# Quarterly Report: January – March 2021

### Introduction

Healthwatch Northumberland is the independent champion for people who use health and social care services. We are a listening organisation working across Northumberland, interested in what people like about services and what can be improved. We act on what people are saying, sharing their views with those who have the power to make change happen. We also help people find the information they need about services in their area and record this as 'signposting'.

People who use health and social care services tell Healthwatch Northumberland about their experiences throughout the year. This report shares a summary of the feedback collected from January – March 2021. During this period, we have continued to work in different ways due to the continuation of the Covid-19 pandemic. The next report will cover April - June 2021.

This quarter we received feedback and enquiries from:

- Telephone calls (22%)
- Emails (16%)
- Website (14%)
- Social media (5%)
- Online forums (43%)

### Areas of Focus

We are open to all feedback about health and social care services. Responses to our 2020 Annual Survey helped us to identify a specific Areas of Focus which we are prioritising in 2020/21 this includes mental health services, dementia and GP services.

Covid-19 has meant changes have been made to health and social care services. Patients and carers' experiences and signposting requirements are likely to have been different during this time. <sup>V5.1</sup>



For this reason, we have also chosen to focus on any feedback we receive which is related to covid-19 and these changes.

### Aims

The report shows:

- Who Healthwatch Northumberland is hearing from
- What people are saying
  - The general sentiment of comments
- What people are experiencing
  - What is working well?
  - Where there are areas for improvement?

# Feedback

Between January and March 2021, we received feedback from 106 individuals from talking to people at online engagement events, telephone calls, emails, our website, social media, and other sources. We signposted 18 of these people to services.

This report explores who we are hearing from across the county, presenting a summary of general respondent demographic information. Demographic information shared includes location, gender, age, and whether the respondent is sharing their own health and social care experience or speaking on behalf of a friend or relative.

We also look at the general sentiment of comments, with specific reference to the service type (e.g. primary care, secondary care, mental health, social care), as well as whether the feedback relates specifically to quality of care or access to services. Service category, for instance whether the comment refers to a GP surgery or acute care, is also explored alongside the sentiment of feedback. A list of services mentioned in comments has also been shared.

# Who is Healthwatch Northumberland hearing from?

We have collected and anonymised demographic information where consent has been given. The

following presents a general summary of who Healthwatch Northumberland is hearing from. Online engagement forum participant data have been excluded from these figures.

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### Location:

In total between January and March 2021, we collected feedback from respondents from 18 different Northumberland postcode areas, accounting for 73% of all responses this quarter. A total of 27% of respondents gave no postcode (although may have indicated the local area). Below Table 1 shows the number of responses we received from residents in different Local Area Councils this quarter:

Local Area Council	Number
Ashington and Blyth	11
Castle Morpeth	5
Cramlington and Bedlington	3
North Northumberland	21
Tynedale	8
Unknown	8

Table 1. Frequency of responses across Local Area Councils in Northumberland, Q4 2020/21<sup>1</sup>

There are too few known locations of patients, carers, and families to reliably say where we are hearing from most. North Northumberland has the highest frequency this quarter, last quarter it was Tynedale.

Table 2, below, shows the total frequency of responses across Local Area Councils for the full year of 2020-2021 which shows that there are two Areas that are 'cold spots': Castle Morpeth and Cramlington and Bedlington. Healthwatch Northumberland will focus engagement and communications on these two areas in 2021-2022. However, note that North Northumberland was consistently a cold spot until Q4, so this area will be monitored to ensure it continues to be heard.

Table 2. Frequency of responses across Local Area Councils in Northumberland, Q1-Q4 2020/21<sup>2</sup>

Local Area Council	Number
Ashington and Blyth	30
Castle Morpeth	15

<sup>&</sup>lt;sup>1</sup> Excludes online forum participants

<sup>&</sup>lt;sup>2</sup> Excludes online forum participants

	Northumberland		
Cramlington and Bedlington	8		
North Northumberland	31		
Tynedale	30	]	

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### Age:

The majority of our respondents did not share their age with us, and we did not ask people taking part in our online forums to give their age as these were public events. Of those that did, there were respondents from mainly older age groups (shown below in Table 3).

