the pandemic better, I am frustrated and angered by the mixed messaging and reactive way they have dealt with things.”*
- *“Having a clear message from the government that cannot get misinterpreted.”*
- *“Ensuring that we have better access to gloves and face masks and that the health of care workers is not compromised.”*
- *“Keeping people better informed of upcoming changes.”*
- *“I have really appreciated the on-line services and Zoom meetings.”*

...

Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

www.healthwatchcheshire.org.uk

You can contact us on:

- **Tel:** 0300 323 0006
- **Email:** info@healthwatchcheshire.org.uk
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

Tartan Rug

This is the Tartan Rug for the Chester South Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

Produced by Cheshire West and Chester, Insight and Intelligence team. Version 2 : October 2019

		Period	Value type	Chester South
1	Total population (MYE 2018)	2018	Number	33,115
2	BME population (Census 2011)	2011	%	7.1
3	Not proficient in English (Census 2011)	2011	%	0.5
4	Population under 16 (MYE 2018)	2018	Number	6,321
5	Population aged 65 and over (MYE 2018)	2018	Number	6,910
6	Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	16.4
7	Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	23.0
8	Child Development at age 5 (%)	2013-2014	%	55.3
9	GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	53.5
10	Unemployment (%)	2018	%	2.2
11	Long Term Unemployment (Rate/1,000 working age population)	2018	%	1.5
12	Older people living alone (%)	2011	%	31.6
13	Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	15.9
14	Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	114.6
15	Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	117.2
16	Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	85.0
17	Emergency hospital admissions for Myocardial infarction (heart attack) (SAR)	2011/12-2015/16	SAR	96.4
18	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	110.1
19	Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	108.2
20	Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	104.1
21	Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	107.4
22	Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	129.4
23	Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	104.8
24	Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	101.9
25	Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	97.3
26	Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	96.7
27	Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	123.1
28	Limiting long-term illness or disability (%)	2011	%	19.4
29	Deaths from all causes, all ages (SMR)	2011-2015	SMR	103.8
30	Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	103.9
31	Deaths from all cancer, all ages (SMR)	2011-2015	SMR	108.6
32	Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	111.9
33	Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	97.3
34	Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	98.1
35	Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	99.5
36	Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	92.0
37	Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	113.6
38	Deaths from causes considered preventable (SMR)	2011-2015	SMR	110.5

Abbreviations:

SAR = Standardised Admissions Ratio

SIR = Standardised Incidence Ratio

SMR = Standardised Mortality Ratio

Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age-specific death rates for England in 2011-15 to each area's population.

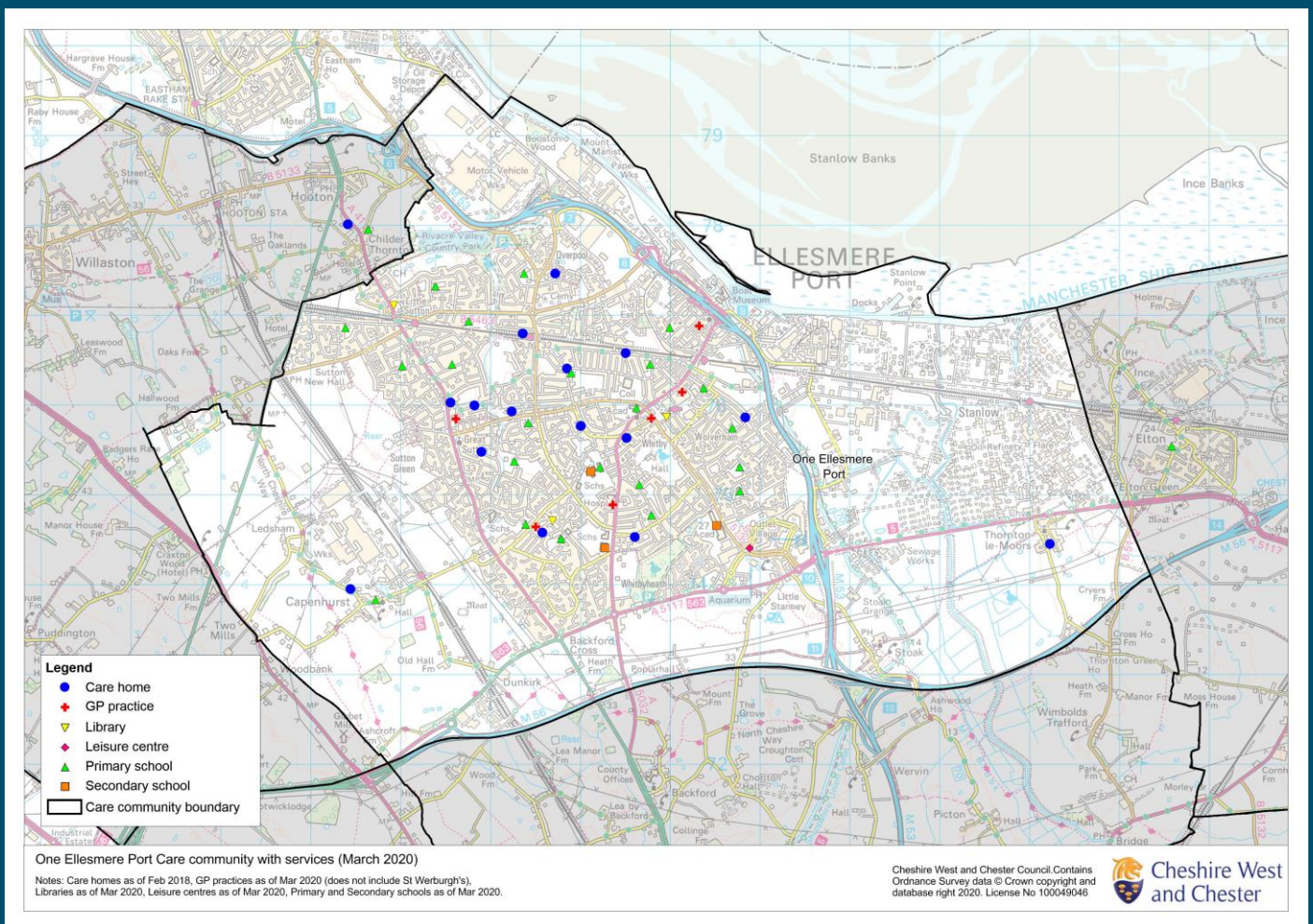
Significantly better than England

Not significantly different

Significantly worse than England

Appendix 4 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Ellesmere Port

May - October 2020



Introduction

Between 4th May until 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 138 people who answered our survey from the Ellesmere Port area, to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

We had 118 responses regarding how access to healthcare services has changed during the response to the pandemic, with some respondents giving more than one reply.



Some comments regarding how health services had changed included:

- *“The Neurocentre in Saltney is temporarily closed so I am not getting the physio I need for Parkinson’s Disease. Also, I am my partner’s carer and the Carers Trust services I normally use are not currently available.”*
- *“I haven’t re-ordered my daughter’s prescription as you can only do it in the surgery and we don’t want to go in. We will soon run out so will have to go.”*
- *“Blood test had to be done at hospital rather than at GP.”*

45% told us that their GP appointment was by telephone or video call.

32% told us that they experienced longer waiting times for prescriptions.

48% of responses related to changes to hospital services; outpatients’ appointments being either via video/phone call, postponed or cancelled, or planned procedures cancelled.

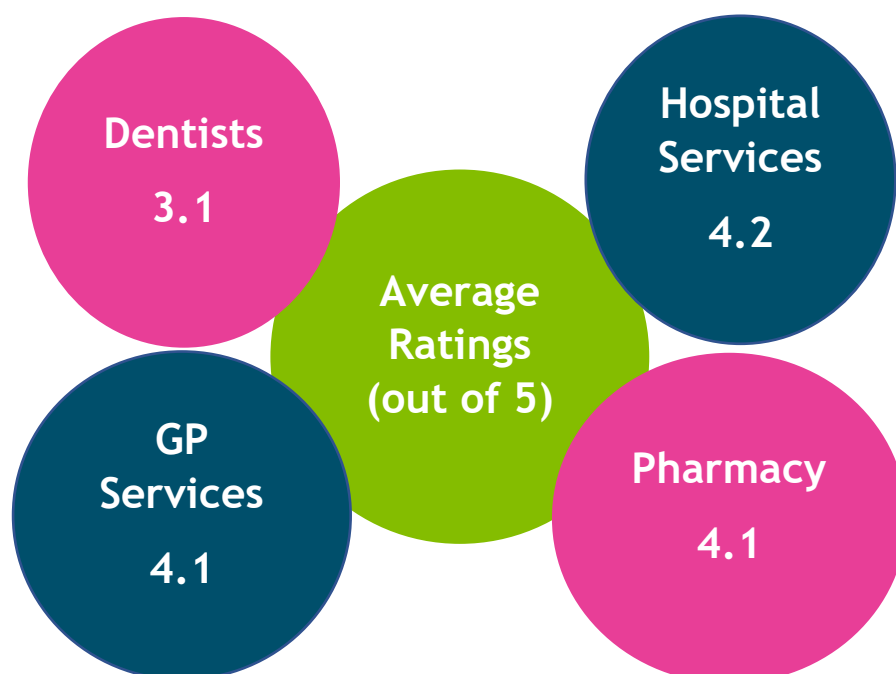
Opinions on telephone or video appointments

We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 10 of the 16 people who answered this question in relation to GP appointments said they prefer it or would be happy with this continuing in the future, and 8 out of 15 for hospital-based appointments. Comments were mixed:

- *“The online and telephone consults were thorough and saved a tremendous amount of time - no waiting around or parking charges. It wouldn’t work for all appointments, i.e. those where a physical exam was necessary but it would certainly cut down clinic waiting times and would be more efficient.”*
- *“Some appointments are best carried out face to face. It has been increasingly difficult to speak to a GP so on numerous occasions I spoke to an Advanced Nurse Practitioner.”*
- *If it’s not essential to be face to face then I would be happy with video/phone calls*

How people rated their services

We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Below are the most commonly mentioned services and their average ratings.



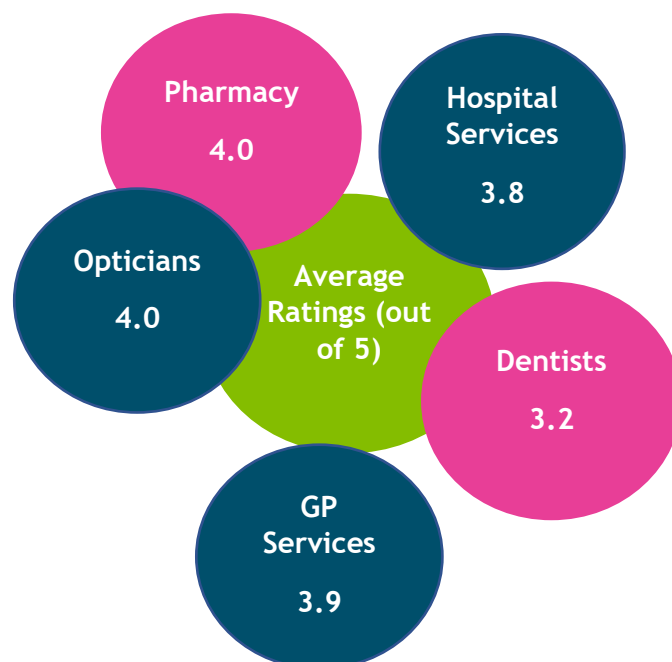
The below are comments relating to why services were rated this way:

- *“At the beginning of the pandemic demand on the services was high and things were a bit confused and delayed. In my experience however I received good, timely care and service. If I’d have required a procedure or face to face appointment with a doctor, that would likely have been more difficult.”*
- *“The GP has been very accessible the entire time via email and phone. My baby hasn’t missed out on vaccinations or health checks, all happened on time.”*
- *“Pharmacy: Very well organised queuing system when required, and staff that were able to enforce social distancing rules for themes and others.”*
- *“I got great treatment for all medical services including chemotherapy as normal with no disruption and urgent CT and MRI scans.”*
- *“Better service than before Covid.”*
- *“Cardiology and ENT delayed. But they are usually great. I understand it’s because of the virus.”*
- *“The pharmacy has really struggled and my wait time is far too long for regular medications.”*
- *“Had little or no information about keeping safe due to asthma controlled by steroids and other comorbidities, just told at the beginning to practice social distancing in work, I work in a hospital, GP not interested (not my regular GP) had no contact since March about my conditions, feel like I’ve been left.”*
- *“Have had infected painful tooth since 13 May. Cannot get dental treatment. Even though dentists can now open my dentist is waiting for PPE approval before it can treat anyone. I am on a list with other emergency patients.”*

How people rated communication from services

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent.

