



## Health & Wellbeing Board Update

Service-user experience of Newham's COVID-19 Rapid Testing Service

9 June 2021

## Background: COVID-19 rapid test sites

- Up to one in three people who test positive for COVID-19 are asymptomatic and can therefore spread the virus unknowingly. Testing asymptomatic people is therefore an important tool in reducing transmission risks.
- The community testing programme, funded by DHSC, offers free testing to the public with lateral flow devices (LFDs) twice a week. LFDs involve a swab test and return results within around 30 minutes.
- Newham Council opened 10 community test sites (public sites) between December 2020 and March 2021. The sites were dispersed across the borough and opened 7 days a week to allow ease of access.
- The test sites were open to anyone, but those going out to work, study or care for others were particularly encouraged to attend.
- To date, over 43,000 tests have been carried out at these sites, identifying 764 people who tested positive who may otherwise not have known they had COVID-19.



## Survey: introduction & aim

- There are numerous barriers to getting tested for COVID-19. Recent research in Newham explored complex issues that can prevent people getting tested, including the financial and employment implications of testing positive and mistrust of the authorities.
- ‘Customer experience’ is another important factor in the likelihood that people attend local service. However we knew relatively little about people’s experience of attending local COVID-19 test sites - including what led them to attend and how the service could be improved to increase attendance.
- Newham’s BAME Disproportionality Test, Trace & Isolate group aims to address disproportionate impacts of COVID-19 among Newham’s communities. The group collaborated with Newham’s Public Health team to survey people attending Newham’s COVID-19 rapid test sites. As a member of the group, Healthwatch Newham led the design and analysis of the survey.
- The aim of the survey was to capture people’s experiences of Newham’s rapid testing services to increase understanding of how the council and partners can increase people’s willingness and ability to get tested.



## Methods

- Period of the survey: 1 March to 30 April 2021
- Survey online and on paper
- All attendees at all 10 sites invited to complete - given QR code and/or paper survey
- Survey was 16 questions long - relatively short to maximise responses
- Data analysis led by Healthwatch Newham
- Newham Public Health and the BAME TTI group involved in reviewing the findings and considering their implications