Table 3. Number and percentage of responses across age groups in Northumberland, Q4 2020-21

	Number	%
Under 18	0	0%
18 to 24	1	2%
25 to 49	3	5%
50 to 64	6	11%
65 to 79	8	14%
80+	5	9%
Unknown	33	59%
Total	56	100%

### Gender:

Of the people who told us their gender there was a higher proportion of female respondents, accounting for 29% of all responses (16 people). A total of 21% of responses were from males (12 people). Below Figure 1 shows a breakdown of responses by gender:



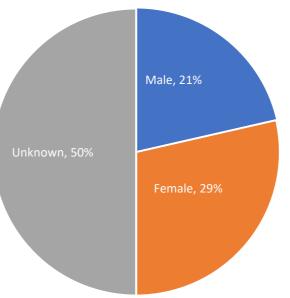


Figure 1. Frequency of responses by gender in Northumberland, Q4 2020/21

### Whose experiences are we finding out about?

Most respondents were sharing their own individual experience of health and social care with us (64%). This has increased markedly since last quarter (52%) and is largely connected to the rollout of the Covid-19 vaccination programme.

A total of 30% of all respondents gave us feedback about the health and social care experiences of a relative, friend, or someone they care for.

Below a breakdown of all respondent types, and the number and proportion of responses from these groups is shared in Table 4.

		Freq	%
Individual		36	64%
Client Relative/Friend/Carer		17	30%
Advocate		0	0%
Health or social care professional		2	4%
Local Campaigner		0	0%
Other		1	2%
	Total	56	100%

Table 4. Frequency of responses by respondent type, Q4 2020-21



# What people are saying and experiencing

Of the 56 responses<sup>3</sup> we were asked or told about 17 individual services/service providers. Some respondents shared their experiences of using more than one service in their comments and many services were mentioned more than once, bringing the total frequency of services mentioned to 58. Please see Appendix 1 and 2 for a list of all the services/service providers mentioned.

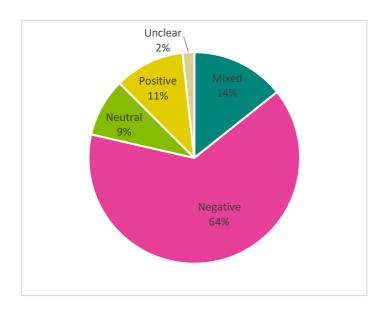


Figure 2. General sentiment of responses

#### Positive:

Caller told us that she was extremely pleased with her local hospital's diabetic clinics and the treatment and care received has been a very positive experience. States that the staff always call when they say they will 'wonderful service and lovely staff'.

Patient, North Northumberland.

#### Mixed:

The patient has attended five online video consultations with CNTW since the first lockdown. Joining the calls has always been straightforward with a link provided in an email and the patient has appreciated being able to access services when in-person appointments have not been possible. However, four out of five calls were disrupted by internet issues and one consultation had to be continued by phone. *Patient, Tynedale* 

#### Negative:

Caller contacted us about difficulties with his GP surgery and the appointment booking system. States can never get through on the telephone and when he finally gets to speak to someone appointments are gone for the day and is told to call back. This can happen on multiple days and cannot pre-book appointments. *Relative, Ashington* 

The services/service providers have been categorised into service type, with the five main groups being: primary care, secondary care, mental health, social care, and urgent and emergency care. Figure 3, below, shows the service type and sentiment of responses.

It shows there is a greater number of negative comments and feedback for all service types.

<sup>&</sup>lt;sup>3</sup> Responses related to 'signposting only' have been excluded from this section of the report. Likewise, discussions from the online forums have been excluded from this section of the report

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Figure 3. Service Type and Sentiment of responses

Table 5, below, indicates most comments were about social care services (32% of all comments, 18 total comments) although secondary care was a close second.

Table 5. Frequency and percentage of responses by Service Type

Service Type	Frequency	Percentage
Primary Care	11	20%
Secondary Care	17	30%
Mental health	0	0%
Social Care	18	32%
Other	3	5%
Unknown	5	9%
Urgent and Emergency Care	2	4%

# Covid-19

Between January and March 2021 over two thirds of comments received were related to the Covid-19 pandemic in some way (70%, 39 comments). This is a significant increase on last quarter (45%, 20 comments) and reflects the concerns raised by the Covid-19 vaccination programme rollout.