- *“Local information has been very limited but it hasn’t really impacted me.”*
- *“GP: When you go online to request the repeat prescriptions there is a comprehensive information page which if you need any more info takes you on to additional pages.”*
- *“Contact with GP surgery regarding repeat prescriptions has changed numerous times and there has been little consistency.”*



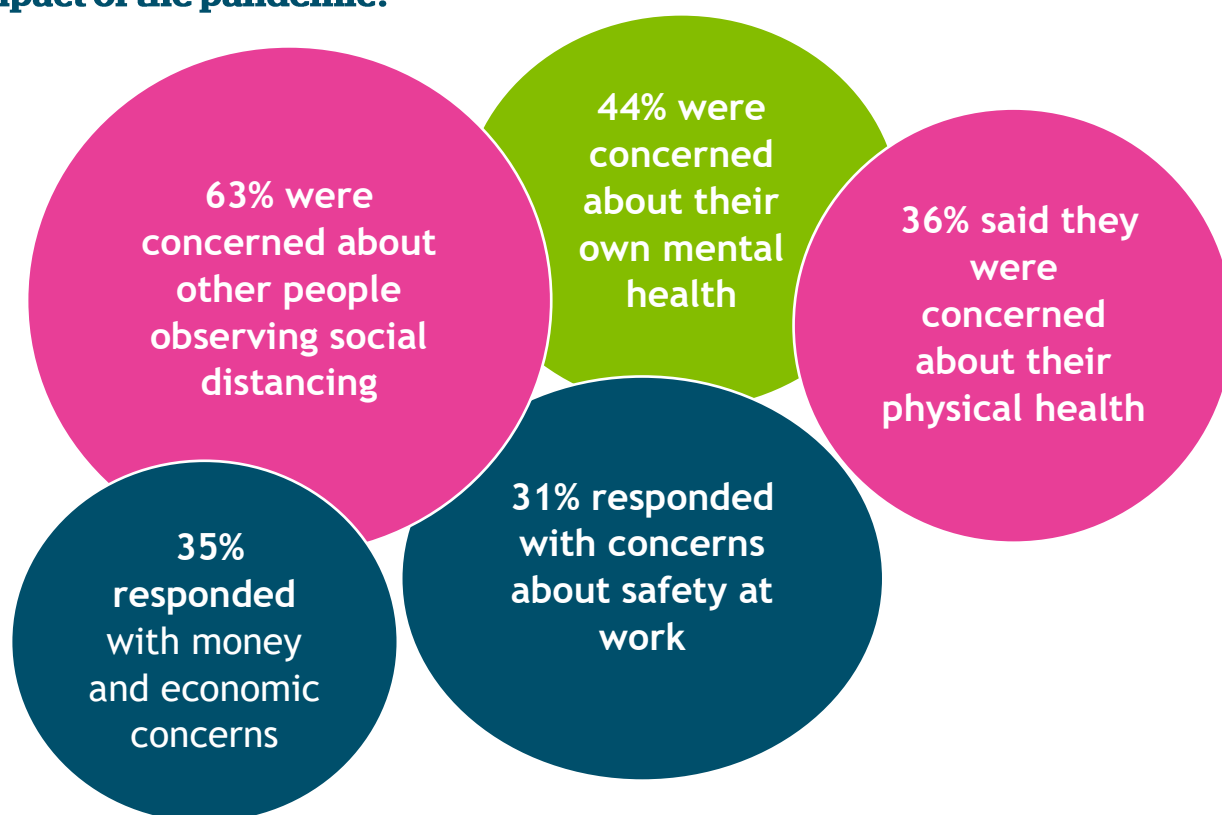
How coronavirus has affected people's mental health



The top 3 things that the 136 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (91 responses)
- Worrying about the health of friends or family members (84 responses).
- Feeling sad about not having access to leisure activities, e.g. going out, going on holiday (63 responses)

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“LDCAMHS has helped with social stories for my daughter, also my daughter is back at school 4 days a week, which has helped a lot.”*
- *“Consideration by other individuals when maintaining social distancing.”*
- *“Regular exercise.”*
- *“Physical wellbeing has been very positive; I’ve taken control of my diet and done a massive amount more exercise (which has to some extent help my mental wellbeing).”*
- *“My employer hasn’t made it obvious if there’s any mental wellbeing support on offer.”*
- *“I miss exercise, this usually helps my mental health.”*
- *“If people actually followed the rules and didn’t post all over social media about their infection parties etc that would be good.”*
- *“I try to do physical activity most days in an effort to lift my mood. I would be embarrassed to ask for help or support.”*
- *“Unable to do any exercise due to prolapsed disc in my back, so having access to outpatient appointment to properly diagnose would help.”*
- *“Clear information from the government. Stop drip feeding us snippets without the full facts. It feels that the decision-making process is coming from the wrong drivers.”*
- *“I live in Elton with a very supportive community. I have food delivered weekly from Port Shops which I am very thankful for.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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- **Email:** info@healthwatchcheshire.org.uk
- **Facebook and Twitter:** @HealthwatchCW and @HealthwatchCE
- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

Tartan Rug

This is the Tartan Rug for the Ellesmere Port Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

Produced by Cheshire West and Chester, Insight and Intelligence team. Version 2 : October 2019

	Period	Value type	One Ellesmere Port
1 Total population (MYE 2018)	2018	Number	61,756
2 BME population (Census 2011)	2011	%	4.8
3 Not proficient in English (Census 2011)	2011	%	0.4
4 Population under 16 (MYE 2018)	2018	Number	11,773
5 Population aged 65 and over (MYE 2018)	2018	Number	11,818
6 Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	16.1
7 Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	21.6
8 Child Development at age 5 (%)	2013-2014	%	62.4
9 GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	47.5
10 Unemployment (%)	2018	%	2.4
11 Long Term Unemployment (Rate/1,000 working age population)	2018	%	3.2
12 Older people living alone (%)	2011	%	32.1
13 Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	16.3
14 Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	121.2
15 Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	137.9
16 Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	88.7
17 Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	111.1
18 Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	110.2
19 Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	118.3
20 Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	119.9
21 Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	123.7
22 Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	148.4
23 Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	103.2
24 Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	116.0
25 Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	107.2
26 Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	105.7
27 Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	95.7
28 Limiting long-term illness or disability (%)	2011	%	20.0
29 Deaths from all causes, all ages (SMR)	2011-2015	SMR	113.0
30 Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	114.2
31 Deaths from all cancer, all ages (SMR)	2011-2015	SMR	123.1
32 Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	116.3
33 Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	97.7
34 Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	103.8
35 Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	97.2
36 Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	77.0
37 Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	122.2
38 Deaths from causes considered preventable (SMR)	2011-2015	SMR	119.9

Abbreviations:

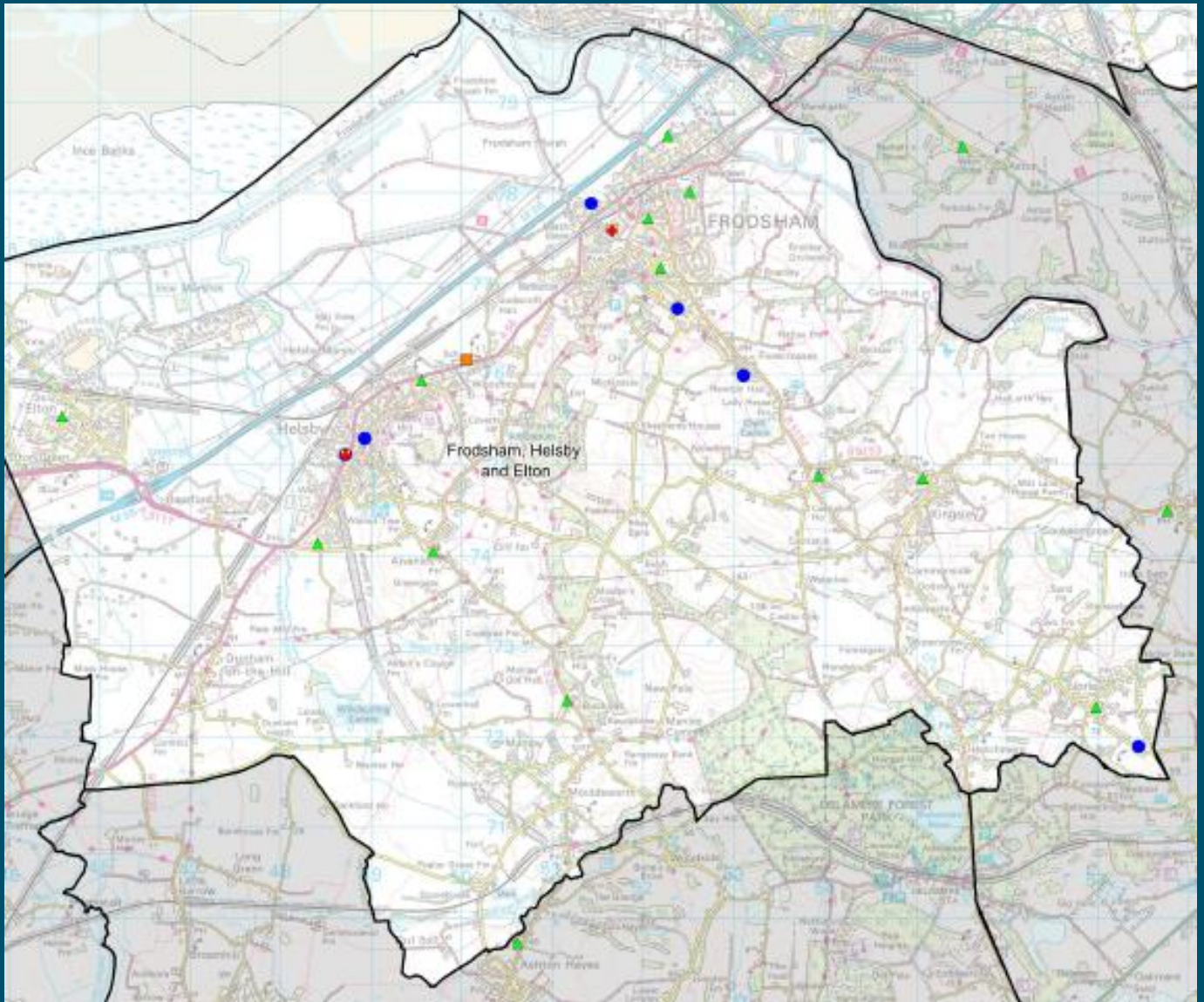
SAR = Standardised Admissions Ratio
SIR = Standardised Incidence Ratio
SMR = Standardised Mortality Ratio

Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age-sex specific death rates for England in 2011-15 to each area's population.

Significantly better than England Not significantly different Significantly worse than England

Appendix 5 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Frodsham, Helsby and Elton

May - October 2020

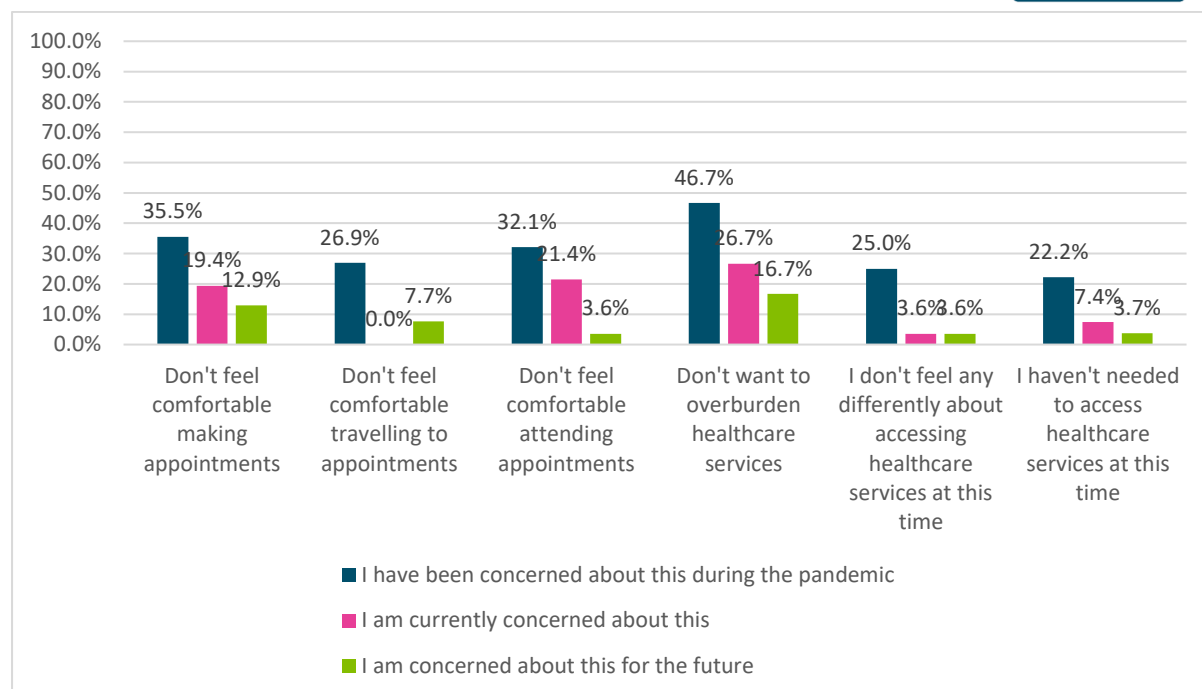


Introduction

Between 4th May until 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 80 people who answered our survey from the Frodsham, Helsby and Elton area, to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

34 people told us how they feel about accessing services during the pandemic, with many people choosing more than one option. Similarly to our findings across Cheshire, this demonstrates a trend of people feeling uncomfortable or apprehensive about accessing healthcare services during the height of the pandemic.



