healthwatch
in Greater Manchester

COVID-19 in Greater Manchester

A summary of key findings and experiences of the coronavirus pandemic across Greater Manchester
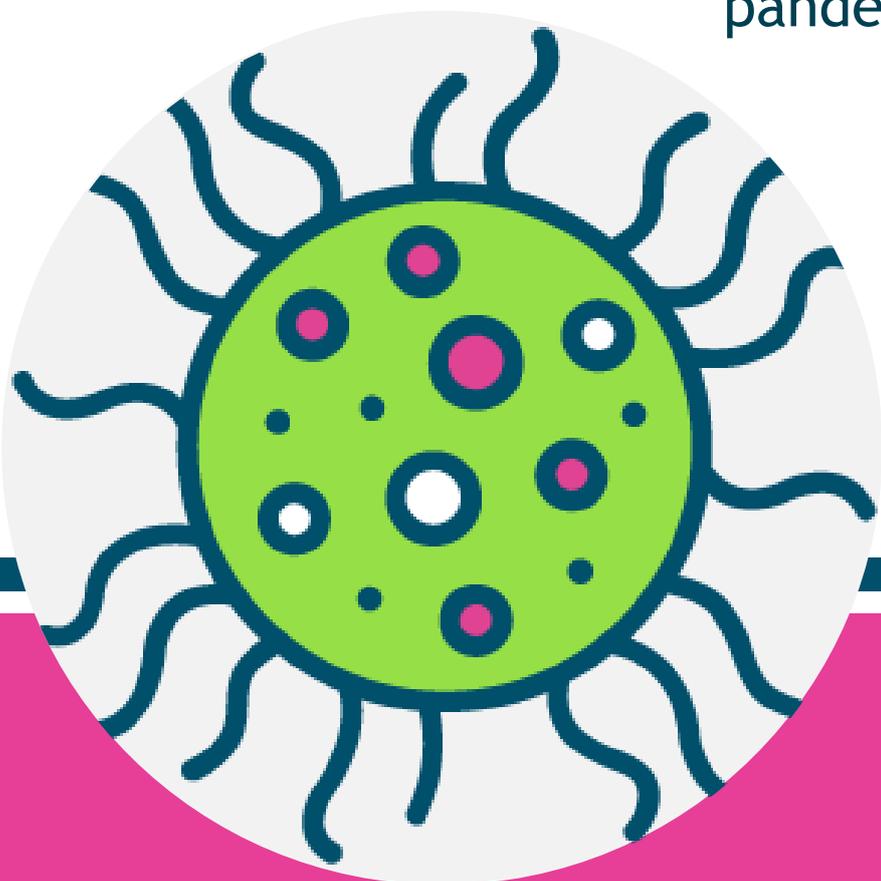
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Table of Contents

Acknowledgements

Healthwatch offices across Greater Manchester would like to thank those that have shared their comments with us during this time.

Introduction

Each of the 10 Healthwatch in Greater Manchester have surveyed their residents to gather views and opinions on challenges they may have faced during the pandemic. Healthwatch have shared these reports with their local partnerships and the public via their websites, our expectation is that the recommendations in these reports should be seriously considered by the respective commissioners and providers of health and care services in each of these localities.

We felt it would be of benefit for each of our Boroughs to see the Greater Manchester perspective and to think of how, collectively, our key recommendations could be taken forward. This report reflects the views and opinions of around 3,000 people.

We have, therefore, selected four main themes' together with some recommendations and hope that in considering these, there will be an opportunity to improve access to health and care services and thereby outcomes for our residents both during the pandemic and when services are resumed.

Use of the term BAME (Black Asian and Minority Ethnic)

We are currently following Healthwatch England advice to follow the current government guidelines regarding the use of the term BAME. However, we do recognise that there are conflicting sensibilities around this terminology and where that is notable, or we feel it could have an impact on the resulting evidence we have gathered or how it may be interpreted, we will highlight this. We will strive to ensure that we use the most appropriate language for our diverse audience and will continuously review how we do that along with Healthwatch England and our local partners.

Recommendations from across Greater Manchester Healthwatch offices

1.   Digital exclusion

It is often the poorest in society who are unable to utilise technology either because they do not have the means or the knowledge to do so. It is also members of our society who do not speak English, hard-to-reach groups such as Deaf people, those with visual impairments, carers, and disabled people that are most likely to be digitally excluded. It is estimated that 13 per cent of the population of England and Wales fall into these categories. There are, therefore, a significant number of people that need to be communicated with in a variety of ways. We have noted that Google translation services do not accurately transcribe word from written English for example. We need to remember that some communities do not recognise some of the words or meanings we commonly use, such as dementia. We use language that is considered jargon or use acronyms that few people understand. Some localities would like to see more local information.

On a positive note, patients have welcomed and commended the efforts made to address their needs via digital platforms.

Healthwatch recommends using simple language and consistent messaging in a range of formats for a diverse population. Where services are using a digital model, steps should be taken to support and encourage people to be able to use these, especially if they are currently digitally excluded. It should also be recognised that not everyone will want or be able to access digital services, and these people must be able to access an equivalent level of care and support.

2.   Dentistry

This area has been highlighted as a major problem in all communities. Even before the pandemic not enough people were signed up to a dentist. Again, there are particular issues for many of the groups highlighted above. Dentistry for children must not be overlooked. It is going to take many months if not years to pick up the backlog to get the Borough's oral health in good shape.

