

Healthwatch Tameside Coronavirus (COVID-19) report

Survey data from
May 2020 to April 2021

Published in July 2021

**This report is dedicated to the memory of our
Chair, Professor Kailash Chand OBE.**

**Kailash died suddenly on 26 July 2021 after a
lifetime of service to the NHS and local people.**

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Executive summary

Background

Healthwatch Tameside is the independent consumer champion for health and social care in Tameside.

We listen to local people, and gather information about their experiences of using health and social care services.

We use this information to talk to the people who arrange (commission) the services and the people who provide the services. We can influence changes which will make these services better for everyone. If we hear about good practice, we encourage this to be shared. If you tell us about something that could be improved, we will talk to the people in charge about this too.

Any information we are given will remain anonymous. We are careful to share ideas in a way which will not identify any individuals.

Purpose of the project

The COVID-19 pandemic was the reason for the lockdown starting 23 March 2020. It wasn't long before we realised that this virus was not going away quickly, and everything about our lives was being changed, for an unknown length of time. What we didn't know at the time was that this lockdown was only the first, and many variations of restrictions would follow.

Healthwatch Tameside wanted to find out how the many changes were affecting people. We designed a survey covering a wide range of topics. The survey opened in early May 2020.

In July and September 2020, we amended the questions slightly to give people a chance to tell us about:

- Changes to lockdown and restrictions
- Shielding ending
- Social groups and activities closed, then some re-opened (and then closed again)
- Bubbles introduced
- NHS Test and Trace started
- NHS COVID-19 app launched

People were encouraged to complete the survey again, later in the pandemic, if they had new views or experiences to share. 21 people said they had completed it before.

The survey closed in January 2021. During the time responses were being collected, we produced snapshot reports, all of which are available to read on our website at www.healthwatchtameside.co.uk/news-and-reports:

- First interim report as at 12 June 2020
- GP access and technology report as at 24 June 2020

- Summary of responses report July 2020
- Mental health and wellbeing report as at 24 July 2020
- Access to appointments and the use of technology report as at 3 August 2020
- Communications, rules and guidance report as at 22 September 2020
- Mental health and wellbeing report as at 31 October 2020

This final report brings together all the interim reports, and includes all the additional data up to January 2021. To make reading a long report easier, we have broken it down into several mini reports within a report, with references to the page numbers/sections throughout.

As the original COVID-19 survey was open for approximately 8 months, some of the responses completed in the early months may be out of date by the time the survey closed. We have included examples of all the comments in this report, to show the range of feelings and experiences of people throughout the time the survey was open.

Additional information

When the COVID-19 survey closed, the vaccination programme was only just beginning, therefore we only had a few comments in our survey responses. We decided to launch two new surveys: one in early February and the other towards the end of February 2021. The first asked about the vaccination programme, and the second about NHS Test and Trace. Both closed on 12 April 2021.

Summaries have been provided for the organisers of the vaccination programme locally every two weeks whilst the vaccination survey was open. This meant they knew what people thought was working, and what was not, and adjustments could be made straight away. This is a real example of how people who talk to Healthwatch Tameside can make a difference.

The data from these surveys is included in this report, so that all the feedback we have about COVID-19 is in one place.

Methods

We have promoted the surveys in many ways, and we thank all the people and organisations who have helped. A list is included in the acknowledgements on page 116. Help has included promotion on websites and social media, distribution of paper surveys and flyers, inclusion in newsletters and ebulletins, and discussions at meetings. Healthwatch Tameside survey promotion was via:

- Our website
- Our ebulletin
- Our paper newsletters
- Our Twitter and Facebook accounts
- Our volunteers and board members

Results

The number of surveys completed was:

- 635 COVID-19 surveys
- 184 Vaccination surveys
- 88 Test and Trace surveys

Healthwatch Tameside want as many people as possible to be able to take part in our surveys. Surveys can be completed online, on paper or over the phone. Here is a summary:

Survey	Completed online	Completed on paper	Completed over the telephone
COVID-19	443	147	45
Vaccination	115	62	7
Test and Trace	23	60	5
Total	581 (64%)	269 (30%)	57 (6%)

The paper surveys were posted to anyone on our newsletter mailing list who had not provided an email address, or who had requested paper copies in the past. People who saw the promotion of the surveys elsewhere could also ring and ask for a copy to be posted to them.

Supplies of the paper surveys were also distributed by various groups whilst they were working in the community (please refer to the acknowledgements on page 116 for a list).

A number of people who completed the paper survey wrote a note on it thanking us for offering this option.

Completing the survey over the phone was also offered as an option. Many of the people who completed the survey this way were unable to complete the survey online or on paper. Reasons included physical disability, sight impairment, and being unable to read. Again, we were thanked for providing this option. For many of the people we spoke to, they were really pleased to talk. They were shielding and feeling isolated, and felt this was a way they could explain how they were feeling to someone who would listen.

The surveys do not ask for any personal details. There are instances where we know who provided feedback, because we completed the survey over the phone, for example. This personal information is not included in the recorded survey response, to maintain anonymity when the results are analysed.

Key messages

The key messages are all based on the information in the survey responses.

Firstly, we want to thank everyone who completed the survey. The information provided has given us much insight into the thoughts and feelings of the local population. Thank you for being frank and honest in your responses.

There are many positive messages about the support provided locally by community groups and organisations.

Every phone call makes a difference. I don't feel as alone.

Overall the healthcare providers have been excellent under really challenging times and they are to be applauded for all their sacrifices.

There are also many positive comments about the staff from all organisations who provide health and care services.

Here are the key messages from our surveys.

1) Communication

- a) Information needs to be clear and easy to understand.
- b) Online sources of information need to be kept up-to-date and be reliable.
- c) People want to be able to access information in different ways.
- d) People attending appointments or as an inpatient in hospital have left without all the information they need. This included advice for continuing care at home, and about prescribed medication. Before COVID-19, family members would have accompanied the patient and checked they had all the information needed.
- e) People want to be able to get in touch with the right person, not go round in circles.

Need regular communication in different formats and languages so messages get to all parts of our society in a timely manner and a point of contact if people have questions about what support they can get or don't understand the messaging.

2) Understanding and trust

- a) There have been many changes to the way health and care services are provided. The survey comments tell us that not everyone understands what these are or how they can be accessed. For example, some people are unhappy that a GP receptionist is signposting them to another service or a different clinical member of staff than a GP.
- b) People want to be sure they can trust what they are being told.

3) Mental health

- a) Isolation and loneliness have been felt by many people during the COVID-19 pandemic. This is affecting people's mental health and wellbeing.
- b) Older people and those who are vulnerable (due to health conditions), are struggling with the loss of their independence after being asked to stay at home.
- c) People have described long waiting lists for mental health care, which they say have become longer during the pandemic. This includes dementia diagnosis and care.
- d) People have described not seeking help for their mental health for various reasons.
- e) Mental health and wellbeing has been greatly affected whilst not being able to visit family and friends, or attend social groups, clubs and activities.
- f) Many people talk about the benefits of face-to-face interactions. This is repeated many times when talking about socialising, and also when receiving support for mental health.

Reassurance that things we as a society value like social clubs, social events and gatherings will be supported and reintroduced when able, because mental health relies on community.

4) Physical health

- a) Regular reviews for long-term conditions have been cancelled or delayed. People are worried about whether their condition has worsened.
- b) Some people have not contacted a doctor about health concerns. One of the reasons was because they did not want to bother them when they were busy with COVID-19.
- c) People who used exercise (swimming, gym) as a way to manage symptoms say they are now in a lot of pain from arthritis, for example, because they have not been able to do take part in these activities.
- d) The reduced number of people in A and E and outpatient waiting rooms was welcomed, and people would like to see this continue.
- e) Regular injections were cancelled or delayed, including B12 and pain management.
- f) Many appointments, scans and tests have been delayed, and a diagnosis is awaited by some people.
- g) There are people who have had COVID-19 who are experiencing physical health problems which they did not have before picking up the virus. This can be weeks or months later, and they are not recovered.
- h) Many people prefer face-to-face appointments, even when they have access to technology.

My wife is on an ever increasing surgery list, we hope she will be around to have the operation.

Technology has its place, if it works really well, but nothing beats human contact

- i. Some people said that conditions would be missed if appointments are not face-to-face.
- ii. When appointments went ahead face-to-face, the feedback is generally positive.

- i) Interpreters have not always been available, including for phone appointments.

5) Dental care

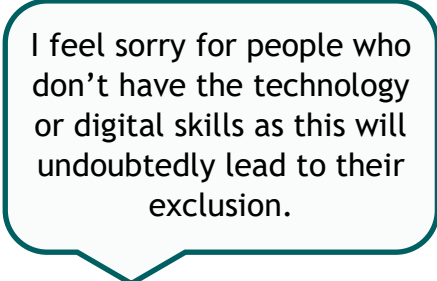
- a) NHS dental care is not available to many people. People say they need treatment but are unable to find a dentist who can see them. People tell us that they have not seen a dentist because of the pandemic, yet their regular dentists are saying they will need to find another dentist as they have not been to an appointment for over 12 or 18 months.

6) Social care

- a) Respite care has been affected by the closure of day services and groups, and by families not being allowed to visit each other.
- b) Not being allowed to visit relatives in care homes has affected both the residents and the visitors.
- c) It has been difficult to contact social services, especially with the cancellation of home visits.
- d) Home care has been affected. Some visits have been shorter. Wearing of masks has made communication more difficult for some people.
- e) Families provide much unpaid care. Where this was not essential care, families had to stay away, leaving people to manage on their own as best they could.

7) Technology

- a) There are mixed views about the use of technology in accessing care.
 - b) Cost of equipment and accessing the internet are a barrier to some people. Other people say they are too old to learn how to use technology. Some would need help to use equipment, and they are worried about losing their privacy.
 - c) Many people who are happy to use technology are worried about the impact on people who do not use technology to access care, whatever their reason.
- d) People without access to GP online services liked being able to ring up for a repeat prescription instead of visiting the surgery to drop it off.
- e) Some people waited for a phone appointment, but did not receive the call. The service provider said they tried to ring on more than one occasion.
- f) People who use technology are happy to consider methods other than phone or video for appointments. For example, Zoom, Facetime, etc.
- g) As people get older or develop certain health issues (e.g. dementia, loss of sight, loss of hearing), they can lose the ability to use computers and smartphones, even if they have access to them.
- h) Privacy is a concern. It can be difficult to access care by phone or video if you are at work, or there are other people at home. Is the technology secure?



I feel sorry for people who don't have the technology or digital skills as this will undoubtedly lead to their exclusion.

Recommendations

1) Communication

- a) Any new communications should be checked (ideally with local residents) for ease of understanding.
- b) Consider ways to inform the local population about the different health and care services available, and how they can be accessed.
- c) Information needs to be available in different forms. Not everyone has access to the internet, or speaks English, or is able to read (e.g. literacy levels, sight, language).
- d) Language, communication and interpretation support needs to be offered as standard, whatever the type of appointment. People who need this support should be able to access services just as quickly as those who do not need help with communication.

2) Motivation and engagement

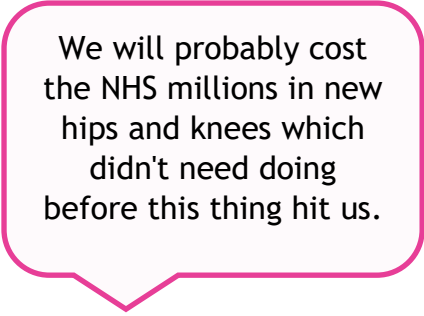
- a) Some of the survey comments make suggestions for changes to services. However, some of these options are already available.
It is human nature to want to stick with what is familiar. It may take a long time for people to think about asking for advice from their pharmacist, rather than a GP, for example.
People may not remember a communication if it is not relevant to them at that time. An easy way for people to find the information they need, when they need it, needs to be considered.
- b) As well as informing patients about new services, or changes to existing services, ways to motivate the patients to want to use these services need to be considered.

3) Appointments

- a) Overall, the key is flexibility. A mix of face-to-face appointments and phone, video, and online options, to be used in a way that provides the best care for each patient. This needs to take into account:
 - Availability of the patient, e.g. working hours, caring responsibilities, childcare, etc.
 - Availability of transport, if required.
 - Personal choice of the patient.
 - Privacy, where phone or video calls are used.
 - Technology available to the patient, and their ability to use it, and whether they may need a family member or friend to help them.
 - Whether a physical examination or test is needed.

4) Delayed care

- a) Care, treatment plans and appointments which have been cancelled or delayed need to be reviewed, and a plan put in place to contact all the patients affected, and work through the backlog. This should include updates to patients so they know approximately how long they are likely to wait for their treatment.




We will probably cost the NHS millions in new hips and knees which didn't need doing before this thing hit us.

5) Joined up care

- a) Integrated care in Tameside is progressing. People would like to see those who provide their care talking to each other more, to avoid repeated conversations.

6) Mental health

- a) A number of people completing the survey say their mental health has been affected by the COVID-19 pandemic and they have not asked for help. There is likely to be an increase in people trying to access mental health services in the next few months. Services need to be able to provide care without a long waiting list, and alternative types of support should be considered.



I believe support groups in the community are the way forward to allow people to process their experience of this time in a safe and supportive space.

7) Physical health

- a) Where a GP consultation is to be by phone, people have requested an appointment time, as you would for a face-to-face appointment. This allows people to be prepared, with everything they need available, and in a private place.

8) NHS dental care

- a) There are many people waiting to see an NHS dentist. Some have lost or broken teeth, others are in pain and in need of treatment. Other people want to be able to have a check up to avoid problems in the future.
Plans need to be put in place to provide capacity within NHS dentistry for people to receive the care they are looking for and need.

9) Technology

- a) Changes to services using digital ways need to be well-planned, with alternative non-digital access for anyone who wants to use it. This must reflect the fact that some people may lose their ability to use digital technology, as a result of a progressive health condition.
- b) There should be opportunities for the people who use the services to be involved in discussions about change before decisions are made.
- c) As more people look at ways to reduce the number of scam phone calls, health and care services need to consider whether this is making it more difficult for people to receive appointments by telephone. There are a number of products available which either block numbers which are not recognised (including withheld numbers), or give the person being called an option to accept/reject the call.

Next steps

This report will be shared widely with providers and commissioners of services, local community groups and organisations, and the public. It is available to read on our website at www.healthwatchtameside.co.uk/report/2021-07-26/covid-19-survey-report-2021

If anyone contacts us to request a paper copy, this will be arranged.

Other surveys

Following our short surveys about Vaccination, and Test and Trace, we decided to use this model for a little longer. We designed additional short surveys about:

- Urgent care - use of 111 services, accident and emergency, and urgent care/walk-in centres.
- Transport to medical appointments - including whether appointments have been cancelled because the patient can't get there.
- Mental and emotional wellbeing - looking at how people are feeling as lockdown and restrictions ease, and what would help to improve the way they are feeling.

The second part of each of these surveys provides an opportunity for people to tell us about their recent experiences of using other health and care services. A question is also asked about whether people have delayed asking for help, and encouraging people to ask for help if they haven't already.

The anonymous information collected in our surveys is being used by commissioners and service providers as they look to 'Build back better'.

After these surveys close, brief reports will be produced, and shared on our website at www.healthwatchtameside.co.uk/news-and-reports.

Comments from partners

These are shown in alphabetical order.

Pennine Care NHS Foundation Trust

During the last 16 months Pennine Care NHS Foundation Trust has continued with service delivery of mental health and learning disability services across Tameside and Glossop, during particularly challenging and unprecedented times. Some of our modes of delivery were adjusted, however we always maintained face to face contact where there was a clear clinical rationale. Our Memory Assessment Service (MAS) in Tameside and Glossop did cease to operate during the Covid-19 pandemic. This was due to the risk profile of the patients and the need to ensure that physical health took priority during this time. This was in line with other mental health and learning disability providers across the region.

We have taken feedback from staff and patients during the pandemic and we want to keep some of the fantastic innovations that have taken place over the last 16 months. We are grateful for the feedback provided in this report and will build the findings and recommendations into our business planning processes.

Population Health Tameside

Throughout the pandemic our communities have faced many challenges. Healthwatch have played a vital role in supporting Tameside residents to have a voice in these difficult times and have been valuable partners in highlighting issues with the Population Health team and others. The ongoing work Healthwatch have been conducting to listen to residents' views and concerns has directly informed and shaped the approaches to tackle Covid-19, particularly around our Test, Trace, Isolation & Support response. This has included direct feedback where residents have faced difficulties in accessing services, insight into attitudes towards vital programmes such as Covid-19 vaccinations and information around the barriers different people in the community face when having to shield or self-isolate.

I believe the information and community voice that Healthwatch have advocated has improved the work that we do to support residents and tackle Covid-19 and has helped us to highlight the inequalities faced by many of our residents and the additional challenges they face, many of which have been exacerbated by the pandemic. We are keen to keep working closely with Healthwatch and this fantastic report summarises some of their recent work and highlights the further work we need to do in the future.

Tameside and Glossop Clinical Commissioning Group

Healthwatch Tameside continues to be an influential advocate for our local residents and Tameside and Glossop CCG would like to acknowledge the significant contribution of Healthwatch to the local pandemic response.

The pandemic has required different ways of working to be implemented at very short notice in response to the changing requirements of the virus and the needs of residents. Receiving real-time feedback from people about their wellbeing and use of services during the pandemic has been invaluable. This has been a demanding period for everyone;

healthcare partners have been severely stretched since the beginning of the pandemic. Receiving positive messages from patients who have received care via Healthwatch surveys has been a welcome tonic in challenging times.

A lot of complex information has been shared with the public by national and local institutions, gaining an insight into how this has been understood has been crucial in order to effectively plan services. Being consistently reminded that services need to be flexible and utilise different delivery methods is helpful as we plan services at short notice. For example, the delivery of digital healthcare has been welcomed by many but remains a barrier to some. The ongoing Healthwatch feedback about the use of technology is a key aspect of our Digital Wellbeing work programme.

The pandemic response has been very much learning in action; where things have been challenging the Healthwatch feedback has enabled us to swiftly adjust the delivery model. For example when implementing the vaccine roll out the Healthwatch insight was used to develop targeted vaccination implementation strategies to improve uptake in certain communities.

COVID-19 has exacerbated many of the inequalities that already existed across Tameside and Healthwatch insight will continue to be vital as we seek to 'build back fairer'.

The Integrated Care and Wellbeing Scrutiny Panel, Tameside Metropolitan Borough Council

A letter was written in response to our COVID-19 survey after the first interim snapshot report was published in 2020. Scrutiny have confirmed that the letter is to be included in this final report.

They hope that Healthwatch and other partners will find this useful with regards to evidencing engagement and to support future decision making.

The full letter can be found in the appendices on page 119.

Introduction

From the start of the first COVID-19 lockdown in March 2020, there were many changes to the way we do things. This was in our personal lives at home, at work and all the services we normally use. Health and care services had to change how they worked almost overnight, without having time to look at all the options, or to talk to the public to find out their opinions.

Our COVID-19 survey looks at all these different aspects, and collects information about the opinions of the public. It asks for feedback about what changes worked, and what could be better. It asks people to think about the future beyond the pandemic, and what they would like to see happen. What changes do they think should be kept and what should be stopped? Do they have other ideas?

The survey was longer than our usual surveys. However, we felt all the questions were important. Not everyone completed the survey to the end, or answered every question.

In total, 650 completed surveys were received. Some of these surveys did not include any responses, and some were duplicates. (If someone wanted to go back to look at a previous answer, clicking the computer back arrow instead of the 'previous' button within the survey, took them out of the survey. These people started again, and we can see the first few answers were repeated, before carrying on.) After removing these from the spreadsheet, there are 635 completed surveys with responses.

This report is divided into sections:

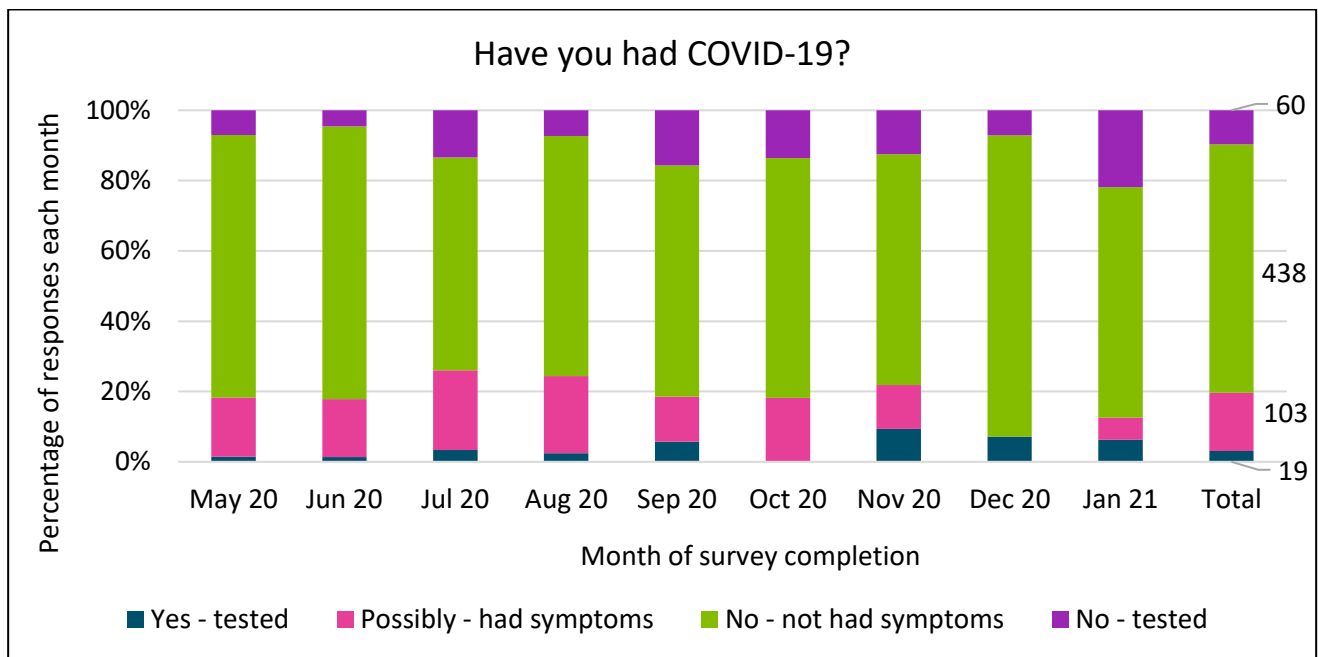
- **Section 1** - looks at the individual questions, and includes the graphs showing the responses to the tick-box questions (page 17). We have used the questions as they were in the final version of the survey, after the amendments to cover the changes in rules/guidance over the period the survey was open.
The number of surveys completed each month varied widely. To make it easier to see the proportion of people answering yes/no/etc. at any one time, we have used graphs which show a percentage of answers in each month, alongside the total number of responses for all the completed surveys.
We have also repeated some of the graphs, looking at the data by different types of demographic data. We have only shown the separate graphs when the responses vary from the overall response for a particular demographic.
- **Section 2** - looks at the free-write answers to the various questions, and groups the information into themes and sub-topics (page 27).
- **Demographics** - includes the graphs from the three surveys, showing the range of people who have taken part in this project (page 110).
- **Appendices** (page 118)

Section one - questions

Question 1 - Have you had COVID-19?

620 people answered this question. This was a tick-box question with four options. The number of responses per month varied widely, and made a standard graph with bars/columns difficult to read.

The following graph shows the responses as a percentage of people each month. The final column is the total for all the months, and includes the actual response numbers to the right of the column.



The number of people with a positive test result is low at 19 (3%).

The lockdowns/restrictions started in March 2020, September 2020 and January 2021. In the early months of the pandemic, testing was not automatically available for people with symptoms.

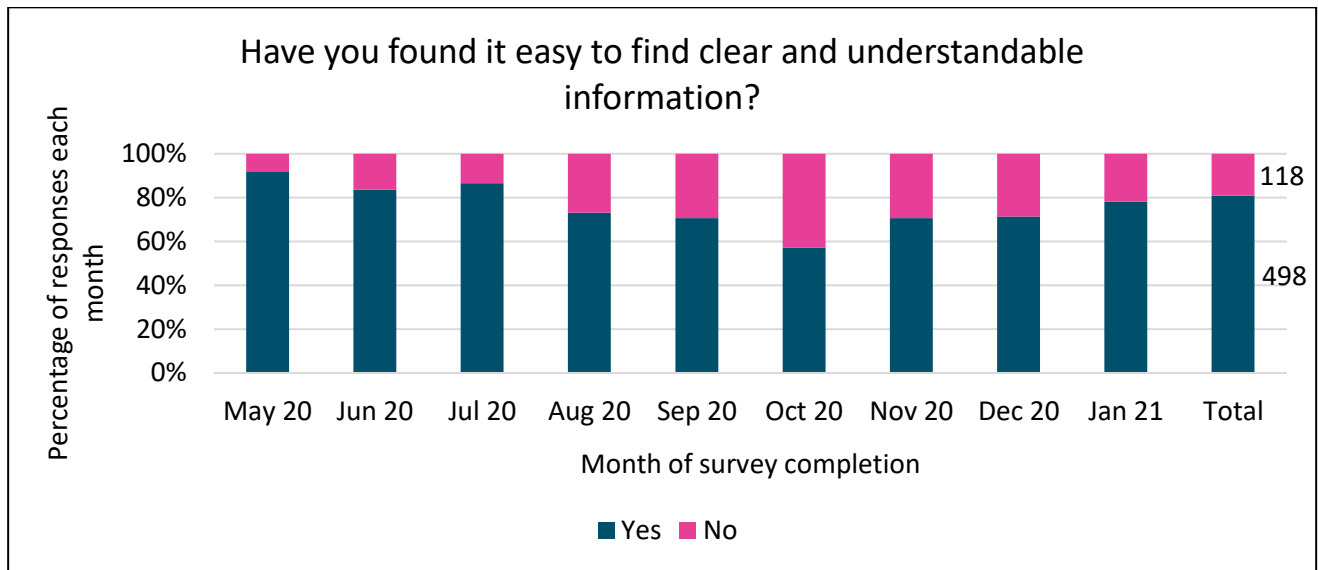
The graph shows an increase in people having tests in both September and January, with both positive and negative results. January had the highest proportion of negative test results.

In December, no-one selected 'possibly - had symptoms' as their response, suggesting anyone with symptoms arranged to be tested.

12 people said they had symptoms in January, February or March 2020 before anything was known about COVID-19, and 1 person didn't state which month, but said testing wasn't available.

Question 2 - Have you found it easy to find clear and understandable information about what to do to keep yourself and others safe during the COVID-19 pandemic?

616 people answered this question.

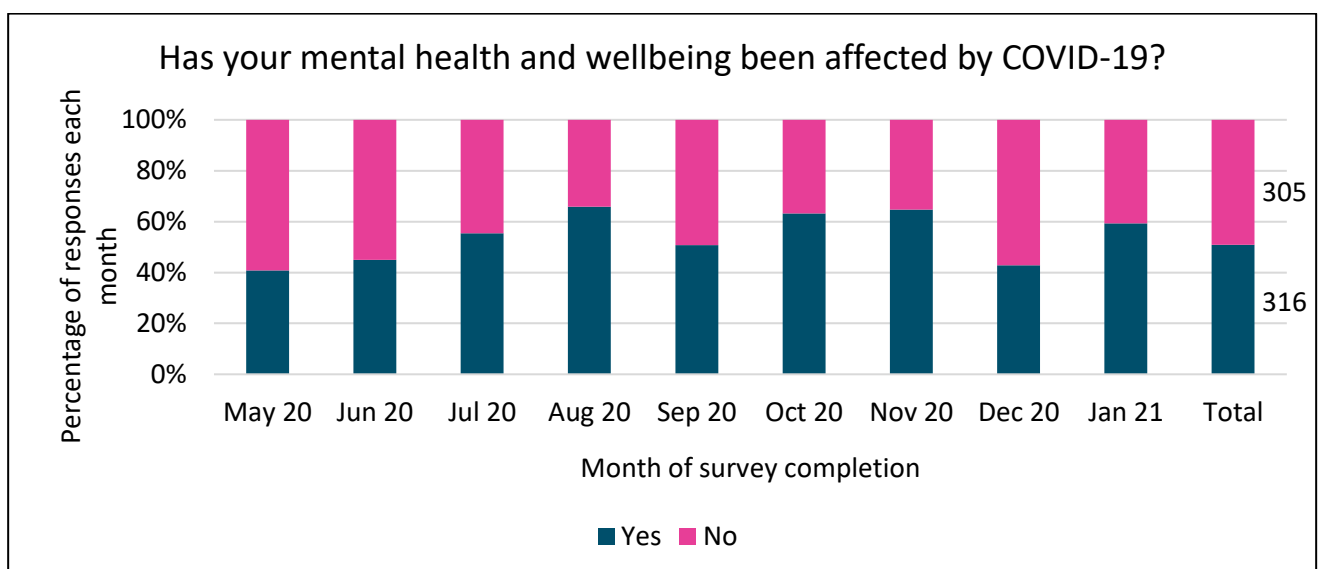


People found the information easier to understand during the first lockdown. Later restrictions caused confusion, particularly in September and October. People found it difficult to follow rapidly changing rules and guidance, especially when neighbouring boroughs had different local restrictions. More details are provided in Section 2, looking at the free-write responses (page 30).

Overall, 80.8% of people answered 'Yes'. This compares to 82.2% of people who answered the demographic question about ethnicity with a response that was other than 'White British'. This may not be representative of the various ethnicities, as only 9.8% of the people answering the demographic questions stated they were other than 'White British'.

Question 3 - Has your mental health and wellbeing been affected by the COVID-19 pandemic?

621 people answered this question.