- ***“I’m concerned about going into hospitals for X-rays as no staff are wearing masks.”***
- ***“There are reasons why I would have gone to my GP in normal circumstances and I would have had him chase up the Pain Management Programme but in the present circumstances I have not wanted to bother them. Neither matter is in anyway life threatening but impacts my life.”***
- ***“I wouldn't want the surgery to discontinue 'live' appointments in the future ... as not happy with phone method.”***

Of the 65 people who told us about how health services had changed, most talked about their GP or hospital. For example:

- *“Had hospital appointment postponed and put on waiting list.”*
- *“Excellent GP phone consultations. Very pleased. Health has improved. Reduced transport costs.”*
- *“Have also had two hospital appointments without problems.”*

31% told us about changes to hospital services, including changes to treatment, delays and cancellations of outpatients' appointments, and planned treatments and procedures.

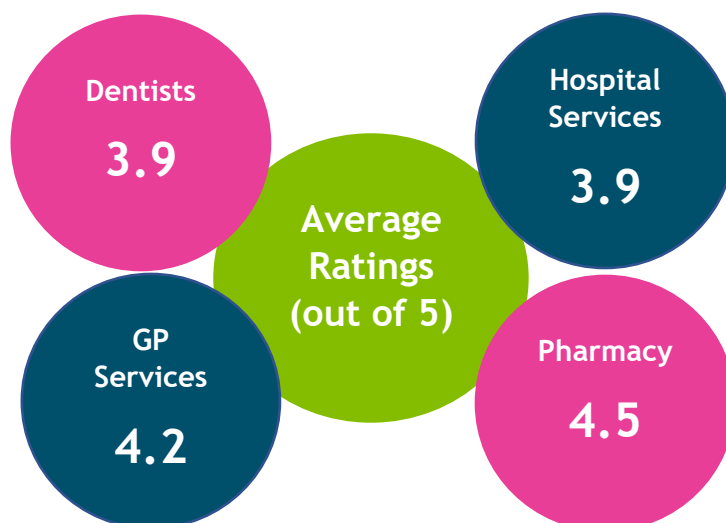
37% told us their GP appointment was by telephone or video call

Opinions on telephone or video appointments

We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 11 out of 13 people who responded to this question said they would be happy with this going forward for certain GP and hospital appointments if they had the choice.

- *“The online hospital consultations were a very productive experience. I have been able to have bloods and urines tested prior to appointments. I am 70+ and no longer have driving licence due to medications etc.”*

How people rated their services



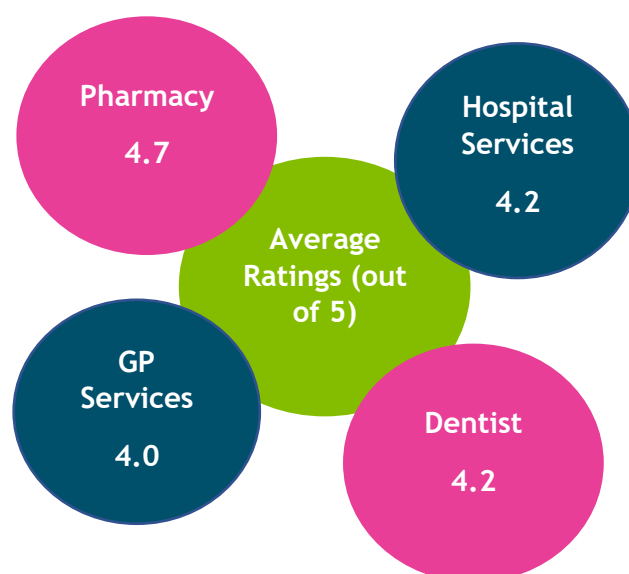
We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Opposite are the most commonly mentioned services and their average ratings.

- *“Considering the impact of Covid-19 on society as a whole, the NHS has continued to provide an excellent service. I have also been very impressed by GP’s, my dentist - who has extracted a tooth recently, GP Surgery and ancillary staff, not to forget Boots Pharmacy, who have not let us down. Well done everyone and thanks. Take care.”*
- *“Excellent service in all cases and dental emergency appointment within 2 days of my phone call.”*
- *“It is wrong to ‘lump together’ hospital services together. However when I did manage a face to face with my consultant, and following EUA, the service. was excellent.”*

How people rated communication from services

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- *“GP didn’t communicate, I had to find out via their website the services available.”*
- *“Need updates on website/social media about how to request repeat prescriptions without having to attend the surgery.”*
- *“Notices posted on the windows/doors clearly stating procedures etc.”*



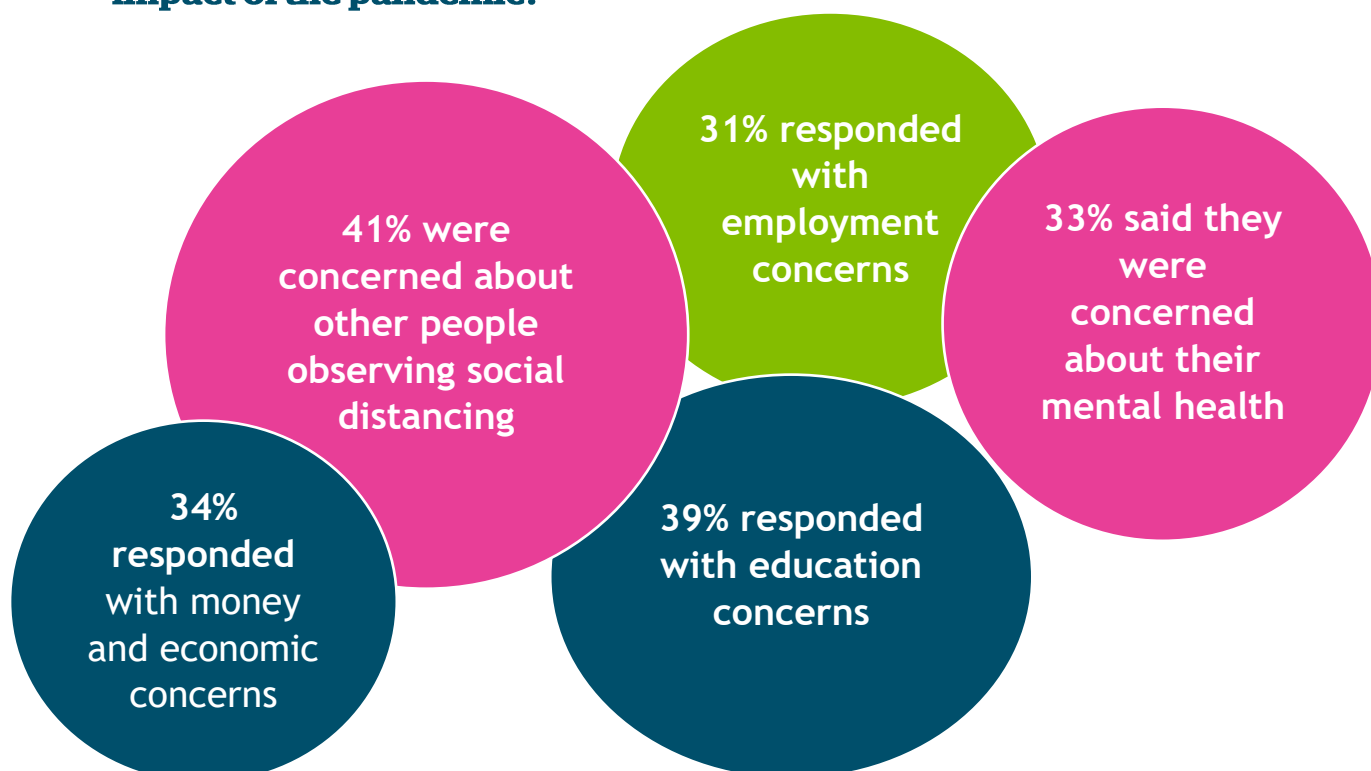
How coronavirus has affected people's mental health



The top 3 things that the 79 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (47 responses)
- Worrying about the health of friends or family (41 responses)
- Feeling sad about not being able to do leisure activities (34 responses)

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“GP surgery providing info about services available. Community led sport activities for all age/ability.”*
- *“More mainstream programmes about fitness and exercise rather than trying to find stuff on YouTube or watching nauseating videos made by the public!”*
- *“Clearer guidance from the government as restrictions are lifted.”*
- *“Keeping in contact with friends and family.”*
- *“Exercise and access to open spaces.”*
- *“Having meaningful work to do. Being with loved ones. Netflix! Self-care. Technology keeping me connected.”*
- *Local businesses especially those in the entertainment sector, such as pubs and cafe’s, provide essential services for disabled people and aged. Their closure causes problems.*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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- **Post:** Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU

Tartan Rug

This is the Tartan Rug for the Frodsham, Helsby and Elton Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

		Period	Value type	Frodsham, Helsby and Elton
1	Total population (MYE 2018)	2018	Number	23,419
2	BME population (Census 2011)	2011	%	3.7
3	Not proficient in English (Census 2011)	2011	%	0.1
4	Population under 16 (MYE 2018)	2018	Number	3,876
5	Population aged 65 and over (MYE 2018)	2018	Number	5,921
6	Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	8.0
7	Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	10.3
8	Child Development at age 5 (%)	2013-2014	%	62.3
9	GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	70.4
10	Unemployment (%)	2018	%	0.9
11	Long Term Unemployment (Rate/1,000 working age population)	2018	%	1.0
12	Older people living alone (%)	2011	%	27.9
13	Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	9.7
14	Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	83.8
15	Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	91.0
16	Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	79.5
17	Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	88.7
18	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	48.8
19	Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	104.2
20	Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	108.3
21	Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	109.0
22	Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	80.4
23	Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	108.6
24	Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	73.4
25	Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	74.8
26	Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	74.5
27	Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	107.0
28	Limiting long-term illness or disability (%)	2011	%	17.9
29	Deaths from all causes, all ages (SMR)	2011-2015	SMR	94.4
30	Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	88.4
31	Deaths from all cancer, all ages (SMR)	2011-2015	SMR	94.8
32	Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	93.0
33	Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	96.0
34	Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	92.9
35	Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	82.1
36	Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	107.3
37	Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	79.4
38	Deaths from causes considered preventable (SMR)	2011-2015	SMR	91.8

Abbreviations:

SAR = Standardized Admissions Ratio

SIR = Standardised Incidence Ratio

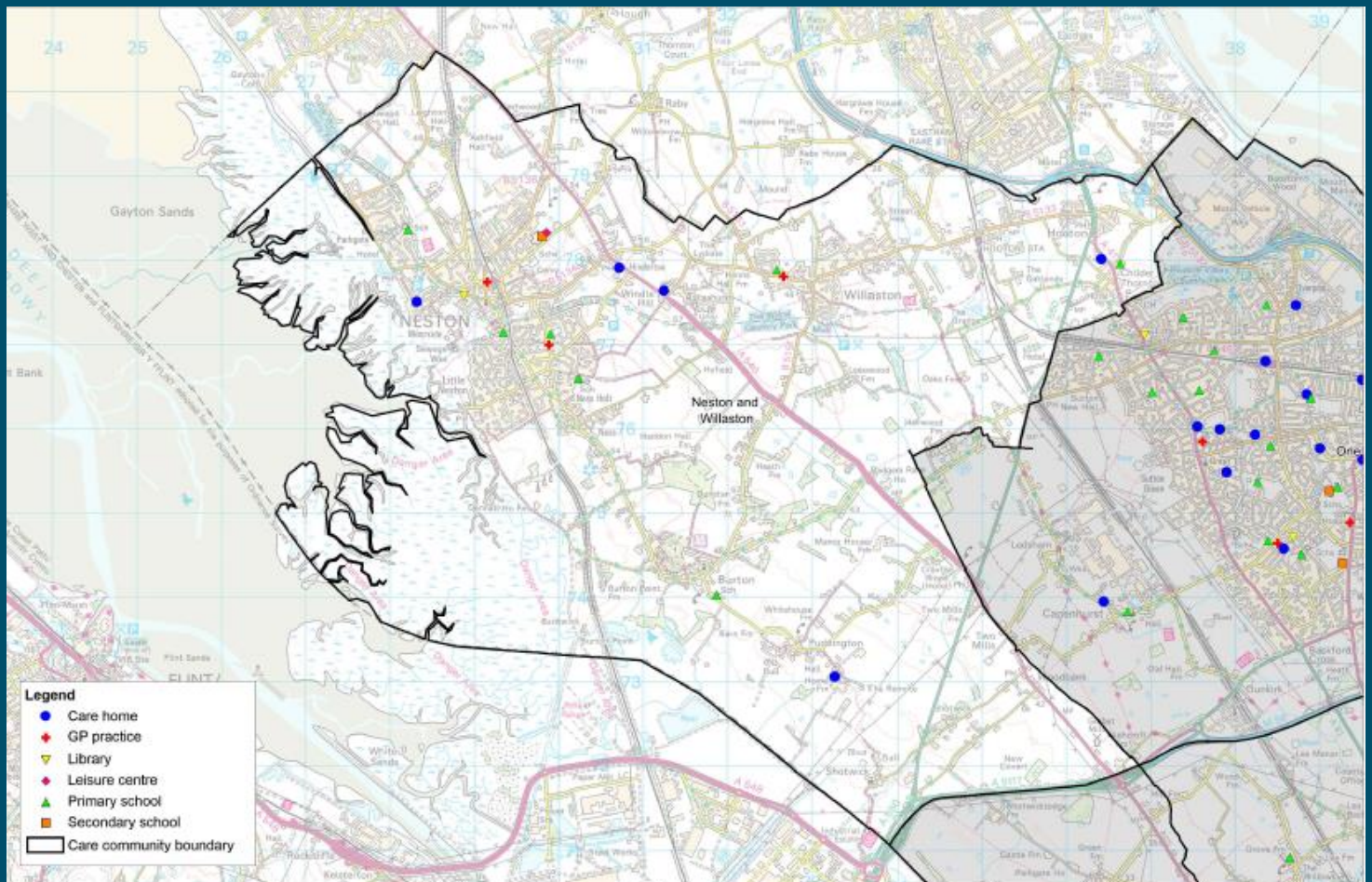
SMR = Standardised Mortality Ratio

Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age-sex specific death rates for England in 2011-15 to each area's population.