Patients need to be reassured that they do not need to become private patients if they are already an NHS patient. A public health campaign on the necessity for good oral health for children as well as adults should be pursued.

3.   Mental health

Much has been written both nationally and locally about the impact of mental health as a consequence of shielding or lockdown. The numbers are hidden but will appear over the coming months and years. We know that a revised Greater Manchester mental health strategy is forthcoming, but we would urge all Boroughs to review their strategies and priorities and make sure that the 'parity of esteem' talked about with physical health becomes a reality.

We would urge all authorities to look at their capacity to meet this demand on services across all aspects of care, ranging from health prevention to the treatment of the seriously mentally ill across all age ranges. Again, we would draw attention to the needs of children having lost so much time in school.

4.   Waiting lists and routine care

The pandemic has resulted in huge waiting lists for people with physical health care needs. Clearly, these are going to take years to get back to pre-pandemic levels. It should also be noted that many patients have not wanted to 'trouble' their GP or practitioner about their concerns as they did not want to add further strain on the system. Post lockdown, therefore, there is the potential for a surge in GP appointments.

We would urge authorities to keep patients periodically aware of where they sit on the waiting list so that they can develop coping strategies. Residents will also wish to know how priorities for treatment (beyond urgent referrals) are formulated. A good example of this was developed in relation to the vaccination programme and may be a way forward? The need for transparency will be vital.

All Healthwatch have been heartened by the spirit of community during the pandemic and the heroic efforts of front- line workers in dealing with this. Therefore, we hope that the relevant authorities recognise and provide support to their workers and provide professional counselling for those who need it and for as long as it takes. They have seen unimaginable tragedy for patients, their families, and carers and this must have taken toll on their resilience and strength.

Local people have commented on their trust of voluntary and community groups who have supported them during lockdown, and many have said they would prefer to use them. Pharmacies too have been an important resource for many people.

For our part we will endeavour to support staff and communities in whatever way we can through upcoming work on gaining the public's views and ensuring that these views are shared with all our partners in the system.

Everyone has the right to expect quality health and social care services. We encourage Greater Manchester residents to contact their own local Healthwatch and continue sharing their experiences and views on health and social care issues, so that we can direct our work to the issues that matter.

About these studies

This report includes a summary of Healthwatch work across Greater Manchester on the topic of Covid-19.

As part of each office's ongoing listening capacity Healthwatch has responded to local need, in part through these reports. Offices also provide information and signposting to the public via telephone, email, and website channels.

The full reports summarised here will be available on local Healthwatch websites, links are provided where possible.

Examples of how data was collected

- Survey Monkey
- Telephone comments
- Online sessions e.g., via zoom

Examples of how the research was publicised

- Via local websites
- Distribution lists and contacts used by each office
- Social media

As our work is based on local priority, accounting for the situation on the ground, some offices may not yet have published their work at the time of this summary.

Other offices may be focusing on signposting or other support functions and feed intelligence from these channels to local councils or health commissioners.

Who we spoke to

The offices spoke to 2973* people during this research.

This number is an approximation taken from the reports as published, as some accounts do not give a total the actual number is likely to be higher.

Key findings

- Communication and access to information – there is a need for clarity around communication. With many rule changes this has caused confusion for some. In addition, the closure or changes in appointments has caused a lot of disruption, with people not always clear what is going on or services will resume.
- Mental health – there have been significant pressures on people's mental health due to the lockdown and subsequent changes to daily life.
- Services adapting – we have heard examples of how services have adapted such as use of telephone or video to speak to people.
- Suggestions for change – people have suggested more testing, face masks and in particular better support for those impacted by the pandemic. Examples of better support might include shopping, wellbeing calls, access to prescriptions.
- Specific groups – offices have engaged with specific groups in the community such as disabled people, Deaf people, and ethnic minority groups.

Location of reports in this summary

Healthwatch Office	Location of report(s)
Wigan & Leigh	https://healthwatchwiganandleigh.co.uk/report/2020-08-10/our-response-coronavirus-outbreak-report https://healthwatchwiganandleigh.co.uk/report/2020-08-10/living-long-term-condition-during-coronavirus-report
Bolton	http://healthwatchbolton.co.uk/what-you-told-us-living-with-covid-19-survey/ http://healthwatchbolton.co.uk/living-with-covid-19-summary-of-public-feedback-report-no-2/ http://healthwatchbolton.co.uk/living-with-covid-19-understanding-information/ http://healthwatchbolton.co.uk/download/living-with-covid-19-testing-self-isolating-test-and-trace/ https://www.healthwatchbolton.co.uk/report/2020-12-19/peoples-experience-hospital-discharge-staff-interviews-bolton-findings Forthcoming report on 'living with covid' July 2020 - January 2021
Bury	http://healthwatchbury.co.uk/wp-content/uploads/2016/09/Healthwatch-Bury-COVID-19-Lockdown-survey-REPORT-13.10.20.pdf
Rochdale	https://healthwatchrochdale.org.uk/report/2020-10-26/local-people-share-their-lived-experience-covid-%E2%80%93-19-pandemic
Oldham	https://www.healthwatcholdham.co.uk/report/2020-08-27/covid-19-your-experiences-health-and-care-overview
Tameside	https://www.healthwatchtameside.co.uk/healthwatch-tameside-publications https://www.healthwatchtameside.co.uk/sites/default/files/mental_health_and_wellbeing_update_report_as_at_31.10.20.pdf
Manchester	https://www.healthwatchmanchester.co.uk/report/2020-10-15/covid-19-three-communities
Stockport	https://www.healthwatchstockport.co.uk/report/your-story-during-lock-down-survey-report
Trafford	https://healthwatchtrafford.co.uk/our-reports/
Salford	https://www.healthwatchsalford.co.uk/report/2020-11-12/covid-19-how-it-you-october-report https://www.healthwatchsalford.co.uk/report/2020-12-10/covid-19-how-it-you-november-report https://www.healthwatchsalford.co.uk/report/2021-01-08/covid-19-how-it-you-december-report