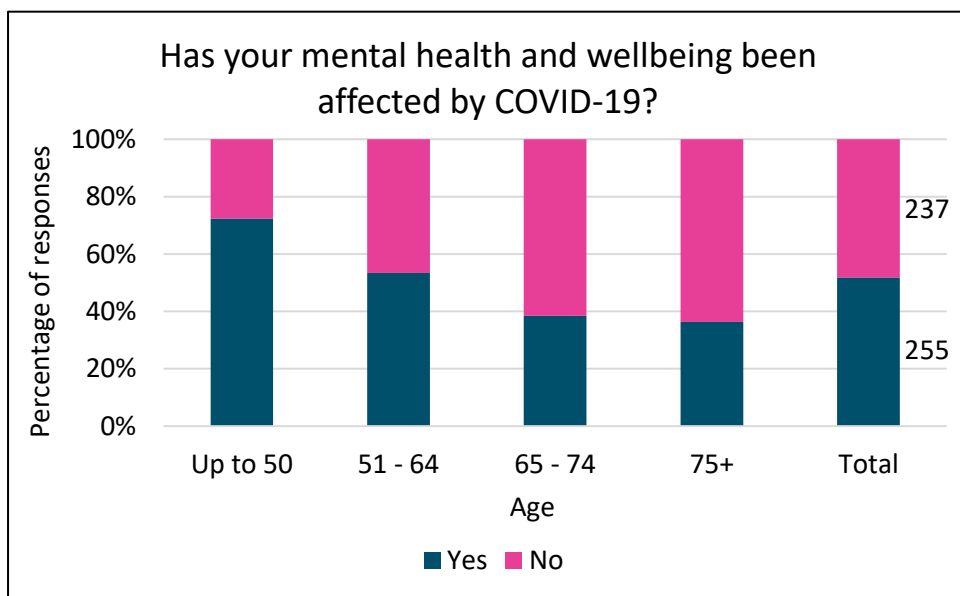
50.9% of people in total said their mental health and wellbeing had been affected. However, this varies from month to month. The percentage increases through the first months of the pandemic, reaching the highest point in the August responses. The proportion then reduces but increases each time there are new restrictions - in October and January.

We have also looked at the answers to this question based on the demographic questions (not everyone completed these questions).

Age

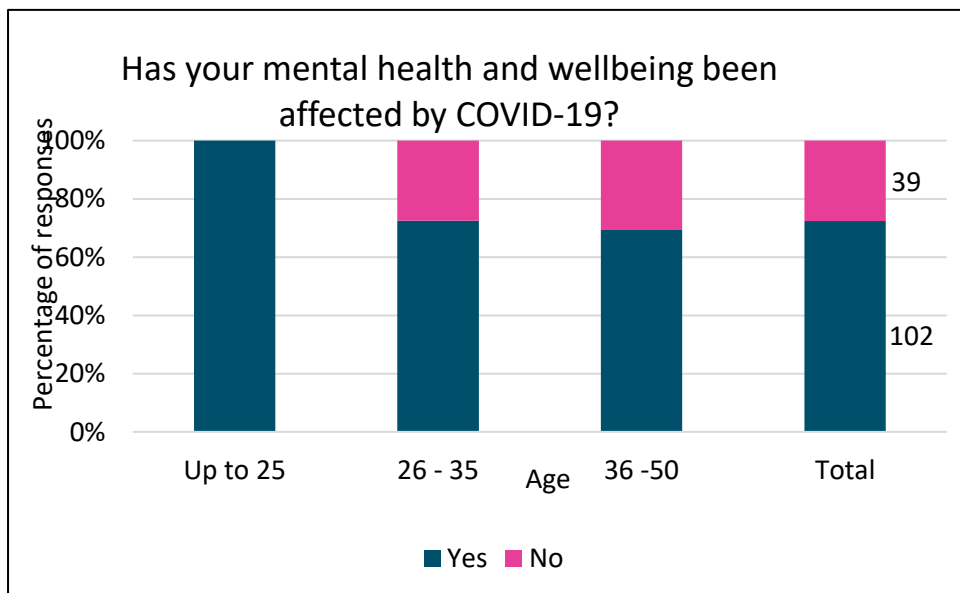
We have combined the younger age brackets in the survey so that the number of people in each group is similar:

- Up to age 50 = 142 people
- Aged 51 - 64 = 133 people
- Aged 65 - 74 = 131 people
- Aged 75+ = 95 people



The overall percentage of people answering 'Yes' is similar to the previous graph at 51.8%. However, the highest percentage is found in the youngest age group (aged up to 50) at 72.3%. This reduces through the age groups to 36.4% in the 75+ age group.

The next graph looks at the youngest age group (up to 50) in more detail.

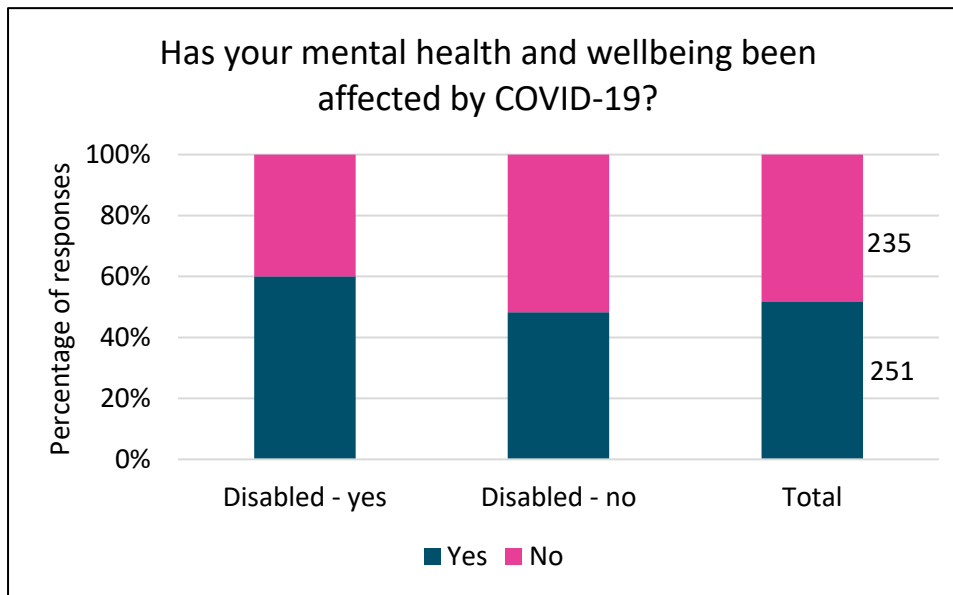


100% of people aged under 25 answered 'Yes' to this question. However, there are only 9 people who completed the demographic questions in this age group.

The other age groups are similar to the total in the final column, and higher than the responses from people aged over 50.

Are you disabled?

143 people said they considered themselves to be disabled, and 349 said they were not disabled. Here is the mental health graph again.



51.6% of people who completed the disability demographic question answered 'Yes', which is similar to the figure for all the responses in the first graph on page 18.

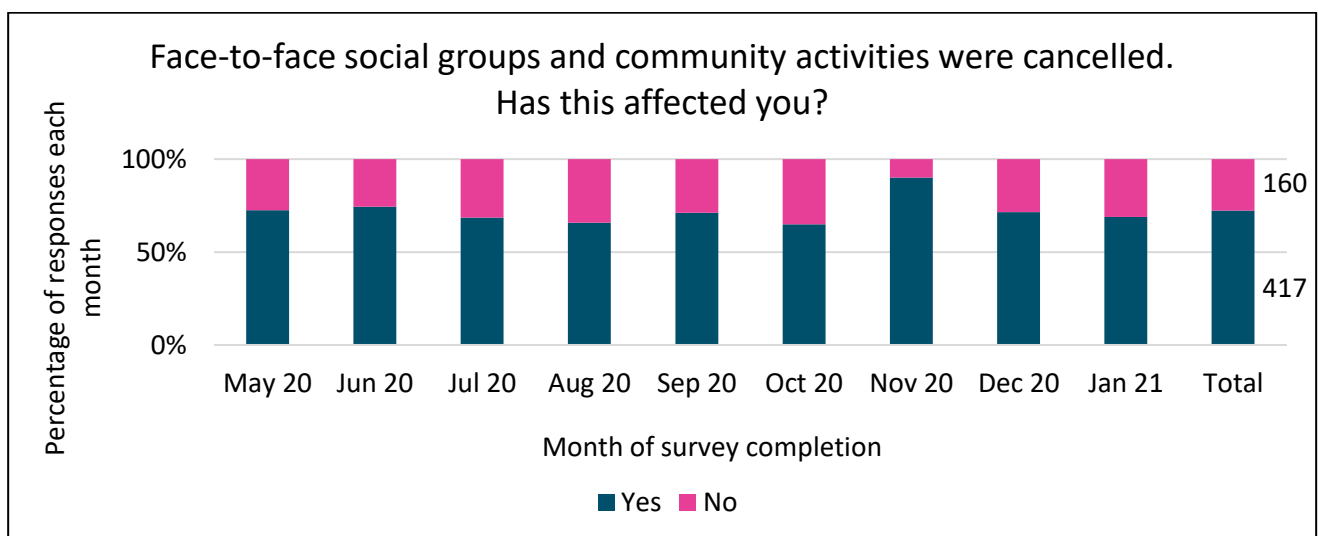
However, 60% of people who are disabled answered 'Yes', compared to 48.2% of people who are not disabled.

All responses:

Several people who answered 'No' to this question about mental health, went on to describe their feelings of loneliness, anxiety, low mood and/or depression, due to the pandemic. Most of the people who answered 'No' did say that they missed going out, seeing their families, and attending their social activities in a later question.

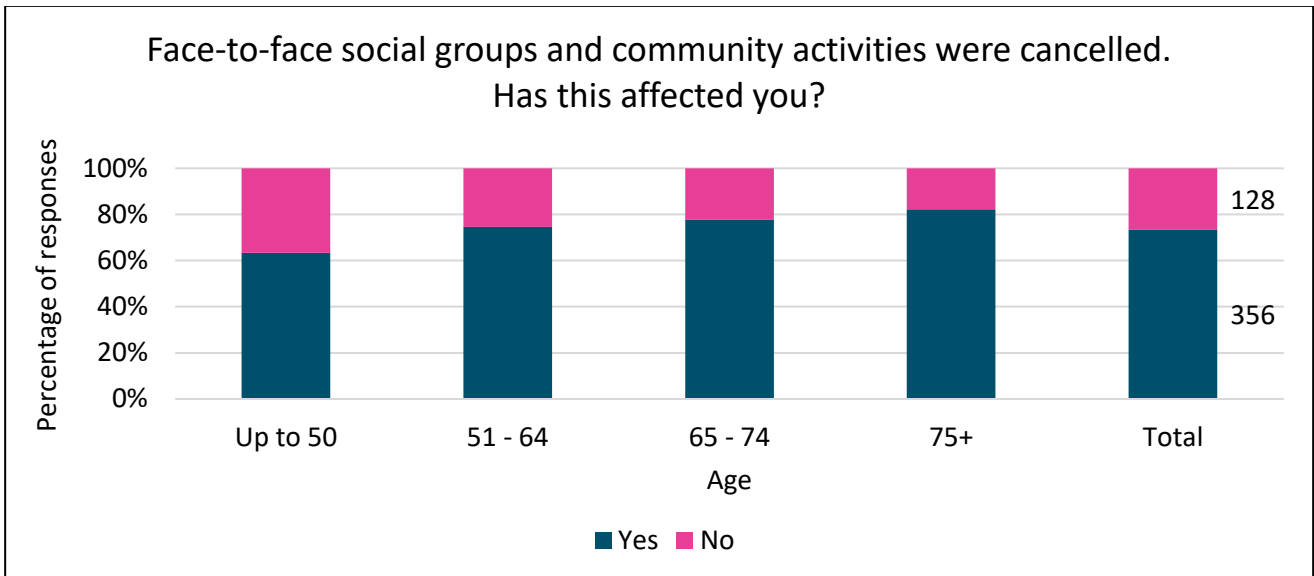
Question 4 - Face-to-face social groups and community activities were cancelled. Has this affected you?

577 people answered this question.



72.3% of people overall said the cancellation of face-to-face social activities had affected them. As well as the cancellation of organised groups and activities, people also told us about the impact of not being able to see friends and family, and their feelings of isolation. More details are in section 2 (page 59).

As with the previous question about mental health, we have looked at whether people of different ages have answered this question in the same way. Here is the graph.

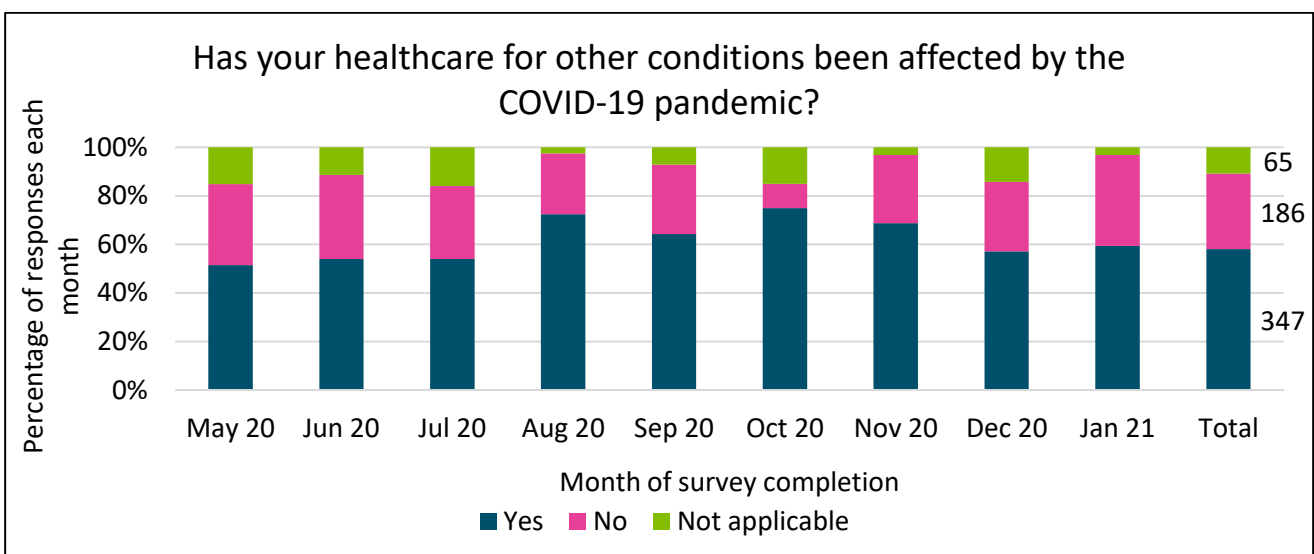


Based on the responses from people who completed the demographic questions, 73.6% of people answered 'Yes', which is similar to the overall response in the previous graph.

The people most affected are the oldest age group (75+) at 82.2%, and reducing through the ages to the youngest group (aged up to 50) at 63.3%.

Question 5 - Has your healthcare for other conditions been affected by the COVID-19 pandemic? For example, through cancelled operations or appointments, difficulty obtaining prescriptions or medication, difficulty making GP appointments, or accessing mental health care.

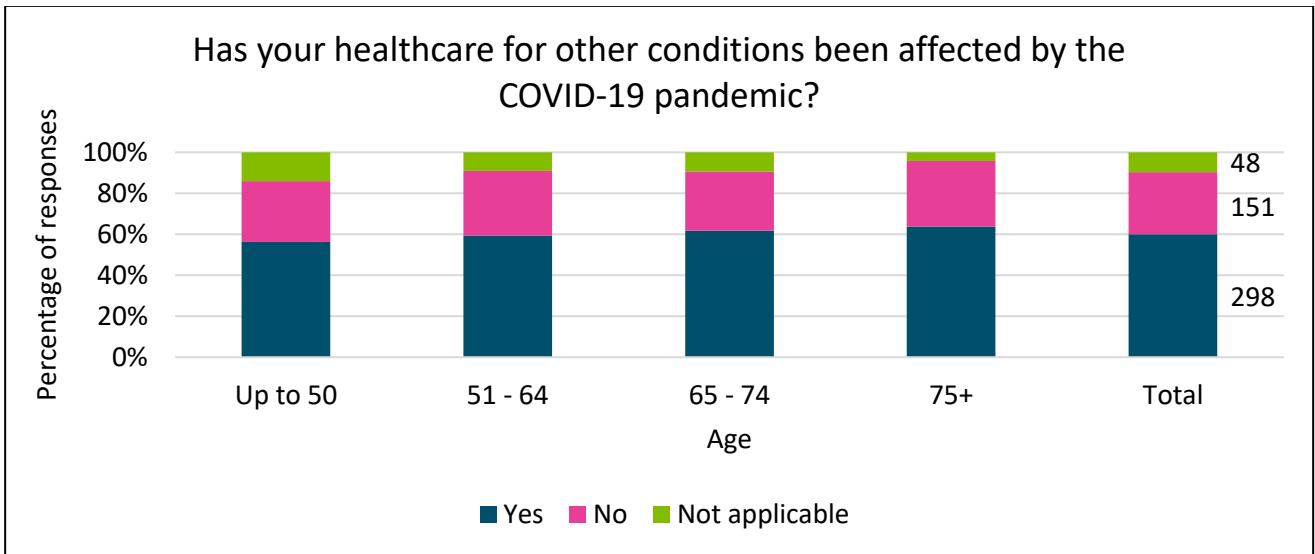
598 people answered this question.



Cancelled appointments happened immediately from the beginning of the lockdown in March. By May when this survey opened 51.5% of people said they had been affected. By August this had increased to 72.5%.

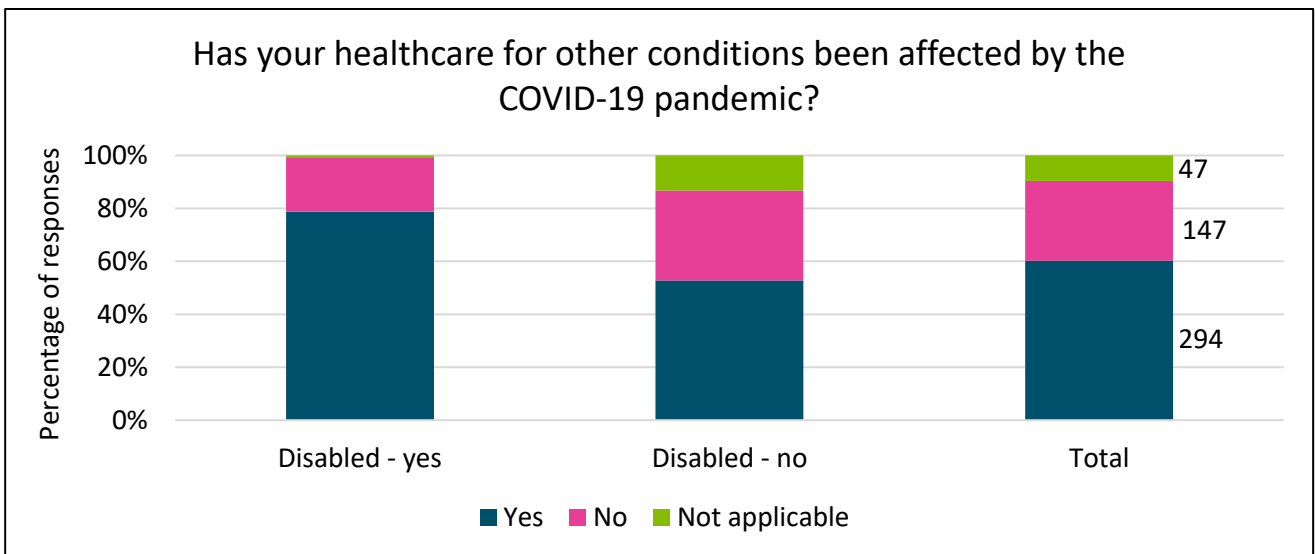
Detailed information is included in section 2 (page 69).

The following graph shows the responses to this question based on the age of the people who completed the demographic questions.



60% of these people overall answered ‘Yes’ to the physical health care question. The figures gradually rise throughout the age groups, but the difference between the lowest and highest only ranges from 56.3% to 63.8%.

The next graph shows the difference between the responses from people who consider themselves to be disabled, and people who do not.



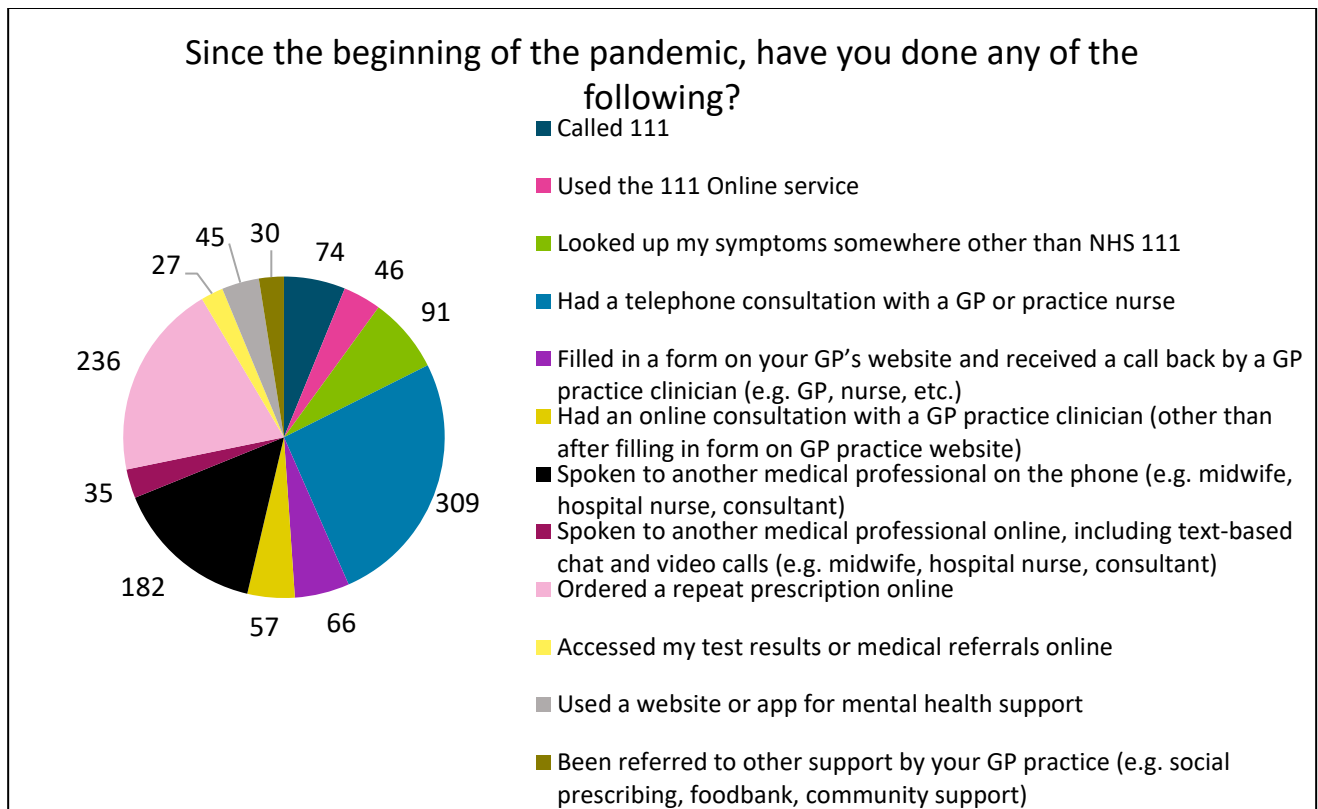
In the first graph for this question, based on all responses, 58% of people answered ‘Yes’. This compares to 60.2% of people who answered the demographic question about disability.

78.7% of people who consider themselves disabled answered ‘Yes’, compared to 52.7% of people who are not disabled.

We have also looked at the ethnicity of the people who answered this question about physical health care. Compared to the overall response for ‘Yes’ of 58%, 66% of people who stated they were not ‘White British’ answered ‘Yes’ to this question.

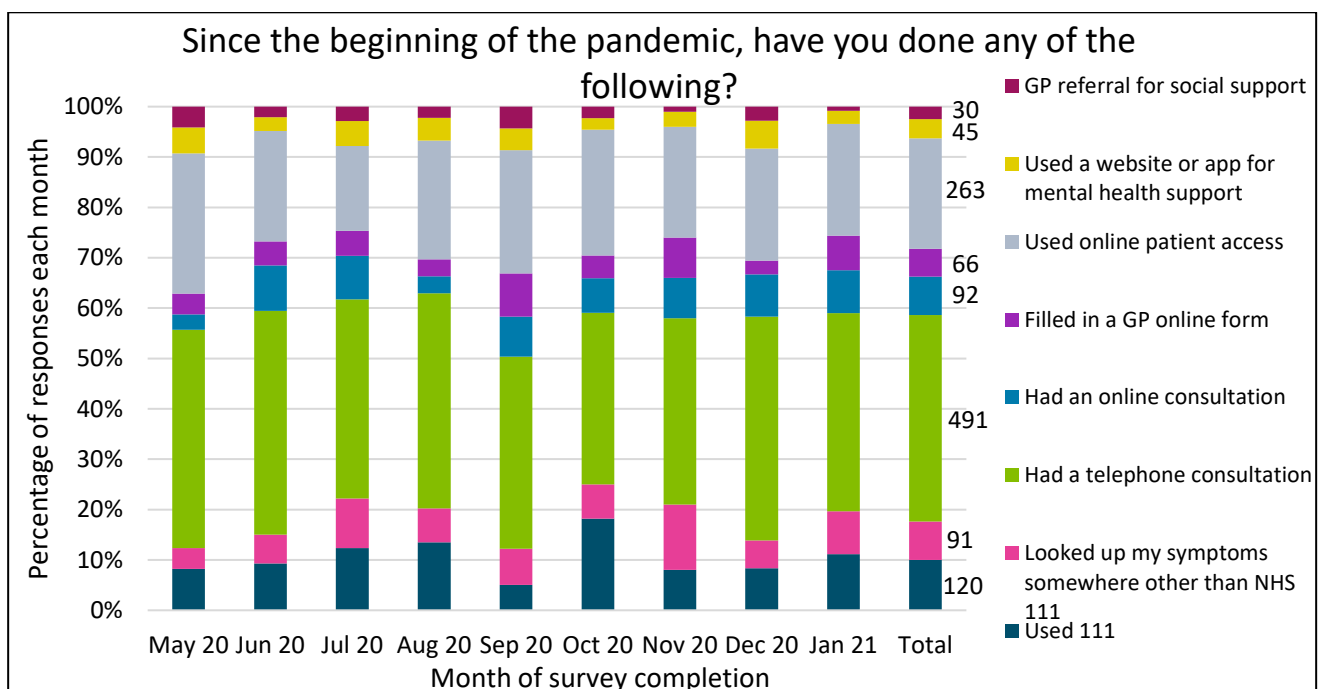
Question 6 - Since the beginning of the pandemic, have you done any of the following (please tick all that apply)?

473 people answered this question.



The next graph shows which types of service were accessed each month, as a percentage. We have combined some of the choices from the previous graph, for example 'a telephone consultation with any clinician', instead of separating GP services and hospital services.

The total numbers for each category are shown to the right of the final column.



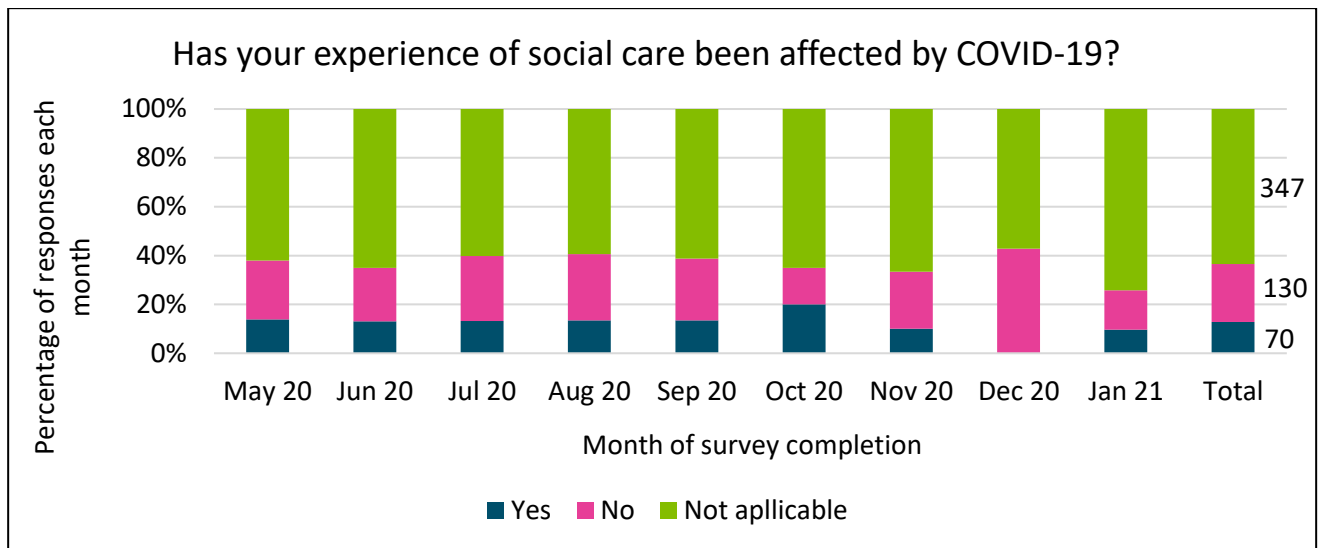
The survey also asked for feedback about the services people accessed. This information is in section 2 (page 74).

Question 7 - Did you use any of the options in Q6 for the first time when accessing care during the COVID-19 pandemic? If so, which ones? How easy was it? Did you find anything difficult to use?

315 people responded. All the answers here are free-write text, and will be included in the themes in section 2 (page 92).

Question 8 - Has your experience of social care been affected by the COVID-19 pandemic? For example, visits from care workers to your home, access to residential or nursing care homes, etc.