Due to this surge in enquiries related to the single issue of the pandemic, we analysed this feedback separately.



The biggest theme we found was that despite extensive communications by the NHS at all levels, some people in Northumberland remained concerned they may be overlooked and miss the opportunity to be vaccinated – either at the right time or at all.

Our report suggested repeated and plainly stated communications about the progress of the programme was needed made to address this issue. We were pleased to see that Northumberland Clinical Commissioning Group produced a series of videos explaining what is happening.

We are also pleased that Northumberland Clinical Commissioning Group responded quickly when we raised concerns on behalf of individuals seeking clarification of their particular circumstances.

However, it must be noted that during this quarter the CCG reported over 190,000 vaccinations were administered so the overall level of concerns reported to Healthwatch was low. Nevertheless, the CCG has also provided a statement in response to the issues we had raised. This response has been added to the report and is also within the same appendix as the report.

See Appendix 3 for more detail on the feedback on Covid-19 issues and the rollout of the vaccination programme we received in January – March 2021.



#### Covid-19: what people told us:

• We received an email from a member of the public who praised systems in place to access the Covid vaccine. He was originally concerned about how far he would need to travel so could not get a vaccine nearby but he stated that the set up was very well organised at larger centre.

"There were no queues, everyone was really friendly, security, St. John's, and all the medical staff, and even though our appointments were 65 minutes apart they just directed us both to different tables for our vaccination. Probably 20 minutes total including the 15 minute wait in case of reactions."

He went on to say that travel was fine and parking good with disabled parking bays nearby, and he described it as a very pleasant experience despite earlier reservations.

"I do not believe that they could improve on the excellent service we received. Congratulations to all concerned and I am pleased that my worries proved groundless."

- We received a query about vaccine accessibility for people in rural Northumberland. The caller received a letter to book but only larger sites were available which means travelling large distances. The male caller was concerned that younger people were getting vaccinated sooner as they are able to travel and unfair for those in North Northumberland. Explained that can wait until called by GP and would pass concerns to CCG. We also confirmed the possibility of roving sites was being explored. [Note: since receiving this email the CCG has launched a mobile vaccination service.]
- An elderly male called us with concerns that 2nd dose vaccinations been cancelled due to roll out of first vaccinations being prioritised now. He was concerned this will affect vaccine efficiency as no tests on Pzifer vaccine up to 13 week apart, only 3 weeks. He feels GP should use clinical discretion.

### Access and Quality

This quarter comments have been divided unequally between issues about 'Access to Services' (73%) and 'Quality of Services' (27%). Unlike previous quarters the balance of comments has been towards 'Access to Services' rather than being roughly evenly divided. Again, this is due to the rollout of the Covid-19 vaccination programme. Most of the negative comments about primary care and secondary care relate to Access to Services (see Figure 4).

Figure 3 is best considered alongside Figure 4 (shown below), which show whether comments are related to quality or access and their relevant sentiment.

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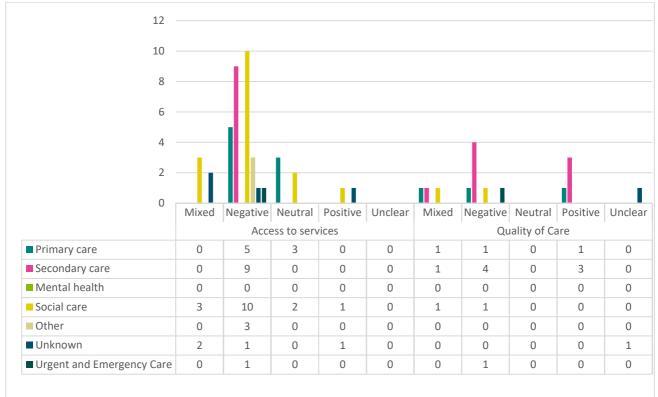


Figure 4. Frequency of responses related to Quality of care and Access to services

# Signposting

In total we signposted or gave information to 18 people who contacted us with an enquiry. Some people were signposted to more than one service. Table 6, below, shows the services Healthwatch Northumberland signposted people to this quarter. In previous quarters most of our signposting has been to voluntary sector organisations. This quarter we signposted to the statutory sector the most.