1. Healthwatch Wigan

Healthwatch Wigan have published two reports related to Covid-19:

- Our response to the coronavirus outbreak – Report – 10.8.20
- Living with a long-term condition during the coronavirus - Report – 10.8.20

Key findings

Older people
- Information was mostly well received and understood.
- People said they were largely well supported by their family.
- Some were concerned by the changes to daily life that prevented them going out as much, but they were exercising when possible.

Local group
- Technology was being used to stay in touch, though some found this challenging.
- Living with disability work
- Many felt they were at risk due to Covid-19, this was due to underlying health issues.
- A majority were not sent letters to shield.
- People had been able to find the information they needed.

Routine Care
- Individuals with a long-term condition are concerned that their routine care has been cancelled or postponed, particularly: Physiotherapy, Diabetic retinopathy and routine bloods, Podiatry, COPD care, B12 injections

Continence Service
- Individuals who usually attend a day centre are concerned that the continence service is not accommodating the change in circumstances and refusing to provide or deliver additional pads

Digital and Telephone Care
- Mainly positive comments about digital and telephone care. Individuals using the AskmyGP app and having video consultations with services, including video calls from CAMHS.

Communication
- Individuals commented on their experience of excellent communication between services and themselves and services working together to avoid an individual in having to attend the hospital for aspects of care.
- Others praised services on their care and obvious safety measures when they had attended a service, particularly the Thomas Linacre Centre

Day Centres
- Individuals who usually attend day centres are not taking up the offer of care visits as they are vulnerable and high risk and taken the decision not to accept offers for help

Home Care
- Some individuals have chosen to limit home care and prefer support from their family due to concerns around shielding and lack of confidence in the availability and appropriate level of PPE

Support
- Some individuals say that although they need some support, it is being offered by their own families.
- Some individuals comment that they have had no support and have had to cope alone. This may be due to the fact they have not received a letter advising them to shield or they have not been identified by their GP and so may not have been aware that help is available.

2. Healthwatch Bolton

Healthwatch Bolton have published five reports related to Covid-19, there is a sixth report forthcoming:

- Covid-19 – Public feedback survey & social media results – 9.4.20 – 8.5.20
- Living with Covid-19 Summary of Public Feedback on Information, Health and Wellbeing - 08.05.20 - 10.06.20
- Living with Covid-19 - Understanding Information – Public Feedback Report – 6.20
- Living with Covid 19 - Coronavirus testing, self-isolating and NHS Test and Trace – 9.20
- Peoples Experiences of Hospital Discharge during Covid 19 – Report – 19.12.20

- *(Forthcoming)* Living with Covid 19 - The Impact of Covid 19 on Health and Care Services in Bolton – Report – 3.20

Key findings

Information
- Feedback suggested messages from the government about covid-19 are confusing and at times contradictory. In particular, people wanted clarity on self-isolation, social distancing, furlough, and reopening their business.
- There was a need for non-digital versions of information, for example as a hard copy.
- Those with sensory disabilities were not easily able to find accessible information.
- Social media is being used to gather information about covid-19. The platforms are also being used to promote changes in how businesses operate.
- Messaging on Twitter by Bolton Council and CCG was useful to people.

Health and wellbeing

- People said they were going out to get physical exercise. Digital technology was being used to contact friends and family, examples include WhatsApp Groups, Zoom, FaceTime and Skype.
- Hobbies and leisure activities were helping people to keep busy when possible.
- Some people's mental health was being affected due to the changes caused by the pandemic. There was mention of anxiety, panic attacks, feeling overwhelmed, isolated and loneliness.
- At times life was also being managed alongside children being at home much more. Some people have disabled children which presents extra challenges.
- Adults and children are suffering dental pain and dental problems as they are unable to see a dentist as they do not meet the criteria for 'urgent care'.
- Those with a caring role described the extra pressures placed on them.
- Trying to maintain a balance between normal daily routine and changes to everyday life. Some felt their sleeping routine was disrupted.

Social media
- The overwhelming consensus is that Coronavirus information and key messages are
- very ambiguous.
- In the confusion, respondents are "using their common-sense" and taking the
- necessary steps to protect themselves and their family based on their unique set of
- circumstances.
- Respondents would like to see more localised information.
- While people continue to turn to the internet for information, a call remains for
- information to be available in different formats such as leaflets.
- The use of infographics would help to simplify more complex information.
- There are still concerns that people who do not/cannot access the internet or
- social media are missing out on key information and messages.