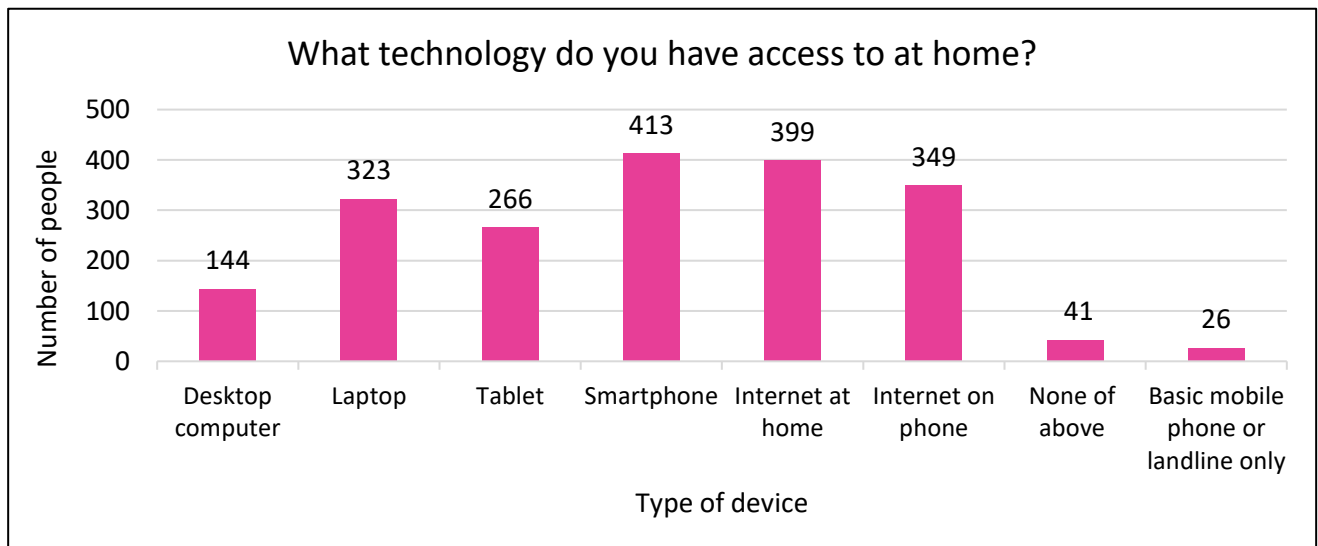
547 people answered this question.



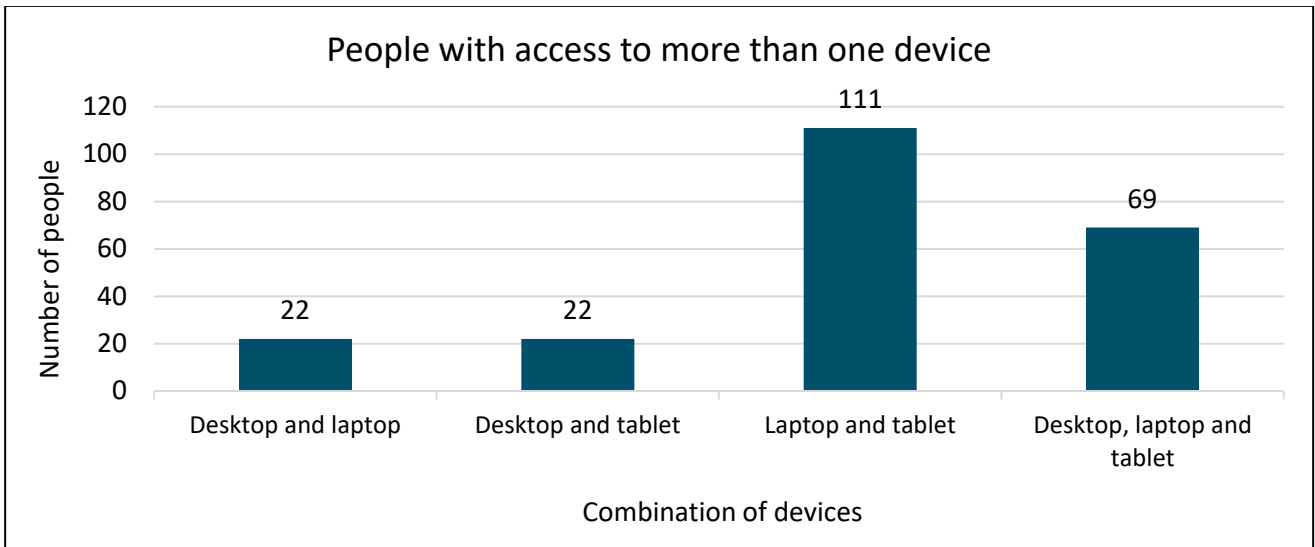
Overall, 12.8% of people said they had been affected. More information can be found on page 65.

Question 9 - Technology has been used as a way of giving people access to information, and for you to request medical care during the COVID-19 pandemic. Which of the following do you have access to at home? (Please tick all that apply)

540 people answered this question.



We looked at how many people had access to more than one device, other than a smartphone.



In section 2 we look at what people have said about the use of technology in accessing health and care services. People who do not have access to technology, or cannot use it for whatever reason, have also provided feedback (page 93).

The remainder of the questions ask for free-write answers, and these are included in the section 2 themes (see page 27). For information, the questions are:

Question 10 - Have you used any of these devices for the first time during the COVID-19 pandemic, and how was it for you? If so, which, and will you carry on using them? Do you have any reasons why you might not use them in the future?

293 people responded.

Question 11 - Do you have any other comments about how the COVID-19 pandemic is affecting your life, and what kind of support you need? What do you think about social distancing, rules changing, wearing masks and Test and Trace?

369 people responded.

Question 12 - Thinking about the future, do you think any of the changes to ways of working should continue? For example, changes to GP or hospital appointments, use of technology, changes to community services. Please tell us what you would like to see happen.

397 people responded.

Question 13 - The new 'normal' could include changes to services that have been tried by health and care providers during the COVID-19 pandemic. What help would you need, if any, to be able to use these new ways of accessing care? (e.g. with technology)

305 people responded.

Question 14 - Is there anything else you think we should know about, or you would like to say? This could be about lockdown, or going forwards. Is there anything which has affected others in your household, including children and young people, which you have not mentioned earlier?

274 people responded.

Section two - themes

This section includes all the comments from the free-write responses. Where the same comment is made multiple times, in a slightly different way, these are not all shown in the report.

We have looked at the feedback in themes, rather than as answers to a specific question. We have selected overall themes, within which the feedback is broken down into more detailed topics.

Where there are lists of comments, the bullet points are shown in alphabetical order. There is no intention to suggest one comment is more/less important than another.

The overall themes are:

- Communication, rules and guidance
- Mental health and wellbeing
- Social care
- Physical health
- Technology
- New normal
- Other comments

Some of these themes formed the basis for our interim reports, which included data up to a certain date. We have re-visited these reports, to add in the more recent data. The information in this section includes all the data collected whilst the surveys were open.

Where someone has talked about 'Covid' or 'COVID' in their response, we have not corrected this to 'COVID-19' (which is what the government guidelines for written information state is correct as the shortened version of coronavirus (COVID-19)).

Communication, rules and guidance

Part one - graphs

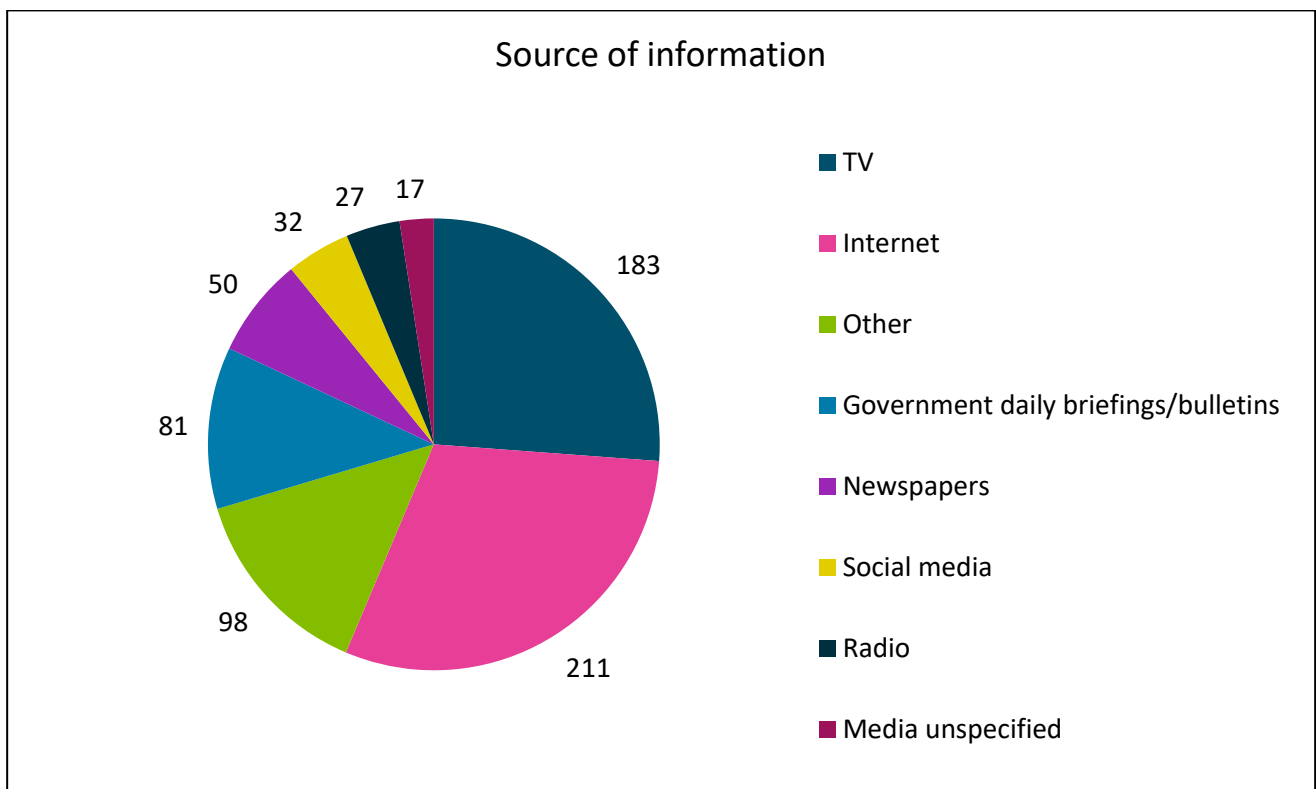
In section 1, we showed the graph with the answers from the question ‘Have you found it easy to find clear and understandable information about what to do to keep yourself and others safe during the COVID-19 pandemic?’ (See page 18)

Following this question, we asked people to ‘Please tell us more about this. Where did you look, and what was the most/least useful resource?’

More people answered ‘Yes’ than ‘No’ to the first part of the question. However, many of these people also mentioned areas of the communications where they had been confused.

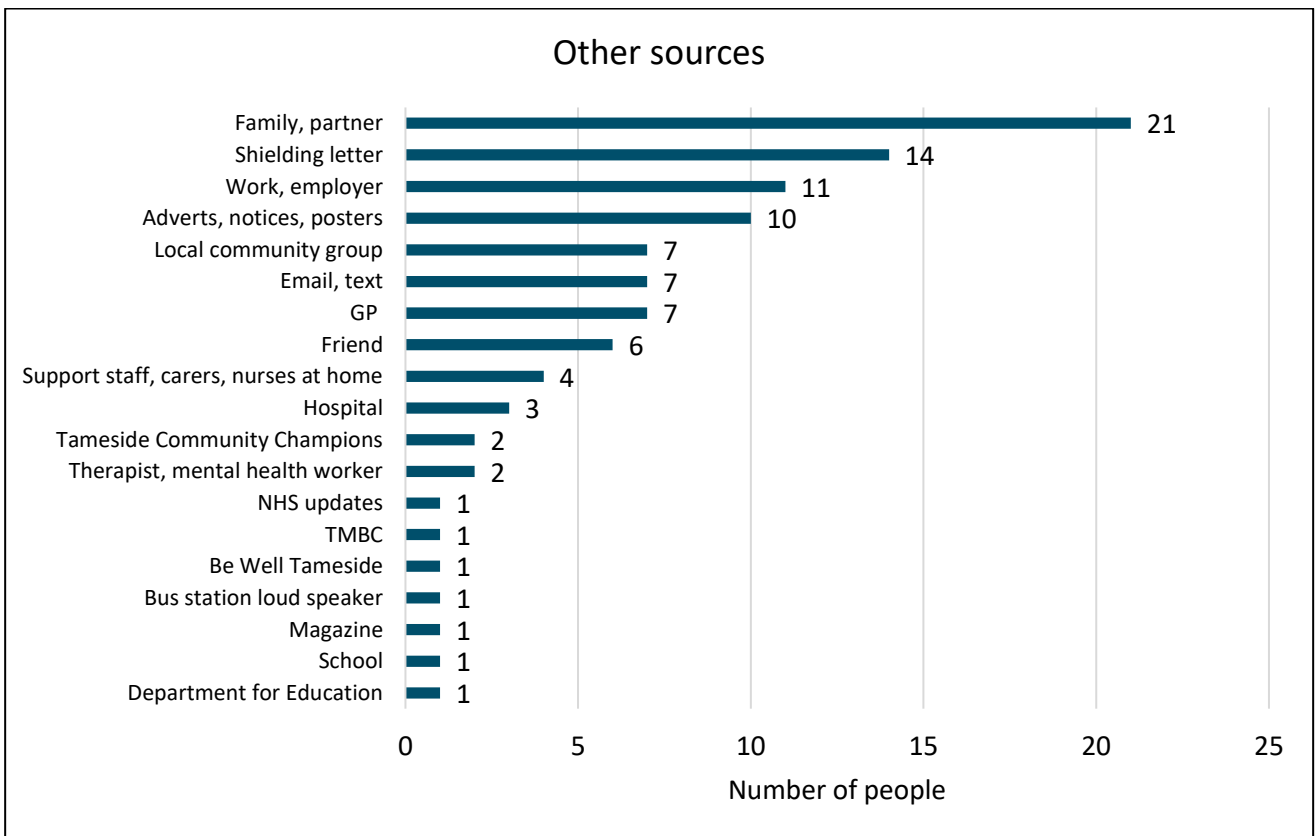
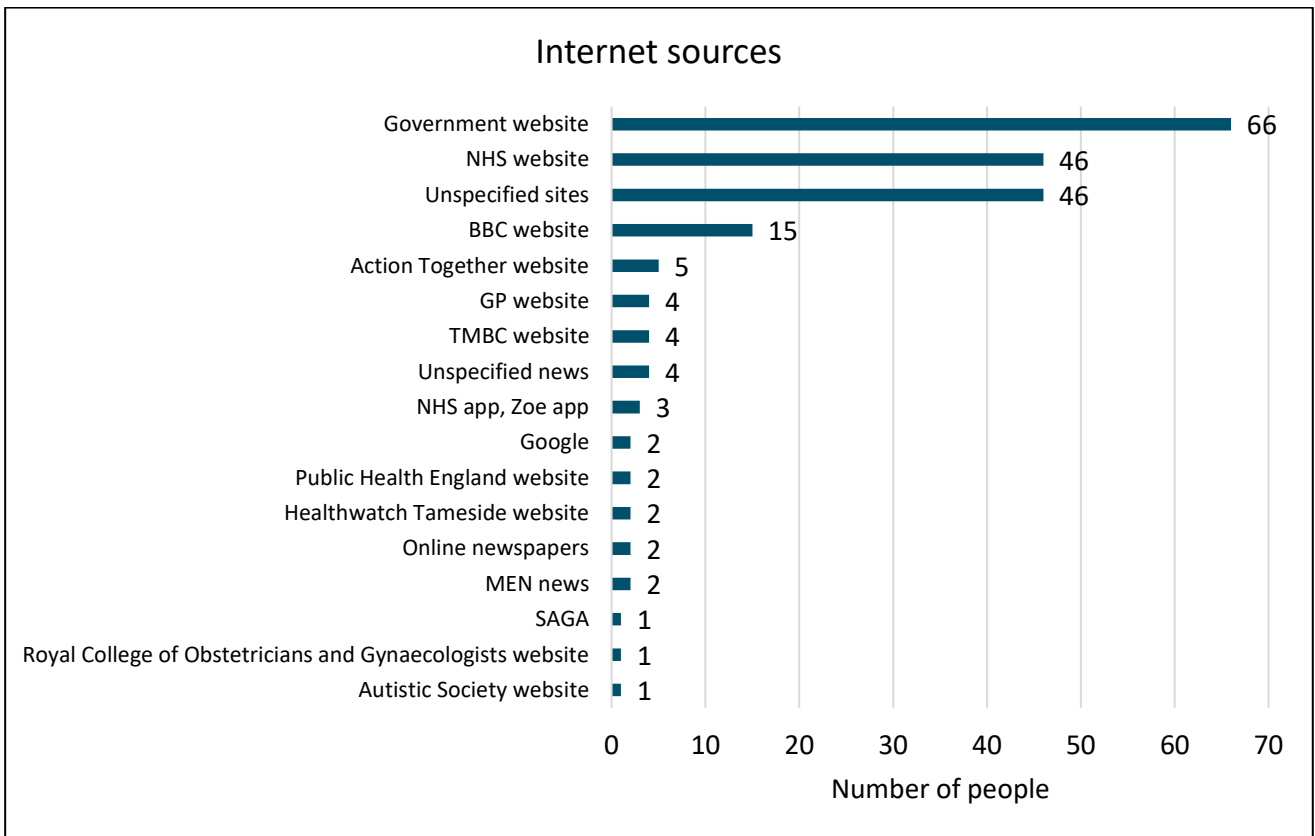
Some people did their own research (looking for different sources of information) or asked others to explain, to help them understand.

The next graph summarises the resources people mentioned they had used.



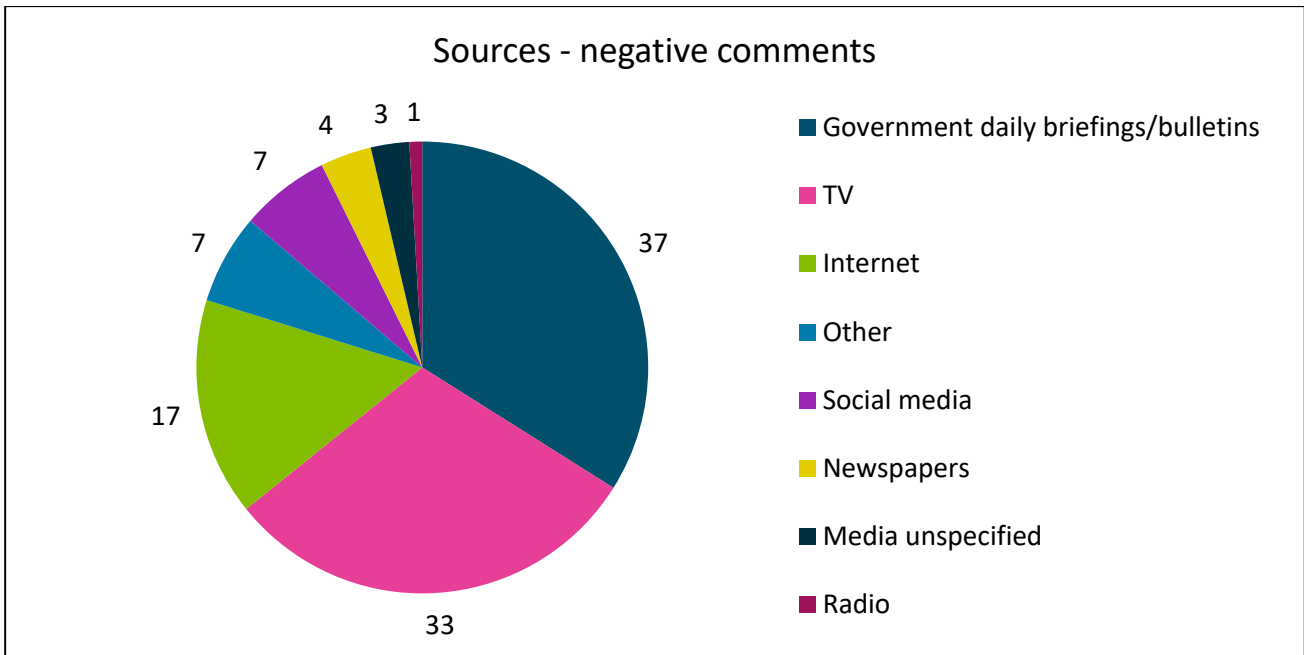
Where people talked about government briefings or bulletins, we do not know whether they watched these on the TV, or listened to the radio, or looked on the internet, etc. They have therefore been shown separately, as described in the survey.

The next two graphs break down the broad sources in the previous graph, to provide more detail about the sources people have used.



The graphs on the previous page included all sources, whether positive or negative reviews were received.

The next graph shows which sources people said were not always helpful. Not everyone identified these sources. More detail is provided on the following pages.



Part two - comments

Here we look at the comments made about various topics connected to ‘Communication, rules and guidance’, both positive and negative. Some people mentioned sources they had used, but did not say whether their experience was positive or negative.

General comments have been included at the end of the section. These relate to the section as a whole, rather than a particular topic.

- Sources of information - page 31
- Social distancing - page 35
- Wearing masks - page 37
- Bubbles - page 38
- General comments - page 39

To keep all the information about COVID-19 in one place, we have included our analysis of the data from the following separate surveys in this section. We have added this information to any comments received in the COVID-19 survey.


- NHS Test and Trace - page 42
- Vaccination programme - page 46

Sources of information

These are examples of comments, often mentioned by a number of people. Where there is a '/' within the bullet point, this is separating different words or phrases with a similar meaning and used by different people in their responses. All the bullet points are examples of words/phrases used in the survey responses.

Some of the responses to the survey questions were lengthy, and people have very strong feelings. The following comments are intended to be representative of all the different opinions. Some people talk in the present tense, and others in the past.

Positive comments about sources of information

- TV:
 - Daily reports (Prime Minister and TV journalists) useful.
 - Information useful / helpful.
 - Listened when new measures to come into place.
 - Internet (often used to clarify confusion):
 - Helpful websites - NHS website, Gov.uk website, Council website, GP website.
 - National Autistic Society website - provided specific information and concise instructions.
 - NHS website pops up on every website connected to government e.g. HMRC.
 - Used BBC website to check rules.
 - Used to access scientific / medical information.
 - Newspapers - use trusted resources.
 - Excellent information.
 - Helpful.
 - Social media:
 - Found going through Facebook to official sites very easy.
 - My doctor's surgery Facebook page provided excellent information.
 - Media:
 - General media provided frequent advice and clear information.
 - Used independent media to get to the truth.
 - Radio:
 - I listen to the news every hour on the radio and follow the instructions. I am blind.
 - Useful / helpful.
 - Other sources:
 - Children kept me up to date and provided guidance to keep safe.
 - Community group provided information in Gujarati.
 - Daily emails from work (in NHS) with clear instructions.
 - Friend/support staff kept me up to date / explained to me.
 - Given information by hospital about isolation guidelines.
 - Hattersley/Mottram group call-line set up to help if needed.
- 

- Helpful - GP, Age UK (information pack).
- Letters - about shielding/from GP.
- Speak limited English, but support staff and/or family/friends helped me to understand.
- General comments:
 - Initial information for full lockdown was clear.
 - It is easy to find information, there is a lot out there (sometimes too much, overwhelmingly so, it's everywhere).
 - Like the updates.
 - The information is easy to understand.
 - Took time to research and check.

Used
common
sense

Mixed comments about sources of information

- Daily briefings:
 - Answering questions was good, it kept me up to date. Then it stopped so now I don't know.
 - Ok but sometimes lacked clarity or were confusing when delivering information. One person stopped watching.
- Don't watch or listen to the news. Got overview on Google - don't want details, just plain English what to do and not do.
- First full lockdown straight forward, but more confusing as time goes on.
- Gov.uk website fairly clear but not always in line with other messages.
- Plenty of advice if you have symptoms, but extreme lack for people who don't.

Negative comments about sources of information



- Government briefings/bulletins - many phrases used including:
 - Different ministers say different things - they don't know what it's all about
 - Government messages not always following the science / would have preferred stricter guidance on the science behind why it's deemed unsafe to meet with people in public outdoor spaces at start of pandemic.
 - Hard to understand and remember.
 - Information often hours or days behind the news headlines.
 - Journalists questions a waste of time - already been answered or show no common sense.
 - Least useful.
 - Misinformation.
 - Need clear instructions / confusing / too complicated / mixed messages.
 - Need honesty / straight answers.
 - Should be ashamed, causing panic and fear.
 - So many changes, so often.
 - Too many late decisions.

- TV/news:
 - Changes all the time / hard to keep up to date.
 - Confusing messages, numbers and graphs.
 - Contradictory / not clear / biased / complicated.
 - Exaggerated.
 - Gloomy.
 - Hardly credible at times / complete farce.
 - I've not got a clue.
 - Least useful - TV presenters who have become experts / political reporters / journalists.
 - Need proper answers / unsatisfactory.
 - Repetitive.
 - Scary / create fear, stockpiling food and irrational behaviour.
- Internet:
 - Advice documents re-issued / updated every few days. Difficult to be clear what the current position is. There are many incidences of out-of-date information still being available and in prime locations, which is not helpful in an ever changing set of circumstances.
 - Don't have access to the internet so cannot access the information.
 - Gov.uk website hard to navigate and get information, especially as lockdown changed - confusing information, or no information. The government website is a minefield of different links, you can bend the guidance to whatever suits.
 - Literacy levels needed to understand information was quite high.
 - Some news pages are cluttered with ads and it's hard to find the most up to date information.
- Social media:
 - I believe to be extremely unreliable.
 - I don't take any notice of Facebook.
 - Sometimes unhelpful / provides misinformation / contradictory / confusing.
- Media unspecified:
 - Meddling
 - Media reports are just click bait to doom and gloom.
 - Not balanced enough / contradictions/adding confusion.
 - Scaring everyone instead of just giving facts.
 - Should give best advice.
 - Speculation about rules before they were confirmed and exaggeration of current rules.
 - Useless.
- Public Health:
 - Constant changes to public health messages and neighbouring areas being in different tiers make it very difficult to keep up to date with current guidance.

Never a simple list telling you what you cannot do. There are lists that seem good, but then you find out that something was missing off it!

- Would like more information from them as national information often contrary to what is going on locally e.g. R-rate.
- Public information adverts:
 - Change of wording on 'Stay at home' advert poor and confusing.
 - Films not hard hitting enough.
 - Need national TV Campaign on COVID-19 compliance guidelines.
- Shielding information:
 - Dates kept changing.
 - Didn't receive letter although vulnerable.
 - How could after the relaxation of the rules be a good time to tell people who were shielding that they could go out?
 - Letter from Boris 6 weeks after the outbreak said the same as the TV.
 - Letter sent - had to wait until someone came to read it to me.
 - No information, national or local, about help available.
 - Only received council letter in June - too late.
- Work:
 - Information provided was confusing.
 - Poor leadership and consideration for those front-line staff who are exposing themselves to Covid on a daily basis. Staff are stressed and tired of this.
- Source unspecified:
 - After lifting of lockdown - confusing / causing anxiety.
 - At the beginning - a lot of confusing information / no information about help when self-isolating.
 - Causing panic where there does not need to be - makes me angry.
 - Contradictory advice / misleading information / confusion.
 - Guidance not clear for pregnant women.
 - I have mostly not understood what tier we are in and relied on my adult children to tell me the current rules / since the tiering system has been introduced the messages have been difficult to follow.
 - Just want answers.
 - 'Stay at home' - I know what that means. 'Stay safe' means different things to different people. Has caused confusion and conflict within my family and my bubble / 'Stay local' - what is local? / 'Stay alert' was very unhelpful and 'woolly'.
 - Too many mixed messages.
- General:
 - Comments made about how the media and news can increase anxiety and affect mental health.
 - No phone support easily available for advice and information.
 - Not everyone can read newspapers, etc. - people may be blind, never have learned to read, or English is a second language and spoken only.

Received no contact from GP or TMBC as a vulnerable person - feel left out

- Not everyone watches the news.
- Politicians are making the cure and recovery more destructive and deadly than the Covid epidemic / the debts incurred via the furlough scheme will cripple my children's/grandchildren's future / driven more by economic reasons than in the interest of public health.
- There is a lot of detail to read which is likely to confuse people, especially when different parts of the country have different rules and guidance.
- Would be helpful if information in other languages.
- Why is there disparity of regulations between England, Scotland and Wales?

Social distancing

Positive comments about social distancing:

Many people agreed with the idea of social distancing.



- Do social distancing as best we can on a mobility scooter.
- Don't mind the social distancing, we need to be safe.
- It works when everyone follows the rules.
- It's important to have rules to protect the public. They should be managed strictly.
- Police helped when neighbours broke guidelines.
- Social distancing makes it quicker and easier to shop.
- Social distancing signs in yellow and black are helpful colours for people with sight issues.

Negative comments about social distancing:

Some people do not agree with social distancing because it has caused isolation for them.



Here are some other comments:

- Have sight problems:
 - Social distancing is difficult. Makes me anxious so I do not go out as much.
 - I was told off in supermarket for picking up items to see what they are. I go to the local shop about 7 in the morning when there are few people about.
- Education:
 - I am a teacher. I am scared about being in a small room with 30 children and no social distancing.
 - In education it is impossible to continue in any sort of normal way. Even half a class would be impossible as you could only keep them 1 metre apart. Then you have the corridors, toilets, dining hall and playgrounds. The impact on the working staff could be huge for their health.
- I am very proud and try to overcome any fears that I encounter e.g. shopping and people keeping their distance.