Table 6. List of services Healthwatch Northu	imberland signposted people to, Q4 2020/21

Service Name	Service Type	Number of times signposted to	Signposted to in Oct- Dec 20?
ICAN	Voluntary sector	2	Yes
NHS Independent Complaints Advocacy	Statutory sector	1	No
North of Tyne PALS	Health	2	Yes
Northumberland Communities Together	Voluntary sector	1	No



Voluntary sector	1	No
Health	2	No
Voluntary sector	1	No
Statutory sector	1	Yes
Statutory sector	1	No
Statutory sector	1	No
Statutory sector	1	No
Not known	1	No
Health	1	No
Health	1	No
	HealthVoluntary sectorStatutory sectorStatutory sectorStatutory sectorStatutory sectorStatutory sectorNot knownHealth	Health2Voluntary sector1Statutory sector1Statutory sector1Statutory sector1Statutory sector1Not known1Health1

### **Online Forums**

As part of our engagement work we have held online forums so that we can continue to find out about people's experiences of health and social care without speaking with people face to face. Between January and March, we ran three forums and a summary of the feedback we collected through these forums has been included below. Our Coivid

#### Care Homes- Keeping in touch with loved ones

Forum held on 27<sup>th</sup> January 2021 and there were 8 attendees.

People told us:

- The expected in-person visits over Christmas unfortunately had not taken place for any of them but window, 'pod' and garden visits and some video calls had taken place.
- They were concerned that their relatives in care homes were experiencing some decline in personal wellbeing, for example, around footcare, false teeth, hearing aid maintenance and clothing.
- Communication with care home staff had been minimal and usually one sided/initiated by relatives. There had been some welcome communication from area management.
- That even if they cannot visit in-person they would welcome additional communication around their relatives' activities within the home and how they have been spending their day.



- They would like to visit relatives but also had concerns about passing on Covid-19 virus.
- There was confusion around visiting guidance and whether the restrictions on inperson visiting were being enforced by Northumberland County Council or individual care homes directly.
- There seemed to be inconsistent levels of technology in terms of devices/skills across care homes to facilitate video calls.
- Services are aware that visiting restrictions affect wellbeing but there is still a real concern over infection control and this needs to be considered.
- They understood the risk from the virus but this needed to be balanced with risks of isolation.
- There were concerns around the Covid-19 vaccination, for example, when relatives would be receiving their 2<sup>nd</sup> dose and that the vaccination is not mandatory for care home staff and residents. Whilst it was recognized vaccination may be unable to be enforced there were concerns around further outbreaks and effects on visiting and how testing would be carried out after vaccination.
- They appreciated the chance to give feedback and wanted to know what good practice around visiting and keeping in touch was taking place in other care homes. It was agreed that Healthwatch Northumberland would seek feedback from relatives and care homes directly via surveys to inform possible recommendations.
- They would appreciate meeting again to see how things had changed in a few months' time.

#### Young People and Mental Wellbeing online event:

Event held on 10<sup>th</sup> March 2021.

Providing information about local health and care services is part of the core work of Healthwatch Northumberland, and mental health services for children and young people are one of our key priorities. We hosted an online event to give further information about Kooth, the online mental health support service for 11–25-year old's



commissioned by Northumberland Clinical Commissioning Group in 2020 . Kooth's Engagement Lead gave a presentation about how the service works and how parents, carers and professionals can signpost young people to it.

We were joined by 27 attendees, mainly professionals who either worked directly with or signposted young people to services. There was a Q&A session after the presentation to allow people to get further information which included but was not limited to how parents can check the suitability of Kooth before recommending to children, how Kooth promotes the service to school and youth groups and how the digital resources can be accessed to share and promote the service.

Feedback for the event was positive with many advising they had been unaware of the service and would be signposting young people they worked with in future. We also ensured attendees had information about other sources of mental health support for young people. We also heard that further information to assess the suitability of Kooth before signposting would be welcomed so Kooth drafted a specific "parents' letter" which was promoted on our website alongside digital resources and full details of the Q&A.

#### Care Home visiting in Northumberland

Forum held on 31<sup>st</sup> March 2021 and there were 11 attendees.

Following changes to visiting policies for care homes taking place on 8<sup>th</sup> March i.e. allowing one designated visitor, we arranged a further forum to get feedback on people's experiences. Given previous feedback we were joined by guest speakers Dr Jim Brown (Public Health) and Alan Curry (Senior Manager- Adult Social Care Commissioner) who were there to give information about visiting guidance from a public health and county council perspective and answer any questions from attendees at the forum.