NHS Test and Trace
- People are finding the information around coronavirus confusing and would
- welcome local tailored information specific to Bolton. Particularly around local
- lockdown information, restrictions and shielding. People appear to be using the
- internet more than newspapers or TV. Healthwatch would recommend Bolton
- Council consider producing a dedicated local information page be made available.
- People are frustrated at the availability of coronavirus tests and the location
- of the test centres being much too far away to travel to. It would also seem that
- the registration process is not easy to navigate. Healthwatch would recommend
- Bolton Council produce some easy read literature/videos that explain the steps to
- obtain a coronavirus test and the registration procedure.
- Many respondents have expressed concerns about how their personal data may be
- used. Healthwatch Bolton recommends that Bolton Council produce information
- about the safeguards around people's personal data: how it is stored, how long
- for, who has access to it and offer reassurance that personal information will not
- be used for any other purposes.
- Some people who have already been tested for coronavirus have never had the
- results back. Healthwatch recommend Bolton Council produce some information
- about how to go about getting results back and what to do if this does not
- happen.
- People are unsure about how the NHS Test and Trace is supposed to work.
- Healthwatch would recommend that much more local information is made
- available about this together with simple visuals/videos.

Hospital Discharge during Covid 19
- The swift development of the health and social care hub to provide a discharge pathway was praised and was said to be working well.
- District Nurses, Physiotherapist and Occupational Therapist remained involved with patient care upon discharge from hospital.
- Some frustration around GPs not doing home visits to discharged patients resulting in some patients having to go by ambulance to A & E and resulting in some district nurses having to call ambulances. Although video technology was being used with GPs, it was not always suitable or effective and some patients have no access to the technology. This has caused stress and frustration to patients, families, and staff.

- When discharges take place particularly from critical care, there is a need for better psychological and mental health support for patients.
- Bolton Hospital has done a great job in communicating with staff under the circumstances, particularly district nursing staff.
- All Bolton Hospital staff (like patients and visitors) should wear face masks when moving between wards.
- Where appropriate and reasonable, a family member should be able to
- accompany their loved one to hospital to provide practical and emotional
- support. Each case should be accessed on an individual basis.
- Quality of information in discharge referrals could be better. Particularly
- ensuring that if a patient is Covid positive, that this is recorded on the
- referral.
- There have been some delays with care packages not being put in place for
- people still in hospital leading to frustration and stress to the patient,
- family and staff when the patient is discharged.
- NWAS's hospital discharge guidance was already in place. The new protocols
- strengthened existing relationships and helped to minimise impact on patients.
- The impact has been felt by each of us as individuals and as by organisations
- overall. Long term support systems for staff are going to be very important
- because of the impact of Covid.

Local service findings

For GP services
- Some people cannot access appointments due to them going online or only being offered by telephone. People feel like the GP practices should do more to improve access during this time and be mindful of the difficulties some people may face when trying to use remote access. GPs also needs to understand the reasons why people cannot get online and ensure alternative options are offered.

For Dental services
- A historical lack of ability to register as an NHS dental patient came through in many comments and this has a range of negative effects for people of all ages and ability. On top of this people with NHS and private registration were largely unable to access care. This is clearly having a huge detrimental impact on not only people's dental health, but also physical and mental health.
- People would like easier access to become an NHS dental patient and ways in which they could be seen by dentists during the pandemic. In addition, there should be:

  o more publicity around prevention and the importance of looking after oral health.

  o Dental Team to link in with foodbanks to promote the importance of good oral health (giving out toothbrushes, toothpaste, info leaflets with food parcels)

- When schools resume - Dental Teams to host oral health education sessions on Zoom, i.e., how to brush teeth, sugar reduction.
- This issue is not a unique one to Bolton but throughout the country. Our work with Healthwatch England tells us that people from across the country are facing the same difficulties and the problem does not seem to be improving.
- Locally Healthwatch Bolton (HWB) have been escalating all dental enquiries to NHS
- England to ensure they are aware of the local picture. HWB are also working closely with.
- Healthwatch England to continue to collect feedback from people regarding dentistry.

For Mental health services
- More follow up and ongoing support during the pandemic to stop people feeling they are left alone and not monitored. Notably most in the survey were not accessing services prior to the pandemic.

For services outside the above areas and tests
- Many routine tests appeared to have been cancelled and it was difficult to rearrange them. People wanted tests and other services to let them know when they could re-arrange if they are cancelled due to the pandemic. During the pandemic, patients have been encouraged to contact services if they are worried about their health/getting test results. When patients contact a service to chase up when they may be able to have tests, their anxieties should be understood rather than patients feeling like they are being inpatient etc.

3. Healthwatch Bury

Healthwatch Bury have published a report related to Covid-19:

- COVID-19 Lockdown Experiences in Bury Survey Report – August 2020

Key findings

- Top of the list (45%) of things people say have been most helpful was connecting with their friends and family.
- When asked about what people found most difficult, nearly 1 in 10 said that isolation and loneliness had been the hardest things to come to terms in recent months.
- 40% of the respondents had been doing some form of exercise in their spare time.
- 1 in 5 said they want clear, concise, and consistent messages from the government and for those messages to be strongly delivered and up to date during transition from the lockdown.
- 1 in 3 stated they were most worried about the second wave of Coronavirus following lockdown.
- People also highlighted the need for mental health support such as counselling to be widely available and accessible and for the other health services to resume as soon as possible.