- I don't like all the queues. Some people are nasty to other people shouting at them to keep away.
- It is hard to enforce in supermarkets.
- Local people made fun of a person who was strict about not letting people into their home and garden.
- Not every person out there is respecting my need to keep my distance and they don't know I have conditions.
- Social activities:
 - Child says they sometimes forget about social distancing when they are playing out.
 - Family members can teach and be in 'contact' with hundreds of pupils but they can't visit me in my garden.
 - For small children who don't understand social distancing, it is very difficult.
 - Hard to understand why you can go to the pub but not visit grandchildren or elderly parents.
 - I don't feel particularly comfortable socialising inside, even at 2 metres apart.
 - I have been unable to see my grandchildren yet I have been looking after the children of keyworkers.
 - Pubs are open but cancer wards are closed - a disgrace.
 - See lots of children close together - they think they are immune.
 - You can't meet in a back garden but you can in a park 2 metre's apart - contradictory.
- Social distancing has been all but forgotten pretty much everywhere.
- Think social distancing is a joke.
- We try to keep to the 2 metre rule (avoiding the 1 metre rule, it's too close).

I wish shops and supermarkets would enforce distancing

Suggestions about social distancing:

- 2 metres is not enough - may as well get rid of it.
- It would have been most useful if flyers (leaflets) were sent to household also in different languages as a lot of people in my neighbourhood do not understand about mixing households. Lot of people visiting each other's houses.
- Keeping distancing from people in general...more polite.
- Keep social distancing:
 - 2nd wave expected - should avoid contact with others as much as possible
 - Especially in supermarkets and on public transport.
 - For some time.
 - Into June/July.
 - Much longer.
 - Until epidemic goes completely, or a remedy is found.
- Social distancing could be reduced slightly.

Wearing masks

Positive comments about masks:



Many people agreed with wearing masks.

- Feel better wearing a mask, and when others are wearing masks.
- Have to wear mask for work - not nice but that's the way it is.
- Masks not comfortable, but if NHS staff can wear them all shift, I just have to put up with it.
- Plenty of advice available if needed.
- Some people are exempt - their comments include:
 - Can't wear mask but wear visor instead.
 - Try to wear mask but if struggling to breathe have to drop below nose.
- Wear a mask to protect myself and others.



Negative comments about masks:

- Child said they hadn't tried wearing a mask yet, so not sure how they feel about it.
- Concerns about the way masks are used:
 - How single use masks are discarded.
 - Masks such as scarves won't help - need triple layer or medical.
 - More education needed about use, how to put on, where to put them when you take them off, hygiene, washing after each use.
- GP said not to wear mask, but worried about what people might say or do.
- Mandating wearing masks is against human rights laws.
- Masks are a joke.
- Not everyone is wearing them. Comments include:
 - At the school gates.
 - Especially in supermarkets.
 - Needs to be monitored.
 - Non-compliance is a joke.
 - Not enforceable.
 - On trams and buses.
- Problems whilst wearing masks:
 - Breathing difficulties due to asthma, respiratory conditions.
 - Can't see properly behind a mask.
 - Masks make communication difficult for people who lip-read.
 - Masks steam up all the time when wearing glasses.

Affordability of masks is an issue.



Questions about wearing masks include:

- Is it proved masks help?
- Is the evidence conclusive?
- If you are exempt from wearing one, why do you have to wear a mask if you visit a GP surgery for a blood test?

Suggestions about masks:

- Everyone is wearing a mask and the rates still go up. They need to support the vulnerable to stay at home and open up the economy again. It's a virus, we have to live with it.
- Ineffective and should be scrapped.
- Masks wouldn't be good for schools.
- Should have been compulsory:
 - From the start.
 - Months ago.
- Should wear masks outside.
- Shouldn't be forced to wear masks - makes mental health worse.
- Would rather things opened up with compulsory masks.

Bubbles

There are not many comments about 'bubbles'. Most of the comments are negative.

Positive comments about bubbles:

- A lot easier since able to form a 'bubble' with family.
- Stay in a family 'bubble' so able to look after father.



Negative comments about bubbles:

- Government website not black and white. Nothing worse than having to click on lots of different things to find answers and even then you're not sure.
- Hate school bubble.
- New to the area - in a support bubble with vulnerable family members - it's a choice between seeing them and having a social life outside to make new friends. Too concerned about risks to meet people.
- People in my support bubble have different ideas about what is safe.
- Reluctant to visit dad who lives independently, even when 'bubbles' introduced. He lives in a home attached to a care home and is vulnerable.
- Should scrap 'bubbles'. They are useless.



General comments about communication, rules and guidance

Positive comments:



- Have completed the daily test for Zoe .
- It's new to everyone. We just want answers.
- It's fine, the rules change as COVID-19 changes. The more it changes the more the rules need to change.
- I like the screens that have been put up in supermarkets for protection.
- Makes you aware of going out and what you can do.
- No problem - to keep everybody safe. Will continue to stick to recommended guidelines.
- Social distancing, hand sanitiser and masks have become second nature - the new norm.
- Some people say they do not go out anyway, so the rules have not made a difference to them. Family do shopping and other errands.

Negative comments:



- Concerned about:
 - 'Eat out to help out' was a mistake and came far too soon.
 - Children going back to school.
 - Civil liberties.
 - Seeing people at demonstrations when pandemic not over.
 - The impact on older/vulnerable family members of children and young people taking the virus into their homes.
 - The mass use of sanitiser.
- Fed up with it going on so long. Not sure it isn't one big con.
- If you've not got symptoms, people are expected to use their common sense.
- Lockdown:
 - I would like to see another longer lockdown. Tiers don't work as too many people flaunt the law.
 - Needed to stay in lockdown with restrictions for longer. Things eased too rapidly.
 - Needed to take action with lockdown sooner.
 - Non-supermarket shops which sell a range of products were allowed to stay open during lockdown if they sold food. They should not have been allowed to sell non-food items e.g. gardening items. This made it very busy.
- Rules:
 - I am no longer happy to remain indoors when feeling fine, after 12 weeks of going out once a week for shopping and following the rules.
 - Is enough being done to support young people to understand and enough support for families who are struggling to keep these young people at home? Some families have admitted they have lost control and have no idea where their teenagers are or what they are doing.

- Rules need to be followed by everyone in the community. It makes it ‘harder’ or ‘scary’ for people who want to socially distance and wear masks to get out, for example to do shopping, when people do not follow rules. Several people with sight issues made similar comments.
- Rules very complicated.
- Social distancing rules were brought in too late and so have masks.
- Uncertainties:
 - Not always sure what applied to me / not sure about where we can go.
 - People are using confusion as an excuse to do what they want instead of what they should do.
 - Wasn’t sure what to do if I caught it and who to tell.
- Unhappy about people breaking the rules:
 - Complacency / Concerned / I get cross / Increases my anxiety
 - People carry on as normal / too many people have no regard for their own health or others, getting too close to people.
 - People who test positive have been in shops, pubs, etc. before test and spread disease
 - Think the rules have gone out of the window as nobody is socially distancing/too many families mixing and not isolating.
- When ministers and advisors flout the rules, it makes people mistrust and lose faith. / One set of rules for them and another for the poor people.
- Wish rules were more enforced.
- Shielding and isolation:

I'm bored because of it. I feel like I've been a naughty girl. I'm 95 and don't have much longer to walk the streets. Absolutely fed up of it. Not supposed to go out. All my friends are the same. It's terrible! Not being able to meet friends.

- As a blind person I need someone to take me out, so can't go anywhere. Got a mask, but not sure it will help. Too frightened to go out and getting more fearful.
- As a shielder with an elderly infirm partner, not being able to go out and see family difficult.
- Had to isolate until July, dreaming of freedom in August, then local lockdown came.
- Hate it more this time, more lonely/living alone and shielding was very hard.
- I have multiple sclerosis. I have been self-isolating since the end of February. not even seeing my family until recently and then observing distancing.

- I am shielding, or trying to, as my daughter and family live with me - they don't seem too bothered.
- I am so fed up with shielding.
- I could not even take the dog out.
- I have missed time with my parents, one with a life-limiting illness. I won't get that time back.
- I'm shielding - seem to have been forgotten going forwards.
- I've no outside space even.
- My age group and above have been forgotten and just told to stay in. Many of us live full social lives. We could have been used to help. We have friends and neighbours who haven't seen anyone for weeks.
- My husband/wife has been shielding also so I've always had someone to talk to.
- Used to volunteer but have had to stop to isolate/ shield, and I miss this.
- Very difficult to get exercise. Dangerous to go out alone in the countryside.
- Unable to understand:
 - People with dementia find it hard to understand what is happening, and what the rules are. The same applies to people with autism, including children.
 - Concerned for children and those who don't understand.
- Unhappy at the way the government / Prime Minister have handled the pandemic (some very strong feelings).

I had to let my dog go to a new home.

Scared to be living on my own - if I become ill, no-one will be aware.

Suggestions:

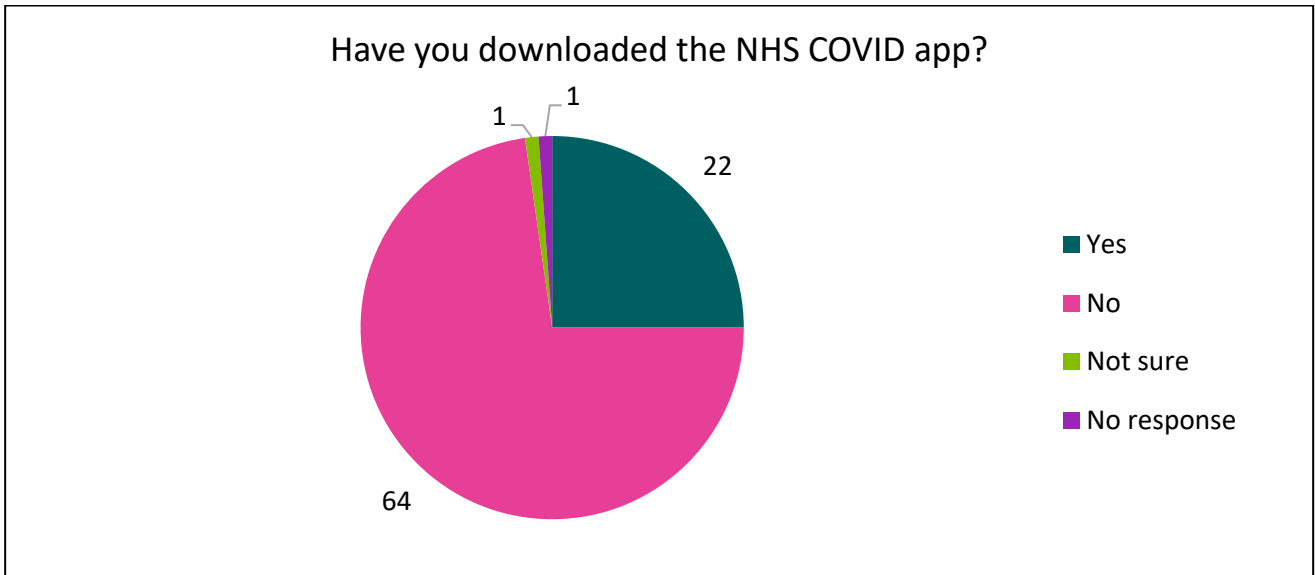
- I think we should treat this disease with great caution.
- Keeping safe:
 - Everyone needs to be more considerate of asymptomatic transmission.
 - Keep rules in place until it is safe to relax them.
 - People's lives are more important than the economy.
 - Schools to be kept open, closed only on national full lockdown.
 - Until vaccine released and health and safety of society changes, keep to oneself.
 - We mustn't believe we are immune because we haven't experienced symptoms.
- Offer door to door behaviour change like in Oldham.
- Public reaction:
 - Low infection/deaths - get back to normal and stop the drama. Stress and fear not good for mental health.
 - People are over-reacting, and this should stop.
- Think herd immunity would have been a better option.
- Would like reassurance about the safety of going out to local places such as markets and libraries.

Safety is paramount.

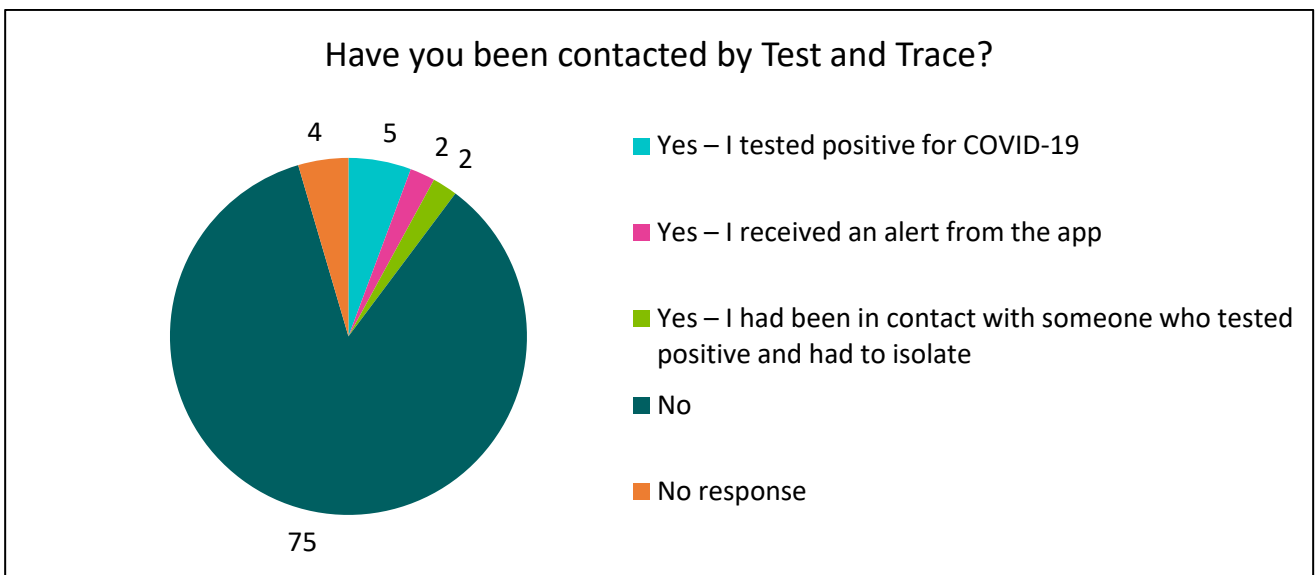
NHS Test and Trace

This part of the report combines the comments taken from the Covid-19 survey, and the separate Test and Trace survey. The graphs are produced from the separate survey questions.

Question - Have you downloaded the NHS COVID app?

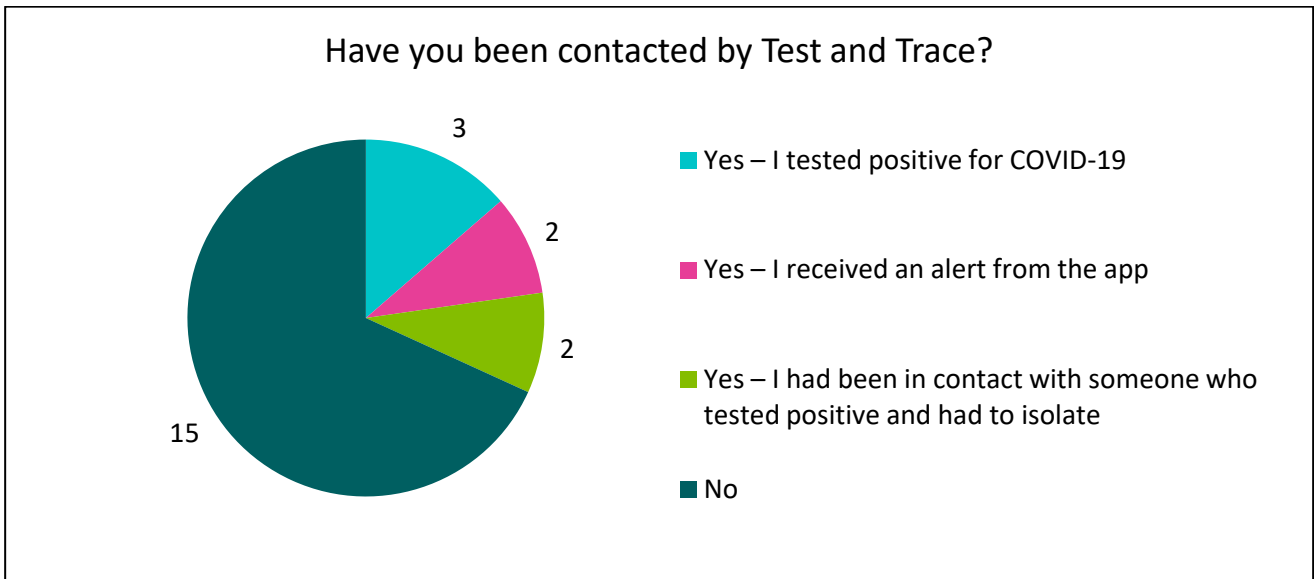


Question - Have you been contacted by Test and Trace?

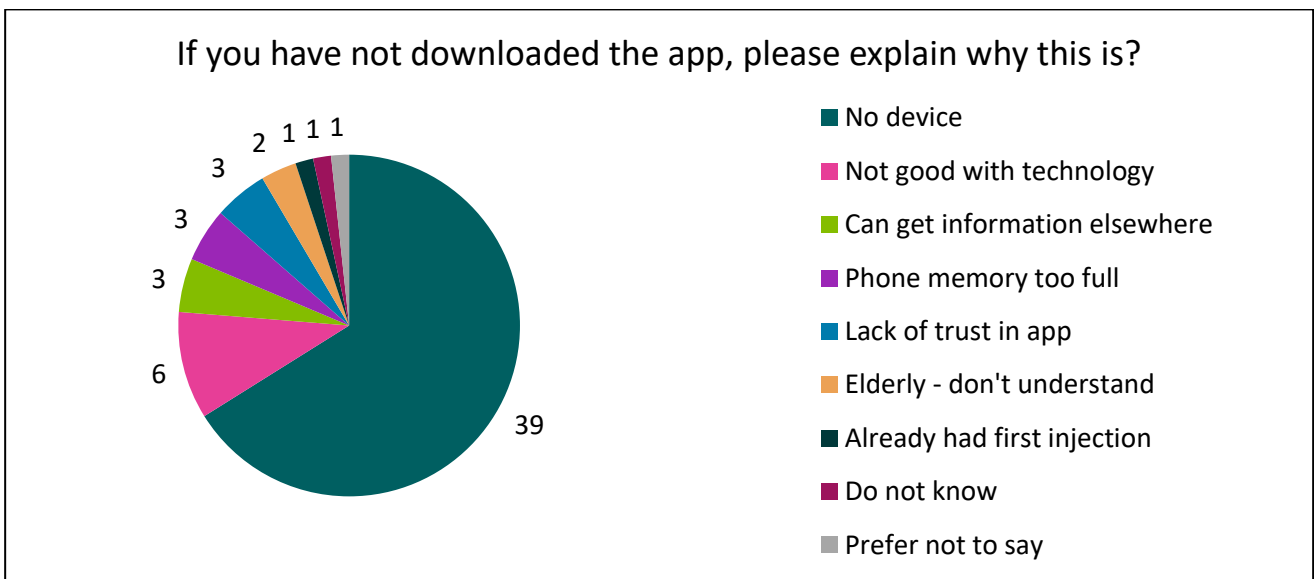


The graph above shows the response to the question however contact has been made. This could be via the app, or by phone.

We have looked at the answers to the question where people have downloaded the app. The graph looks like this:



Question - If you have not downloaded the app, please explain why this is?



As 74% of the responses in the separate survey were completed on paper or over the phone, it is not surprising that the highest number of reasons for not downloading the app is a lack of suitable devices. Mention is made of no device, no facilities, no computer, no suitable phone, no smartphone, and/or no internet.

In addition, there are 6 people who say they are not good with technology.

People who say they can get information elsewhere included other apps, media, Google and TV in their responses.

75% of the people who completed the Test and Trace survey were aged 65 and over. This highlights the impact on older people of the use of technology to access services.

We will now look at the free-write comments from the COVID-19 and Test and Trace surveys.

Positive comments about NHS Test and Trace:



Many people were in agreement with NHS Test and Trace.

- Booked drive through test online.
- One person was interested in seeing the new app, thinking it was a good idea, before it was launched.
- Recently had a test and waiting for the result.

Negative comments about NHS Test and Trace:



- Testing
 - A lack of protection and testing, despite what the government said.
 - Annoyed that social care staff in supported living not offered tests when they can't socially distance at work.
 - Home test quick to arrive, next day result. Hard to do on my own. Complex process. If I'd been more severely ill, I don't think that I'd have been able to do it myself.
 - Information:
 - I found it tricky when looking for a test and trace for my friend, the pathway was not clear.
 - Not clear online how to get tested and where to go.
 - Person who does not speak English well - no explanation what to do next as couldn't read the card (after having test).
 - Test results:
 - Delays waiting for test - my contacts could be walking round infecting others.
 - Sent positive test result by text but can't use phone. Had to wait for someone to read it.
 - Test results lost so don't know if positive or negative.
- Tracing
 - Different teams for contacts and people testing positive, and they and their systems don't talk to each other, and are slow to be updated.
 - NHS COVID-19 App:
 - Does not work because it says you've been in contact with people with COVID when you've not been out, so asked to isolate incorrectly.
 - Incorrect messages about which tier your area is in.
 - The app too sensitive for contact with people outside and should be adjusted.
 - The NHS Test and Trace app advises to scan the QR code but I have not seen many of the businesses in the Tameside area that display them/scanning QR code at swimming pool didn't work.

- Positive test result:
 - Colleagues who have been seriously ill have had better service than those with mild symptoms.
 - Too many phone calls when you are ill, asking the same questions. One of these people told them at least 4 times that her husband was very poorly in hospital when they asked to speak to him. Another was contacted twice a day every day for the 10 days of isolation.
- Provided their details to NHS Test and Trace but heard nothing from them.
- Test and trace is sporadically enforced.
- Venues:
 - Don't like having to give my name and phone number/did not like leaving personal details on a piece of paper for all to see.
 - Venue check-in a waste of time.

NHS Test and Trace should have been in the hands of the NHS and Public Health from the outset, not privatised. Test and Trace should have been done at a local level.

Suggestions about NHS Test and Trace:

- Offer testing to enable visits to partner who is shielding or self-isolating, and reduce depression caused by isolation. If both tested and clear we could safely visit.
- Should offer door to door testing.
- Tests should be available sooner.
- Will only work if everybody is on board / not enough people downloaded / not reaching enough people.
- Would like an antibody test to see if I've been exposed to COVID.

General comments about Test and Trace:

- Do people tell the truth?
- Not understanding:
 - Don't know how it works / scary.
 - The test and trace remains very confusing.
 - Can understand some people are reluctant to self-isolate if it affected their income. Do not know enough about financial help available or how long it takes.
- Privacy issues:
 - Recent app does not inspire confidence / unsure about privacy / Bluetooth has to be on so not secure outside / will only work on a modern mobile phone / concerned about other government departments using the details collected under NHS Test and Trace without permission.
- Unhappy about programme:
 - Complete waste of time / useless / insufficient / roll-out disaster / disjointed / inefficient / a farce / a joke.
 - Costing a fortune / expensive.
 - It's not working well enough, I think. But, having said that are people isolating as they should do? I'm not sure - it is difficult to police and it is disappointing that some people do not do as they are told for the benefit of others whatever their age.

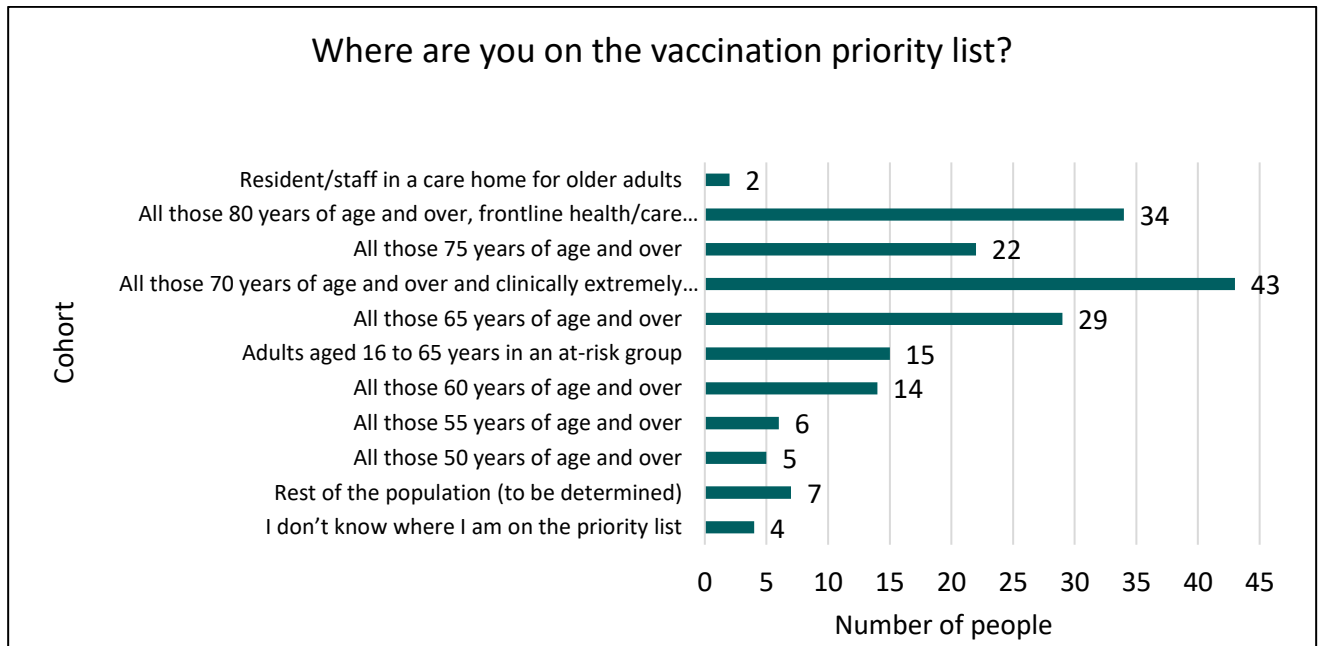
No faith in its delivery or whether it works.

Vaccination programme

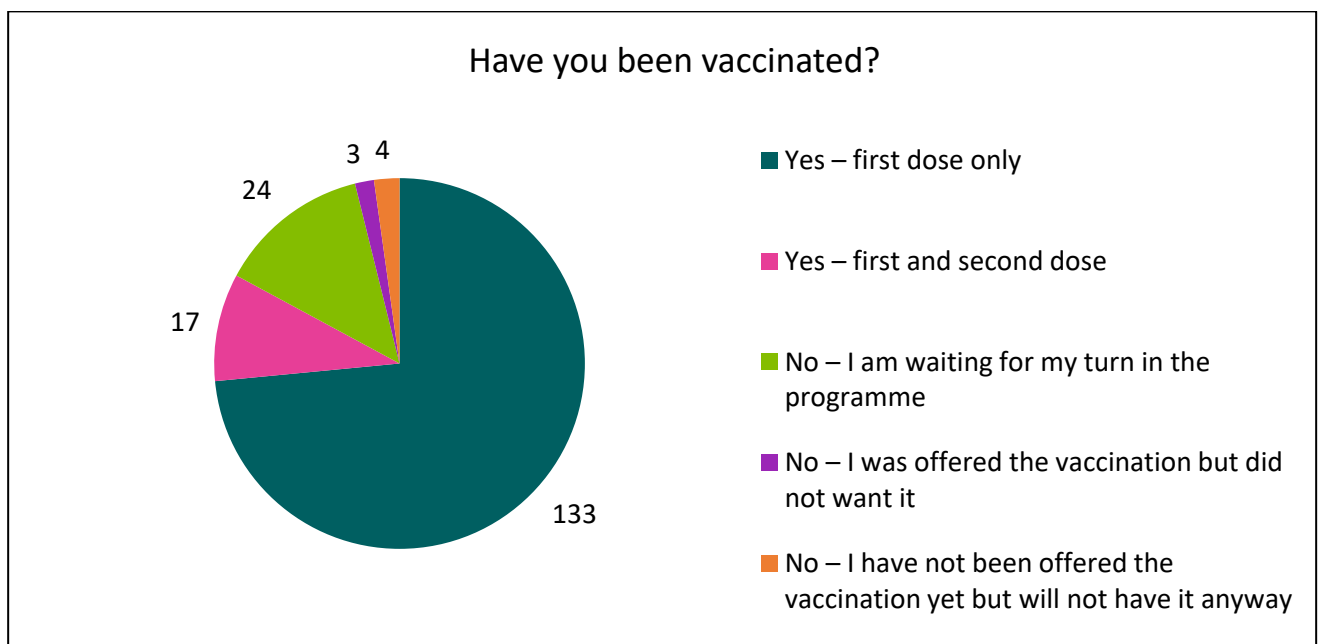
Only two comments were made in the COVID-19 survey about vaccinations. The remainder of the information in this part of the report is from the separate Vaccination survey.

The vaccination programme is rolling out very quickly. The responses to the survey are a snapshot in time for each person answering the questions.

Question - Where are you on the vaccination priority list?



Question - Have you been vaccinated?



Reasons for declining the offer of vaccination include:

- Said 'no' when they weren't thinking straight and have now changed their mind.
- Wanted to wait until able to choose which vaccine they have.

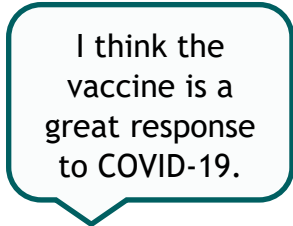
Reasons for not wanting the vaccination when offered in the future include:

- Doesn't trust vaccine.
- Lost faith in NHS after surgery in 2018. Says "*without a diagnosis, have been left to deal with my pain, disability and mental health with little or no help*".
- Not having jab as not enough evidence on the effects on fertility.

Comments

Praise:

There is a general feeling of satisfaction with the way vaccinations are being offered locally. Well-run and efficient are the types of words being used, with a lot of praise for the vaccination centres and the staff.



I think the vaccine is a great response to COVID-19.

- The people who developed it should be among the Queen's birthday honours list.