Significantly better than England
 Not significantly different
 Significantly worse than England

Appendix 6 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Neston and Willaston

May - October 2020



Neston and Willaston Care community with services (March 2020)

Notes: Care homes as of Feb 2018, GP practices as of Mar 2020 (does not include St Werburgh's), Libraries as of Mar 2020, Leisure centres as of Mar 2020, Primary and Secondary schools as of Mar 2020.

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Introduction

Between 4th May and 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the Coronavirus pandemic via our online survey. This information sheet uses the responses of the 62 people who responded to our survey from the Neston and Willaston area, to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

Of the 50 people who told us about how health services had changed, most talked about their GP or hospital. For example:

- *“I needed blood tests as result of previous hospital admission but GP put these on hold to avoid going to the clinic.”*
- *“I haven’t been able to have a routine blood test and have not been given any indication as to when I can have it.”*
- *Planned surgery (2nd cataract removal) wait longer than planned -unable to read properly until all procedures complete.*



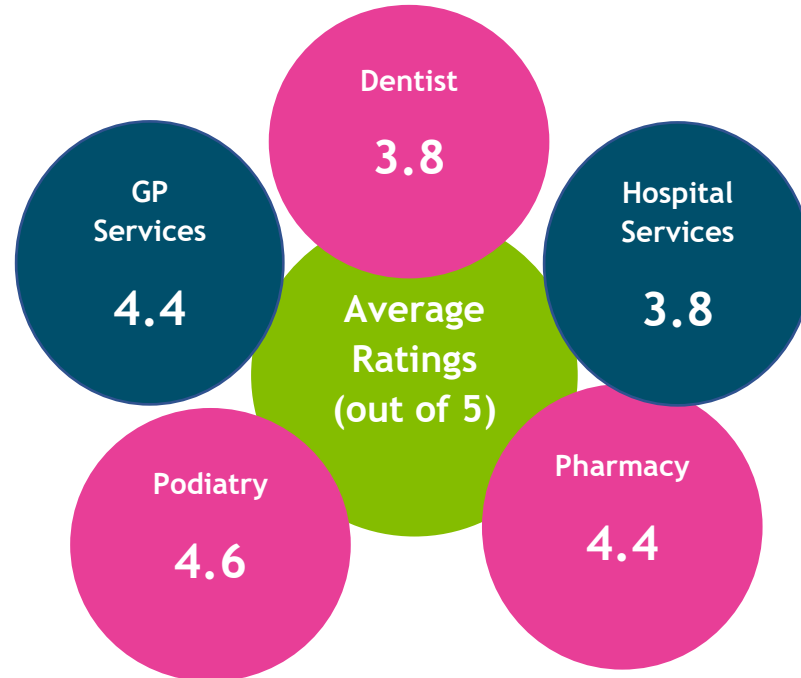
56% told us their GP appointment was by telephone or video call or that they couldn't get an appointment at all.

40% told us about changes to hospital services, including changes to treatment, delays and cancellations of outpatients' appointments, and planned treatments and procedures.

31% told us that they couldn't get a prescription, that there was increased waiting times and they couldn't find over the counter medication.

How people rated their services

We asked people from the Neston area how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 33 people answered this question and rated their GP surgery, Hospital and Pharmacy services.

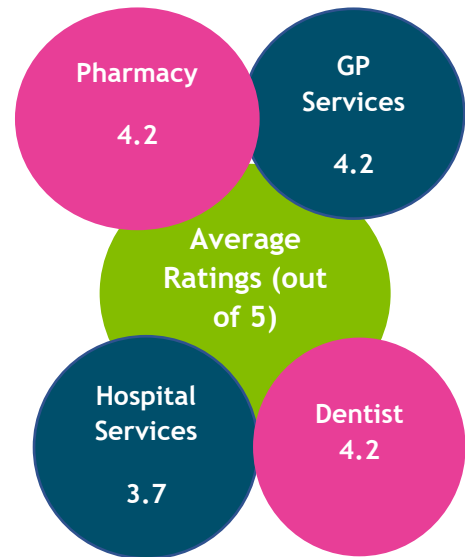


- *“GP - telephone appointment excellent service. Need more communication on when regular service will resume as not sure when I can have my blood test.”*
- *“Excellent service in the pharmacy however contact as to when prescription is ready to pick up is not great as one month get notification and the next you don’t.”*
- *“The Surgery had to treat me by telephone which limits their ability to diagnose, but did their best. Treatment by dentist was as normal, precautions excellent. Pharmacy deliveries erratic and sometimes didn’t happen.”*
- *“Podiatry - All safety measures followed effectively.”*
- *“GP -for flu jab Very efficient, fast with minimal risk.”*
- *“Dentist -still waiting. Broken tooth and as a result of wait, now have a broken denture.”*

How people rated communication from service

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- *“I’ve had no communication with the GP practice other than the standard NHS message on their web site that I use to order my prescriptions.”*
- *“Clear instruction from all departments, although I had a chest infection and had a cat scan in February, still not had result.”*
- *“They all let me know my various appointments were to be cancelled.”*
- *Most of the information I have receive has been via Healthwatch or by searching on line. This is not available to all members of the public. I don’t know how I would have managed without my IT skills. Normally I am very healthy but I have developed problems this year.*



How coronavirus has affected people’s mental health

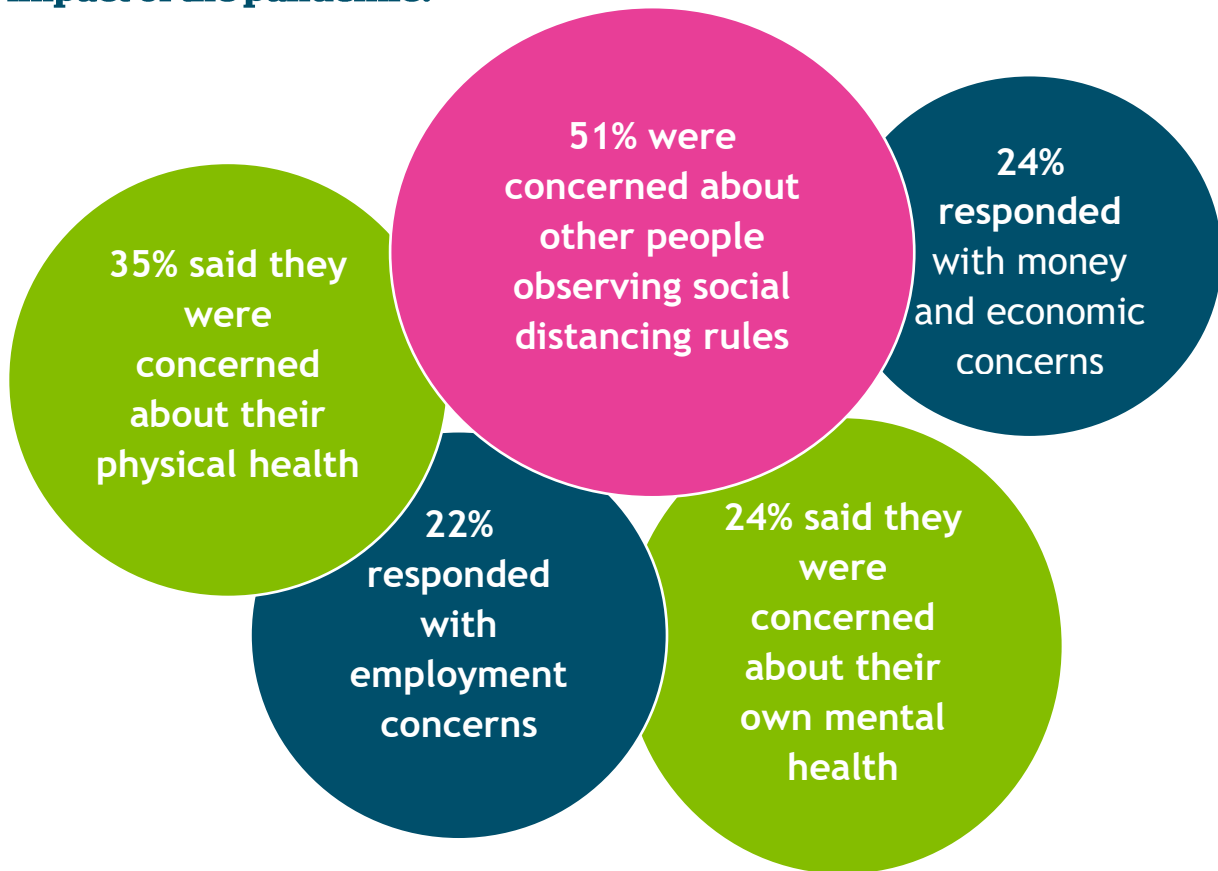


The top 3 things that the 60 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities.

- *“I am my husband’s carer and my daughter has health problems and is working from home. I have been doing all the housework and cooking and coping with my husband’s moods which have made me depressed at times.”*
- *“My mental health of myself and my wife is normal.”*

What are people's current concerns or concerns about the future impact of the pandemic?



- *“My son's safety if the government continues to mismanage the pandemic. He works on NHS frontline in theatres.”*
- *“I'm mainly concerned about the effect of the pandemic on others rather than myself.”*
- *“The economy and education for grandchildren.”*
- *“I am concerned about catching the virus if I try to go out among the general public.”*

What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Less emphasis on the negative by media and press. Greater emphasis on positives.”*
- *“There have been lots of resources for managing concerns about the pandemic which have helped.”*
- *“Kept in touch with family and friends via video calls and work colleagues.”*
- *“Concerned about hearing and seeing people not social distance.”*
- *“More support from the village community.”*
- *“Having a support group for carers that is more than just a Facebook group where no one interacts with each other.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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Tartan Rug


This is the Tartan Rug for the Neston and Willaston Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

		Period	Value type	Neston and Willaston
1	Total population (MYE 2018)	2018	Number	20,308
2	BME population (Census 2011)	2011	%	3.8
3	Not proficient in English (Census 2011)	2011	%	0.1
4	Population under 16 (MYE 2018)	2018	Number	2,996
5	Population aged 65 and over (MYE 2018)	2018	Number	5,937
6	Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	9.1
7	Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	11.8
8	Child Development at age 5 (%)	2013-2014	%	63.7
9	GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	64.2
10	Unemployment (%)	2018	%	1.0
11	Long Term Unemployment (Rate/1,000 working age population)	2018	%	1.3
12	Older people living alone (%)	2011	%	30.0
13	Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	10.0
14	Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	110.4
15	Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	97.4
16	Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	81.0
17	Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	85.7
18	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	54.6
19	Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	106.6
20	Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	115.4
21	Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	94.0
22	Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	93.1
23	Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	116.8
24	Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	78.5
25	Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	84.9
26	Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	94.2
27	Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	78.3

28	Limiting long-term illness or disability (%)	2011	%	19.5
29	Deaths from all causes, all ages (SMR)	2011-2015	SMR	88.8
30	Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	77.7
31	Deaths from all cancer, all ages (SMR)	2011-2015	SMR	96.5
32	Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	88.0
33	Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	82.9
34	Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	71.0
35	Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	69.8
36	Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	104.8
37	Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	87.0
38	Deaths from causes considered preventable (SMR)	2011-2015	SMR	86.5

Abbreviations:
SAR = Standardised Admissions Ratio
SIR = Standardised Incidence Ratio
SMR = Standardised Mortality Ratio