4. Healthwatch Rochdale

> Healthwatch Rochdale have published a report related to Covid-19:
>
> - Covid-19 Residents Survey & Focus Group Report 2020 – you said we did – 26.10.20

Key findings

Support

- Half of residents received help getting shopping and phone calls to check they were okay. Other help included pharmacy prescriptions (37%), food parcels (10%), shopping vouchers (7%) and housing support (3%).
- The BAME population required and received more support from GPs and through community voluntary groups than the White British comparator. Also, more received shopping vouchers and phone calls of assurance than White British residents.
- 73% of over 75s reported needing support throughout the pandemic. Very few reported getting any support from the council, GP, or community voluntary groups, with the majority receiving support from family or neighbours (help with prescriptions, online shopping, and phone calls).

Information and Advice
- The most common access of Information and advice was the media (75%), closely followed by national organisation websites such as NHS or the government.
- The over 75s mainly accessed information and advice through the media (79%), 66% from national websites, and 50% by post. The BAME population mostly accessed information through websites (64%) and the media (59%).

Access to Local Information
- 56% were satisfied with the local information regarding Covid-19
- Most common access to local information was changes to services and how to protect yourself, which was echoed in the over 75 and the BAME populations.
- Of those respondents reporting dissatisfaction, the main reasons include having no help and not receiving any local information. Which was expected to come in the form of leaflets or post delivered to households. The advice received was conflicting and left people confused on how to act.

Mental and Physical Wellbeing
- Mental health suffered the most, with 39% of residents reporting a deterioration, compared to 28% physical health
- Physical - Lack of routine, and the exercise that came with everyday activities stopped due to lockdown led to gaining weight and becoming unfit. Since the weather changed it became more difficult to get out.
- Mental- Working from home pressures, home schooling, uncertainty of the future, unsupported and anxious to leave the house. Depression seems to be a common theme linked to the isolation, and some respondents said that they experienced suicidal thoughts.

Change in Behaviour
- Increased contact with family and friends, with 40% having more social interaction online or via telephone.
- 41% of respondents said that they exercised less.
- 28% of people took the opportunity to do more learning/ hobbies/ activities.
- Healthy eating and drinking alcohol continued as it was.
- Residents' sleep has been affected, with 38% losing sleep.

Access to Health and Social Care
- 47% of residents felt that their access to health and care services decreased.
- Change to services were felt within the NHS - many reports of planned treatments, checks and operations being delayed.
- Dentists not operating and GP appointments only going ahead over the phone.
- Parents also expressed worry that children had "nowhere to go", and this contributed to feeling isolated and anxious.
- 46% of respondents were satisfied with the communication regarding changes to services.

Residents' suggestions – Improvement
- Increased testing, antibody testing and ultimately find a vaccine.
- Relevant accurate messages are delivered to all, by targeting communities and vulnerable groups.
- Help with data/internet costs for families struggling to get online for home schooling and work meetings.
- Enforcing clear rules on social distancing, compulsory face masks in public places, access to hand sanitizer and suggestions on where to buy PPE.
- Mental health services offered to the public and guidance on how to cope at home.
- Support for parents, better services for disabled children.
- Help for people with a life limiting illness and physically disabled, but who the government do not class as clinically vulnerable, so do not qualify for help.
- Support groups and activities for those who do not use any social media and online skills for the most vulnerable.

Residents' suggestions – The future
- Provisions for face masks for those living in poverty
- Calls for tougher policing when breaking Covid-19 rules
- Access to a dentist has been particularly poor, especially when dealing with children or the disabled.
- Difficulty in shopping with children, suggestion of time slots for single parents to shop with younger children
- Criteria for food packages be reassessed as groups of lone vulnerable people were missed.
- Encourage local communities to support one another
- Local updates from councillors were helpful.
- Sharing local stories of Covid-19 patients could help lower anxieties.
- Re-establishing Council run 'Meals on Wheels' Services once again to ensue nutritious hot food can be delivered to the Boroughs poor, elderly & vulnerable.

5. Healthwatch Oldham

Healthwatch Oldham have shared their initial findings from their Covid-19 work:

- Covid-19 Survey Overview: Your health and care experiences throughout the Coronavirus pandemic (19 March to 31 July 2020).

Key findings

- The response rate for this project has provided us with a large volume of views and experiences. This will be analysed to produce a more in-depth report later in the year.
- The statistics around ethnicity has informed us that we need to continue to gather feedback and further insight from BAME Communities so that we have better representation from across the diverse communities of Oldham. Some targeted work is now being carried out.
- We also want to obtain more insight from Adult's with Learning Disabilities and their unpaid Carers. Work is being carried out to gather more information.
- Many of the areas of the survey where people can express their concerns have shown that poor communication (either relating to person's own health and care needs or a family member) has caused them additional distress.
- Initial analysis shows that there has been a lot of changes for everyone. Whilst feedback is mainly positive, there has also been areas which need improving and whilst we acknowledge that these are unprecedented times, there are simple steps that can be taken to improve services.