Location:

- Examples of people being sent for appointments out of area, or not to the nearest vaccination centre:
 - Glossop to Hyde.
 - Hyde to Denton.
 - Mossley to Oldham (had to use public transport - relative asked whether this was a sensible/safe option).
 - To Etihad.
- I turned up for my 2nd jab after 4 weeks like they said and everywhere was locked up (Hyde Leisure Centre). Nobody told me the appointments had been cancelled. There were lots of other people there too wondering what was happening.
- I would happily facilitate workplace vaccinations for my employees if required to.
- Vaccinations should remain local - not everyone has access to transport and taxis are expensive.

Vaccinations:

- A number of people say the vaccinations are the only way forward.
- Cohorts:
 - A number of people have stated they think certain professions should be included earlier rather than later, especially teachers and other front-line workers.
 - Most people seem to think the order of vaccinations is about right.
 - Seems based on how quick your GP is if you have a learning disability or are a carer.

- Some carers felt they should have been vaccinated at the same time as the people they care for/vaccine to be available to partners and household members of extremely vulnerable individuals all at the same time, irrespective of age etc.
- Vaccine booked. Says they do not feel allowance is made for other underlying illnesses.
- I was vaccinated in my home due to mobility difficulties - very satisfactory.
- I was wondering if it caused a skin problem but is OK now.
- Would prefer to be given a choice of vaccine.

It is four weeks since my vaccination so I know that if I do get Covid I won't end up in hospital.

Reassurance:

- For me, the jab offers the prospect of reassurance that if I get the virus again (I've already had it) I will cope better with it.
- I must admit I was not very sure at first about having the vaccination as I thought it was too soon (virus has only been around for over a year) but I now think that everyone must be vaccinated as there is no way out.
- It will be like the flu jab keeping things at bay hopefully.
- So grateful, has had a positive effect on my mental wellbeing.
- To save myself and my loved ones from Covid 19.
- We are just waiting for our second vaccine to take place now when we will both feel more relaxed (many people).

Questions:

- How will people who are not online get vaccinated at the right time?
- How will the housebound be vaccinated?
- I got very worried when my daughter took me for my 2nd dose. They turned me away because they were leaving us for 12 weeks now. How can they change official documents on the last minute?
- When will vaccines be ready for children?



Suggestions:

- Having vaccine should be mandatory / heavy fines for refusal.
- I feel the vaccination programme needs to be run speedily and effectively, using all possible resources such as Pharmacy Staff, Army, and suitably trained volunteers.
- Maybe more information/flyers in different languages to convince the ethnic minorities to have the vaccination.
- More should be done to educate the 'non-vaccine' community.
- People who refuse vaccine should be refused hospitalisation.
- We can only take advice from the medical profession regarding benefits of the vaccine but only time will tell. It's too early yet - like contraceptive pills and thalidomide tablets, effects were not known till later.

Mental health and wellbeing

This part of the report covers all the comments received about mental health and wellbeing. Some people had a mental health diagnosis before the pandemic and they tell us about how their care changed. Other people do not have a mental health diagnosis and talk about how the various stages of lockdown and restrictions have affected their mental health and wellbeing.

Many people commented on the impact of not being able to see family, either in their own homes or by visiting others. Comments included feelings of isolation and loneliness, and the effect on stress, anxiety, and mental health. This was across all ages, not just the elderly.

Some people said they were losing their independence, by having people do shopping, etc. for them whilst they had to stay at home.

Earlier we showed the graph about whether people felt their mental health had been affected by the pandemic (page 18).

The second part of this question asked **‘Please tell us more about this. Did you know where to get help? Was help available?’**

326 people provided a comment, although many people did not answer the second part of the question about getting help. Of those who did:

- 22 people knew where to get help if they needed it.
- 10 people said they did not know what help was available.
- 2 people said they did not think any help was available.
- 3 people said they did not look for help outside of their family.
- 1 person said they knew they could look online, but not how to actually talk to someone.
- 1 person knew they could get in touch with the GP but said you can’t get to see one at the moment.
- 15 people said they did not need to ask for help but did not say whether they knew what was available.

The rest of this section about mental health and wellbeing has been broken down into topics:

- Diagnosed mental health condition (page 50)
 - Comments about accessing mental health care (page 52)
- Comments from people who did not access mental health care (page 53)
- Online support (page 54)
- Benefits to lockdown (page 55)
- Ways to improve mental health and wellbeing and social activities (page 56)
- General comments (page 61)

Diagnosed mental health condition

50 people mentioned their mental health conditions. These included:

- Anxiety
- Anxiety and depression
- Autism
- Bipolar
- Depression
- Generalised anxiety disorder
- OCD
- Panic attacks
- PTSD

People talked about mental health support which had stopped or been changed. Here are some of the types of support:

- Anthony Seddon Fund drop-in sessions and groups had stopped.
- Assessments for children for EHCP (Education, health, and care plan) and ADHD (attention deficit hyperactivity disorder) put on hold.
- Change Grow Live (CGL for the rest of the report) groups stopped.
- Community Mental Health Team (CMHT for the rest of the report) - not received help.
- Community Psychiatric Nurse (CPN for the rest of the report) cancelled a visit and then had no further contact with them.
- Gaining access to mental health medication was difficult.
- Health and Wellbeing College groups and 1 to 1 sessions stopped.
- Healthy Minds - waiting many months following a referral, had not heard anything yet, and now expected an even longer delay.
- Healthy Minds support worker reduced to weekly phone call.
- Pennine Care (unspecified team) - not received help when they needed it.
- Some crisis lines were not available.
- Tameside Oldham and Glossop Mind (TOG Mind for the remainder of the report) face-to-face support groups and counselling had stopped.
- Women's Centre - counselling stopped.

Some of these services provided alternative solutions, including phone and video appointments. People who completed the survey mentioned these services:

- Age UK
- CGL
- CMHT
- Contact with mental health consultant.
- Counsellor
- GP
- Healthy Minds
- TOG Mind

The feedback is mixed.



Positive comments:

- Easy
- Helpful

Negative comments:



- A lack of privacy using the phone or video at home when you do not live alone.
- Healthy Minds meant to meet me in person and I've had to do things online instead which really weren't helpful to me at all.
- I have been in crisis twice since March. I haven't been able to get help until after my father passed away. I do not trust NHS services anymore.
- I wasn't able to access help with my mental health before Covid, so no massive change there!
- It is not the same on the phone.
- Need to have IT working to be able to use video.
- Not helpful.
- Phone calls are one of the harder things for me to deal with (social anxiety), so I have avoided some "help" that's technically been available, as would not have been able to cope with phone calls.

It is difficult to have a conversation with someone when you are struggling with your mental health. They need to see your body language.

Other comments about the changes to care provision included:

- It has been very scary. No one has really checked on me from the team.
- My regular services stopped and not given phone number to chase care up myself.
- They did not feel safe following their personal safety plan, which involved going to hospital, as they lived with an immunocompromised family.
- TOG Mind support stopped after 2 weeks, contact left open by phone if urgent.

Accessing mental health care

Comments include:



- Had accessed care before the pandemic:
 - Back on anti-depressants / increased medication.
 - Had a referral to Healthy Minds.
 - I am aware I can re-refer for counselling if needed. Am using meditation recommended in counselling last year.
 - Online groups and support are not the same as face-to-face. I do lots of things on my own, I don't want to do more, that won't help me.
 - Pre-COVID had therapy. Started going out. Then lockdown started and have gone backwards.
- Healthy Minds waiting list:
 - On the list for over a year, wait now extended. Have been put on list for video therapy.
 - Paid for private counselling as it takes too long to get help via the NHS or charities as there is so much demand.
 - Person assessed in June and told no help available for at least 6 months (severe anxiety and clinical depression). Trauma of parent dying, but wasn't allowed to visit, or go to the funeral, due to shielding.
 - Seeing a private counsellor by socially distancing in a park, when lockdown eased, as they could not wait any longer on the waiting list.
 - The long waiting list is now even longer.
- Phone calls:
 - Positive comments:
 - CGL amazing with phone support.
 - Contact with Healthy Minds helped.
 - During lockdown and when in Tier 3, getting depressed and not seeing a future. Be Well Tameside helped me.
 - Mixed comments:
 - 1 to 1 calls helpful, but not as good as face-to-face and groups.
 - Negative comments:
 - Can't do phone so had to Skype therapy. Hard not having face-to-face.
 - Care co-ordinator phoned - not great.
 - No help available except by phone.
- Unhappy with advice offered:
 - Support offered did not take into account circumstances. Told to get out and walk, but it was being out early in lockdown that was causing the increase in anxiety.
 - Double bereavement within a week due to COVID - GP said to give it time. Healthy Minds said death is a part of life and to move on as 'grief counselling is not a real thing'. No further advice about where to get help. Had to deal with house and look after family.



Daughter had a phone consultation. Has anxiety. Couldn't cope and put the phone down.

Not accessing mental health care

Here are comments from people who have not asked for help. Some people have a mental health diagnosis, and some do not.

- Am not doing anything - mental health is worse.
- Getting depressed and would like to talk to somebody about this problem.
- Help not available:
 - Carer for family members with mental health issues. Appropriate support never available before COVID so coping is always a problem. Pandemic has made it harder to care for them.
 - I can't get any help.
 - My son can't access mental health services in Tameside as no service if not mainstream or severely disabled and a child. Don't want to move so he has no support.
 - Phone contact not appropriate, if it's available.
 - Sought help from local TOG Mind but unable to access at present.
 - Partner died of cancer - I even had a call from Action Together who informed me that there were no activities available because of the pandemic.
- Help not needed yet:
 - I didn't get help, as not needed. I just feel trapped, there's no escape.
 - I haven't sought medical help as hoping on 2nd December I can swim again which is a perfect de-stresser for me.
 - I'm not bad enough to take up time needed by people with the virus.
 - Impact on my mental health has been slight, so I have not sought help.
 - Know I can contact mental health services if necessary.
- Not sure any help would help so didn't seek any.
- Pregnant. Had postnatal depression previously. Told midwife this at booking appointment. Feel let down - seeing different midwives at each appointment. No information about care and planning. Husband not able to attend. Feel completely alone.
- Self-care:
 - Anxiety triggered unhelpful coping strategies. Lost confidence. Trying to manage myself. Feel face-to-face support not available.
 - Got help by talking to family / friends / colleagues.
 - I get daily updates to use, or provide other people with, so I can access these with ease.

No help for people with healthcare related anxiety and phobias. Vicious circle.

There doesn't seem much point in contacting overwhelmed services for support as this just adds more stress.

Some people feel the services available could be improved, or changed, or have questions/suggestions:

- Current service:
 - Don't put patients to the back of the queue where mental health is needed over how Covid is affecting new patients.
 - Feel strongly current service not fit for purpose, even before pandemic. Worried many more people will suffer with their mental health and the service will not be able to help unless it is adapted.
 - Massively overstretched and underfunded at the best of times.
 - Overhaul empathic approach.
 - Too long a waiting list for anything.
 - Worked in mental health for most of working life. Resources not now there. People are told to ring the Samaritans.
- Questions/suggestions:
 - How do we support people that have been affected by PTSD from this pandemic?
 - I believe that we have to look after the mental health of all family members and offer support which is accessible.
 - Need to look at alternative complementary therapies instead of prescriptive medical options.
 - Support staff for vulnerable people should be able to meet up outside including outdoor meeting "rooms" which have those patio heater things and are far enough away from others that it is confidential still.
 - We need to rethink how we provide mental health support - there is and will be an increased amount of people who need to access this. I believe support groups in the community are the way forward to allow people to process their experience of this time in a safe and supportive space.

So much uncertainty. Needs to be opportunities for people to talk about pandemic experience openly and honestly. Community groups could offer mental health support in recovery and prevention. Value of connection, communication, and creativity in the community on mental health - needs to be recognised more and resourced.

Online support

Here are some comments from people who tried to access mental health support online. The support available has received a mixed response.

Positive comments:

- TOG Mind course - mindfulness. This person said they preferred the online course, because they did not have to find somewhere to park.
- When attempting to access mental health support initial call-back following online self-referral was very prompt (less than a week).



Mixed comments:

- Helpline was useful but the information and support was not acted on by Pennine Care.
- Rethink Mental Illness - provided good support, but was not enough for someone living on their own.
- While there is online content and help, it's not the same as face-to-face contact.

Negative comments:

- Anxiety website - there was too much information and it was difficult to follow.
- Don't find web services easy as they are too impersonal. Wouldn't want to ring a helpline.
- Online form completion - one person needed to get help to complete. Another said phone would have been preferred.
- Online GP form. It was a crisis situation of mental health for my daughter and I found it very distressing filling in a form.
- Samaritans and TOG Mind websites - looked at after crisis episodes, but not much practical help.
- Tried the helplines but they refer you back to web pages.



Unknown view:

- App downloaded for relaxation techniques - no comment about whether it helped, or not.

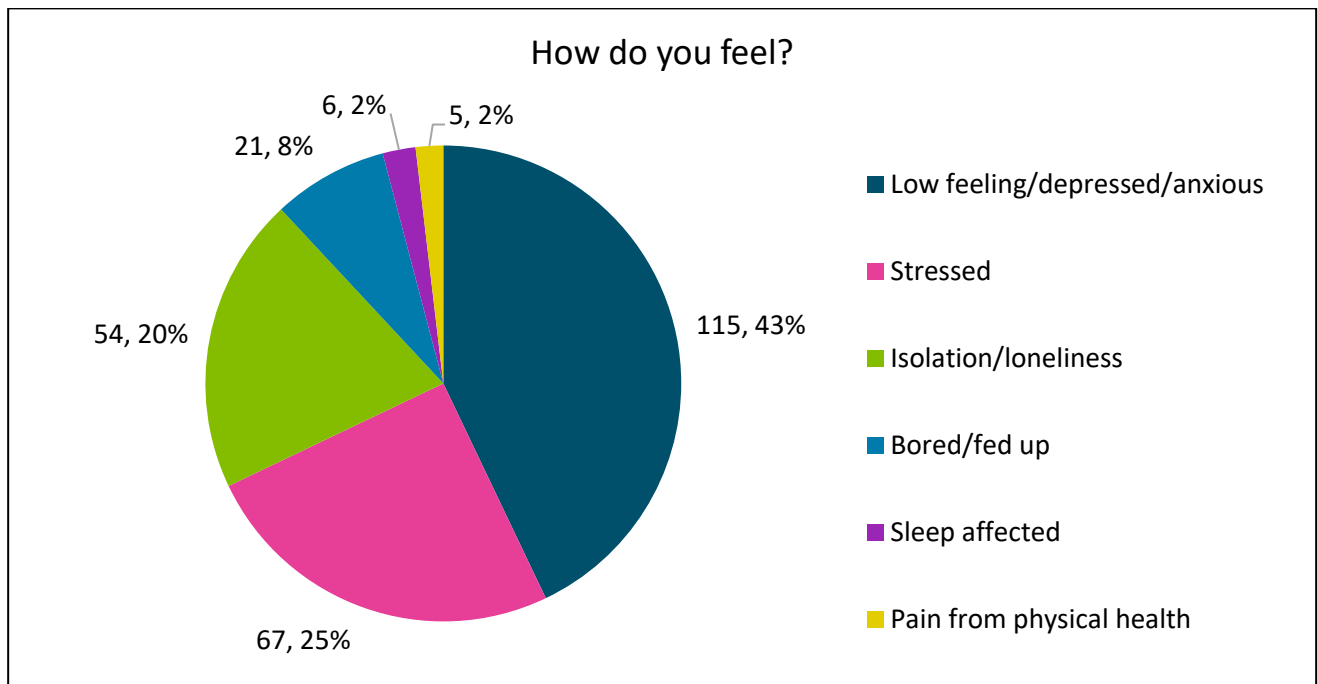
Benefits to lockdown

Some people said there were benefits to the pandemic and lockdown. These included:

- A slower pace of life.
- Able to get out walking and learn about the local area.
- Estranged family member got back in touch. This has helped no end.
- Having to stay at home took away some personal stresses.
- Housebound but ok/happy
- It took away the pressure of going out, which helped their mental health.
- Some people describe themselves as not being very sociable, and were happy to stay at home.
- Someone with agoraphobia said there was now more available online, and they were able to take part in things that they could not do before.
- The quiet atmosphere of working from home.
- Working less hours and not travelling during rush hour.

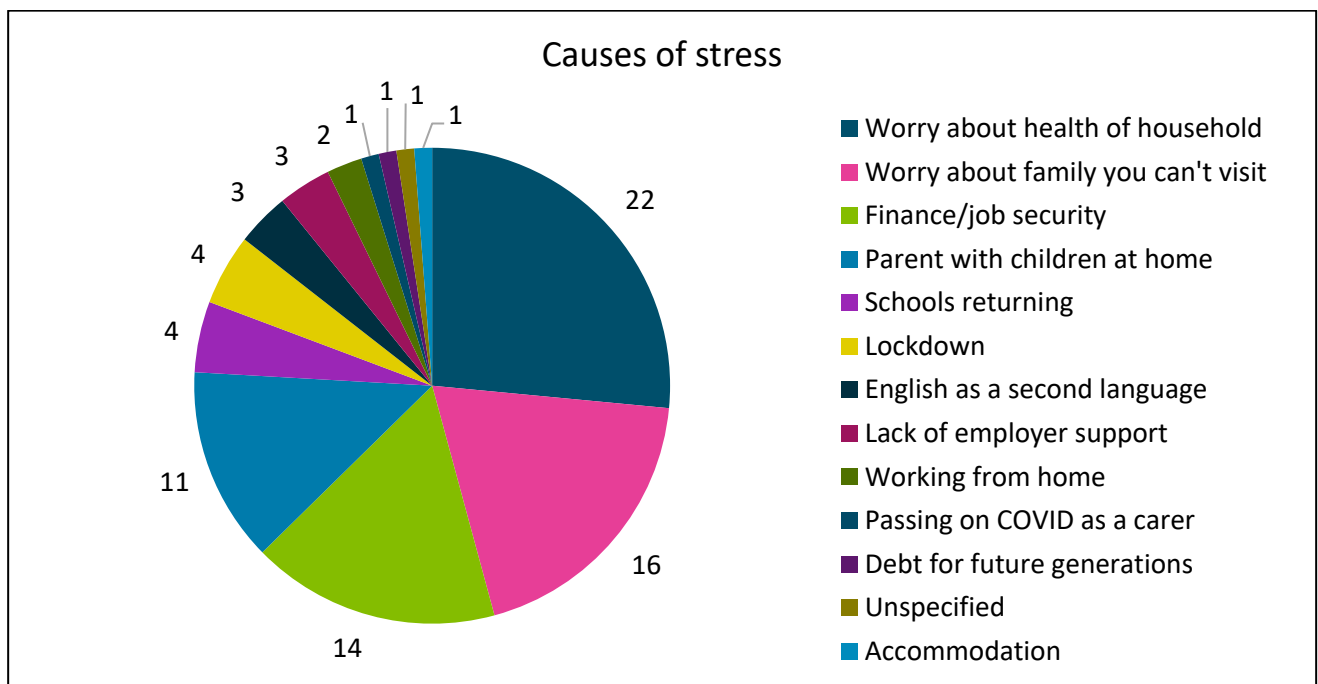
Ways to improve mental health and wellbeing and social activities

People have commented on how the pandemic is making them feel. The comments are mostly negative. This graph shows the reasons people gave for their negative comments.



'Low feeling/depressed/anxious' includes low mood, feeling like a prisoner, being tearful and anger.

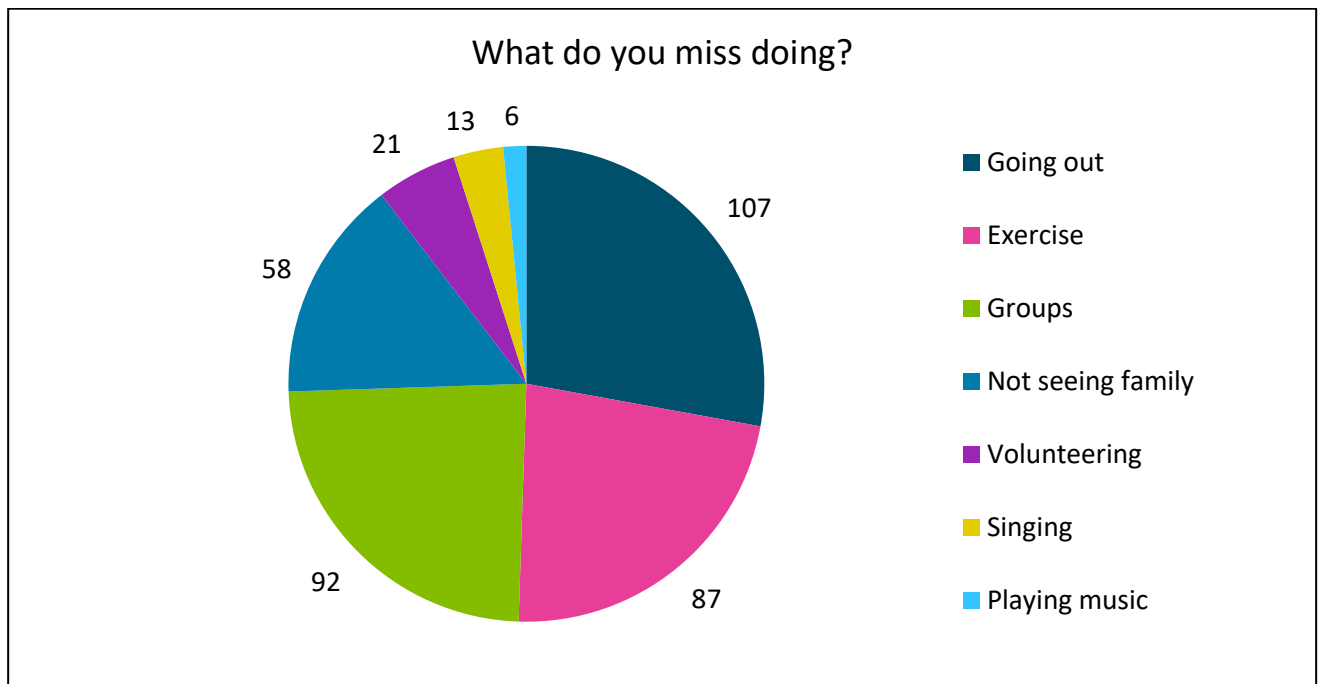
We have looked at the reasons people gave for feeling stressed.



On page 20 we show the results from our question about the cancellation of social groups and activities.

We also asked ‘Please tell us more about this. What sort of activities did you join in with before? Have you done anything else instead, perhaps online?’

The next graph shows the types of activities people have stopped doing during the pandemic, and would like to start again.



‘Going out’ includes shopping, meeting friends, university events, days out, going to the pub, eating out, going to the library, going to the garden centre, cinema, theatre, concerts, meeting up for computer gaming, and quizzes.

‘Exercise’ includes swimming, running, dancing, keep fit, going to the gym, long walks, golf, yoga, snooker, bowling, crown green bowling, curling, Zumba, Pilates, karate, and football. Some of these exercises were done in groups with friends (not included in the ‘groups’ theme) which added to the social aspect.

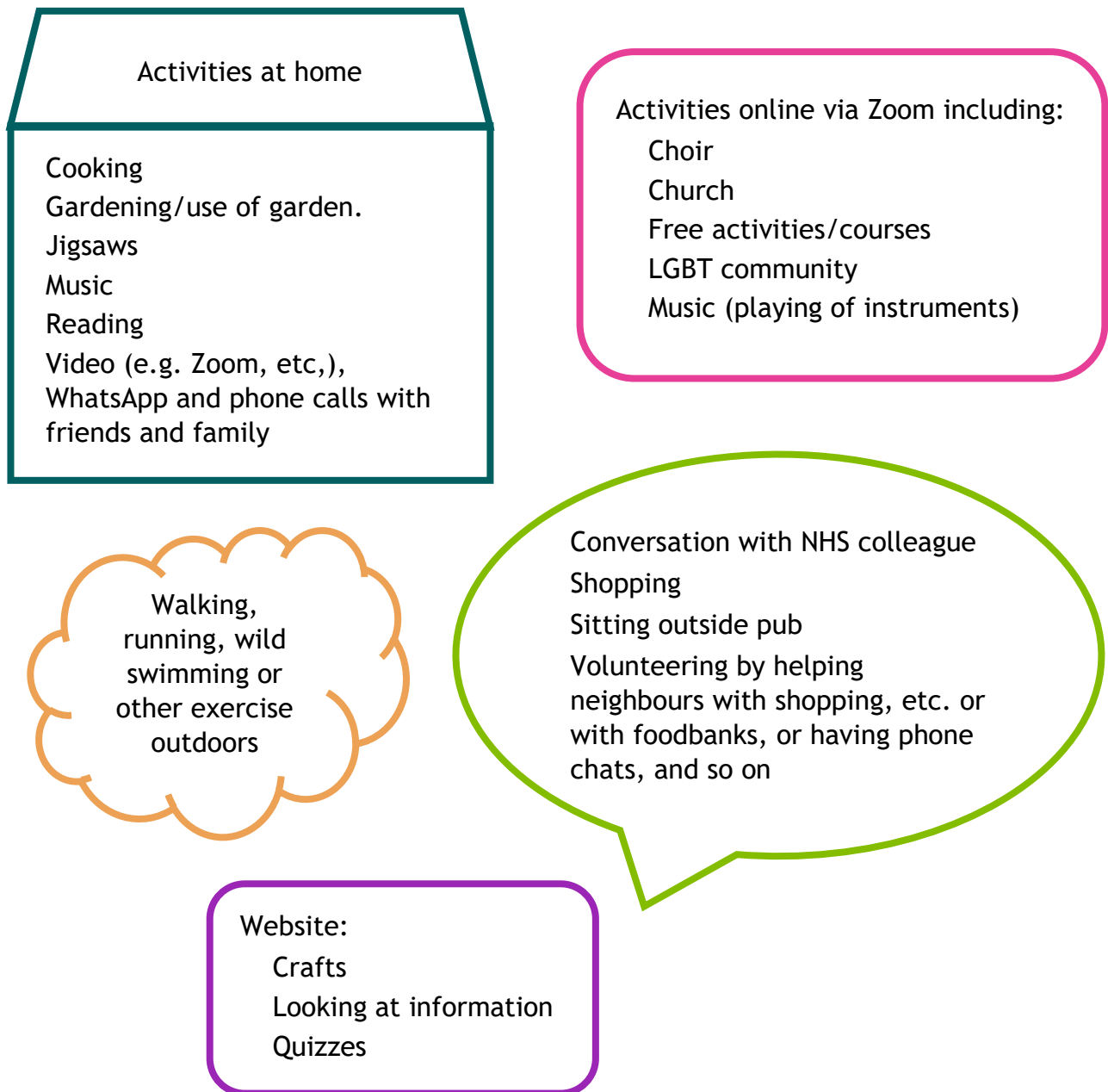
‘Groups’ include antenatal and postnatal peer support, community mental health peer support, carer support, church services and church-organised social activities (includes all faiths), community centre groups, book clubs, luncheon clubs, PPG at GP surgery, health support groups, slimming groups, classes for hobbies and/or learning new skills, uniformed organisations for children, baby and toddler groups, and various social groups.

Respite

People told us how family members who are taken regularly to groups for support had been affected. These included a Seniors Club, a day centre, groups at a community centre and various unspecified support and social groups. The family member missed attending the groups, and the respite for the family disappeared.

Ways to improve wellbeing

We looked at what people said they were doing during the pandemic, to help themselves keep busy, and to improve their mental health and wellbeing. The types of activities include:



Some people made comments about how certain activities helped them. Comments including various ways of social interaction were the most common.

- Getting outside most days really helps.
- Have managed mental health by having a media and social media blackout.
- Have seen friends while out walking and shopping.
- I try to keep active/busy.
- I try to keep busy mentally.
- Social interaction and support are vital for my wellbeing.
- Try to stay positive.

Social activities:

As we mentioned earlier, many people miss their social activities, and told us about the impact on both their physical and mental health. Here are some of the comments, including views on the alternatives available during the pandemic:

- Impact:
 - I am no longer doing any exercise at the moment as I don't have the space at home to do a class online.
 - Miss playing out with friends.
 - Miss singing in a group - massive benefits to wellbeing. Very annoyed you can go to a pub and socialise but singing and music making mostly disregarded.
 - Miss the wider network of parent friends from groups my children attend.
 - Missed seeing friends and not being able to ask them questions about the pregnancy/baby. Missed attending NCT classes.
 - My strategies for managing anxiety and depression usually include socialising and talking to friends, yoga, swimming and other exercise classes which have not been possible so my mental health has suffered.
 - No books, I missed reading, library was closed. It should have been open.
 - Would like to be updated about mental health social groups opening up again. An emotional isolation.
 - Alternatives:
 - Dancing at home not the same as interacting with others.
 - Doing meetings all day for work. Too mentally exhausted to do online activities for me.
 - Enjoy online classes, groups, and church services but not the same as being there in person/online activities do not replace social contact and human interaction (many similar comments).
 - I'm Zoomed out.
 - Meetings replaced by newsletter/emails.
 - Not interested in online/it's rather false, not spontaneous/not comfy.
 - Online support not the same as face-to-face. I did things on my own before Covid. I don't want to do even more.
 - Support group tried Zoom meetings but a lack of staff to run them, so stopped.
 - Future:
 - Anxiety and reassurance that things we as a society value like social clubs, social events and gatherings will be supported and reintroduced when able, because mental health relies on community.
 - I think that more outdoor health schemes could be set up, including helping people to grow vegetables in pots in homes and yards, walking clubs, and outdoor exercise 2 metres apart.
 - More social classes (needed) for meeting people.
 - People want to be able to go swimming with their friends.
- Miss social interaction of volunteering.
- Please start small groups again. These are my lifeline. (Many similar comments)
- Not easy for everyone to access free online alternatives to exercise and other groups.

The second part of our 'Please tell us more' question was 'Do you have any concerns about groups and activities opening again? If you have attended any groups/activities that have re-opened how was it?'