• We heard from Alan Curry about the main issues care homes had faced during the pandemic and its resulting impact on the Counties care homes, for example,

in staffing, infection control and finances amongst other things. He acknowledged the importance of good communication between care homes and relatives and would feedback to care homes around this.

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- We heard from Dr Jim Brown around the key points for new visiting guidance in care homes, the use of lateral flow tests, the role of the council in helping care homes keep up to date with new guidance and monitoring the effectiveness of the vaccine roll-out on infections within care homes and the wider community.
- We heard from both guest speakers that they recognised the importance of meaningful visits but that each care home was set up differently and it was for individual care homes to interpret the guidance and develop their own risk assessments when deciding on visiting.
- There was a Q&A session which included several questions. Amongst other things these included questions around vaccination and whether this was or could be made mandatory for care home staff and when visiting professionals would be allowed back in care homes. We heard that vaccination was not mandatory and there were ethical issues in making it so, but that uptake of the vaccination had actually been very good and the council were working hard to further encourage uptake. We also heard that the impact of vaccination roll out was still being monitored and there will still be some infection outbreaks despite vaccinations. We heard that there should not be restrictions on essential visiting professionals such as those responsible for mental health care or those required for urgent care issues and that other professionals should be decided on a case-by-case basis.

We heard other feedback at the forum. People told us:

- There were concerned around visiting professionals such as podiatry, audiology, dentists and opticians being unable to visit their relatives, and this was affecting personal wellbeing. The lack of service provision in these areas was felt for one person even prior to Covid and a lack of understanding from the care home of how to support complex mental health needs.
- There was uncertainty about how care plans were being updated during the



pandemic as no one had been actively involved in a care plan review.

- Communication between relatives and care homes continued to be limited and more communication would be welcome in the form of regular emails, a newsletter or WhatsApp group. Some had better experiences than others in relation to this and one mentioned positive example of being kept up to date by WhatsApp messaging.
- It was sometimes difficult to raise concerns but maintain a good relationship with the care home at the same time.
- More social/wellbeing activities within the home would be welcome but it was recognized there may be limited tools and abilities to do so.
- They were keen to have updates on when visiting guidance would be changed to allow more than one designated visitor and when they would be able to take their relatives for visits outside of the care home.
- They appreciated having the opportunity to share experiences directly with the County Council.

Our guest speakers agreed to take key messages back to care homes and commissioners of services.

If you would like any further information, or have any feedback or questions about this report, please get in touch using the following contact details:

Email: timh@healthwatchnorthumberland.co.uk

Phone: 07803 427468



# Appendices

Appendix 1. List of services mentioned in feedback and comments

Service name	Frequency
Alnwick Medical Group	4
Collingwood Medical Group	1
Coquet Medical Group	1
Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	1
GP surgeries (Unspecified)	3
Guidepost Medical Group	1
Haydon Bridge Pharmacy	1
Hexham General Hospital	1
Horizon Dental Clinic (Blyth)	1
Lloyds Pharmacy	1
Marine Medical Group	1
Meadow Park Care Home	1
NHS 119	4
NHS England	4
NHS National Booking Service (COVID-19 vaccination)	2
NHS Test and Trace Service	1
Outside Clinic (Ophthalmology)	1
Prudhoe Medical Group	1
Railway Medical Group	1
Royal Victoria Infirmary	1
S Aaron Opticians (Ashington)	1
Seaton Park Medical Group	3
The Bellingham Practice	1
The Rothbury Practice	1
Tweedmouth House	1
Unspecified service	15
Wansbeck Care Home	1
Wansbeck General Hospital	2
White Medical Group (Wylam)	1



### Appendix 2. Service category and sentiment

Service category	Mixed	Negative	Neutral	Positive	Unclear	Total
Appointments		1				1
Child & Adult Mental						
Health Services (Other						
Services)		1				1
Covid testing					1	1
Dentist (non-hospital)		1				1
Dermatology		1				1
Diabetic Medicine				1		1
End of Life Care		1				1
Gastroenterology	1					1
GP practices	1	17	5			23
Musculo-skeletal dept				1		1
National Booking						
Service, Covid-19						
vaccination	2	7		1		10
Neurology		2		1		3
Optometry services	1	1				2
Orthopaedics		1				1
Other (Community						
services)		2				2
Pharmacy		1		1		2
Residential Care Home	1	1		1		3
Unknown	2	1				3
Grand Total	8	38	5	6	1	58