6. Healthwatch Tameside

Healthwatch Tameside have published six reports related to Covid-19:

- Snapshot of Healthwatch Tameside COVID-19 survey responses as at 12.6.20
- Information taken from the Healthwatch Tameside COVID-19 survey as at 24.6.20 (GP related)
- Update of Healthwatch Tameside COVID-19 survey responses as at 13.7.20
- Mental health and wellbeing as at 24.7.20
- Access to appointments and the use of technology COVID-19 survey as at 3.8.20
- COVID-19 communications, rules, and guidance – data up to 22.9.20
- Mental health and wellbeing update as at 31.10.20

Key findings

The 'new normal'

Some are keen for new ways of engaging with services to continue, whilst others would like to see face-to-face return as an option. Therefore, flexibility is called for. Examples include:

- GP phone consultations.
- Video consultations for GP.
- Some hospital appointments by phone or video call.

There is concern that those without access to relevant technology will be left out, significantly this affects older people.

There are a range of groups to consider such as: Deaf people, people with poor vision or blind people, people with learning disabilities, people with physical or mental health issues, people who do not use English as their first language.

Access to GPs

Here are some areas which have been mentioned, and things that have been seen as positive and negative (excluding in relation to technology). Some of these are mentioned multiple times.

Positive:
- Able to have discussions about medication, minor conditions, various test results
- Had blood test
- GP referral to other services
- Medical review carried out over the phone, e.g., COPD
- Check-up call received from practice
- Information provided

Negative:

- Patient asked if they wanted a DNAR. They said no, but were still sent a form in the post, which they are not going to sign
- Difficulties getting repeat prescription from GP for medication prescribed by consultant
- People not seeing GP when they normally would - e.g., raised itchy moles, falls, pain in legs and feet
- Various check-ups cancelled - e.g., asthma (3), medication review, routine blood test and/or check-up (6), regular injections (10), ear syringing (5)
- Stoma products not provided when needed
- PPE masks are a problem for people who need to lip-read
- People did not try and contact GP as it was difficult before lockdown, so expected it to be worse
- GP not answering phone – been without medication for a month

Many people talked about hospital care being cancelled or delayed. Whilst this is not strictly a GP area, there may be additional workload falling on GP practices as a result. Some people have multiple conditions all needing care.

Mental Health and Wellbeing

- Some have recognised the time to think and the slower pace that came with the changes caused by the pandemic.
- In other comments the loss of social life and remaining or being at home more has made people feel lonely or isolated at times.
- For those with dementia the pandemic has caused difficulties, information has been hard to get and understand, clinics and support groups closed, there is a group which is undiagnosed that need support.
- Parents and carers have missed the usual services and support that has closed or changed due to covid.
- In future there may be a need for support to help people cope with the impact of the pandemic and adapt to the changes as lockdown ends and more things open.

Use of technology since March 2020

Positive comments about using technology

- Appointment changed to a phone appointment (9 people).
- Appointment changed to a video appointment (7 people).
- Better than ringing at 8am for an appointment, which is the time you are driving to work (3 people).
- Got cancer test results by phone at home – prefer this to being on my own at an appointment.
- GP practice talked through process of setting up online prescriptions.
- Online prescription ordering easy (7 people).
- Phone/online appointments easy to use (6 people).
- Received call back from GP same day or next day. Much better than waiting weeks for an appointment (9 people). 3 to 4 weeks waiting time is too long.
- Sending prescriptions electronically to local pharmacy (5 people).
- Used "Ask my GP" (4 people).

Negative comments about using technology

- Current changes to services have negatively affected care.

Interpreter:

- Family tried to make GP appointment for mother who does not speak English. Told that interpreters not available for phone appointments, so she did not have appointment. Family unable to visit to act as interpreter.

Phone calls:

- Hard to speak to GP when you do not know the time of the call. If you miss it, you must start over again requesting an appointment (4 people). Suggestion - that you are given an appointment date/time for the call, as you would if you were visiting the surgery.
- Have Call Guardian on phone. Explained before the phone appointment about the delay in answering, but consultant wrote to say they could not get through. Waited all morning but the phone did not ring.
- In a phone conversation, if the doctor is using a hands-free phone so they can type, the sound of speaking is further away, which makes it difficult if you are hard of hearing.
- Some people found the phone conversations difficult (4 people).
- If you are Deaf, you cannot do a phone call yourself (3 people).

Prescriptions:

- When medications are not on repeat, you still have to contact the surgery (3 people).
- Not aware that laptop could be used to order prescription.
- People without technology, or needing help to use technology, are asking family members to order repeat prescriptions on their behalf.

Problems with GP online access (17 people) including:

- Not working correctly (6 people).
- New software interface too difficult, compared to old version.
- Unable to change preferred pharmacy.
- Going round in circles trying to navigate (3 people).
- Online prescription ordering did not work (3 people).
- Tried to book appointment for test and had to write letter.
- Prescription not sent to nominated pharmacy (2 people).
- Cannot request repeat prescriptions for children under 12.

Some people felt that phone appointments were not the same as face-to-face appointments (32 people). The reasons include:

- Appointment did not work (3 people - ophthalmology, angina check, unspecified.) Just makes it longer to be seen, as all are back on the waiting list for an appointment.
- Physio cannot see if doing exercises correctly (3 people).
- Needed test – water sample, BP monitor, hearing test, peak flow test (4 people).
- Doctor needs to see facial and body action clues which add to consultation (2 people).