Re-opening of groups and activities

Groups/activities that have opened and comments made:

- Attend church with social distancing.
- Choir now meet in COVID-secure setting - very different.
- Junior Sports Clubs have opened following Covid rules.
- Meeting fellow musicians - still very cautious.
- No concerns about them opening as long as rules are adhered to.
- Restricted to 6 people. Not the same interaction.
- Schools re-opened but still can't volunteer due to being vulnerable.
- Socially distanced Tai Chi. It was good to see real people again!
- Sports Centre using sports hall for large class sizes.

Groups that have not opened:

- Choir not moved online / or choir by Zoom.
- Closed since March - no prospect of opening.
- Group for vulnerable people unlikely to be open for a very long time.
- Group mothballed until February. Worried people won't come back, and the group won't survive.
- Groups playing music together.
- Hope baby groups open soon.
- I am not able to access the community / emotional / practical support I am used to and I miss people that I like and love.
- Tried to keep the group going online, but others didn't have the tech or didn't want more Zoom activities.

Feel Be Well exercise classes will not resume which would be very sad.

Not certain when luncheon club will get going. The diners are looking forward to it. For some it is the only time they go out in a week.

Concerns:

- Funding:
 - A lot of activities may stop due to lack of funding (local clubs/groups/theatre and restaurants mentioned).
 - Worried that groups for toddlers won't start back up if organisers haven't received any income through the pandemic.
- How will I know if they open up again? It was hard enough to find them before.

- Safety:
 - Concerned about groups opening too early / people not taking precautions / needs to happen gradually.
 - Do not feel it is time to restart face-to-face activities. Will continue being cautious. Some groups are attended by people in the clinically extremely vulnerable category.
 - Have concerns about returning to gym so have taken up outdoor exercise.
 - Have less concern about Brownies opening, compared to pubs.
 - I don't think it's a good idea to open again until it is safe for all.
 - Pubs have opened but my group of friends don't feel safe meeting in person yet.
 - Worried about returning due to caring responsibilities.

Slightly concerned that the class will not be open again if we are in lock down for a prolonged period of time.

General comments about mental health and wellbeing

These comments are from the answers to the questions about mental health and wellbeing and also the more general questions. Some comments which affect mental health and wellbeing have been included in the Communication, rules and guidance section (page 28) where they are also relevant, and are not repeated here. There is also information in the graphs on page 56).

- Children/grandchildren:
 - Children are affected by my own stress levels.
 - Do children spread Covid?
 - Emotional impact on grandchildren noticeable.
 - Juggling working from home and home schooling/children at home stressful.
 - Many comments about not being able to see grandchildren, including new-borns.
 - Support may be needed in the future for the impact of the pandemic on children - not seeing their friends, not going to school, not attending clubs and activities, not being able to take part in sports. One person said the younger children in their family seemed to be coping better than the older children.
 - Toddler's behaviour and wellbeing a concern during lockdown. Didn't understand why couldn't see grandparents, or go to activities and groups, or go to nursery.

Hope schools are understanding of children with mental health issues and know the signs to look out for.

- Dementia care:
 - Difficulties looking after ageing parents from a distance, and their health is deteriorating with the lack of social interaction and respite care. Still waiting for a formal dementia diagnosis for one parent, following tests carried out during lockdown. Dementia progressing rapidly. Other parent finding it difficult to cope with the changes.
 - Lack of support.
 - The memory clinic was closed so family unable to get a diagnosis or advice.
- Employment/concerns:
 - Excellent support / lack of support from employer.
 - Key workers have found it hard being isolated from their families.
 - Loss of employment for freelance mental health therapists during the pandemic. Registered with NHS rapid response but received no calls. I feel so helpless and sad and quite frankly angry.
 - Miss the connection of meeting work colleagues and getting support at stressful times. No-one to share bad days with.
 - Ok until September when husband made redundant.
 - People being made redundant and losing income is going to affect us all.
 - Think new ways of working and social distancing isolates some sections of the community.
- Have been to 2 funerals since March. One an undiagnosed mental health condition leading to suicide. The other a close family friend - possibly avoidable with more support from the GP during shielding.
- Increase in vulnerable adults and young people being groomed online. I was sexually assaulted during lockdown and this was made possible by my mental health problems.
- Personal:
 - Proud and don't discuss feelings.
 - Losing interest in own appearance.
 - It's hard to stay positive in a pandemic when you're in your 70's.
 - It's just what everyone has got - generalised anxiety (because we are so out of control).
 - Loss of confidence.
 - Loss of independence was mentioned many times, and the feelings this leaves people with.
- Physical health conditions affecting mental health. Pain is having an impact on mental health and wellbeing because of:
 - Cancellation of pain relief injections.
 - Delays in physical treatment.
 - Lack of exercise which keeps arthritis, for example, manageable (see page 71 for comments).

People (including without a diagnosis) are deteriorating with the lack of routine.

I believe the psychological impact has far outweighed the physical impact in my family.

Other factors:

- Delaying getting help for physical condition, living with the fear something seriously wrong.
- Health deteriorated due to lack of mental stimulation/social interaction.
- Lost weight - worried about contamination on food wrappings or on food that can't be heated.
- My sleep has been minimal for months due to my husband's health problems, and now I am frequently on the verge of tears during the daytime, and very irritable with everyone.
- Not normally depressed but due to a lot of medical problems I have got quite anxious about going out.
- Pregnancy
- **Shielding/isolation:**

People can feel lonely or isolated, regardless of age and circumstances. Younger people living alone, children missing their friends and people who live with a partner but miss a busy social life out of the house. Here are some of the comments. There are additional comments in the Communication, rules and guidance section on page 40.

 - Anxiety / depression worsened during isolation.
 - Being isolated gives people time to think / worry. Buried memories re-surface causing problems. / When it started and they were saying a lot of people were dying, sat at home on my own. Started thinking about my past life, and things preyed on my mind.
 - Have dementia diagnosis and completely isolated. I won't have anyone in my home. My daughter is my main carer but she doesn't live with me and is shielding.
 - If I had been allowed to have one other person in my garden this would have been a massive help.
 - Not having interaction and communication with people is lonely.
 - We are shielding and trying to keep our single dad son sane by phone.
- **Times when wellbeing has been affected.**

Some people were affected more in the early months, others more so later. The changes to the rules/guidance have made a difference to how people feel.

 - Fear and panic in the early weeks but used to it now.

Fine until 2 weeks ago - some personal factors, but mainly the cumulative effect of not being able to travel or touch people.
 - Got depressed a few times in lockdown, ok now.

Respite is missed by:

Parents - when children cannot attend their usual activities.

Carers - because all day centres and activities are closed.

Young Carers - groups are not meeting.

Feel anxious again now numbers are increasing, in case return to full lockdown. Don't know how I'll cope with stricter measures.

- Hard in the beginning until could go for a walk and go shopping at separate times. Fine after that.
- Noisy neighbours.
- Nothing major. When things started to ease but still couldn't do the things I enjoy, that's when impacted negatively.
- OK while the sun is shining / can get into the garden. Not looking forward to winter / weather made me a bit down.
- Only been affected since September/October. OK until then. Try and occupy mind with positives.
- Really difficult looking after a toddler and a baby without support, especially when partner at work. A little easier when could go out more than once a day or could meet people outside.
- Too cold for family to stand on pavement now and chat while we are in the garden.

Other things affecting mental health and wellbeing:

- As a carer / healthcare professional / keyworker - worried about passing on COVID-19.
- Closure of school and college.
- Unable to visit relative in care home.
- Unknown future with no end in sight.

Social care

Here are the comments from the free-write responses which mention social care. (See page 24 for the graph.)

Positive comments:

- Care package put in place after hospital discharge.
- Home domiciliary care and home healthcare visits have continued throughout.
- I have a cleaner 1 hour a week, best thing I've ever done. Also someone to speak to.



Mixed comments:

- A carer comments that they wear PPE, have continued visits but for shorter length of time.
- Cleaner did not come for a while, but better now.
- Community nurse working with the elderly continued to work wearing PPE, visits reduced. Many of the people they work with have poor hearing and the wearing of masks by staff makes communication difficult.

Negative comments:

- Home care:
 - Care workers not visiting - e.g. sitting service, personal care.
 - Elderly acquaintance not receiving his proper adult care support package from Derbyshire Social Services. Resultant chest infection, hospitalised, and now deceased.
 - Home care visits reduced, less reliable.
 - I am a care support worker but my role is to socialise my client so I have no job.
 - I have had to get a cleaner and I can't do any gardening that I love.
 - Stopped cleaner for house. Too concerned even when lockdown eased.
- Residential care:
 - Unable to get a place in a care home for mum - had to sleep at her house to keep her safe at night.
 - Unable to visit relatives/friends in residential home. Changed to one visit per week for some. Not good socially and mentally for people having dementia. Some mention use of technology to keep in touch, but not all residents can use technology. One person died.
- Respite care:
 - Closure of day services.
 - Needed respite care for 2 weeks due to family carer being unavailable. Told to use private service due to assessment process, and associated risks, for care that would only be needed short term.
 - Young Carers group stopped, so no respite for children.



- Social care:
 - I have been trying to get help from social services, struggling with seating and getting in out of chairs. But no one wants to make contact.
 - Social care in Tameside is abysmal. Undoubtedly, they need more financing, but also an overhaul in how services are delivered.
 - Speak to social worker on the phone. Not seeing vulnerable people. The approach is inconsistent.
 - We met our son's new social worker prior to lockdown. She rang once and now seems to have disappeared into thin air.
- Unpaid carers:
 - Family helps me when I need anything. While I've been shielding I have had to manage alone.
 - Unofficial carers had to stop visiting to provide help, to protect everyone.

Suggestions from responses:

- Anyone needing home care should have been put in a hotel with their carer in lockdown. Would have saved PPE costs.
- Care homes should have been locked down straight away with the staff.

Support from social prescribing team and community organisations

Many people talked about support they received in the community. Here are some of the comments.

Action Together/social prescribing

- Found Action Together by chance and they have been brilliant. Still bring prescriptions to me now. Welfare call as well.
- Great support - thank you.
- Now an active case linking to community activities online.
- Phone calls.
- Referrals (see comments below).

Anthony Seddon Fund

- Hope Anthony Seddon opens soon.
- Phone calls.
- The Anthony Seddon charity in Ashton-under-Lyne has been more helpful to us than anyone else during this time.



Being There

- Being There group meetings cancelled.
- Being There have kept in contact by phone / without these calls I would have totally lost it.
- Being There is another group who have helped me as I didn't see the point of going on.
- I go to Being There support group, activities in Debdale Park have had to stop. This is very bad for me as I live alone.
- They keep in touch with my by phone now, but it is not the same.

Foodbank

- GP sent me to foodbank.
- Staff have supported me to be referred to food banks.

Food deliveries/shopping

- Friend told me about Age UK helping with food shopping and I rang them.
- I had food delivered in the beginning. Stressful when supermarkets keep changing booking system.
- I have had to get my friend to help pick up shopping when I can't get a delivery from the supermarket.
- If needed, we would need to know how to arrange food deliveries.
- My Mum is housebound, she can't walk but couldn't get on a priority list for online shopping delivery.
- There needs to be some way of linking a CEV (clinically extremely vulnerable) person to a non CEV persons Supermarket account. I am shopping for five people. I have no way of securing a priority slot with my supermarket, as I am not on the CEV list. This is a worry, as, if I catch the disease, five people would be without food.
- We are in isolation and had food delivered via milkman, local greengrocer and supermarket items delivered by our sons.

I'm on strict lockdown. All food and medication is being delivered to me.

Food parcels

- Called council many times for food and wasn't helped, left 4 days no food.
- Due to being clinically vulnerable I received food parcels.
- I got food parcels in the beginning, but now go out to the shops myself.

- My GP arranged for us to get a food parcel. Got one every Thursday, couldn't get online deliveries for weeks. When we got them we cancelled the food parcel.
- Was getting food parcels, but told these have stopped without notice.
- Where are the food parcels for older people when you can't get out? Something should be put in place for this.

Good Sams

- Asked for the Good Sams support, got support with shopping.
- I have got a shopping buddy through Action Together Good Sams.
- I was referred to the Good Sams service by the social prescribing team.
- Social prescribing - set up Good Sams for food shopping.

Henshaws

- Have helped me.
- Ring me.



Inspire

- Phone calls.

Miles of Smiles

- I've used Miles of Smiles for years, but this has had to stop for now. I need transport so hopefully Miles of Smiles will start up again then I can go to dentist.

NHS volunteer

- I have got a telephone buddy. Set up by NHS volunteers. This is the first time that I've had a phone buddy. I'm happy with it.
- Joined the NHS Volunteer Service for telephone help but never got one call after connecting for over 100 hours - area of regard should be wider.
- NHS volunteers have been a God-send bringing me prescriptions when I have needed them and food parcels.
- The covid hotline sent me through to Action Together who referred me to NHS responders for a buddy call.

Silverline

- Every phone call makes a difference, I don't feel as alone.

Physical health

In our question about physical health, we wanted to find out how people are managing their existing conditions, and what effect changes to care during the pandemic is having. The yes/no/not applicable graph about whether the pandemic had affected people's non-COVID-19 physical health care is on page 21.

Further detail follows in this section.

The survey was open for approximately 8 months. The information provided in the early responses may have changed during this time. People may have received treatment that had been delayed, or they may have experienced delays we have not been told about. We are using the information in the way it was provided, as a snapshot in time.

Cancelled/delayed appointments

Many people told us about the type of appointments which had been cancelled or delayed, due to the pandemic. Here are the types of appointment mentioned:

- Dental appointments/treatment (50)
- Diagnosis (6)
- GP appointments:
 - Injections - B12, pain, probat, eye, cancer (28)
 - Medication review (4)
 - Regular reviews/check-ups - asthma, diabetes, COPD, hypertension, etc. (21)
 - Suspected diabetes follow-up (1)
- Hospital clinic appointments:
 - Audiology/ear syringing (11)
 - Cancer clinic/MacMillan nurses (5)
 - Cardiology/respiratory (23)
 - Colorectal/gastroenterology (5)
 - Dermatology (2)
 - Endocrinology (3)
 - Gender clinic (1)
 - Gynaecology/maternity (8)
 - Haematology (1)
 - Neurology/MS nurses (5)
 - Ophthalmology (15)
 - Orthopaedic/pain clinic (14)
 - Physio (6)
 - Podiatry (6)
 - Post-operative (7)
 - Urology (5)



- Operations:
 - Cancer (3)
 - Cardiology (3)
 - Cochlea (1)
 - Eye/cataract (5)
 - Gallbladder (1)
 - Orthopaedic (9)
 - Unspecified (13)
- Optician appointments (6)
- Sexual health (1)
- Tests:
 - Blood tests (18)
 - Cardiology/respiratory (7)
 - Mammogram (3)
 - Smear test (1)
 - Unspecified hospital tests (1)
 - X-ray/scan (13)
- Unspecified appointments/treatment (47)



Some care continued but in a different way. Some of the delayed/cancelled appointments were changed to phone or video appointments. Others were re-arranged with COVID-19 precautions. This included:

- B12 injection with strict PPE
- GP, nurse, consultant and other appointments by phone or video
- Home visits where required with PPE
- Maternity care
- Physio by phone or exercises on paper
- Scan at night when quiet
- Test results by phone
- Use of email

Care for physical conditions

The next part of the report looks at the free-write comments about care for physical conditions during the pandemic. This could be existing or new conditions. Any comments about use of technology to access care will be included in a later section.

The survey does not ask for details of which GP, hospital or other service provided care. This was deliberate to help with anonymity, and encourage people to provide more detailed information. It is possible that some of the comments will relate to care provided outside of Tameside and Glossop. This could be because the respondent lives outside this area, or because they have been referred out of the local area, perhaps for specialist care.

Where a hospital, etc. has been named, we have not included the detail in this section of the report. Any positive or negative comments have been shared with the relevant service provider whilst the survey was open (with any identifiable information removed).

Bullet points are in alphabetical order within each theme.

General comments

Positive comments:

- Anything I have required (very little) has been available, if in a slightly different form.
- Very good no problem at all. Think they are all fantastic, doing good job under the circumstances.
- Much less waiting time if you need appointments is a positive.



Negative comments:

Some points of general concern were raised, including:

- Increased health problems:
 - I believe I had the virus in January. Since then I have had problems with my eyesight, skin and worst of all my blood sugar was very high.
 - I have sight problems. Macular degeneration is an ongoing thing and will only get worse.
 - Lack of exercise - here are some examples from the survey responses:
 - Am now crippled with knee arthritis because I cannot swim and I usually do so twice a day. This will ultimately cost the NHS.
 - Arthritis deteriorated due to lack of exercise. In pain.
 - Chronic pain and fatigue. These have worsened through lack of exercise and online classes haven't been available.
 - I have developed back problems during lockdown and this has greatly reduced the only activity I was allowed to do with other people.
 - Lack of going outside caused increased pain from arthritis. Affected ability to stand so cooking less enjoyable meals. No longer want to go out at all.



- My arthritis is worse than ever and as many old gym bunnies are in the same boat we will probably cost the NHS millions in new hips and knees which didn't need doing before this thing hit us.
- Not being able to go to groups is affecting the mobility of people with dementia who do not like to go for walks.
- Lack of social interaction has led to a deterioration in health conditions.
- Pulmonary fibrosis needs to be discussed more as it's a terminal illness and needs more awareness as covid would massively impact people with this disease.

- Issues with NHS:

- Huge difficulty accessing services in a timely manner. Because professionals do not see the patient, they fail to realise how badly that patient has deteriorated. It has been impossible to get anyone to take an overall view of the patient.



- I am worried that people will give up trying to go to doctors when waiting on phone so long and ignore potentially life threatening conditions.
- I have various issues with all steps to access NHS services in the last 6 months (several services named), which have identified issues why once you give your history, this cannot be followed through to each aspect of the medical professionals that need it.
- I honestly believe the NHS has made my own and my families health worse.
- In Tameside, we operate an Integrated Care Service. Currently, our GPs are not a part of this and they should be ashamed. Carers are back in work, District Nurses are back at work holding clinics and doing house calls, Dentists are back treating patients, walk in Centres are open, lymphoedema clinics are working fine again, but you can't get past a GP's receptionist on the phone. It's easier to speak with a pharmacist than a GP. This needs to change quickly.
- Need to review the policy of patients waiting outside for their appointments. Not appropriate for elderly, very young and ill patients, especially during the winter. This needs urgent review.
- Services have been changed without patients being informed, eg the closure of Charles Street in Glossop meaning there is no longer a space available for routine appointments. There is now no NHS support available without travelling into Tameside which is an added expense and can be exceedingly stressful.
- Too many missed appointments and cancellations. Too much paperwork. Not getting anything done.

I think this pandemic has shown the flaws in our so-called health service, the inequality and equity of access to services, specifically for those who are not IT literate or can't speak English.

- Not receiving care:
 - Being diabetic type 2 I do have serious concerns that my health issues are not being met in an appropriate manner.
 - Don't know where to get help with weight issues.
 - I've had a few falls not even worth trying to see a doctor or hospital - just took more painkillers and rubbed gel in and suffered.
 - We need to start getting back to some normality. There are other illnesses - mental health, cancer, asthma, etc. - that haven't gone away because of Covid yet we can't get treatment. It's like they want to kill us off!
 - You were made to feel you couldn't get medical health for other health conditions other than covid related symptoms.
- Transport:
 - Some people say they are afraid to go to hospital, or their GP if they need to, or to go on a bus.
 - Whilst patient transport is not available, some people have cancelled appointments.

A number of people said they are putting off making appointments, even for urgent matters such as itchy moles. Some said these can wait e.g. ear syringing, shingles vaccination, audiology.

There are people who worry for days before an appointment, especially about how they will get there. They may need a relative to take time off work, which cannot always be done. As you get older, it gets harder to get to appointments.

- Worried when unable to accompany patient to hospital, or visit, especially if they are vulnerable.
- Worrying about parking for appointments is stressful.

Suggestion:

- Advice should include the benefits of vitamin D supplements, also Vitamin C, zinc and magnesium.

Service specific comments

We now look at the comments about different types of physical health care, both positive and negative. Where there are multiple comments made which are very similar, these are not all shown. This section is quite long. To help find a service, here is a mini index:

Positive comments	- page 74
GP practices	- page 74
Hospitals	- page 76
MacMillan nurses	- page 77
North West Ambulance Service	- page 77
Pharmacy	- page 78
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Podiatry	- page 90
Sexual health	- page 90

Positive comments:

There are many positive comments about members of staff, (caring, helpful, etc.) - too many to include them all. Some are included in later sections.



GP practices

- GP service:
 - GP phoned at set time.
 - GP requested my annual blood tests be completed at my home.
 - GP was checking my pain threshold due to cancelled appointment at the hospital.
 - Had a blood test taken whilst I was sitting in by grandson's car.
 - Had weekly calls from GP.
 - I cannot fault my GP for the support they have given me doing the pandemic.
 - Luckily, I managed to complete medical investigations just before lockdown. This was by chance because my GP got things done very quickly.
 - My GP service have been incredible and very supportive when my husband died of cancer during the pandemic.

- My own GP service has provided its usual high quality response in the pandemic. I have not personally felt as if it was offering other than everything necessary.
- Received advice.
- The only face to face appointment I require is to go ahead.
- The practice nurse called to ask about my type 2 diabetes.
- Treatment:
 - Certain things I know I have such as an ear infection and a UTI the doctor was able to treat.
 - GP appointment - stomach problem. Appointment went ok, had blood test and stool test and both results ok.
 - Had a high temperature but I got help right away and was given antibiotics that sorted it out. After antibiotics I had a call from the GP to check I was ok and they sent me for blood tests which were fine.
 - Had severe stomach problems lasting 4 weeks. Couldn't get to GP but had telephone consultation and they were worried as I may have needed to go into hospital for tests. These calls were very reassuring but I was afraid to go into hospital.
 - I had a telephone consultation with my GP due to an ear infection I had. He was a locum and was excellent.
 - I had an infection and was able to give a sample to a receptionist using COVID safe measures and as a result was prescribed antibiotics.
- Medication:
 - Asthma nurse - great, come to give me my monthly shots.
 - Changed or reviewed medication.
 - GP surgery have been brilliant and son was able to have his vaccinations at 8, 12 and 16 weeks as normal.
 - My GP has put me in contact with the in-house pharmacist and they sort my medication.
 - My vitamin B12 injections have continued during the pandemic. The surgery looked after me very well and kept me away from other people./Very strict on PPE.
 - Phoned for a repeat prescription instead of visiting surgery to drop off request. People said they prefer this method.
- Referrals:
 - Excellent from GP service and pain clinic referral.
 - Had a telephone conversation with GP who then arranged an ambulance to take me to hospital.
 - I spoke to my GP regarding my son and was referred to physiotherapy.
 - My doctor has been very good about getting me hospital appointments without a long delay.
 - My GP practice referred me to physio, ENT consultant, hospital appointments.

Following a discovery during a routine appointment I had a number of tests and follow ups.



- Spoke to GP about a sore which I have had for 3 months. Previously saw district nurse to put my mind at rest that it wasn't another ulcer. She said I needed to see a dermatologist. Told doctor this. He referred me to hospital.
- Spoke to GP/nurse who gave me a form to have an x-ray at Tameside Hospital. Very helpful.

Hospitals

- Appointments:
 - Follow up appointments at hospitals are really good, save time.
 - I saw a consultant at the hospital and he said he liked to meet his patients face to face at first as he can learn a lot from people's reactions. Next time it will be a telephone consultation.
 - My consultant telephoned to say he would send me a letter re: having my knee replacement when the hospitals start doing operations again.
 - My hospital appointments were not cancelled. / Telephone call from hospital to confirm my appointment still to go ahead and did.
 - My husband had a hospital appointment rearranged for a year afterwards. The doctor managed to bring it forward successfully, he has the start of Parkinson's.
 - Planned procedure booked before lockdown went ahead in outpatients in hospital.
- Cancer referral:
 - Due to my recent history of cancer when needed my scans, x-rays and treatment were arranged very promptly and efficiently by staff at the hospital.
 - I was referred to hospital for a breast lump. I was seen quickly, in a totally masked situation. All tests were carried out, and my (negative) result given, in one day.
- Scans and x-rays:
 - It was quicker and better getting a booked appointment for x ray.
 - When I went for a scan I went at night time so not too many people about.
- Support from staff:
 - Daily updates from hospital regarding my mother. They were amazing and never felt that I was ringing too much and gave detailed feedback and worked with me and my family to give better care to my mother who has Alzheimer's who obviously could have no visitors. Provided great reassurance and honesty when required.
 - Had calls with colorectal nurse it was good, she knows what is going on.
 - Hospital medics for operation were very informative.
 - I have phone number for specialist nurses at the hospital should I need advice and phone access to my consultant.
 - My neurologist excellent in supporting me.

My mum says her hospital appointments are much better now, they are on time, she is not waiting and she has less anxiety due to this. I would like that to stay.

- Nurses were great following up my daughter after being in hospital.
- Was not allowed visitors when in hospital but was very impressed by the care, kindness and attention given to me by the hospital staff - always putting themselves out to help you.
- Unplanned care:
 - Emailed allergy clinic then had telephone triage call before face to face appointment.
 - Have been lucky with the emergency hospital appointments I have needed.
 - I had to access hospital care and everything was fine and I got good access.
 - I was taken to hospital, had covid test, came back OK. Sent home after four days. Hospital staff were brilliant.
 - It was good to not have so many relatives in the waiting room at the hospital.
 - My son had a high temperature and bellyache, they told me to take him to the hospital, the hospital staff were great.
 - Took my daughter to urgent care clinic when she hurt her neck.

It was interesting to see A and E attendances reduced. I feel majority of people attending were not urgent. Looking forward to the proposal of making appointments.

MacMillan Nurses:

- Consult with nurse good.
- I spoke to MacMillan nurse re: my hospital appointment at the breast clinic. No problems.
- Spoke to MacMillan nurse for support and to confirm appointment. Cannot just call into the unit, previously have found this most supportive.

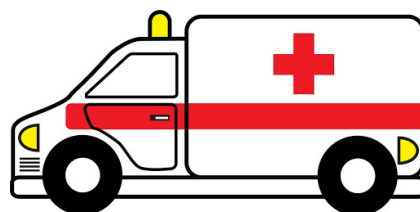
North West Ambulance Services (NWAS for remainder of report):

- Advice:
 - 111 easy to use albeit very busy understandably / It was quick and easy to call 111 and get advice.
 - I called 111 and they advised me how to get a Covid test at home.
 - I called 111, they were very helpful / very good.
 - I've rung 111 a few times. Have to wait a long time, but ok when you get through.
 - Rang 111 for my partner and received excellent advice - not virus related.
 - The 111 call was for my husband. It was effective and had a positive outcome, not Covid-related.

Used 111, spoke to person who answered phone call, gave me great advice - then they had a nurse call me back who gave advice and offered reassurance - both gave clear advice and instructions.

- Ambulance referral:

- 111 online - told me to get an ambulance, but I didn't. I was afraid to go to hospital and get coronavirus.
- 111 was very good and sent paramedics who then took husband to hospital for further tests - we are very appreciative.
- First time that I've rung 111, got through OK, spoke to nurse and then a doctor. They sent the ambulance to my house.
- Had to ring 999 with chest pains. Ambulance rang doctor then I was taken to hospital.
- I rang 111 and they said someone will ring me back. To my surprise 5 minutes later, an ambulance turned up to check me. They arranged a doctor to ring me.
- My Son used 111 for me when I collapsed on the floor as he couldn't get me up, they sent an ambulance.
- Unable to access the 111 service because they were inundated with calls and rang 999. Paramedics were reluctant to take my husband to hospital because of the pandemic but were fantastic and helped me get his pain from cancer under control.



Pharmacy:

- Chemist helpful if I want vitamins and things.
- Deliveries:
 - Chemist phones me every month when my prescription is due and delivers it.
 - I have had to register with the pharmacy. I used to pick them up myself, but classed as vulnerable, they are now delivered.
 - I ring the chemist and they deliver the meds. Always done this.
 - Pharmacist very good. Brilliant delivery and can't do enough for you, no problems at all.
 - The chemist has been fantastic delivering my medicine.
- Excellent service from pharmacy for ordering prescription.
- I have recently changed my medication to easier blister packs and this has been dealt with swiftly and with no issues.
- Wanted to chat to doctor but ended up speaking to a pharmacist, who prescribed medication for pain.



Physio:

- Had 3 phone consultations and advice and exercises.
- Had consultation with foot clinic physio, sent information in post for me to do.
- Referred - dealt with promptly.

Concerns:

This section is much longer than the positive comments in the previous section. The impact of the COVID-19 pandemic has been felt widely. We have grouped the comments by type of provider, and by subject of the comments.



GP practices

- B12 injections and tablets:
 - B12 injections were delayed which caused further long term nerve damage as symptoms of B12 deficiency worsened.
 - Doctors refused to provide 3 monthly B12 injections since lockdown and still won't even though lockdown had eased.
 - Going from having a vitamin B12 injection to having to take vitamin B12 tablets which don't seem to work as well. One person experienced vertigo, extreme tiredness, pains and thrush, and found it difficult to concentrate at work.
 - GP cancelled B12 injections - constant excuses from March-June. I need it more as I am a care giver. Ended up changing doctors surgery.
 - I have had difficulty accessing my regular B12 jabs, although those are now being provided again by my GP.
 - My mum has not been able to get her B12 injection from GP practice which I find hard to understand when certain blood test and flu jabs can be given.
 - No annual diabetic review, no B12 injection.
 - Vitamin B12 injections - I am taking tablets every day, it is not too bad. My blood test in February was cancelled and I've not heard anything since.
- Care provided:
 - Diagnosis:
 - Can't get through to the GP to make an appointment. When I have contacted them via email, have the wrong diagnosis. Nurse who came to dress my legs told me what the cause of the pain in my foot was.
 - Large bilateral pulmonary embolism - care was delayed as my GP dismissed my symptoms as asthma and advised to seek help after the pandemic but 3 days later I was admitted to hospital and was told had I not got help when I did I'd have died.
 - My son has been unable to obtain a clear clinical diagnosis for knee pain as alterations and delays to face to face services.
 - GP asked if I wanted DNR I said no. She sent information in post, but I'm not signing it.
 - I called my GP when my blood pressure dropped and asked to speak to a doctor and no one called. The next day he rang me and told me off for wasting time.
 - I tried to speak with a GP regarding an issue with blistering on my leg after recovering from cellulitis. I was referred to the District Nurse!!