# Results

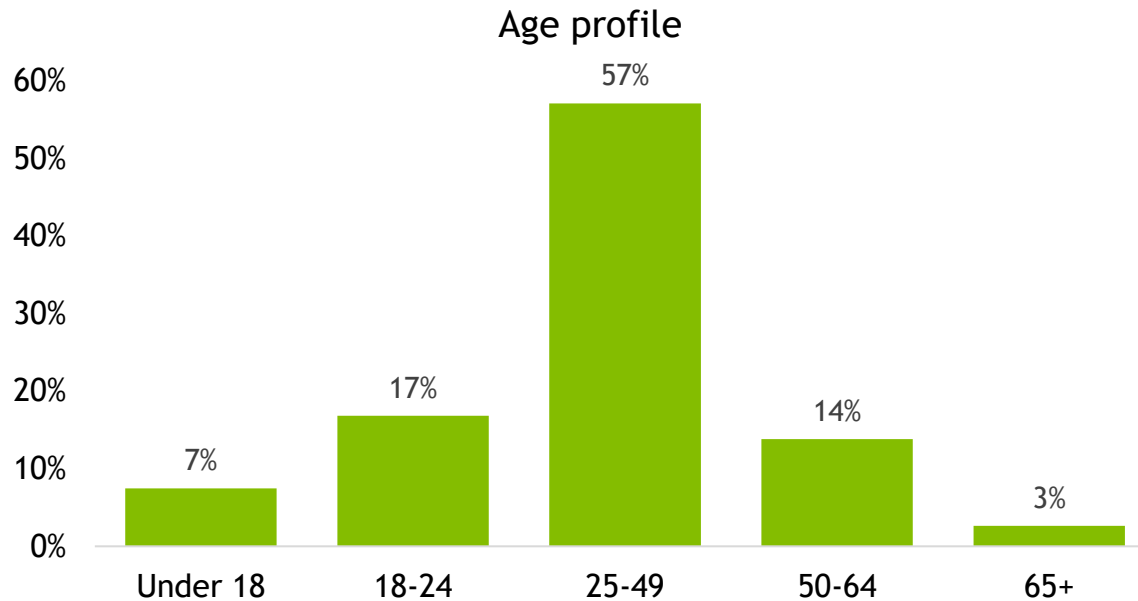
- Total responses: 268

Test site	% responses
Beckton Community Centre	25%
Katherine Road Community Centre	22%
North Woolwich Adult Learning Zone	16%
Vicarage Lane Community Centre	16%
Jack Cornwell Community Centre	8%
Jeyes Community Centre	7%
St Luke's Community Centre	4%
The Well Community Centre, Bonny Downs	1%
Durning Hall Community Centre	0.4%
Ascot Community Centre	nil