- Difficult to explain over the phone, e.g., after a stroke, or with a developmental disability (2 people).
- Consultant could not see swollen leg and had to take own blood pressure.
- Hard to answer the phone when you have children, or lack of privacy (2 people).
- Feel doctors guess and serious issues are not noticed (2 people).
- Feels impersonal.

Text messages:

- Online asthma review OK, but text beforehand did not explain that an app needed to be downloaded, which delayed the start of the appointment.
- Positive COVID result received by text but cannot use phone and had to wait for relative to help access text.

Video calls:

- Needed family member to help with online consultation (3 people). This could raise privacy issues.
- Some people found video call difficult (2 people).

Physical restrictions

Some people have difficulties using technology because of their physical or mental health. Examples include:
- Deaf or hard of hearing (6 people)
- Blind or partially sighted (15 people)
- Literacy – cannot read, or English is a second language (3 people)
- Physical ability to use hands/arms
- Mental health
- Dementia or other illness affecting cognitive skills

We have shown the number of people who stated this applied to them in their survey answers, for the first three groups in the list.

Re-opening of groups

Most groups have not yet opened. Many people have concerns about attending anything yet. Concerns included:

- Do not feel it is time to restart face-to-face activities. Will continue being cautious (3 people).
- Have concerns about returning to gym so have taken up outdoor exercise.
- Have less concern about Brownies opening, compared to pubs.
- Mental health relies on community e.g., clubs, events, gatherings. Need to be supported and re-introduced when able.
- Pubs have opened but my group of friends do not feel safe meeting in person yet.
- Worried about returning due to caring responsibilities

- Worried that groups for toddlers will not start back up if organisers have not received any income through the pandemic.

7. Healthwatch Manchester

Healthwatch Manchester provided an initial analysis of their work for this report, they have also published one report related to Covid-19:

- Initial survey findings – 8.20
- COVID-19 3 Communities - Effectiveness of safety information around COVID-19 – 15.10.20

Key findings - initial survey

General findings

- Almost 40% of respondents are disabled
- Wide range of activities being done to keep busy
- Whilst most respondents felt that they have been well informed about the risks during the pandemic, a number of people commented that they felt messages from the government have been "confusing"
- In a further question asking what could have been done to have improved the standard of information, many comments focused on "vague", "confusing" and "mixed" messages from the government
- Many seem to be getting their information from a wide range of different sources, but the main two have been the television and twitter
- General health and wellbeing have been the main concern for people during the pandemic
- Over 30% are not aware of the available services to help with their main health concerns
- Whilst mainstream organisations (NHS, Manchester City Council) are the favoured providers to access support from, many respondents did cite specific local voluntary organisations who have assisted them
- Generally, respondents indicated that they would like to access support from a range of providers
- For those who have used medical services during the pandemic, the vast majority of people indicated that they were very happy with the level of care they received
- A small number of respondents cited problems around appointments at hospitals and pharmacies
- The lack of availability at dentists was identified as a service which was needed but not available
- Not wanting to add extra strain was the main reason cited for not accessing some services

Simplified Chinese survey findings

- 75%-25% female-male.
- Majority of respondents aged 45+
- Wide range of activities being done to keep busy.
- Only 33% of respondents felt that they were well informed about the risks posed by COVID.

- Some respondents stated that they would like more information in Chinese as they could not understand the English.
- TV and the Wai Yin society have been the primary sources of information.
- Only 29% said that they are aware of the services available to help support their main health concerns.
- Every respondent said that they would have preferred to have accessed support from voluntary/charity organisations.
- 89% said that in the future they would prefer to access services from voluntary/charity organisations.
- Better information & interpreting services were the most predominant issues regarding the services which they had accessed.
- The main reason for not accessing services was the unavailability of contact information.

Key findings – main report

Three groups were approached for the research done by Healthwatch Manchester:

- Group A – general public in Manchester
- Group B – people for whom English is a second language, including Chinese and Urdu speaking communities in Manchester
- Group C – people with disability, including people from the deaf community in Manchester

The survey was available in several formats - English language version, Simplified Chinese,

Urdu, and Gujarati.

The findings can be summarised as follows:

- There was commonality in terms of self-isolation across all communities in terms of the proportion of people self-isolating and the activities pursued to help them during this period. There is a willingness to follow guidance on self-solation and other ways of maintaining wellbeing.
- There is a disparity in the access to and usefulness of information between groups with people from disadvantaged groups providing an overall poorer rating than in general.
- This is in counterpoint to the information provided locally through voluntary and cultural-specific community groups. These are clearly more trusted to provide useful and accessible information to the local members of their community.
- Whilst information from the local NHS or local authority was rated highly in general, for disadvantaged communities this appears to vary and often has a lower rating or assessment regarding its accessibility and usefulness.
- The reported most common health service used during the COVID-19 pandemic has been pharmacy.
- The investment in producing accessible engagement methods by Healthwatch Manchester created a positive outcome regarding an increased reach into disadvantaged and marginalised communities.
- There is an acknowledgement by Healthwatch Manchester's board that this survey should be run once more during the seasonal flu period of 2020/21.