Where B12 injections are not available, some GPs are not writing prescriptions for B12 tablets, but expecting patients to buy their own. One person who mentioned this was over 75 and does not pay for prescriptions.

- Self-care:
 - GPs need to help patients to help themselves e.g. by signposting them to other services.
 - I had to call my GP and complete my own swab test for an ear infection - difficult to complete.
 - I have had to pay for consultations because there was no follow up from GP.
 - Would normally have ears syringed at GP but rely now on self-care.
- Speaking to different GP each time and them knowing nothing about my symptoms, having to repeat myself time and time again.
- The trainee Doctor did not understand me or I understand her. I had to insist that she reviewed my scans. This was very difficult.
- GPs take on too many patients.
- Injections other than B12:
 - I have probat injections every 12 weeks and I have not had mine on April (no access to hospital or GP).
 - I have trigger finger and have been unable to get a GP appointment for an injection for it. This makes gripping things difficult.
 - Sent to different doctor for injection.
 - The covid stopped my painkiller injections.
 - Used to have injections in hips for arthritis, every 6 weeks alternating hips. Changed to going on a list. Last one in January 2020. Taking more painkillers and walking difficult. Had flu injection so why not arthritis one?
- Making appointments:

A number of people mention difficulties seeing doctors. They have not said whether they had a phone consultation.

 - GP receptionist completely useless and told me to contact a pharmacist.
 - I would like to be able to get a doctor appointment. I couldn't get one before lockdown, so I wouldn't try whilst in lockdown.
 - Pain:
 - I could not see my GP and my knee hurt a lot. Had to go to walk in. Not fair.
 - Need to see GP about pain in legs and feet.
 - Not been able to see GP as I have ear pain over the months. Only had tablets and drops. Not a good situation when you are in pain.
 - Problem with my knee and wrist hurting a lot, after 5 months wrist has got better and knee less painful. No GP's answer phone, they tell you to ring 8am and nobody answers - my knee and wrist needed to be examined so not possible.
 - Trying to get to see GP - 2 weeks of pain, no wonder people using A and E / walk in when at end of tether.



GP is impossible for me now because I can't use the phone at all due to phobias and they have stopped any online booking. This is the first time I've been able to let anyone know about this because the GPs don't even read emails.

- Receptionists more obstructive than usual when making appointments, with some making clinical judgements they are not qualified to; these judgements were made without taking time to consult with someone who is qualified.
- We need to see our GP's - I know people that have had falls and not been sent for X-rays and they have had broken bones.
- Young people registered with GP at university but at home since March - hard to make GP appointment.
- Medication:
 - Needed to speak to doctor:
 - I have decided to reduce my medication, but not been able to discuss this with a doctor. Mainly I am reducing because I am afraid that the combination of Brexit and Covid will mean a shortage of my medication so I want to make it last longer.
 - I was being monitored for high blood pressure and trying to get correct type and dose of medication, all appointments cancelled. Spoken once to GP about this, nothing since.
 - Needed medical care - not available, as a result I have had to stop medication which made me unwell and has exacerbated my mental health issues.
 - Ordered medication for cystitis online due to difficulty of contact/appointments at GP or walk in centre.
 - Not able to get hold of one of my medications, has affected my health.
 - Prescriptions:
 - Allowing me to bulk order the many prescriptions we use would mean only one trip to the pharmacy to collect them instead of seeming to go every week.
 - At one stage I was left without stoma care products due to him failing to fill my prescription - I mean really? In 2020 old people being subjected to such a level of indignity is appalling.
 - Found it very difficult to get medication that was not on repeat and first prescribed by consultant. GP unwilling to continue prescribing. Had to do a lot of ringing hospital to try and sort situation.
 - GP surgery have repeatedly not done my prescription on time, and at the start didn't do my grandads which was particularly bad as he was on insulin and had run out.
 - Had issues trying to get medication to cover the three month stay inside as I'm high risk vulnerable, basically had to go out and almost beg GP surgery for it.
 - I have always used inhalers, however, for some reason my blue inhaler has been taken off the repeat, so I cannot order this online, I have to email separately to request on a different email - this could all be synced!
 - It took ages to get my prescription sorted out after change in GP.
 - The only medication for one of my medical conditions was discontinued by the manufacturer. Despite my GP doing his best, it took me a long time to access specialists who might help.

Waiting for appointments has been a nightmare.

- Photos required:
 - A cancerous growth on head. Had to send photos - took ages to get sorted. Phone calls, cancelled appointments, sent to wrong specialist but eventually got sorted and the growth removed.
 - GP phone call - abnormal mole wasn't a very good experience. Asked me to measure it accurately but due to location it's impossible, also asked to send a picture. Received another call as they were concerned and asked me to monitor.
 - Had bad cellulitis in both legs, could not get to see a GP, had to send photos. Three courses of antibiotics and nurse coming twice a week for weeks eventually cleared up.
- Regular reviews:
 - Asthma reviews:
 - Asthma review rearranged to phone appointment. However, I was never contacted at the agreed time and date and need to chase them to see what has happened.
 - My asthma declined. Wasn't able to get help when I needed, until more recently.
 - Blood tests:
 - Informed that the Blood Centre had stopped taking Blood Tests! I followed this up when I was receiving my Flu Jab last month to be told the same position. My GP surgery refusing to take blood requested by 2 consultants I am under at 2 hospitals.
 - Mildly diabetic - check-up appointments cancelled. / Missed diabetic blood test at GP. / Routine blood tests cancelled initially but have now been done.
 - My eye consultant wants my GP to monitor my blood pressure and check my cholesterol regularly and knowing they would refuse I bought myself a blood pressure monitor, I will share the results with the hospital if they want them!
- Struggle to maintain healthy weight. Asked the practice nurse for advice/help - was told "we can't give you advice on that"!! It was only through a chance conversation with a neighbour that I found out about a local nutrition/weight loss course run by the NHS.

Asthma check via telephone, wasn't really helpful and felt like a waste of time. This isn't really possible over the phone, couldn't check my peak flow, etc.

Blood tests - have been asked to ring the Doctor about the results and this has been impossible. I have ended up on hold for 30 - 40 minutes waiting and gave up in the end.



Hospitals

Many of the comments refer to the impact of delays/cancellations on physical health.

- A and E:
 - A and E sent my husband home with no instructions for cellulitis. Had to ring 111 for advice.
 - Husband has had to visit A and E on numerous occasions. He has not always understood what staff are saying to him. He has hearing difficulties.
 - No pain management. Only offered a local anaesthetic, which may have given some relief for a few hours! Attended A and E due to pain levels. Struggling to cope, on very high doses of prescription meds, but no steroid injections or other effective pain management available.
- Maternity:
 - Exclusion of partner during maternity care (ante-natal and birth) affecting pregnancy/birth experience.
 - Haven't had a 16 week pregnancy appointment, gestational diabetes test cancelled.
 - More information required for pregnant ladies should be given out at midwife appointments.
 - My son's new-born check (normally done at 6 weeks) was delayed until his 16 week vaccinations.
 - Not able to attend maternity scans with my partner. Missing out on seeing my babies heart beat and seeing them for the first time. The NHS has taken this once in a lifetime experience away from me.
 - Reduced face to face appointments. Means less reassurance for first time mums like me!
- Outpatient clinics:
 - Delayed/cancelled appointments:
 - Appointment for tests at hospital cancelled twice.
 - Had phone consultation with hospital consultant, he said that I needed an X-ray, I did not know why and am still waiting for follow-up to find out.
 - I have a heart condition that is being investigated but had my appointment cancelled.
 - I needed a chest x-ray and I had to wait for weeks before done. The changing rooms in the hospital have been closed and I had to change in the room. The male radiographer just went round the corner while I got undressed, he kept asking if I was ready? There was no gown to put on. I felt very uncomfortable.
 - If I can get my scan appointment for my back which has been delayed it would enable me to understand what's the next step.



Tests for stroke delayed, MRI scan, heart problems etc. etc. Life at a standstill, awaiting medical appointments.

- I was awaiting results of echocardiogram heart monitor.
- My regular monitoring for Macular Degeneration cancelled in May. I don't know when I will get the appointment.
- Wish results for chest problem would hurry up and treatment be provided.

Follow-up appointments:

- I should have seen a consultant in August 2019 for thyroid. I was dropped off the list and forgotten about. I have only got this appointment due to my pushing. Otherwise, they would have left me on a high dose of Carbimazole despite my numbers being normal since September. With all energies being concentrated on COVID-19 I think a lot of healthcare has been neglected.
- Supposed to have an urgent follow up appointment at hospital, following abnormal gastroscopy. Tried to contact our GP for information but he never rang back. After several attempts at contacting the hospital, a secretary said the clinic was shut. Eventually (8 weeks after) phoned by a doctor to say no treatment was on offer because of COVID-19.

Diagnosed via A and E with a DVT. Little to no contact since with a GP and still waiting for an appointment to see a haematologist.

Post-surgery appointments:

- Fracture in back and surgery on arm pre COVID-19, the surgeon was supposed to call and he didn't.
- I am still awaiting appointment with Tameside gynaecology department, follow up for operation before pandemic - promised appointment in July for August - not taken place, then received an email saying do I still want appointment????? Am having issues with managing my prolapse.
- Missed eye checks after eye surgery.
- Out of hospital at the end of March (heart operation). Lots of telephone conversations re: onward care etc. - some appointments were cancelled.

Other comments about outpatient clinics:

- Cancelled appointment at Surgical Appliances Clinic for fitting shoes owing to a foot problem.
- Had a cardiology postponed since January 2020, may have an appointment in 3 months (survey completed June 2020).
- Hospital 6-monthly appointment, I have just received a letter for a telephone consultation. This is not satisfactory after waiting 10 months.
- I have carpal tunnel syndrome. In January my GP referred me, the appointments were cancelled. I got a letter to say if not heard by August to ring them. I rang and was told that I could not be put through, to speak to my GP which I did and she said that she cannot do anything for me.

Cancelled hospital urology appointment due in March 2020. I have just had a telephone appointment with Nurse August 2020. I think they are trying their best to get systems and processes going again.

- Lack of secondary care outpatient services as they (staff) were all moved to wards but people with diabetes need these services. Redeploy other staff not those from key disease states.
- My injections in my eye every month. I have not had treatment for months and it needs doing now. Will contact clinic.
- My IVF treatment has been suspended.

Impact of delays - these comments all relate to outpatient appointments:

Increased symptoms/pain:

- Gynae problem which I had raised with GP in early April - by July I had still not had an appointment for an ultrasound scan and my symptoms had got increasingly worse despite being prescribed medication by my GP. By July, the symptoms were that severe I had to present myself at A and E and was given an appointment for a scan 3 days later.
- Have been waiting since June for an urgent consultation on my hip. Having lots of pain and unable to walk without pain.
- I am waiting for a consultation with a hand surgeon - as such I did not have my normal treatment and now my hand is extremely painful with restricted function.
- I have been suffering from a blocked ear for 3 months. I had an appointment for the end of March for this to be removed using micro-suction but the appointment was cancelled. I am still waiting for this to be done and still struggling. Not sure why this can't be done and yet eye tests are being carried out. It doesn't make sense to me.
- My appointment at the hospital was cancelled and was due in March. Have heard nothing further. Waiting to fit new prisms for my new specs - am now unstable on my feet which could result in personal damage.
- Unable to get a gynae scan. I have had gynae problems during the crisis, had to resort to prescription drugs until I can access a scan at the local hospital.

Eye test in the hospital has been postponed for months, now not going until December. I am blind, but eyesight has deteriorated even more now.

I want things to get back to normal ASAP so I can get to hospital again as I suffer too much and I desperately need to move forward with my care.

Medication impact:

- Cancelled bronchoscopy. Have to take medication only meant for three months whilst I wait for this. No end in sight 9 months later. Side effects of drug destroying my bowels. I feel helpless like I will deteriorate and no one cares.
- Dermatology treatment suspended, until further notice. GP was able to offer the treatment for a further 2 months however I had to stop due to side effects - had the telephone appointment to confirm it was ok to stop the treatment - and importantly update my medical records.

Resulted in being admitted to hospital:

- Delayed appointments led to a condition requiring medical treatment.
- Heart checks were cancelled and mum now admitted to hospital - fluid on lungs which may be as a result of heart issues that have not been resolved because of cancelled appointments.

Worry:

- I have a pacemaker and the appointments have been cancelled. I'm worried as pacemaker connected to my heart.
- Mainly appointments for monitoring my skin for cancer and eyes have been cancelled. I don't know when they will be rearranged. It's a bit of a worry.

Visit to A and E, referred to cardiology. Wait for 3 months for appointment. Super stressful because I was worried I had a heart condition that would make me more vulnerable. Fear is hard to shake even now I had the scan and my heart is fine.

○ Unexpected discharge:

- A consultant discharged me without speaking to me or contacting me in any way.
- Waited in for phone appointment with consultant for 4 hours. Discharged because they called 4 times and no reply. Wrong number?

• Surgery:

Cancer:

- I had surgery for breast cancer 2 days after the lockdown. I only had one breast operated on due to the pandemic. They usually reconstruct the non-cancer breast at the same time.
- Procedure for a type of skin cancer on nose and ear was cancelled and as yet not rescheduled - causing anxiety as it was classed as urgent.

Cardiac:

- I was awaiting a heart operation, on a list in April when the hospital stopped. When they started appointments again, I was going to be admitted in June, but cancelled. Completed August.
- Procedure cancelled for Heart condition. ECG cancelled, no further appointments received as yet, a delay of 3 months.

Cataract:

- Have cataracts, one of which should have been removed in May. My eyesight has deteriorated during shielding.
- I am awaiting a cataract operation and cannot see out of my left eye.

Cataract operation cancelled in March, just back on the waiting list now. I've been told that operations will not be started until September at the earliest. My sight is getting worse.

Orthopaedic:

- Delay in having a knee replacement so cannot walk as far as I would like which can be frustrating.
- Foot surgery cancelled.

- Have been waiting to have a hip replacement. Initially signed my consent in summer 2019. Still waiting.
- Husband had back procedure that got cancelled but does need it.
- My husband was due to have knee surgery just as we went into lockdown so that has affected him, mainly trying to exercise.
- Will have to use life savings to pay for new knees as waiting list two years. Then won't have enough money to sell my home and buy a bungalow. So much for how we treat older people.

On waiting list for diagnostic surgery since early 2020. Usual wait is 6 weeks. Still waiting in September.

Other:

- Had a pre-op in February. Nothing since.
- My wife is on an ever increasing surgery list, we hope she will be around to have the operation.
- Waiting for operation. Been told it could be up to a year's delay.
- Referrals:
 - Delay following referral to spinal clinic (child).
 - I have been referred for steroid injections to hospital. Still waiting.
 - I was referred 6 months ago for a referral to a specialist - heard nothing.
- Inpatient:
 - Delay in cancer diagnosis, although a number of hospital visits. Caught Covid in hospital, sent home where passed to husband, who had respiratory conditions, and other members of household. Patient and husband both died.
 - I was graded 'high burden' by the hospital. I was told that I would not get an intensive care bed or put on a ventilator if I developed the C-19 infection. The Doctor told me to think about a DNR, I did not even agree to think about it, but on my discharge note it said that a DNR was on my notes. My GP was not informed that I'd contracted C-19 in the hospital. My daughter insisted that the notification to the GP included C-19. When I did test positive, they woke me late at night to tell me. I was left alone with this information not knowing if I would be treated or survive. I could not even ring my family to tell them as I didn't want them to be up all night as I was. My confidence with the hospital has totally changed since this happened.
 - I was very poorly with my breathing but got refused. Been told now that I have micro clotting that they think was caused by COVID-19. My GP tried its best to help me. I needed to be in hospital but they discharged me twice and refused to test me. I feel I'm not important enough to get help and the care I needed.
 - It was really difficult times when my mother was an inpatient and I was not allowed to support her. The ward could have arranged for an interpreter. The phone was off the hook which is not acceptable. I could not get in touch with staff.
 - My mum has been in hospital for 5 weeks and now in covid ward. Understand we can't visit but having to fight to get nursing staff to communicate with us about her care, we feel like we are being a nuisance wanting to advocate for our mum. It's been so stressful.

Talk to us...

Diabetic eye-screening:

- Diabetic Eye Screening cancelled.

NHS dentists:

Emergency treatment only:

- Did eventually have an extraction in July
- I have had broken fillings and initially wasn't able to access dental care. I have since had temporary fillings put in but I am still waiting for an appointment for proper treatment.
- I lost a filling shortly after lockdown started and have had to manage with temporary filling myself since then. I am now worried about the tooth decaying underneath and whether I will lose it. I already have a gap on that side.
- My dentist didn't do routine work and only fillings if the tooth caused toothache.



Problems with teeth and no treatment:

- Access to dentist hygienist and dental care for loose teeth has been deferred until safe to go again.
- Dental appointments have been cancelled for check-ups and no support for loose teeth.
- Dentist shut, need a tooth out.
- I have needed some dental treatment for quite a few weeks but have 'nursed' myself through it - painfully. Hopefully will soon be able to get treatment.
- I'm not registered with NHS dentist and I lost a crown just after lockdown and can't get in anywhere to get it done.
- Spoke to dentist, told to wait in pain.
- Started some dental treatment in February, had several appointments cancelled. No help available from anywhere. Just take painkillers.
- Unable to register with dentist. Now no upper teeth.

Emergency dental root canal treatment cancelled for my son, waiting for appointment for 5 months, now a lot longer.

Other comments:

- Access to dental care has been inadequate.
- Dentist went into hiding, abandoning patients for 3 months in lockdown 1. Not needed in e.g. Germany. Why in UK? Back to normal behaviours all round, not least at the dentists, now seemingly obliged to use retarded techniques (removing teeth).
- Dental check-ups cancelled and not yet rearranged.
- Dental appointments cancelled. This is not necessary. Infection control in dentist is well controlled.
- Life is not without risk. I was ashamed to witness the immediate lockdown of surgeries and dentists for months.
- Very disappointed that the dentist was not ready when the lockdown was lifted. Even two weeks later still not opened.
- Would have liked a dental appointment which is important to a health condition I have.

NWAS services

Long wait for phone:

- Called 111 when my blood pressure dropped. Got no reply after waiting 2 hours with the phone ringing unanswered.
- Couldn't get through for 1:20 hours of holding on 111.
- I assumed at the beginning all 111 lines would be busy with Covid calls so didn't want to clog up the lines.
- I did ring the 111 service but because of a high volume of calls was unable to access the service which resulted in me dialling 999.

Conflicting information from 111, having covid and being on my own, thought I might die and was told to stay at home, waiting hours for a call back, not great.

Unhelpful:

- 111 useless on Covid when you don't have classic symptoms.
- 999 response was great, they remained in touch, however, paramedics did not give any clear advice on what to do to help with my condition, instead told me to wait it out at home, if it gets worse again, to ring them straight away...no self-care advice, no medical advice was given.
- I contacted 111 in March and April for advice re: covid symptoms. The advice I got wasn't helpful as my concerns were not considered relevant.
- I rang 111, only used it once. It was useless, a waste of time.
- I struggled to find the information I needed on NHS 111.
- Rang 111 because I was feeling weak and dizzy etc. They advised to check my temperature. It wasn't very helpful.

Other:

- 111 advised they could not take my mum to local hospital as she would be sent back home due to a UTI. We took her to another hospital. She had a severe UTI, sepsis and chest issue (which had to be tested for Covid) and turned out to be a possible issue with her heart!!!
- 111 is pointless.
- 111 was a bit of a nightmare because as soon as you say heart to them they send an ambulance, which was totally unnecessary but I get why they have to. I just wish I hadn't called...
- Found NHS online checklist confusing because "fever" is in the main list - I had all other symptoms but not fever so I had to ring 111 but they suggested it was bad hay fever.
- There seemed to be some confusion between 111 and the GP surgery as to who is responsible for doing what when it comes to suspected Covid cases, so ended up getting told different things by the two.

My doctor wanted me to have an x-ray. When I got appointment, I rang patient transport but they were not taking people so I didn't get the x-ray and I just have to put up with it.

Pharmacy:

- Changing pharmacy due to mine closing because of the pandemic, which in turn has led to delayed receipt of medication or it not being reordered.
- Difficulty - ongoing concerns over weekly prescriptions.
- Difficulty in obtaining prescription. Having to wait in line at the chemist. I cannot stand for long periods of time, back problem and weak legs.
- Difficulty obtaining prescriptions (I live on my own). Getting them up and running at the chemist not easy on your own.
- Had difficulty with getting prescription for broken foot, chemist won't deliver even though only 10 minutes away. Had to get family and friends to help.
- Not knowing when my monthly prescriptions will come.
- Obtained medication through the post which came on time but just had a little difficulty in arranging that at the beginning.
- The original allocated pharmacy was changed without any prior notification.
- The poor management and long queues at our chemist resulted in son having to take two mornings off work and he is a key worker - changed chemists!
- Trying to get my prescription has been a nightmare.
- While self-isolating (while waiting for a covid test result), I did find it hard to get things like my meds delivered. Did get them, but it was difficult.



Physio

- Can't get physiotherapist treatment.
- Can't see physio - information sent by post, but not supervised to make sure I'm doing it right.
- I had a physio appointment I had to cancel. I was told by physio if I still needed their services contact my doctor...Have you tried getting a doctor's appointment...?
- NHS website said Active breathing exercises must not be undertaken by oneself. Despite this clear warning, was told by physio in phone call to go ahead on my own. This has worried me.
- Pain in foot caused by blisters. The physio gave me exercises for my knee, very random.
- Physio came yesterday for the first time in months - surgery pre Covid.

I had surgery in February and received no follow on treatment like physio which I was meant to receive.

Podiatry:

- As a diabetic, also disabled, I normally visit the foot clinic for help with my toenails.
- Key services should continue including routine diabetes podiatry as my mother now has a foot ulcer.
- My podiatry appointments have been cancelled, but I have been informed the clinic on Old Street is now open!

Sexual health:

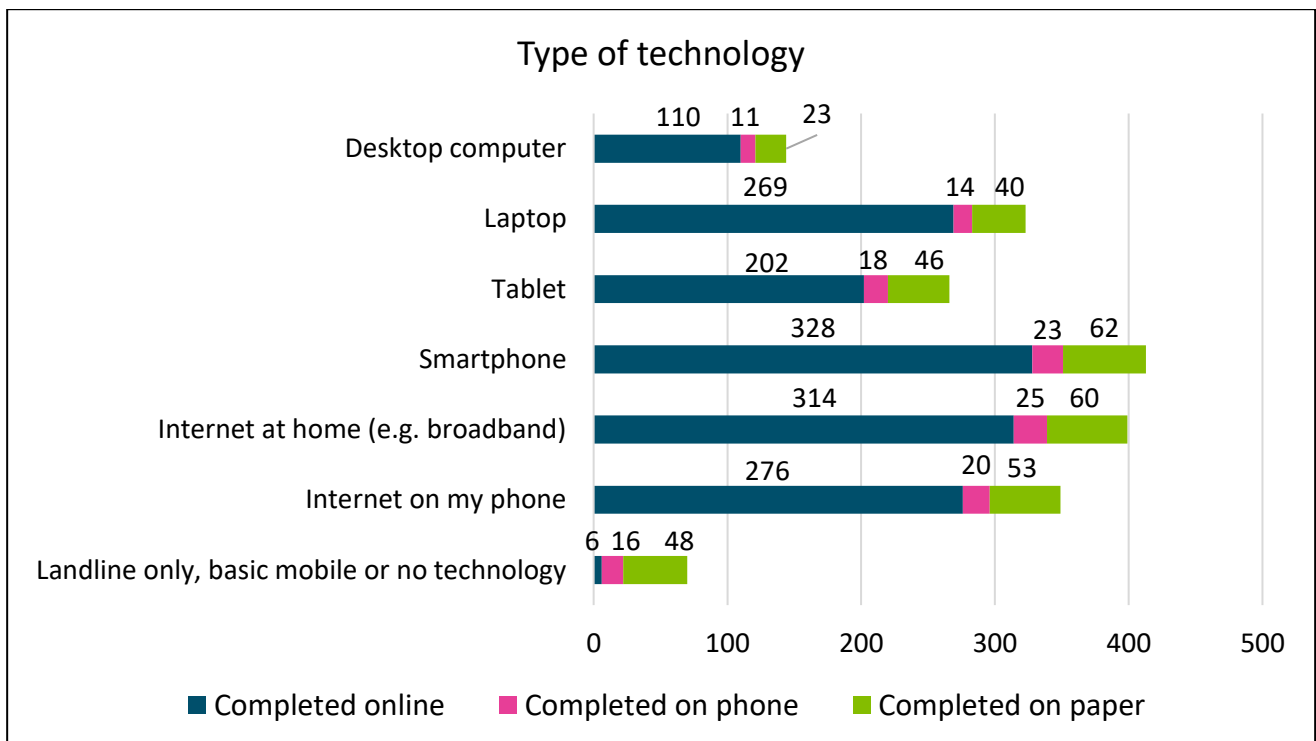
- I have been unable to get my contraceptive implant out and currently unable to get an appointment to remove it.

Use of technology since March 2020

Parts of the survey ask about the technology people have at home, how they have used it to access health and care services since the first lockdown started in March 2020, and what people’s thoughts are about using technology. Did accessing services using technology work for them, or not? We asked people to tell us in their own words, so we could see what was good and what could be improved?

The answers to the tick-box questions are not always consistent with the free-write comments in the survey responses. For example, some people say they have got a smartphone but do not have internet access, yet state they have checked something on Google in the answer to a different question. Some people have internet on their phone, but did not tick that they had a smartphone. (See page 24 for the tick-box responses.)

The next graph takes the information from the tick-box responses, and compares what equipment people have access to, based on the method of survey completion.



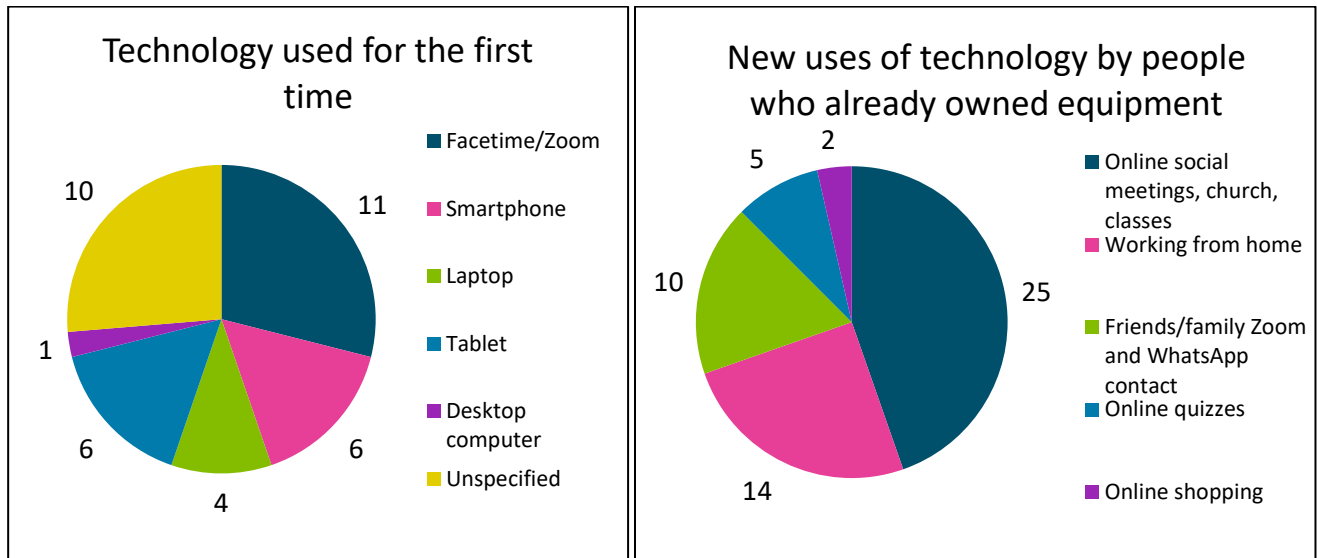
Out of 540 people answering this question, 70 people (13%) said they had only a landline, basic mobile, or no technology at all in the free-write answer after the tick-boxes. A few of these people left all the tick-boxes blank and did not include a free-write answer, but went on to complete the survey. As the question asked which of these devices they have access to, we assume leaving the tick-boxes unchecked means they do not have any devices.

There are 6 surveys completed online, where they state that the person has no technology, or only a landline or basic mobile. One of these surveys has been completed by a relative who does have access to technology, on their behalf. The others say they have used technology in other questions, but have not said who the devices belong to.

Looking at the surveys completed on paper or by phone, 11 people ticked to say they had equipment, but in the free-write box said they did not know how to use it. 3 people said they had equipment, but in the free-write box said they had no access to the internet.