 Significantly better than England

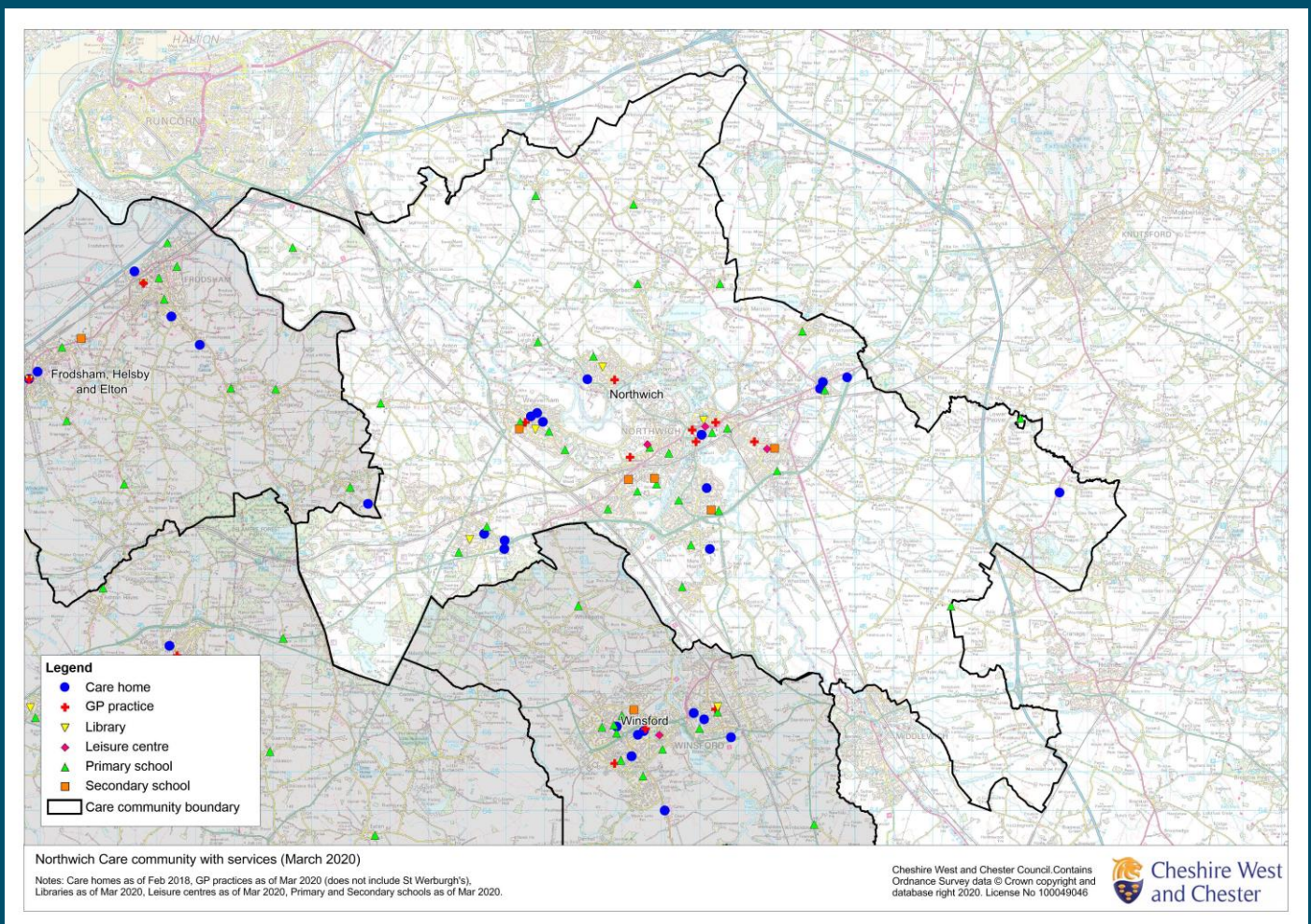
 Not significantly different

 Significantly worse than England

Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age-sex specific death rates for England in 2011-15 to each area's population.

Appendix 7 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Northwich

May - October 2020

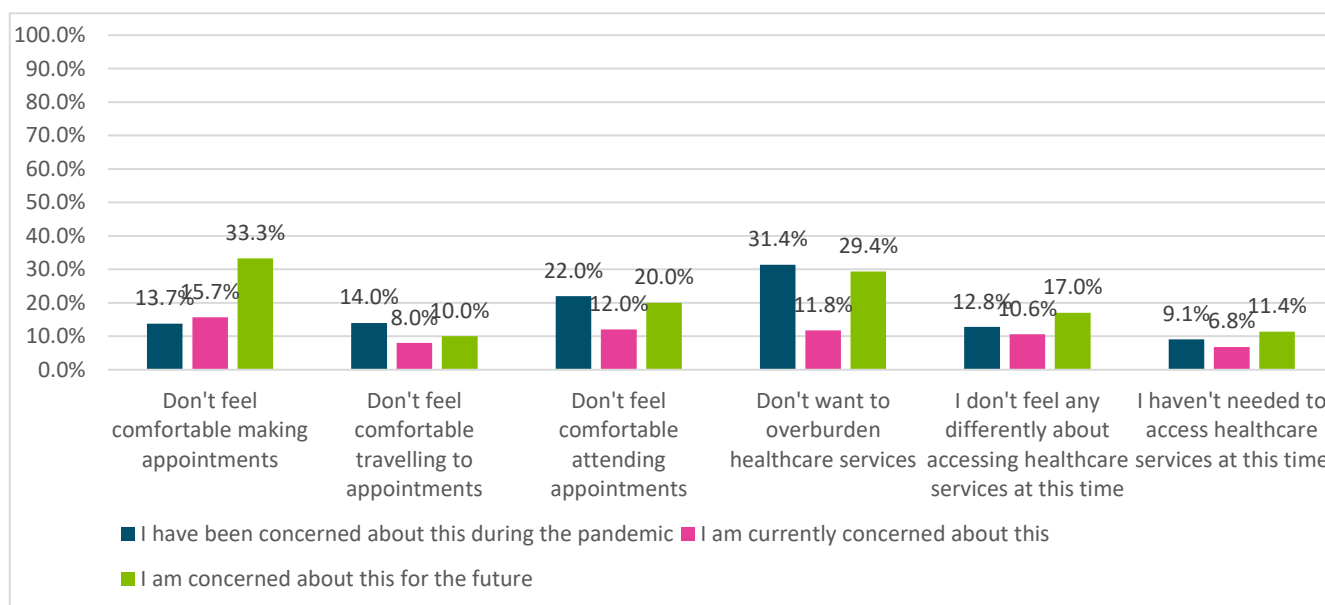


Introduction

Between 4th May until 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 185 people who answered our survey from the Northwich area, to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

58 people told us how they feel about accessing services during the pandemic, with many people choosing more than one option. This shows that as well as not feeling comfortable attending appointments, people also felt that they didn't want to overburden healthcare services, at the time of the pandemic and in the future.



- *“I think I would think twice during the winter months with the pressure on the NHS although I would call an ambulance if I thought it was necessary.”*
- *I am concerned that GP services will continue to be “at a distance” rather than face to face, but accept that waiting rooms are a breeding ground for infections to spread. Patients need to arrive a few minutes prior to the appointment and it is helpful if the medic is keeping on time with appointments. I can't see normal appointments returning any time soon.*
- *“Even though I have experienced brilliant attitudes and excellent health and safety procedures I am naturally anxious when I have to engage with anyone not in my household at this time not just a health care setting.”*
- *“I have put off making an appointment with my GP as I don't want to waste precious time or expose myself or my family to the virus.”*
- *“I have had a private GP service provided by WPA, this was needed when could not see my NHS GP.”*

We had 164 responses relating to how people had felt their health services had changed, and most talked about their GP or hospital. For example:

- *“It is annoying to be told by my practice to fill out an online e-consult form in order to gain a follow up phone call for an ongoing issue.”*
- *“Trying to get through on phone to VIN for blood test was a nightmare!”*
- *“Better service, vaccinations done as usual. GP appointments done over the phone and video call and when needed via face-to-face appointment on same day. Shame cannot book in advance and only same day appointment but service has been much more accessible than prior to virus. I hope video call and telephone appoints continue.”*
- *“I have an ongoing hip problem that needs attention, but am prepared to wait until the NHS is back to ‘normal’ before I contact my GP.”*
- *“Fertility treatment cancelled.”*
- *“Impossible to get the telephone answered or reasonable access to reception.”*

40% told us about changes to hospital services, including changes to treatment, delays and cancellations of outpatients’ appointments, and planned treatments and procedures.

44% told us their GP appointment was by telephone or video call.

32% told us that they either couldn’t get their prescription, or found that there were increased waiting times to get prescriptions.

Opinions on telephone or video appointments

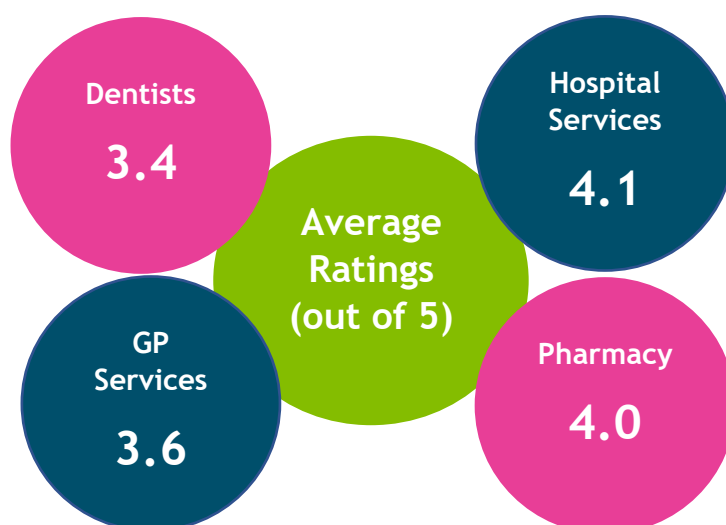
We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 33 of the 41 people who answered this question in relation to GP appointments said they prefer it or would be happy with this continuing in the future, and 26 out of 34 for hospital-based appointments.

- *“Where you don’t need ‘hands on’ examinations - I am happy to have video/phone calls.”*
- *“I understand that there should be greater efficiency for practitioners with use of video calls, and so I am supportive of this approach providing that those who are less confident with the technology or who are hard of hearing are not put off accessing healthcare. In addition, there should be time savings for practitioners and I’d like to see the time used for more preventative work with patients and greater development of things like social prescribing etc.”*
- *“More accessible. Don’t have to waste time sitting and waiting. Can be at work and take phone call. More patient centred. Only having to attend appointment if face to face needed.”*
- *“I have been conducting virtual assessment appointments and meetings as a professional. People have been very open to it. I would still prefer face-to-face in some instances as this gives a clear picture.”*

Comments relating to those who wouldn’t be happy with this continuing:

- *“I have osteoarthritis and am in need of a hip replacement. This cannot be done via a phone call.”*
- *“It is completely unacceptable to expect an 80-year-old to be able to email images of their illness or injury. My neighbour was refused a GP appointment or home visit. She was left highly embarrassed having to knock on my door and ask me to do it because she was left with no other option. GPs can be made COVID secure, they need to return to face-to-face visits immediately.”*
- *“Down the phone line, a clinician cannot actually examine a patient properly, so the approach is not appropriate.”*

How people rated their services



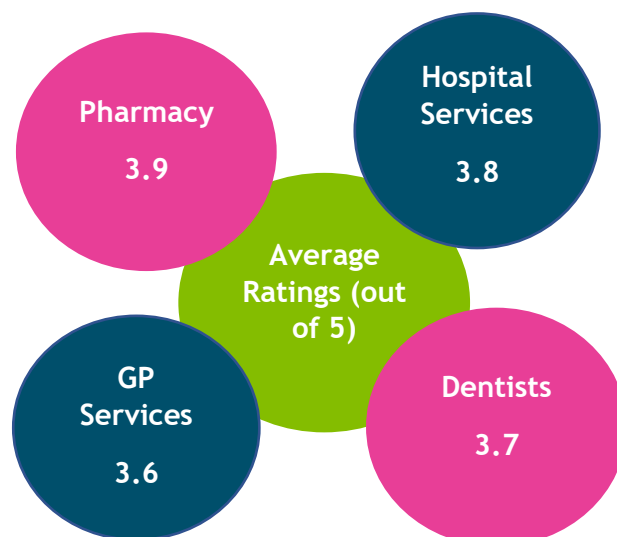
We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Above are the most commonly mentioned services and their average ratings.

- *“I’ve been happy with the care received during this time and the safety measures in place. Lack of NHS or emergency dentists but luckily, I’m registered with one who was very good.”*
- *“Healthcare services, whilst limited by COVID-related issues, have been excellent.”*
- *“GP took enquiry seriously, had me send in a picture and referred my son to Leighton.”*
- *“Got reply and telephone appointment, no problem and hospital gave me a blood test appointment again no problems.”*
- *“No guidance on Podiatry needs available. Cancelled physiotherapist due to virus. Patient access on line was not straight forward as before virus for prescription ordering. I am in good health but have isolated due to age and diabetes.”*
- *“The pharmacies that I went people weren’t using masks and the product that I was looking out it was sold out any alternatives were given.”*
- *“The doctor who phoned me back didn’t seem to have had pre knowledge of my question and couldn’t answer my specific questions about the results of the blood test I had had.”*
- *“Repeat prescriptions ordered on line, and sent to pharmacy, but no indication of when available for collection. Pharmacy cannot be contacted by telephone, as it is permanently switched to fax machine. Pharmacy opening hours changed without notice.”*
- *“Called at 1pm to discuss and issue was in the dentist’s chair at 4pm. Such is the delivery standard of medical care which needs to be aimed for.”*

How people rated communication from services

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent.