8. Healthwatch Stockport

Healthwatch Stockport have shared the draft of their forthcoming report:

- Your story during coronavirus – Report – 3.21

Key findings

- Almost half of respondents have had to isolate during the period in question.
- A majority had not received support during the covid pandemic, however a significant number had from a wide variety of sources.
- When applicable age, disability and caring responsibility had the most effect on how challenging covid was for people.
- Roughly 80% were happy with covid related information they had seen.
- Most people could use technology to help them during this time, but a small group could not. Of this group half found that inability a problem for them.
- Pharmacists, GPs and outpatient services were the most likely health care sites people visited should they need health advice or support.
- The majority – roughly 50% - had not needed to access healthcare services, but of those that did it was mainly by telephone and not other means.
- As may be expected covid and the related pandemic measures had significant impacts for people's mental and physical health. Details of which can be found later in the report. We collected a large number of comments and examples to illustrate this. The significant impact on workers in healthcare services and those in the community is also part of this and very useful information.

9. Healthwatch Trafford

Healthwatch Trafford have published one report related to Covid-19:

- Experiences of health and care in Trafford during the 2020 COVID 19 pandemic – 11.20

Key findings

Finding one - had people accessed services?

- A significant number had tried to access services during the pandemic.
- The largest reason not to access was the feeling it was unnecessary.

Finding two - which services were commented on

- GPs, hospital outpatients, and dentists were the most commented on.

Finding three - how had services reacted during COVID 19?

- GPs use of telephone and video was welcomed as an effective way to continue services.
- That both hospital outpatient services and dentists were closed caused concern, people were unsure how long before these would return.

Finding four - awareness of hubs for support during COVID 19

- People were not generally aware of the Community Hubs within Trafford.

Finding five - access to information

- GP surgeries, television, social media, the internet, friends and family and Trafford Council were the top ways of accessing information.
- Clear communication was felt to be the most important way that information could be improved.

Finding six - mental health effects

- There were a variety of effects on mental health, whilst the majority felt it had become slightly worse there were a significant number that felt unaffected.
- The reasons for mental health changes were complex with a mix of changes to social life, work, confinement, shielding, and family being together all the time playing a part.

Finding seven - general shared experiences

- There were several areas mentioned related to general experience, Access to services, Caring, Family, Life in general, Shopping, Work, Positive, No change.

10. Healthwatch Salford

Healthwatch Salford have published three reports related to Covid-19:

- COVID-19 how is it for you? – October 2020 – 12.11.20
- COVID-19 how is it for you? – November 2020 – 10.12.20
- COVID-19 how is it for you? – December 2020 – 8.1.21

Key findings

These findings are taken from the initial survey in October. Subsequent reports build on these findings, more detail can be found on the Healthwatch Salford website.

COVID-19
- 3 people had experienced COVID-19 symptoms during the last month, with 2 of them testing negative.

- The 2 people who had experienced a COVID-19 test said the process was easy with one telling us that at Salford Civic Centre it was 'quick and efficient'.

- The other person who had symptoms and was advised to have a test by their GP was subsequently refused the test when they enquired and therefore found this process to be very difficult.

Mental health effects
- 24 people felt that the pandemic had affected their mental health. Isolation and loneliness coupled together with anxiety seemed to be the biggest problem.

- People mentioned their lack of connectivity with others (friends and family) massively impacted on their mental health leaving some more tearful, stressed, and frustrated.

- Juggling childcare and carers responsibilities, also contributed to how they were feeling.

Physical health effects
- 17 people told us that they felt the pandemic had affected their physical health with the majority of them feeling they have put weight on due to lack of exercise or poor diets. A couple of people mentioned having chest pains together with either feeling tired or not being able to sleep.

Access to services
- 29 people needed to access health or care services during the last month with 22 of those being able to access the service that they required.

- 7 however could not access the service they required mentioning: 2 cancelled outpatients appointments; not being able to access a dentist; and 3 comments to do with GP appointments whereby one patient wanted to see their Doctor face to face and the other 2 had difficulty in accessing an appointment in the first place.

Appendix 1: Further work planned by Greater Manchester Healthwatch

Healthwatch Office	Planned work
Wigan & Leigh	A digital exclusion project. Continence project, seeking people's experience of the continence services over the last 12 months.
Bolton	Bereavement during covid-19 Dental survey.
Bury	A vaccination survey. Another Covid-19 survey. Planning to look more specifically at seldom heard voices through covid, but that still needs a bit of planning.
Rochdale	We are running a vaccine survey currently please see: https://healthwatchrochdale.org.uk/news/2021-02-24/healthwatch-rochdale-want-hear-your-thoughts-and-views-covid-19-vaccine Also, we have run a comms survey which is due out over the next few weeks.
Oldham	There will be a full report on Covid-19.
Tameside	Covid-19 vaccination survey Test and Trace survey Urgent Healthcare/111 First (including Covid-19 related changes to accessing urgent care) - survey Transport to medical appointments (including Covid-19 vaccinations and impact of Covid-19 on getting to other health appointments) - survey Changes in the way people access health and care services - project Delays in non-urgent care, as a result of the Covid-19 pandemic - project The impact of the Covid-19 pandemic on mental wellbeing (possibly including the impact of relaxations due to vaccinations) - survey
Manchester	This survey is out again to evaluate any difference in the quality of information and its accessibility since now and the previous survey period
Stockport	
Trafford	Second Covid-19 survey begun in March – questions on vaccines now included.
Salford	No further reports planned on Covid-19 at the moment

If you require this report in an alternative format, please contact us with your requirements.