Appendix 3. Report on Feedback received relating to Covid-19 in Q4 2020/2021

# Covid Vaccine Queries: 1 January – 31 March 2021

### Introduction

Healthwatch Northumberland is the independent champion for people who use health and social care services. We are a listening organisation working across Northumberland, interested in what people like about services and what can be improved. We act on what people are saying, sharing their views with those who have the power to make change happen. We also help people find the information they need about services in their area and record this as 'signposting'.

People who use health and social care services tell Healthwatch Northumberland about their experiences throughout the year. This briefing shares a summary of the feedback collected from January to March 2021 about people's experiences of the Covid vaccination programme in Northumberland. The comments are all unsolicited and, aside from regular online posts providing information on the Covid vaccination programme in Northumberland, HWN did not actively seek residents' views or opinions nor undertake any form of survey.

### Feedback headlines

Total of 32 queries

- > 75% gave negative feedback
- > 22% gave neutral feedback
- > 3% gave positive feedback

There was a good spread of queries from across the county. However, note that during this quarter over 190,000 vaccinations were administered so the overall level of concerns was very low.

### Themes

There were three themes that appeared in the feedback. In order of frequency, they were:

 Access to the vaccination (54%) e.g. concerns they might be missed, carers can't be vaccinated at the same time as their vulnerable person, distance to travel etc. Approximately a third of these access issues were about the distance to travel to get vaccinated and/or transport issues.

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- 2. Quality of care/treatment (29%)
- 3. Dealing with 119/National Booking Service (19%)

### Gender breakdown of queries

Most of the enquiries were from females (56%) with 34% male enquirers and 9% undisclosed gender.

63% of enquirers were individuals, 38% were relatives/carers.

### Age breakdown

The largest cohort of enquiries/feedback came from the 50 - 64-year-olds (28%), followed jointly by 80+ y.o.s and the Age Unspecified categories (19% respectively). Those under 50 years old constituted less than a fifth of enquiries (U25 – 13%; 25-49 y.o.s – 6%).

### Primary themes by age breakdown

Access was the most important theme for the 80+ cohort (56%) with 40% of the access themed responses for this age cohort being concerned with the distance and/or transport. Quality of Care/Treatment was the most important theme for both the 65-79 y.o.s and the 50-64 y.o.s cohorts (33% for both cohorts).

Access and Quality of Care/Treatment were equally the most important concerns of the 25-49 y.o.s (40% for each theme) and U25 cohorts (50% for each theme). No one under 50 y.o. had any concerns about distance or transport.

For the Age Unspecified cohort Issues with 119/National Booking Service was the most important concern (44%).

# Chronology of enquiries and publicity

March was the busiest month for queries with 53% of the total queries and January second busiest (28%). February was the quietest month with only 19% of the total number of queries. We posted information on our social media channels 5 times in January, 3 times in February and 4 times in March and also Web articles went out on 7 Jan (revised 1 Feb), 22 Feb and 26 March.



There doesn't appear to be any correlation between these posts and numbers of queries but it is noteworthy that our articles and coronavirus information page are second and third on Google search for 'covid-19 vaccines Northumberland' and to the end of March we had 5,400 views of our vaccination information, more than 50% of all visits to our website.

# Additional actions

Most of the queries we received required additional actions. We responded to 17 requests for information (53% of queries), signposted 6 queries (19%) and the rest of the queries needed no further action (28%).

### Case studies and quotes

### Concerns around quality of care/treatment

 'Living with ME is hard enough without being constantly questioned by medical professionals who are supposed to be supportive and having to fight for basic medical rights. All we ask for is to be recognised and our health to be prioritised alongside all other vulnerable groups. The past three weeks of fighting for vaccination has taken up a lot of my time and energy and has been detrimental to my health'

Above quote is from someone who has ME/CFS and contacted HWN after being refused priority group 6 for vaccine by GP. The JCVI guidance does not explicitly mention the condition in group 6. Whilst eventually accepted in group 6 expressed concern that this was as an 'exception' on the basis of a GP's clinical discretion rather than ME/CFS being accepted within the guidance as a 'chronic neurological condition' alongside conditions like MS, epilepsy and Parkinson's. (Feedback via email).