- *“The GP and Pharmacy information was clear and easy to understand.”*
- *“The way to access GP services was not clear enough on the practice website. Phone calls suggest visiting the website to book appointments, but when I tried this, it wasn’t possible so I had to phone again.”*
- *“When calling the GP practice, I was well informed about the procedure and, overall, this was fair at the time and easy to use.”*
- *“Most of my information need was around changes in opening times due to staff shortage, I got most of this information from social media on local pages, so for me it was ok.”*



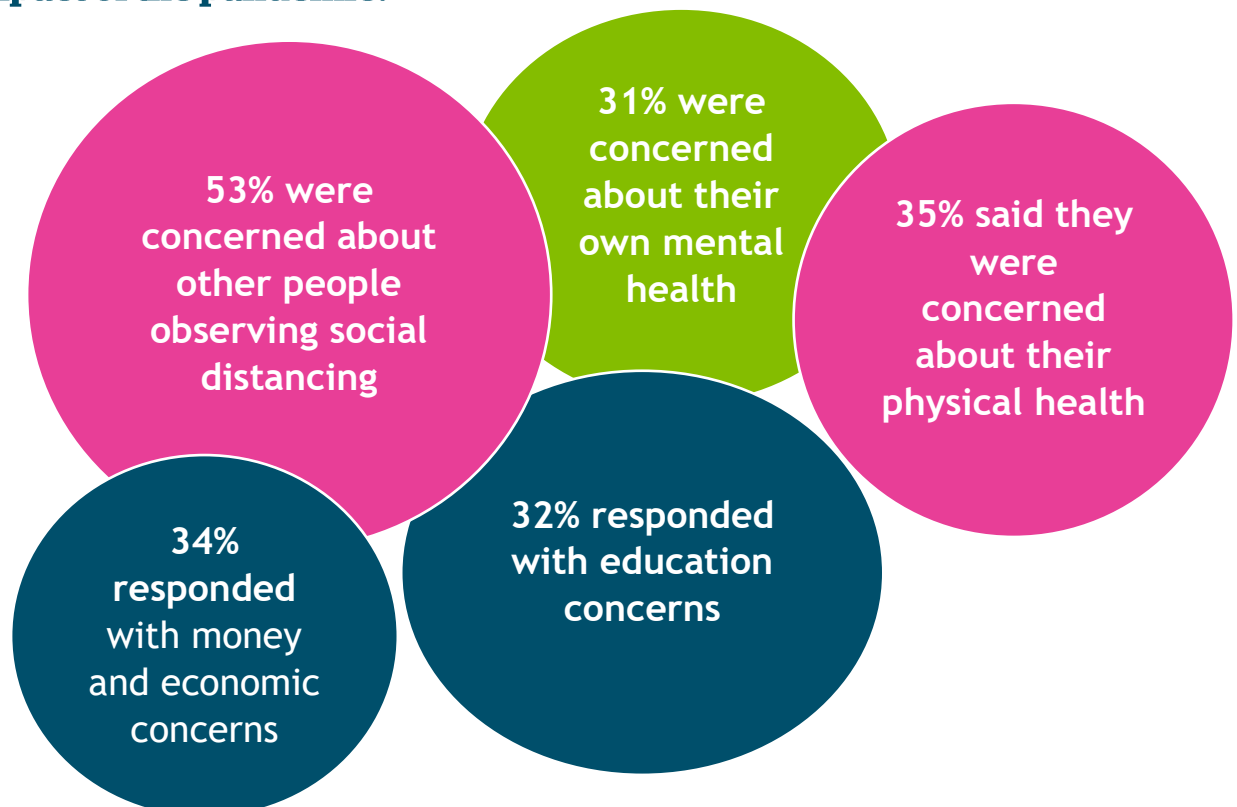
How coronavirus has affected people's mental health



The top 3 things that the 183 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (126 responses)
- Feeling sad about not being able to do leisure activities (102 responses)
- Worrying about the health of friends or family members (93 responses).

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Managing well thank you with support from husband and family.”*
- *“I am 82 with a garden and have had a 'good lockdown' compared to many others. I know where to get help if needed. It worries me that the Sandiway surgery will be closing, although I have not needed it personally.”*
- *“Being able to get back to my exercise classes.”*
- *“Statistics on a daily basis of how many people confirmed with Covid19 have got better and been released from hospital.”*
- *“Being able to see family more and be able to go to more places easily.”*
- *“If some members of the wider population would stick to the lockdown rules so as not to put the rest of us in danger - e.g. protests, illegal raves, etc.”*
- *“Access to GP services as required; we are being told that the NHS is still open but it needs to be so.”*
- *“Having a vaccination against Covid.”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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Tartan Rug

This is the Tartan Rug for the Northwich Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

Produced by Cheshire West and Chester, Insight and Intelligence team. Version 2 : October 2019

	Period	Value type	Northwich
1 Total population (MYE 2018)	2018	Number	72,617
2 BME population (Census 2011)	2011	%	4.2
3 Not proficient in English (Census 2011)	2011	%	0.4
4 Population under 16 (MYE 2018)	2018	Number	13,366
5 Population aged 65 and over (MYE 2018)	2018	Number	15,429
6 Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	10.6
7 Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	13.5
8 Child Development at age 5 (%)	2013-2014	%	62.5
9 GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	63.1
10 Unemployment (%)	2018	%	1.1
11 Long Term Unemployment (Rate/1,000 working age population)	2018	%	0.5
12 Older people living alone (%)	2011	%	28.7
13 Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	11.2
14 Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	107.6
15 Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	93.4
16 Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	100.2
17 Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	92.2
18 Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	76.3
19 Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	102.3
20 Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	106.1
21 Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	107.3
22 Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	102.6
23 Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	92.9
24 Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	117.9
25 Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	91.9
26 Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	96.7
27 Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	90.3
28 Limiting long-term illness or disability (%)	2011	%	18.2
29 Deaths from all causes, all ages (SMR)	2011-2015	SMR	100.1
30 Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	91.9
31 Deaths from all cancer, all ages (SMR)	2011-2015	SMR	98.8
32 Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	95.3
33 Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	99.2
34 Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	92.8
35 Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	98.6
36 Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	101.6
37 Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	103.0
38 Deaths from causes considered preventable (SMR)	2011-2015	SMR	93.3

Abbreviations:

SAR = Standardised Admissions Ratio

SIR = Standardised Incidence Ratio

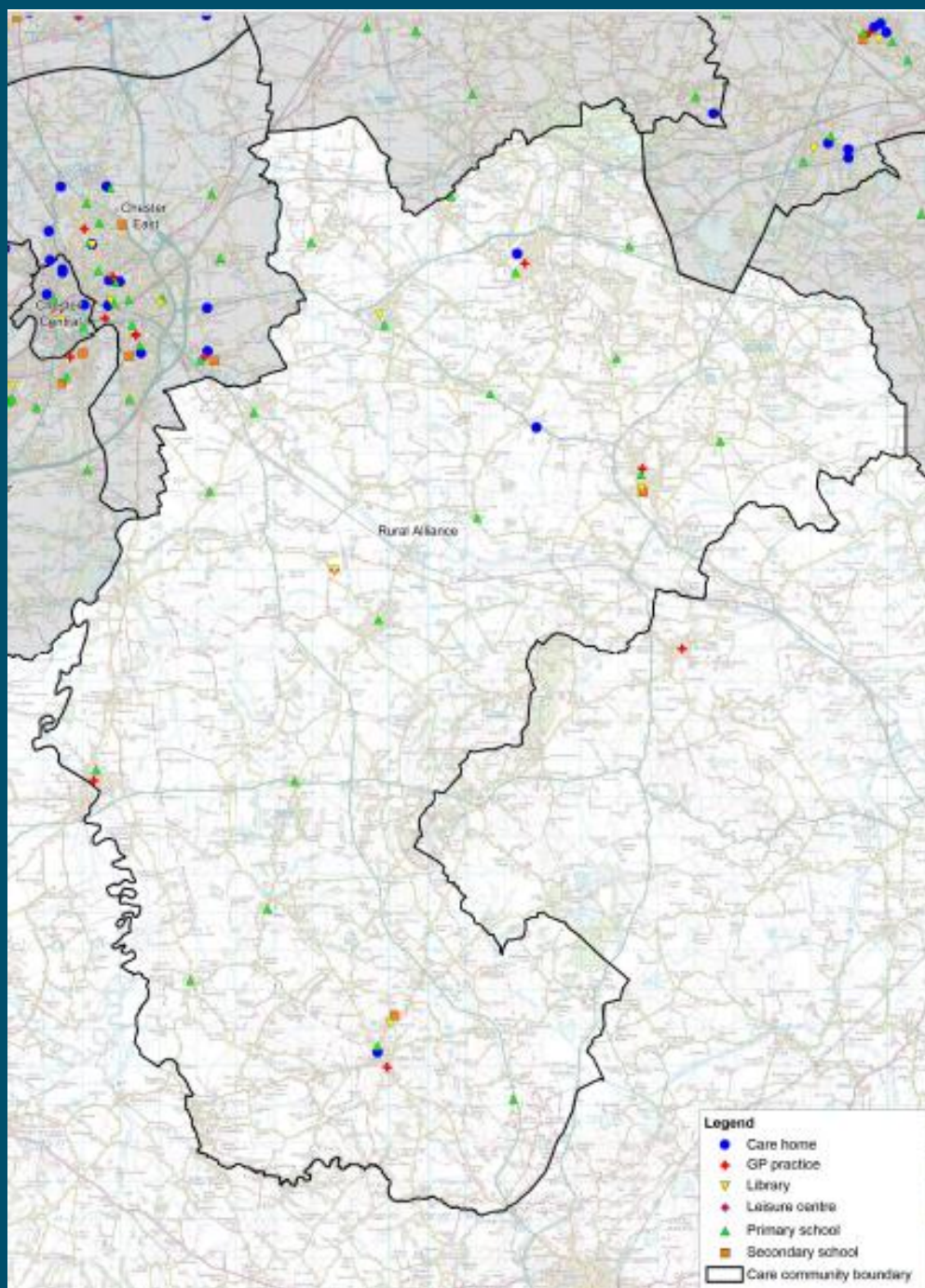
SMR = Standardised Mortality Ratio

Ratios are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age-sex specific death rates for England in 2011-15 to each area's population.

Significantly better than England Not significantly different Significantly worse than England

Appendix 8 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in the Rural Care Community

May - October 2020



Introduction

Between 4th May and 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 86 people who answered our survey from the Rural area, to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

Of the 68 people who told us about how health services had changed, most talked about their GP or hospital. For example:

- *“I had a GP follow up appointment cancelled at the end of March. My daughter’s out patients appointment was cancelled.”*



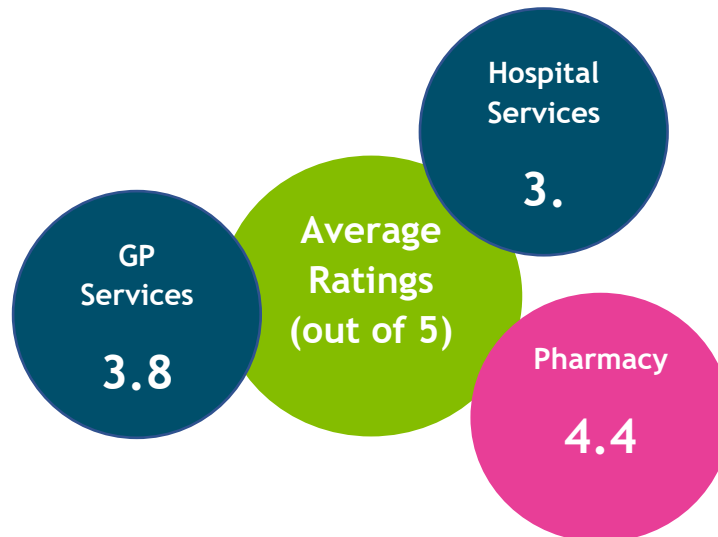
35% told us their GP appointment was by telephone or video call or that they couldn't get an appointment at all

47% told us about changes to hospital services, including changes to treatment, delays and cancellations of outpatients' appointments, and planned treatments and procedures.

29% told us that their access hasn't been impacted.

How people rated their services

We asked people from the rural area, how they would rate the services they have accessed, with 1 being very poor and 5 being excellent. 35 people answered this question and rated their GP surgery, Hospital and Pharmacy services.