# Participants

- 57% female, 38% male
- 6% identified as having a disability

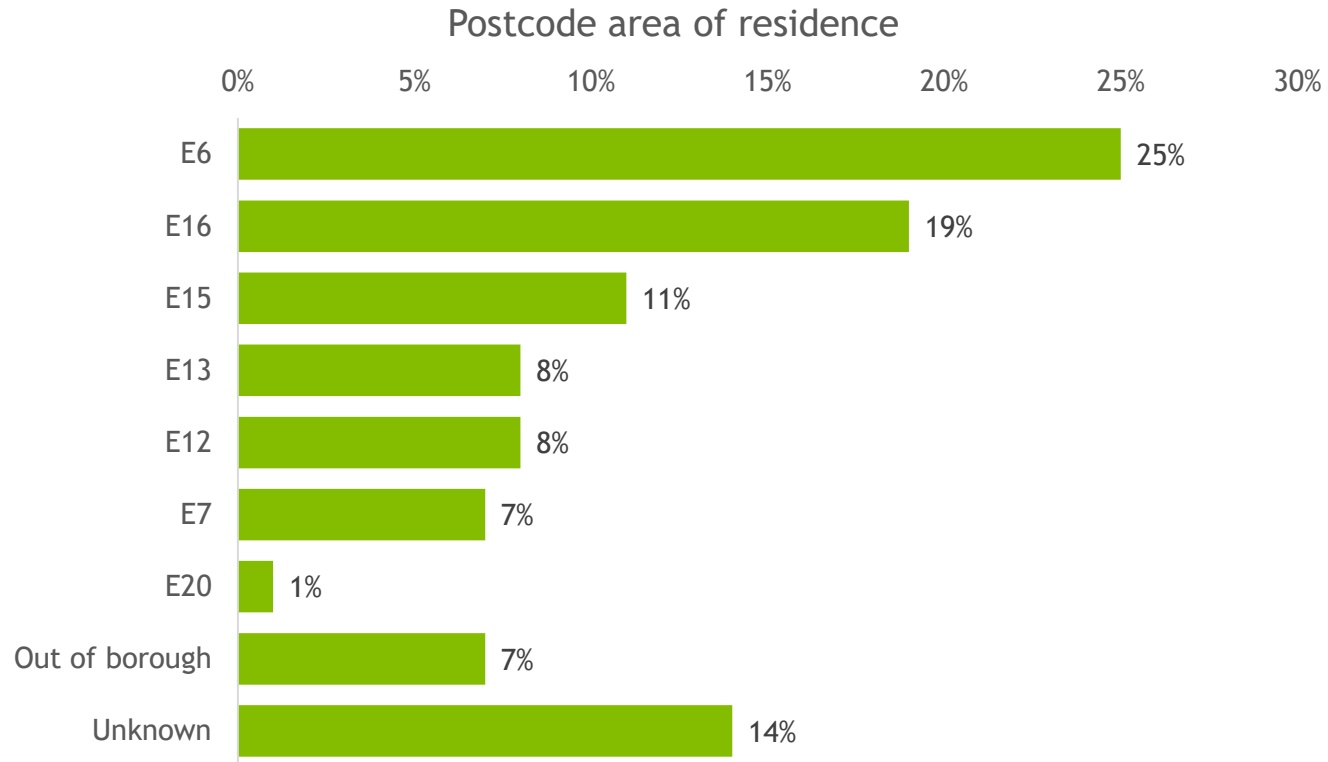


## Participants

Ethnic group	% responses	Estimated actual proportion all residents
White	35%	28%
Asian	24%	45%
Black	14%	18%
Mixed	4%	5%
Other	13%	6%
Prefer not to say	10%	



# Participants





# Finding out about the sites & reasons for attending

How people found out about the test centre they attended:

Info source	% responses
Council website	40%
Friend or family or neighbour	20%
Workplace or manager	15%
Social media or email	10%
GP or medical centre	5%
Webinar or online forum	2%
Online community/mutual aid group	2%
Advert in shop or street	2%
Community or faith group	1%

Top three reasons for getting a test at one of the test sites:

- Recommended/required by work (47%)
- Help protect others (35%)
- Check own status (24%)



## Test site information

70 to 75% felt it was easy to find out about:

- Their eligibility
- How to book
- How the test works
- Opening hours and accessibility

40 to 60% felt it was easy to find out about:

- Getting to the site
- Bringing dependents
- Other general questions

Most commented on how friendly and helpful staff were.

Those who did not find it easy to find information mentioned difficulty finding information about:

- Bike racks or parking
- Location/street number
- What to do if the test results do not come through



# Overall satisfaction

Participants were asked to **rate how satisfied** they were with the rapid test service, from booking to completing the test:

- 74% were satisfied or very satisfied
- 22% were not satisfied

*“Registration takes a while”*

*“It’s difficult for people without a smart phone or not used to using the internet”*

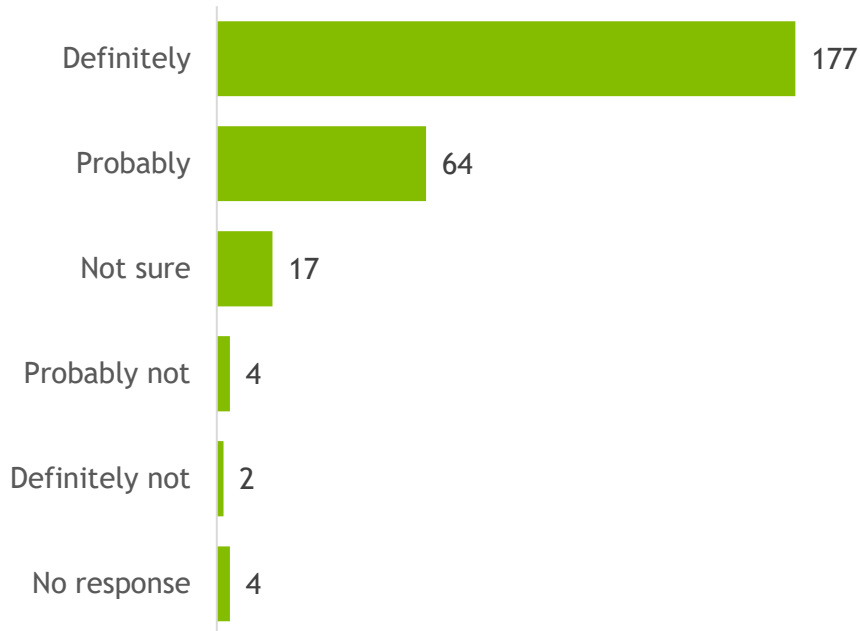
Top aspects that would have improved satisfaction score:

Aspect	% responses
Location	32%
Time spent registering	28%
Booking system	20%
Customer service	15%
Extra facilities (e.g. toilet, WiFi)	13%
Opening hours	11%
Safety & security	10%