Similar sentiments were also echoed by another member of the public with the same experience.

2. Call from someone who is carer for his wife. Has contacted GP on several occasions as still waiting for appointment for Covid-19 vaccination. States has been told to be patient and will be contacted. After many weeks has recently discovered he is not actually registered as carer with GP as his wife is with different surgery. He states he feels 'dismissed' as if this was checked when he first contacted the GP, rather than being told to be patient, he could have been vaccinated by now. He can book via NBS but the nearest centres are in Richmond and Durham and he cannot travel that far and cannot be out of the house away from his wife for



too long due to his caring responsibilities. (Feedback via telephone).

# Concerns over access and need to travel further afield for vaccine and difficulties booking via NBS (all separate cases):

- 3. 'The most difficult part about the waiting is that this is dividing the county into those who can or are prepared to travel to Newcastle, and those who can't or are not prepared to. It would now appear that people much younger than me are being vaccinated, because they are able or prepared to travel to Newcastle'. (Feedback via email).
- 4. 'The logic of no vaccine because we're out in the sticks doesn't make sense. We pay the same taxes and rates as everyone else yet we get a much worse service'. (Feedback via email).
- 5. 'Despite us both trying constantly every single day to secure and appointment there are ZERO appointments in Northumberland. [.....] If I go on the central NHS booking site the only appointments available are in Durham or Teesside.

ALL and I seriously mean ALL of my friends and work colleagues in the same age bracket but from other authorities have already had their vaccines. What is going on and why am I as a Northumberland resident being left behind?' (Feedback via email).

6. 'When are we going to get some more Covid vaccines in Northumberland? There are no appointments in the vaccine centres and my GP practice is still doing over 65s' (Feedback via social media).

### Conclusion

It is clear that, despite extensive communications by the NHS at all levels, some people in Northumberland remain concerned they may be overlooked and miss the opportunity to be vaccinated – either at the right time or at all.

We would recommend repeated and plainly stated communications about the progress of the programme are made to address these issues.

We had a formal response from the CCG and this can be seen in the Appendix to this report.



### Appendix

#### **Response from NHS Northumberland CCG**

The COVID-19 vaccination roll-out is the largest public immunisation programme in the history of the NHS in response to the most significant public health emergency the NHS has faced. The circumstances of both the COVID-19 pandemic, and the vaccine roll-out have been truly unprecedented. As at 6 May 2021, over 285,000 doses of the COVID-19 vaccine have been administered to Northumberland residents. This includes over 70% of the eligible population (16+) having received a first dose of the vaccine.

Ensuring equity of access to the COVID-19 vaccine for our patients and public has been at the forefront of the roll-out. Six Primary Care Networks have been operating Local GP-led Vaccination Services in 10 locations: Amble, Alnwick, Ashington (2), Berwick, Blyth, Cramlington (2), Hexham and Ponteland, and clinics have also been delivered at individual GP practice sites in our rural communities. Complementary services such as larger Vaccination Centres and Community Pharmacies have also been available via the National Booking Service and recently the CCG has also commissioned a Roving Vaccination Unit which is taking vaccinations to some of our most remote and isolated communities. It is the CCGs stated aim that nobody is left behind by the vaccination programme and everybody has an opportunity to receive a COVID-19 vaccine should they wish to do so.

The efforts of everybody involved in delivering the COVID-19 vaccination programme have been truly phenomenal and vaccination services have had to respond to a constantly evolving situation in terms of vaccine supply, logistics and clinical prioritisation of patients. Delivering a mass immunisation campaign at this scale and speed has often been challenging, for staff and patients alike. The support of partners from across the local health and care system has been both invaluable and essential. The CCG would like to sincerely thank Healthwatch Northumberland for their support in communicating key messages to the public throughout the vaccine roll-out and acknowledge the feedback from patients presented in this report. We will continue to work closely with Healthwatch and other system partners to ensure that as many residents as possible are able to receive their COVID-19 vaccination and will continue to work tirelessly to ensure equity of access, experience and outcome for all.