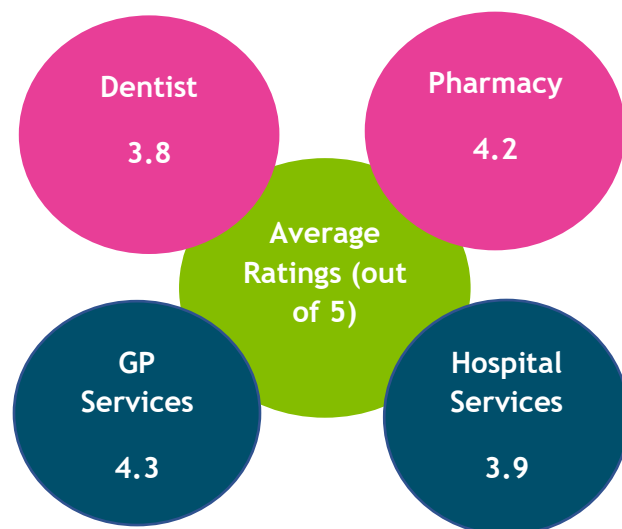


- *“My local pharmacies have been very careful and considerate during the pandemic. They have procedures in place to protect the public.”*
- *“I have been able get phone consultations with my GP and he has phoned me as well, can speak to the pharmacy at the surgery between 8 - 9am, the nurse came to take my routine bloods outside my front door, have spoken to Rheumatology nurses, Rheumatology consultant has phoned me twice.”*
- *“Antenatal appointments felt very rushed and impersonal due to number of people accessing the service.”*
- *Hospital (Countess) ophthalmology cancelled my eye August appointment (glaucoma) and rescheduled for February. I had to go to an optician on own initiative to check if medication (eye drops) were working correctly and to have a field test and retina examination. Boots helped me out.*
- *“Pharmacy needed persuasion to deliver when I was shielding.”*

How people rated communication from service

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. Ratings related to the communication received from the most accessed services.

- *“Doctors sent messages through straight away to keep me up to date”*
- *“They were concise easy to understand instructions, very easy to follow would imagine most people understood”*



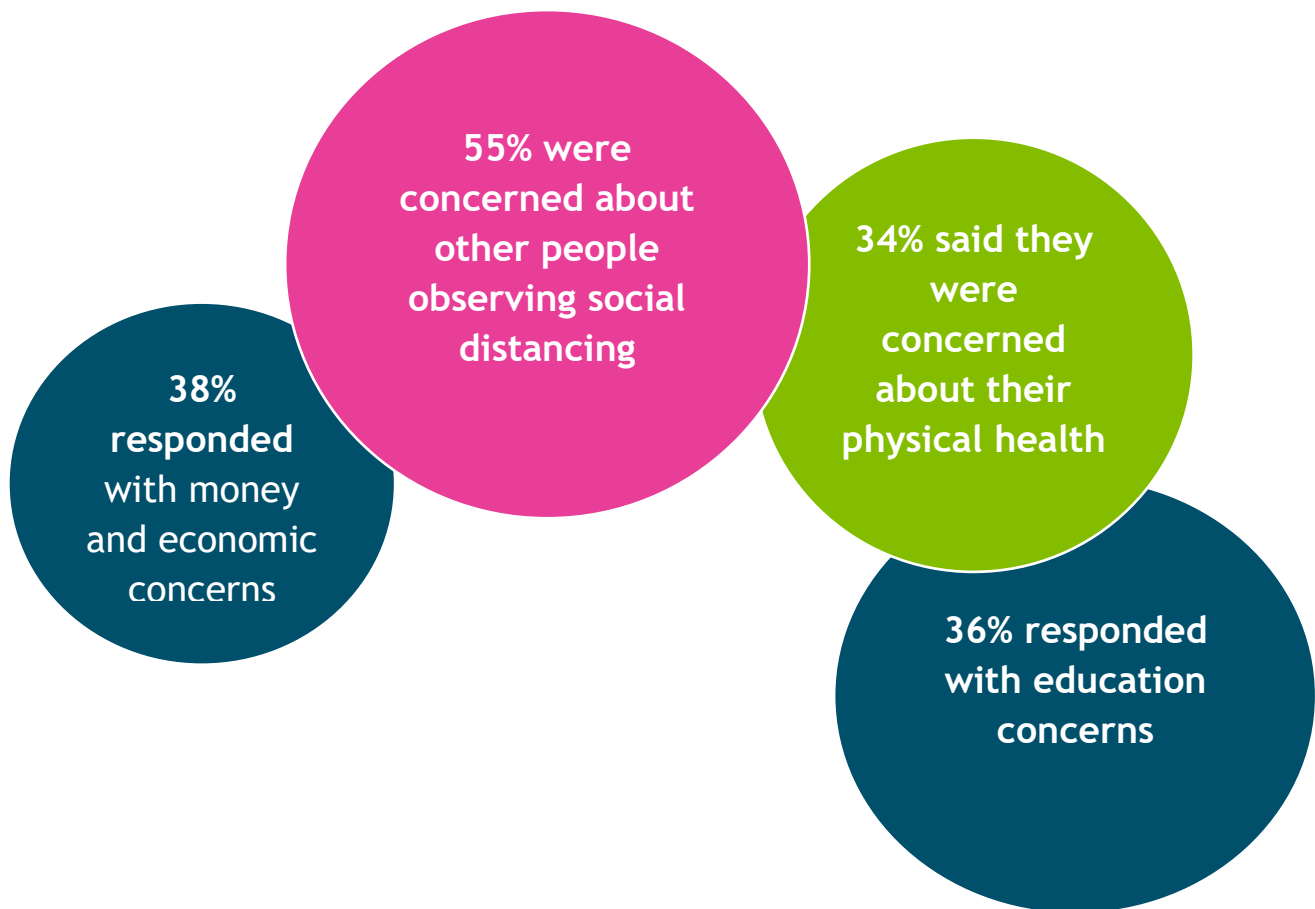
How coronavirus has affected people’s mental health



The top 3 things that the 86 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends
- Worrying about the health of friends or family
- Feeling sad about not being able to do leisure activities

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“Being able to get out a bit more freely and have a normal routine of life back.”*
- *“More emphasis - in the media and on the news - about online classes (keep fit, yoga etc.) or group chats. More local activities - outdoor keep fit, gardening tips, baking tips.”*
- *“Weekly Facetime and WhatsApp meetings with family and friends”*
- *“I don’t really understand why Covid-19 patients appear to have been prioritised over all other patients and why NHS services have all been diverted to Covid-19 at the expense of all other services.”*
- *“No need for additional support. Good friends and my relatives keep in touch by phone.”*
- *“more prominent information on how the pandemic is being managed & the effects this is having on infection rates & levels”*



Thank you for taking the time to read this snapshot report. We hope that the findings will assist the response in the next phase of the pandemic. The survey remains ongoing and we will continue to provide up to date information to partners and publish further reports on our websites. Your continued help in promoting the survey is much appreciated. You can complete a copy of the survey, and read our reports on what people across Cheshire have told us about their experiences by visiting our website:

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Tartan Rug

This is the Tartan Rug for the Rural Care Community (Public Health England, 2019). The health profile or ‘tartan rug’ shows how each ward within Cheshire West and Chester compares with all other wards in England across a range of health indicators and outcomes. Although the rug only includes a limited number of indicators, it does provide an overview of local health need and a tool to aid discussions about local priorities. Healthwatch Cheshire used this resource when planning our activity.

		Period	Value type	Rural Alliance
1	Total population (MYE 2018)	2018	Number	30,025
2	BME population (Census 2011)	2011	%	2.8
3	Not proficient in English (Census 2011)	2011	%	0.1
4	Population under 16 (MYE 2018)	2018	Number	5,404
5	Population aged 65 and over (MYE 2018)	2018	Number	8,314
6	Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	8.5
7	Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	7.4
8	Child Development at age 5 (%)	2013-2014	%	62.4
9	GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	69.4
10	Unemployment (%)	2018	%	0.8
11	Long Term Unemployment (Rate/1,000 working age population)	2018	%	0.4
12	Older people living alone (%)	2011	%	20.0
13	Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	9.2
14	Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	74.2
15	Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	64.4
16	Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	62.3
17	Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	71.9
18	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	32.5
19	Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	62.1
20	Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	66.7
21	Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	115.2
22	Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	68.3
23	Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	101.0
24	Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	49.8
25	Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	67.5
26	Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	62.0
27	Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	62.1
28	Limiting long-term illness or disability (%)	2011	%	18.8
29	Deaths from all causes, all ages (SMR)	2011-2015	SMR	79.5
30	Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	67.1
31	Deaths from all cancer, all ages (SMR)	2011-2015	SMR	60.4
32	Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	79.8
33	Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	60.3
34	Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	62.8
35	Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	70.4
36	Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	61.2
37	Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	74.7
38	Deaths from causes considered preventable (SMR)	2011-2015	SMR	72.1

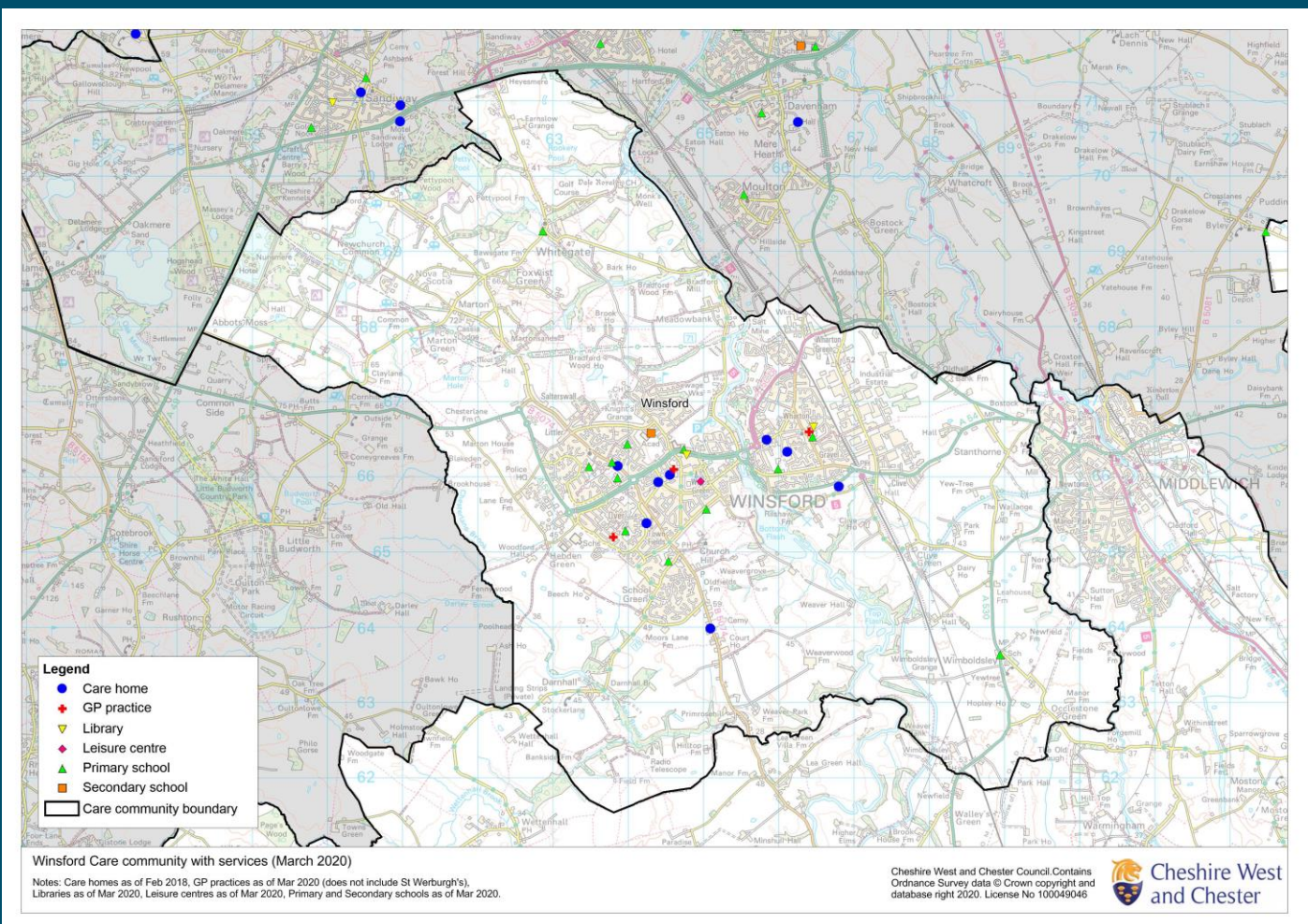
Abbreviations:
SAR - Standardised Admissions Ratio
SIR - Standardised Incidence Ratio
SMR - Standardised Mortality Ratio

Notes are calculated by dividing the observed total number of admissions, new cases or deaths in the area by the expected number and multiplying by 100. Expected numbers are calculated by applying age sex specific death rates for England in 2011-15 to each ward's population.

Significantly better than England Not significantly different Significantly worse than England

Appendix 9 - Public Views on Health and Care during the Coronavirus (COVID-19) Pandemic in Winsford

May - October 2020



Introduction

Between 4th May until 15th October 2020, 1,661 people across Cheshire told Healthwatch Cheshire about their views and experiences and their health and wellbeing during the coronavirus pandemic via our online survey. This information sheet uses the responses of the 66 people who answered our survey from the Winsford area, to provide the residents and local service providers with a snapshot of the key findings.

Accessing healthcare services during the pandemic

We had 60 responses regarding how access to healthcare services has changed during the response to the pandemic, with some respondents giving more than one reply.