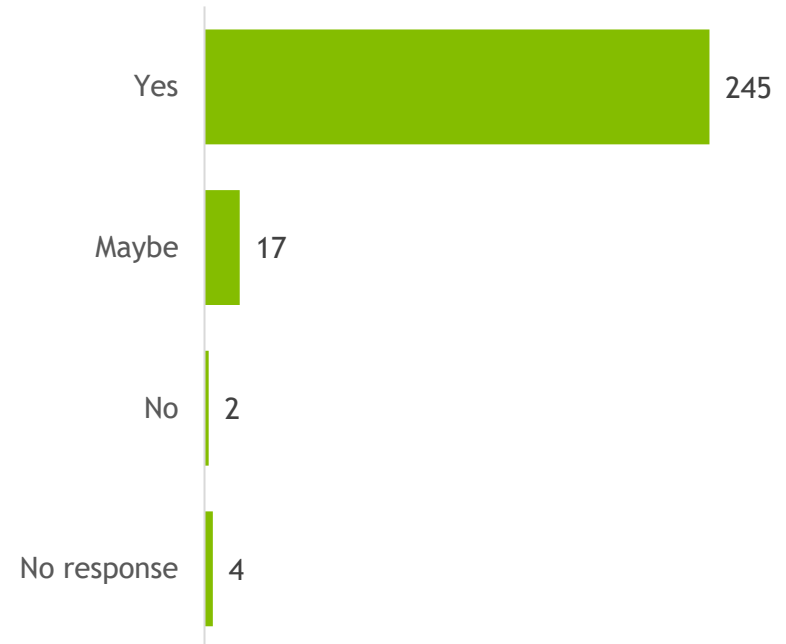


# Returning & recommending the sites

Will you return to be tested again?



Would you recommend getting a rapid test to family or friends?



# Implications of the results

- Overall the results were positive, which indicates the test sites met the needs of most people using the service.
- Almost half the respondents got tested due to being required/recommended to by work, suggesting employers and workplace policies are an important influence on uptake of testing.
- The largest group heard about the sites through the Council website, demonstrating how Council information and communications are an important source of local information. Only a small proportion of respondents heard about the sites through local health services or community or faith groups, suggesting we could do more with partners across the system to communicate with residents.
- Location of test sites was the most cited aspect that could have improved participants' satisfaction of the service (aligns with convenience as significant factor in service use). For future services (including the Community Testing programme from July 2021 onwards), we can look for more opportunities to provide tests (or other services) more flexibly and involve communities in determining preferred locations.



## Implications of the results

- Faster registration could have increased satisfaction. Where registration and booking processes are within local control, making these as quick and easy as possible, with minimum data requirements, may increase customer satisfaction and help address data trust issues.
- The demographics of participants are not representative of Newham's population (overrepresentation of women, ages 25-49, and White British groups). This may reflect those who did the survey and/or those who attended the sites. This highlights the ongoing importance of monitoring participation to improve equity of access. It also demonstrates how there is further work to be done to address inequalities in uptake of services and involvement in evaluation and research. To continually improve this we can build on learning from test sites, vaccine sites and other services.



## Limitations of the survey

- The survey only captured people that were attending the testing sites, so this survey does not tell us about people who were unaware, unwilling or unable to attend. However the results still offer valuable information about people's experience of the service, which may be useful for informing future services.
- Participation was optional, so participants may not be representative of all those who attended the testing sites. However the findings are consistent with soft intelligence gathered by testing staff talking to people at the sites.
- The number of responses varied greatly between the sites, so the results may not reflect people's experiences at sites with lower responses. Therefore the results are more valuable for assessing the service as whole rather any individual site.
- The demographics of participants are not representative of Newham's population (overrepresentation of women, ages 25-49, and White British groups). Therefore the results are not necessarily generalisable to the overall population.





## Questions

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