Some comments regarding how health services had changed included:

- *“I couldn't receive by vitamin B12 injections which were deemed urgent 3 months ago so am suffering some symptoms.”*
- *“Spoke over phone and face to face arranged. Very good service.”*
- *“Dentist gave advice but couldn't replace filling. Had to buy a temp kit.”*

52% told us that their GP appointment was by telephone or video call

28% told us that they experienced longer waiting times for prescriptions

43% of responses related to changes to hospital services; outpatients' appointments being either via video/phone call, postponed or cancelled, or planned procedures cancelled

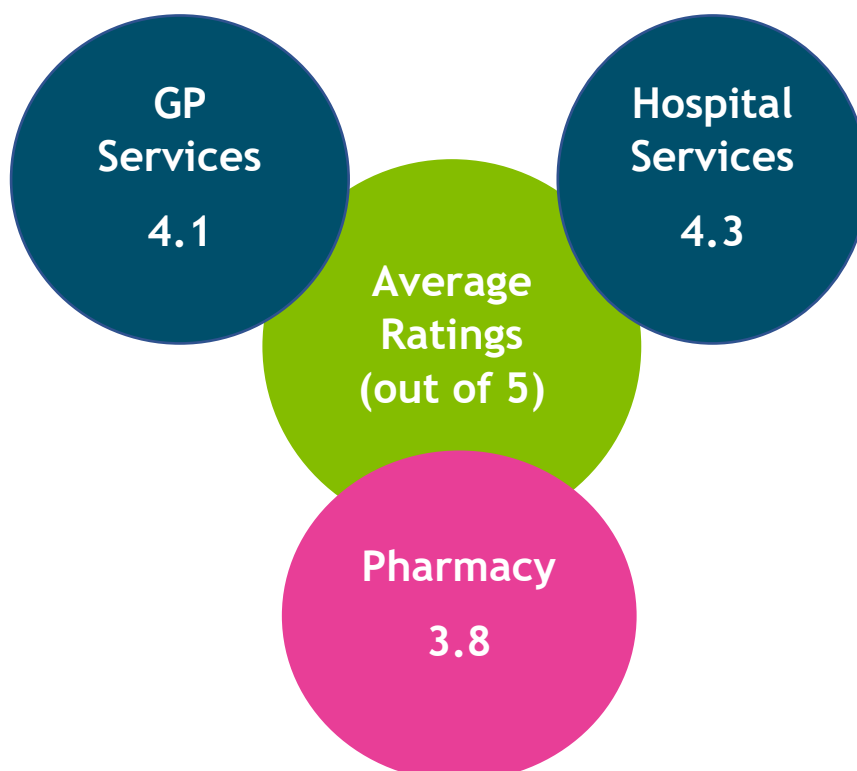
Opinions on telephone or video appointments

We asked people to tell us how they would feel about having their medical appointments via telephone or video in the future. 15 of the 17 people who answered this question in relation to GP appointments said they prefer it or would be happy with this continuing in the future, and 15 out of 17 for hospital-based appointments. Comments included:

- *“The advantage to telephone consultation is I can have my list of questions by me instead of trying to remember them.”*
- *“Happy for 'routine' things to be done virtually. More serious matters or potentially more serious matters would benefit from face to face. Just wondering how many patients have had to have multiple telecons with GP practices when one face to face appointment would have sufficed. Also worried about the people who don't have or can't use some of the tech or who have other issues.”*
- *“I didn't feel that the hospital-based phone consultation was effective.”*

How people rated their services

We asked people to tell us how they would rate their services, with 1 being very poor and 5 being excellent. Below are the most commonly mentioned services and their average ratings.



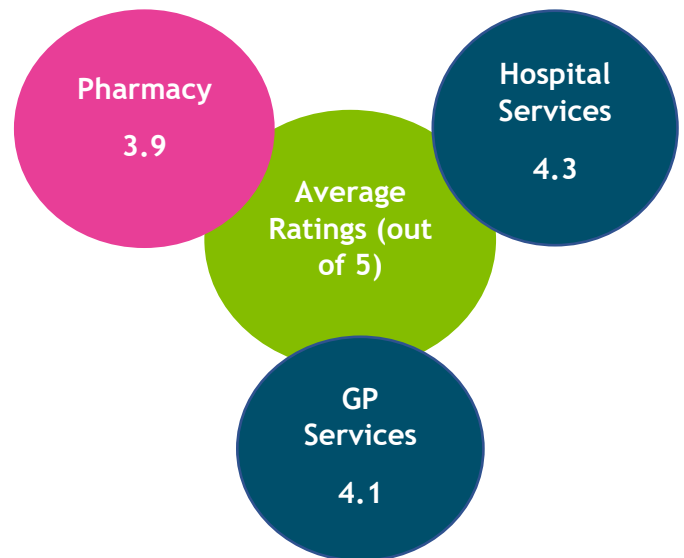
The below are comments relating to why services were rated this way:

- *“Local pharmacy has been overwhelmed, which has led to delays in medication and significant queueing - this has been difficult as a key worker as I struggle to get there during opening hours.”*
- *“Mistakes with my warfarin medication. Some of my wife's prescription was missing and my daughter (who is collecting prescriptions for us), has had to wait in huge queues. We have now changed to another pharmacy.”*
- *“My GP practice is excellent - no complaints there and I feel so fortunate to be registered there.”*
- *“They have all kept up an excellent level of service with professionalism, dedication and consideration.”*
- *“Pharmacy had good social distancing procedures in place, and my medication took longer to supply, but not a problem.”*
- *“Medications were ready in good time.”*

How people rated communication from services

We asked people to rate what they thought of the communication they had received from their service, with 1 being very poor and 5 being excellent. There were 28 responses to this question.

- *“Websites were full of information on changes to opening times.”*
- *“Good information from both surgery and pharmacy.”*
- *“Have all kept me very well I formed either at appointments or by phone.”*



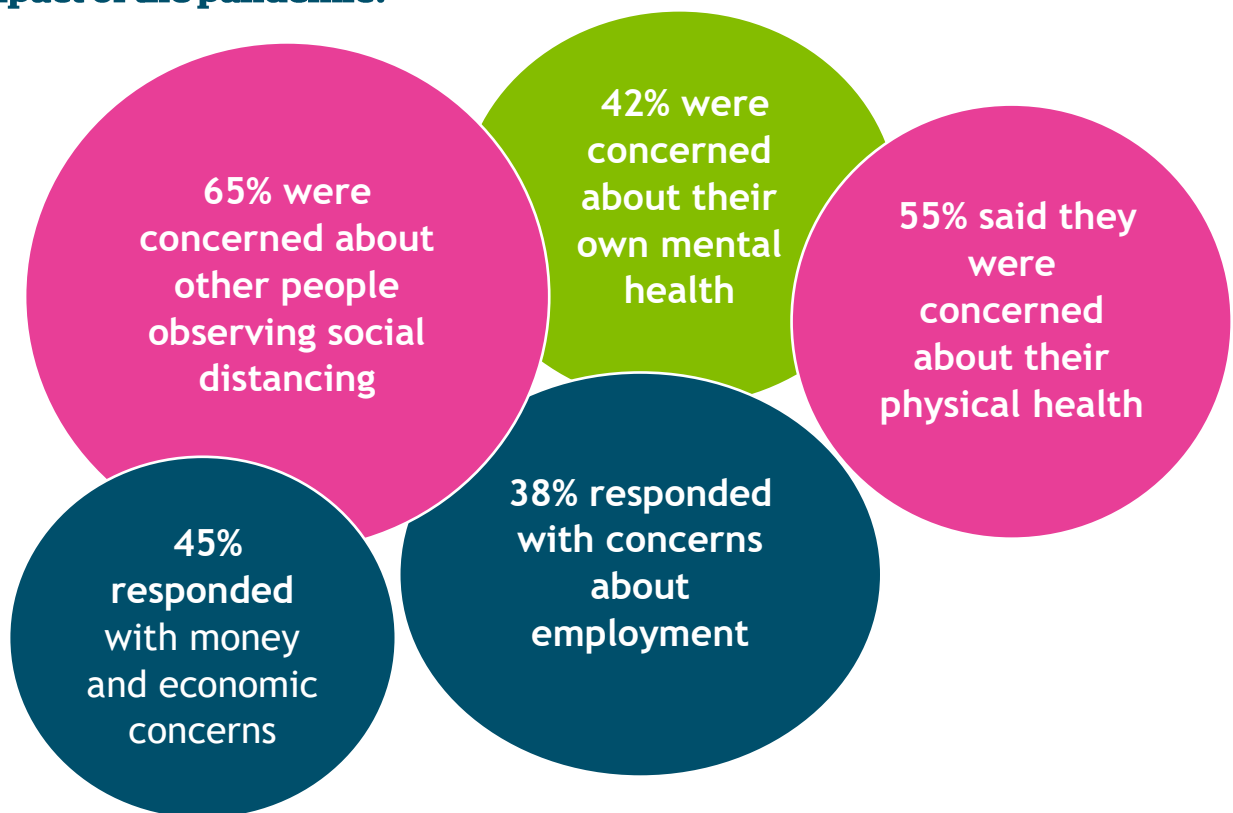
How coronavirus has affected people's mental health



The top 3 things that the 65 respondents to this question told us had affected their mental health during the pandemic were:

- Feeling sad about not seeing family or friends (47 responses)
- Worrying about the health of friends or family members (41 responses).
- Feeling sad about not having access to leisure activities, e.g. going out, going on holiday (36 responses)

What are people's current concerns or concerns about the future impact of the pandemic?



What has been helping or would help people to maintain a better level of physical and mental wellbeing during the pandemic?

- *“I don’t know really. I keep busy and have many hobbies but after 15 weeks isolation I do know my natural enthusiasm for life has gone.”*
- *“Better communication from services other than NHS.”*
- *“I personally do have access to support via the Hospice or Macmillan, which has really helped me. Plus, the online support given by Making Space has been amazing.”*
- *“Better mental health services in our community - more access to cheaper priced sporting activities (not everyone is a jogger!)”*
- *“Clear messaging from government would be a good start rather than a misleading slogan of 'stay alert!'”*
- *“The opening of public parks and waters has enabled me to exercise.”*
- *“Being able to see my mum and hug my nan.”*
- *“More information for the clinically vulnerable.”*
- *“Better work/life balance.”*



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	Period	Value type	Winsford
1 Total population (MYE 2018)	2018	Number	33,840
2 BME population (Census 2011)	2011	%	4.0
3 Not proficient in English (Census 2011)	2011	%	0.3
4 Population under 16 (MYE 2018)	2018	Number	6,890
5 Population aged 65 and over (MYE 2018)	2018	Number	5,986
6 Income deprivation - English Indices of Deprivation 2015 (%)	2015	%	18.8
7 Child Poverty - English Indices of Deprivation 2015 (%)	2015	%	27.4
8 Child Development at age 5 (%)	2013-2014	%	56.3
9 GCSE Achievement (5A*-C inc. Eng & Maths) (%)	2013-2014	%	47.1
10 Unemployment (%)	2018	%	2.1
11 Long Term Unemployment (Rate/1,000 working age population)	2018	%	1.8
12 Older people living alone (%)	2011	%	30.0
13 Older People in Deprivation - English Indices of Deprivation 2015 (%)	2015	%	18.3
14 Emergency hospital admissions for all causes (SAR)	2011/12-2015/16	SAR	138.7
15 Emergency hospital admissions for CHD (SAR)	2011/12-2015/16	SAR	123.9
16 Emergency hospital admissions for stroke (SAR)	2011/12-2015/16	SAR	122.2
17 Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	2011/12-2015/16	SAR	122.8
18 Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	2011/12-2015/16	SAR	132.7
19 Incidence of all cancer (SIR / per 100)	2011-2015	SIR / per 100	106.2
20 Incidence of breast cancer (SIR / per 100)	2011-2015	SIR / per 100	95.7
21 Incidence of colorectal cancer (SIR / per 100)	2011-2015	SIR / per 100	118.3
22 Incidence of lung cancer (SIR / per 100)	2011-2015	SIR / per 100	139.6
23 Incidence of prostate cancer (SIR / per 100)	2011-2015	SIR / per 100	101.6
24 Hospital stays for self harm (SAR)	2011/12-2015/16	SAR	158.9
25 Hospital stays for alcohol related harm (Narrow definition) (SAR)	2011/12-2015/16	SAR	115.7
26 Hospital stays for alcohol related harm (Broad definition) (SAR)	2011/12-2015/16	SAR	127.5
27 Emergency hospital admissions for hip fracture in 65+ (SAR)	2011/12-2015/16	SAR	101.3
28 Limiting long-term illness or disability (%)	2011	%	20.1
29 Deaths from all causes, all ages (SMR)	2011-2015	SMR	118.8
30 Deaths from all causes, under 75 years (SMR)	2011-2015	SMR	120.7
31 Deaths from all cancer, all ages (SMR)	2011-2015	SMR	114.0
32 Deaths from all cancer, under 75 years (SMR)	2011-2015	SMR	117.1
33 Deaths from circulatory disease, all ages (SMR)	2011-2015	SMR	128.4
34 Deaths from circulatory disease, under 75 years (SMR)	2011-2015	SMR	143.7
35 Deaths from coronary heart disease, all ages (SMR)	2011-2015	SMR	136.9
36 Deaths from stroke, all ages, all persons (SMR)	2011-2015	SMR	132.6
37 Deaths from respiratory diseases, all ages, all persons (SMR)	2011-2015	SMR	127.3
38 Deaths from causes considered preventable (SMR)	2011-2015	SMR	122.9

Abbreviations:
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