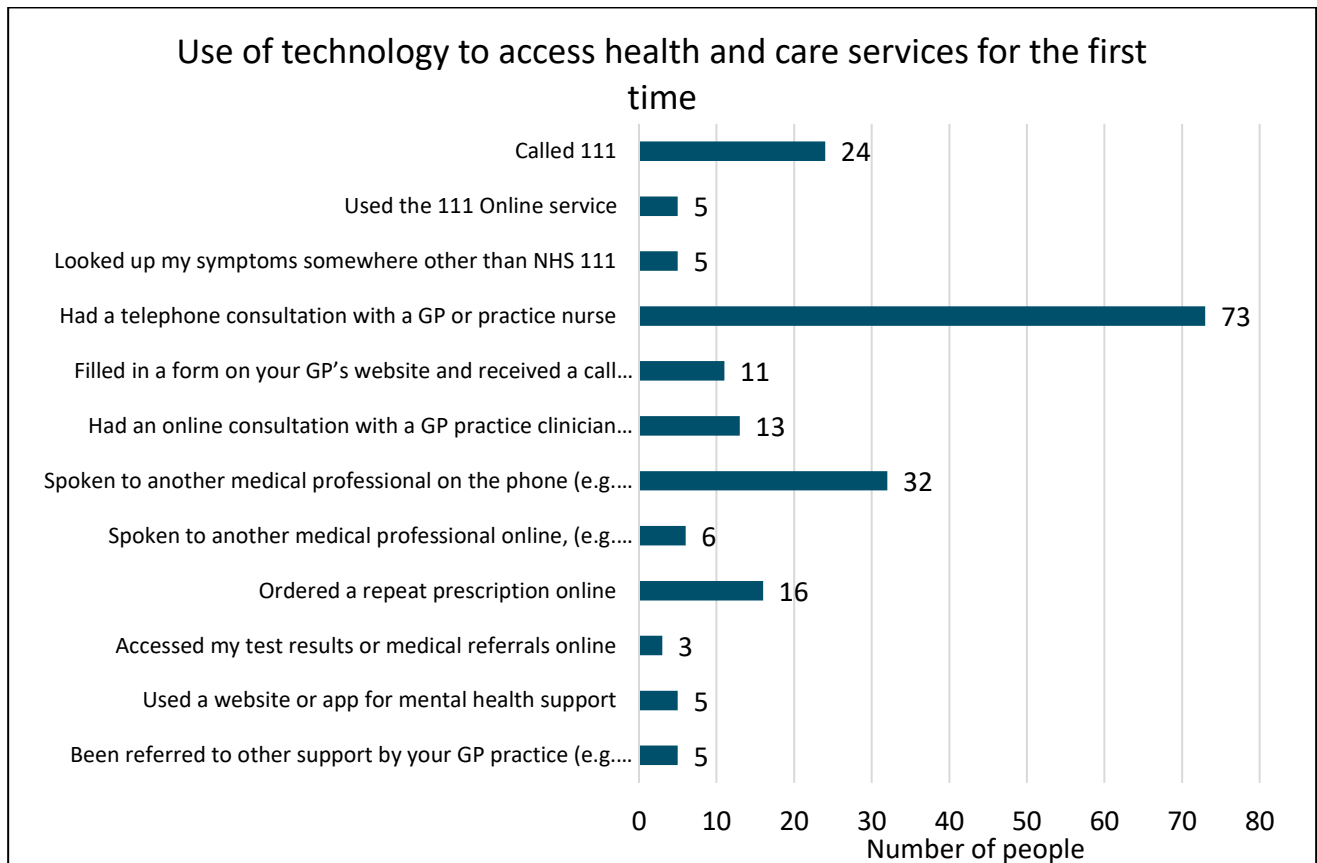
6 people have specialist equipment to help them use technology - they are blind or partially sighted. These people completed the surveys by phone.

The survey asked whether people had used their devices for the first time during the pandemic. We also asked whether people had used their devices in different ways.



On page 23 we show the graph about accessing care using technology.

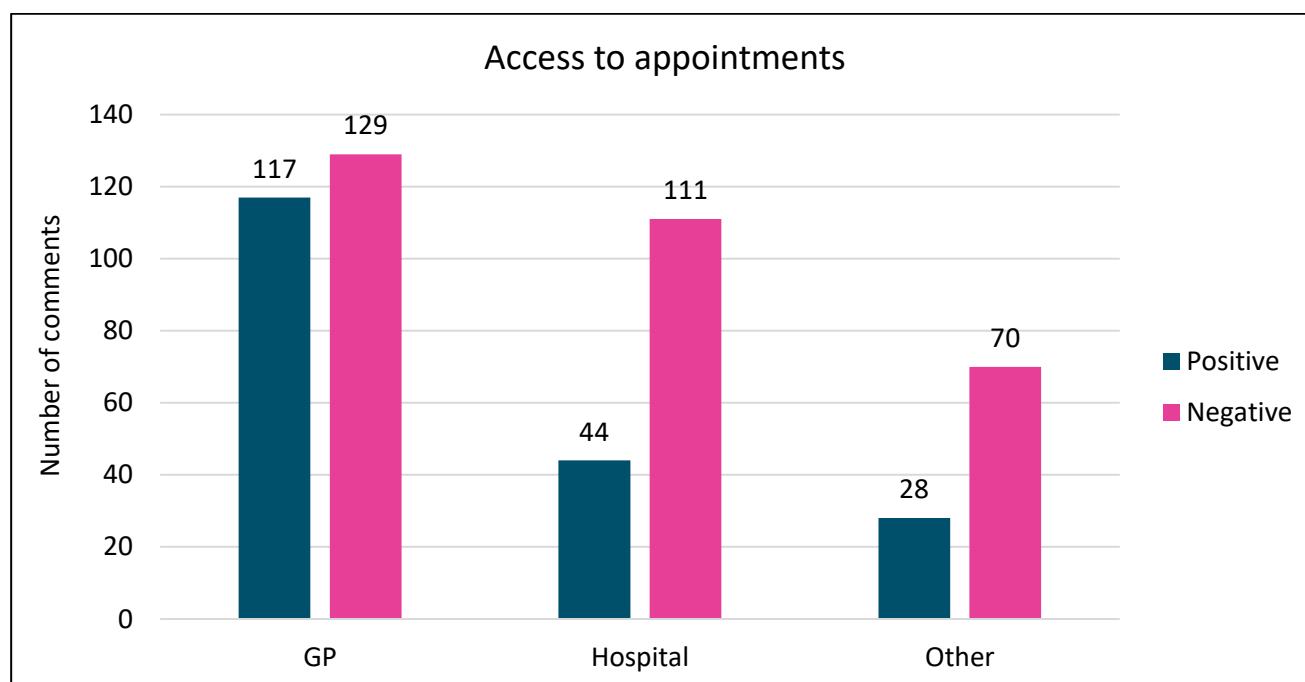
The survey also asked whether this was the first time people had used technology to access these health and care services, and if so, which services had they used. Here are the responses.



Access to appointments and technology

The information in this part of the report is taken from the comments throughout the survey, where an opinion was given about whether things went well, or could have been better. Some people gave both positive and negative feedback about their care.

If a statement was made that said what happened, but without any further opinion about positive or negative feelings, that statement has not been included in the numbers in the next graph. An example is, we are told that a face-to-face appointment was changed to a telephone conversation. We know it happened, but not whether the person was happy with it, or not.



'Other' includes any type of appointment where it has not been stated that a GP or hospital was involved, e.g. dental, mental health, opticians, podiatry, physiotherapy, ear syringing/micro-suction, etc.

The feelings relating to GP appointments are more evenly spread between positive and negative than the other types of appointment. This could be due to more people speaking to their GP by phone or online than they did the other services (see graph on page 23). For some people, talking to a GP on the phone is not new.

The negative written comments provided far more detail than the positive comments. The negative comments described at length what could have been better. The positive comments were brief, providing praise.

Whilst some people have accepted the phone calls whilst they had no other option, they would prefer a face-to-face appointment.

For others, there was little change. They were already using technology to access care, where the option was available. This could be by choice, or through necessity because of a health condition.

Positive comments about using technology

Within the positive comments, many were duplicated in very similar ways. We have summarised these, rather than repeating the comments. The most common positive comments included:



- Appointment changed to a phone appointment.
- Online prescription ordering easy, more convenient. Some people were already doing this.
- Phone/online appointments easy to use/OK. Some people were already doing this.

The following positive comments appeared less often, but were still often repeated.

Phone:

- Better than ringing at 8am for an appointment, which is the time you are driving to work.
- Consultant to refer to another department for further investigation, during phone consultation.
- Doctor phoned me at set time.
- Got cancer test results by phone at home - prefer this to being on my own at an appointment.
- I get phone calls from my diabetes consultant every 3 months and this works great, I would be happy to continue.
- I had time to discuss options with my GP.
- Just ring up for prescription now instead of posting it. / Getting prescriptions is better than before!!!
- Phone call - same treatment as face-to-face, giving advice, prescribing medication.
- Received call back from GP same day or next day. Much better than waiting weeks for an appointment. 3 to 4 weeks waiting time is too long.
- Test results by phone. Got the information I needed.



Online:

- Appointment changed to a video appointment.
- Emailed clinic, triage telephone call then face-to-face appointment.
- GP practice talked through process of setting up online prescriptions.
- I usually order my prescriptions online. This has worked out better as they usually only give a month's supply and now they are giving two.
- Online GP form worked well. / Online consult has been fab. / Used "Ask my GP".
- Online physiotherapy worked well.
- Sending prescriptions electronically to local pharmacy.
- Video call for mum great - I didn't need to take annual leave to get her to appointment.
- Video service from hospital after my hip injury worked extremely well, I had follow up consultations on the phone to review my progress. Very helpful would recommend it to anyone who can't be seen due to Covid.



Other:

- I think accessibility has been moved forward drastically because of the leap of technological assistance and forward thinking of care providers.
- Receiving texts helps.
- Saved travel time, didn't have to park, more convenient.
- We took photos on my phone and forwarded them to the doctor when my husband had a cyst on his side and he was prescribed medication!

Negative comments about using technology

People felt that phone appointments were not the same as face-to-face appointments. This was by far the most repeated comment.



Other comments included:

- 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 due to Covid.
- Many people felt that phone appointments were not the same as face-to-face appointments. The reasons include:
 - Appointment did not work (ophthalmology, angina check, abscess, ENT, unspecified.) Just makes it longer to be seen, as all are back on the waiting list for an appointment.
 - Consultant could not see problems - e.g. swollen leg, throat, hip pain, had to take own blood pressure.
 - Difficult to explain over the phone - e.g. don't know how to describe symptoms, or after a stroke, or with a developmental disability. Suggestion - use video calling. / Difficult, even when sending photos. Serious issues have gone unnoticed.
 - Difficulties taking photos to send to doctor / measuring mole.
 - Doctor needs to see facial and body action clues which add to consultation.
 - Feel doctors guess.
 - Feels impersonal.
 - GP usually comes to see me and that couldn't happen.
 - Hard to answer the phone when you have children, or lack of privacy.
 - Health problems put on hold.
 - I have had a GP consultation over the telephone which I personally felt was ineffective and inadequate.
 - Needed test - water sample, BP monitor, hearing test, peak flow test, blood test.
 - Phone post-natal consultation but could have done with examination.
 - Physio cannot see if doing exercises correctly.
 - Would have allayed my worries better and sooner.

Much information can be non-verbal and as such missed on a phone call or even a video call.

- Phone calls:
 - Call not received:
 - Did not receive call back from doctor.
 - 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.
 - Hearing difficulties:
 - If you are Deaf, you cannot do a phone call yourself.
 - 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.
 - Rely on lip-reading to back-up hearing.
 - Hospital appointment to check on my P.A.D became a telephone call with the consultant/doctor - only interested in whether I had ulcers or gangrene. I always believed consultations were a two way conversation unfortunately this wasn't. Pointless.
 - Longer wait for telephone appointment.
 - Some people found the phone conversations difficult.
 - Takes too long for GP phone to be answered.
 - Waiting for a call:
 - Hard to speak to GP when you do not know the time of the call. If you miss it, you have to start over again requesting an appointment. Suggestion - that you are given an appointment date/time for the call, as you would if you were visiting the surgery.
 - I find it nerve-wracking to wait by the phone for up to four hours to receive a phone call when no time is indicated. I appreciate they are under enormous stress, but it is hard on the patient, expected to wait in all day. Difficult to plan to be in a private place to receive the call. Can miss calls if you are working.
- Prescriptions:
 - Don't do online so had to walk to GP and put prescription in box.
 - I have used an online pharmacy throughout the pandemic, with them requesting my medication for me. Unfortunately, my GP practice decided they were not going to accept third party requests but did not pass this on to patients! This resulted in medication not being received when it was due. Thankfully, things were rectified after a rather irate phone call to them.
 - My local GP practice do not do online ordering of prescription so have to phone for one.
 - Not aware that laptop could be used to order prescription.



I had issues with prescription being sent to nominated pharmacy - one claim they didn't receive, other claimed they sent it??

- People without technology, or needing help to use technology, are asking family members to order repeat prescriptions on their behalf.
- When medications are not on repeat, you still have to contact the surgery.
- Problems with GP online access including:
 - Can't get online without getting form from surgery which is shut.
 - Cannot request repeat prescriptions for children under 12.
 - My GP surgery no longer lets me order prescriptions or make appointments through Patient Access but I don't know why.
I had to email for a prescription but had to ask how secure it was. Not totally convinced.
 - New software interface too difficult, compared to old version.
 - Not working correctly.
 - Online contact very confusing and long-winded, difficult to use, no patient engagement when installed.
 - Online prescription ordering did not work, difficult.
 - Please bring back online appointments or even better let me do chat or email with the GPs.
 - Prescription not sent to nominated pharmacy.
 - Tried to book appointment for test and had to write letter.
 - Unable to change preferred pharmacy.
 - Why can GP's not allow online routine appointments without having to ring on the day to be put on a list for a phone call or face-to-face appointment?
- 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:
 - Some people found video call difficult.

Going round in circles trying to navigate.

I used the fill in a form from the GP website, with quite different outcomes each time. All I wanted was to see a doctor. Think they were all shielding as well!

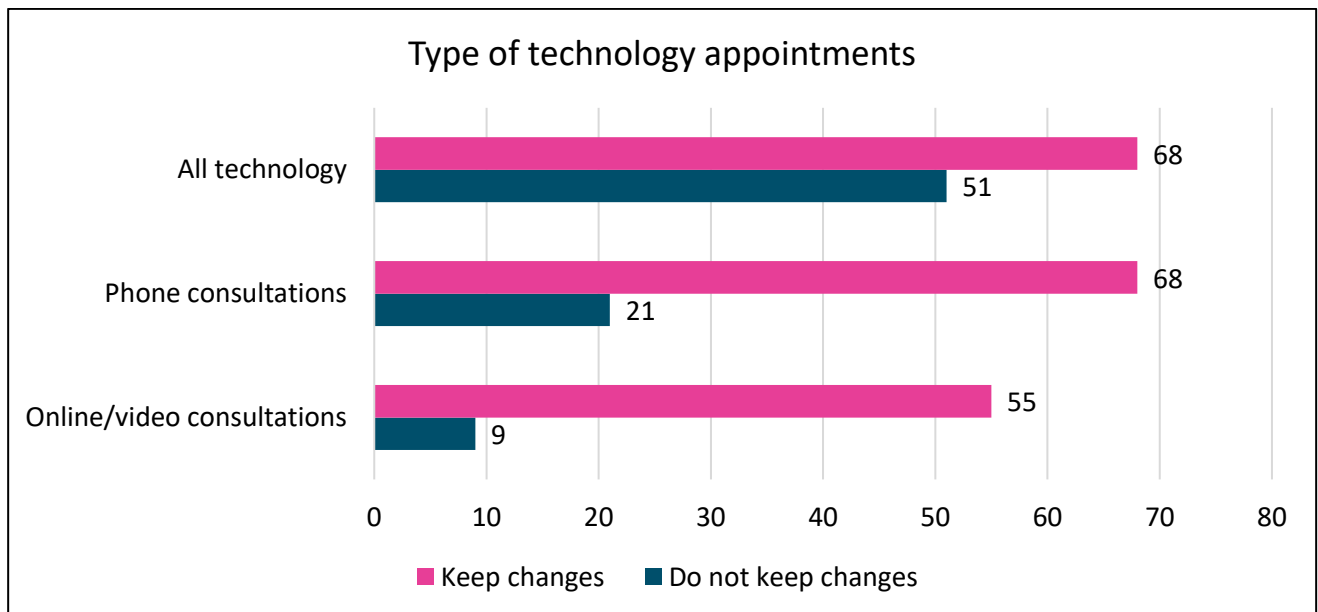
Needed family member to help with online consultation. This could raise privacy issues.

Use of technology and the future

Question 12 asks about the use of technology in accessing health and care services in the future, and people's views.

The answers to this question varied widely, from people who want to see everything go back to how it was before, to people who want to see some old and some new ways of working, and to people who think everything should move forwards using technology where possible.

The next graph shows how many people showed a preference for either using technology to access appointments (keep the changes) or going back to accessing care without using technology (do not keep changes).



Looking at the responses throughout the survey, 17 people said they were blind or had sight issues. 14 people said they, or a partner, were Deaf or hard of hearing.

The use of technology to access care can be difficult for these people, and they have concerns about how they will cope.

Reasons why people DO NOT want to use technology



- Equipment:
 - Some people have got equipment but do not know how to use it, or only know the basics.
 - There are people who use the library computers.
 - Technology not reliable. / Internet not good in our area.
 - Not everyone has a smartphone. / Cannot use apps or the internet.

- Health reasons:
 - Can use a basic phone, but no other technology, due to physical restrictions using hands.
 - IT equipment is no good if you cannot see it. Would need a sighted person there, so you have no privacy during an appointment, or when ordering prescriptions.
 - Need someone to make calls for me, as hard of hearing. Can lip-read sometimes.
 - Too much use of screens gives headaches, vision problems.
 - No longer able to use a computer - I have dementia. Need to write everything down so that I don't forget things.
- Lack of IT knowledge:
 - Need family to set it up, or use for me. That would mean that someone else knows all about me.
 - Need support staff / family / friends / neighbours to use technology for me.
 - Not everyone knows how to use technology, particularly the elderly. Some say they are too old to learn.
 - Use of devices difficult and confusing.
- Personal choice:
 - Do not like it / not keen / do not want to use internet.
 - Just want to stick to the old ways / back to normal.
 - Prefer / want face-to-face appointments, or to get full assessment (many people said this).

I do not do telephones and need to see who I am talking to.

Prefer to use pen and paper.

Reasons why people DO want to use technology

- Access to care is quicker/easier.
 - Can ask for advice in a call, instead of waiting ages to make an appointment.
 - No travel time.
 - Appointments on time so not waiting.
 - Easier to park.
- Care received is useful / helpful.
- Doctors/nurses have time to see more patients / spend longer on each appointment.
- Free up face-to-face appointments for people who need them.
- Keeping away from waiting rooms is safer, with less risk of infection.
- Online appointments are helpful for people who work. A question was asked about how this could happen though if you were at work.
- People who cannot leave home for health reasons can have an appointment. Support staff can be available to help with the call.
- Saves money, including on car parking.
- There are people who find it easier to talk on the phone rather than face-to-face.
- There are people who prefer video to phone calls, because they like to see who they are talking to.



Use video calls or text to tell people test results.

Comments regarding use of technology in the future

These comments have been taken from throughout the answers to the survey questions, and are made by different people with different ideas.

- Appointments for people not using technology:
 - For people who are not online, access should be easier. People do not want to be waiting for phones to be answered for long periods of time.
 - I do hope that when requested hospitals continue to send confirmation of appointments by paper until this government pays for everyone to have the internet and computers.
 - I need face to face where possible. I am blind and hearing is not great.
 - There is a concern from people happy to use technology, who are worried about those people who cannot use technology for whatever reason. They say technology should not be the only option. This comment was repeated by many people. Examples include:
 - I do worry about those for who this is not their first choice and those who are not digitally literate and those who are elderly who do not want to access the internet.
 - I feel sorry for people who don't have the technology or digital skills as this will undoubtedly lead to their exclusion.
 - It needs to ensure it doesn't exclude or cause discrimination in its delivery.
- Appointments using technology:
 - Alternative types of technology:
 - I am happy to have telephone consultations but the use of video/ Microsoft teams would be better.
 - I think instead of voice calls with doctors, they should offer ZOOM video calls as well, better to see each other
 - I would appreciate a FaceTime appointment rather than a visit to the doctor or hospital.
 - Phone/online/video:
 - Hospital appointments should be available online, including being able to change them.
 - Hospital outpatients' appointments could be by phone/video where it is not necessary to be seen in person.
 - I think that telephone consultations would be OK. But online is of no use to me. I can't see and therefore can't do anything online.
 - Online / phone appointments are really good. I much prefer it to waiting for ages in a crowded waiting room with small kids.
 - Phone / online / video consultations could be used as initial contact with a GP. / The GP telephone consultations could continue, but as a triage system.

Provision needs to be made for people without access to technology and not assume that they will simply comply if badgered enough to do so.

Text messaging is easier for someone with hearing problems than phone or video appointments.

- Prioritise GP access by technology by clinical need, not first come first served, in the same way as for face-to-face appointments currently.
- Some hospital appointments take a lot of time getting there along with cost. You are only there for 5 minutes with the nurse - these could be done via video call if you have access.
- Video appointments are probably going to be the way to go, hopefully to reduce waiting times at hospitals.
- Video appointments with GP if face to face is not essential.
- Worries:
 - If moving to telephone, the real danger is a call centre of doctors or computer based consultation.
 - I think it will be very difficult to accept that GPs will mainly work by phone not with person contact. This only shows the ways GPs and some staff have to work because of the lack of staff resources.
 - Phone consultations suitable for many routine appointments but not all. This should not be used as a way to move most consultations to remote consultations.
 - Why can GP's not allow online routine appointments without having to ring on the day to be put on a list and then someone decide if it is telephone or face to face? It causes too much delay and frustration and some people are likely to give up and go untreated until it becomes more serious.
- Appointment choice:

There should be an option for face-to-face appointments when necessary. This comment appeared many times.

 - It may be acceptable to have a degree of "penalty" if you choose e.g. video call or in person over a telephone consultation (i.e. you may have to wait (say) 1 extra day to get your preferred choice or go for your least preferred (say telephone) if you want the fastest access.)
 - On-line appointments and queries should have been a possibility for some time and I know of several people who lose pay going for appointments.
 - Options for remote services as well as face-to-face, e.g. Zoom mindfulness course.
- Equipment:
 - A lot of older people would benefit from a tablet so video calls can be used to check on them. They need help though to get these and use them where family can't or won't help.
 - A speaking phone helps people with sight loss.
 - Internet connections can be slow and may not support video consultations.
 - Technology needs to be reliable.

It should be in careful balance with the need for people to have personal contact with professionals, especially at the initial stages.

Different people prefer different types of access - whether video, phone, online, or face-to-face. Offer choice.

- There are people who have old equipment, including specialist equipment for blind people. A question was asked about how they find out what is available when it needs to be repaired or replaced? Other comments were about the cost.
- Technology:
 - Possibilities:
 - A consistent means of technological access properly worked out and without changes. That way, it can be learned once and for all and applied.
 - Email, text, WhatsApp could replace paper letters.
 - Need to be confident about privacy, confidentiality, and data protection.
 - Digital traffic of any sort is open to theft, being traipsed round the world on social media.
 - No-one else has access to video call and it is not being recorded. Needs strict safeguarding in place.
 - Requirements:
 - Technology is a positive way forward. It needs to work efficiently and for GP practices to be less rigid in their approach. Needs to be improved liaison between patient and GP.
 - There needs to be phone back-up in case online systems do not work, or someone needs help with access.
 - Difficulties:
 - As people get older or develop certain health issues, they can lose the ability to use computers and smartphones, even if they have access to them.
 - If I have to use IT I will need to have a sighted person with me. I will have no privacy.
 - I like to know the person I am speaking to understands me. I am not the best at explaining things. I need to be able to show or be cross examined, this doesn't happen in chat sessions.
 - Not everyone is happy being told they should be on the internet. One person said they feel they are on their own now.
 - Online form - not everyone can express themselves clearly in words, you should always be able to phone and speak to someone.
 - Partially sighted so difficult at times reading long passages of information when lots of key points are being made.
 - People only contactable by letter have been ignored and have been told you should have technology - this is wrong!
 - People with communication problem, e.g. English as a second language, find it difficult to have telephone appointments with GP.
- Patient consultation:
 - Application software by providers that is implemented with end-user collaboration, not inflicted on users.

Websites to be accessible - clear and to the point. Need to be kept up to date.

Please don't forget the technology dinosaurs.

- I think decisions will have to be made about the best way forward as the covid crisis improves, and patients need to be included in the consultations as it is them that will be affected by the outcomes.
- Need to work with people with lived experience when designing new services or upgrading them.
- The move to phone consultations is a major issue. Consultation HAS to be undertaken before this is a permanent 'solution'.

Look at what has worked well, and what has not, and keep the parts that have worked well.

- General comments about use of technology in the future:
 - I did not like tech situations before the pandemic because the “options” I had to trawl through rarely addressed what I needed.
 - The internet can't empathise.
 - Things have changed too much too quickly.
 - What happens if you get a power cut?
 - Whilst I welcome change we need to be careful that this is not used as a pretext to cut services. The socially, economically vulnerable and the elderly should not be ignored.

Whatever technology is used, people want to be speaking to the right person.

Technology has its place, if it works really well, but nothing beats human contact.

I think we need a balance and people should be supported to use technology without it being forced on them.

New normal

Question 13 asks about what might become the new 'normal' regarding health and care services, and what help people might need to access care.

Here are examples of ways people say they will need help, to be able to use technology:

- Equipment too expensive to buy, run and maintain, so would need equipment and internet access.
- Literacy and other language support.
- Need help learning to use equipment and what it can be used for:
 - Equipment generally.
 - Help with all aspects.
 - Learning how to access care.
 - Online access.
 - Setting up and/or using specialist equipment for sight impairment.
 - Smartphone.
 - Zoom training.
- Ongoing help to prompt what to do next when anxious and forget things.
- When this is over I will be able to use technology. I am a blind veteran. So there will be a 1:1 course that I can go on in the future.

Here are some suggestions that were included in the surveys, that might help people:

- Enhanced audio for phone/video calls.
- Health and care professionals will need to have a lot of patience, when people are trying to learn new skills.
- Joined up communication between providers of health and care services.
- Need regular communication in different formats and languages so messages get to all parts of our society in a timely manner and point of contact if people have questions about what support they can get or don't understand the messaging.
- Produce 'How to use' guides.
- Roll out of free wi-fi to all would help with access, especially with the elderly who may not be able to afford the cost.
- Simplify processes.

Comments about the future

Earlier sections of the report included comments about services people had experience of using during the COVID-19 pandemic. The following comments are thinking about the future and are not technology related.

- GP services:
 - Disabled people would like it to be easier to see a GP, now they do not want to do home visits.
 - I have never had one phone call or letter from my GP. I feel like he doesn't know I exist after 45 years on his books.
 - Online services should be more prevalent, especially for chronically ill and housebound patients, who struggle to physically get to face to face appointments without help.
 - Elderly/vulnerable patients:
 - I would like the GPs to show a little concern especially for their older patients and provide easier access to see them.
 - The practice should be aware of their vulnerable/elderly patients and make appropriate amendments to their appointment policy for these patients.
 - GP access:
 - If GP phone conversations become the norm, there could be less restrictions about which GP you are allowed to register with? Perhaps introduce competition between practices, based on the quality of service provided, with financial incentives? Perhaps the patient should be allowed to "shop around" on a consultation by consultation basis etc.?
 - If GP's are afraid of covid in the surgeries, then rather than a blanket ban and refusing to see everyone, just direct those with symptoms to hospital and treat everybody else in the normal way.
 - It was hard to get a GP appointment before COVID. Worried the new 'normal' will make it more difficult.
 - Opening hours:
 - GP/Hospital appointments need to be set up outside 8.00 - 6.00 boundaries.
 - GP surgery to open 7 days per week.
 - Some people feel they have been abandoned by their GP during this pandemic.
 - Worried that changes will benefit GPs more than patients.
- Hospitals:
 - A and E:
 - Being used by people who cannot get a GP appointment which is not its purpose. Once a patient registers at A and E the paperwork alone causes delays. Public fault, not NHS.

I am afraid to be ill (I live alone). Surely this cannot be right.

It's hard enough to access it now. Who knows what it will be like in the future!!

- Pandemic is keeping hypochondriacs away. Want to see A and E waiting times drop.
 - People misuse - perhaps a £10 charge as a deterrent?
 - People use GP and A and E when not needed - hope the reduction in use continues.
 - Being able to email nursing staff on ward instead of calling would help families to raise concerns and receive information easier.
 - Failure to attend an appointment, the patient should be fined for wasting time and money and blocking an available appointment for another patient. Until this happens, the abuse of the NHS will continue.
 - I think a lot of other health issues have been ignored and dismissed due to Covid, and the wait for hospital appointments is not acceptable.
 - People should not be discharged from hospital too soon, to save money.
 - The waiting times at hospitals should be reduced. I wouldn't want to wait so long in a waiting room, due to delays to appointments.
- Hospitals to begin normal services for non-life threatening problems, people are worried about when/if their medical needs will be solved. People on waiting lists for operations should be dealt with as soon as possible.
- Other comments about health and care services:
 - Community services should be expanded to add to what is on offer from doctors, hospitals, etc.
 - I think we should increase the opportunities for communities to come together more frequently and publicise how local volunteers can really help to support this with proper funding. E.g. setting up a link worker in each community whose role is to help bring together volunteers to take more of a lead role to support those who are most vulnerable and isolated.
 - More support for community and voluntary sector that has continued to support the vulnerable in our society with long term funding and infrastructure support.
 - People want to be able to access care without help from other people. Loss of independence worries them, and the lack of privacy when asking for help.
 - I have had to shield throughout the pandemic as I am clinically vulnerable and I feel I've lost a lot of independence and physical stamina.
 - It has had a bad impact on my independence. People look at me and ask if I should be out. Sight is my only problem.
 - My independence has been taken away from me. I have to get other people to do my shopping and get prescriptions. Things that I'm used to doing myself.
 - Promote healthy behaviours, including weight loss, to help with ongoing NHS costs.

- Support:
 - Better checks on people at risk.
 - Language support needs to be offered as standard, whatever the type of appointment.
 - More support for people who are still poorly with covid after weeks/months to help them recover, as everyone treats them like they are still infected.
 - Regular calls for older/vulnerable people to check ok.

- Ways of working:
 - Less reliance on computers and internet, would lead to more hands on care which is what we train people for and pay for and deserve from our NHS workforce.
 - Strike the right balance for both patients and GP surgeries/community agencies etc.
 - There should be a return to the real normal which benefits the patients. The new normal seems to benefit the medical staff.

It would be great if medical and social care practitioners have a better and more forward thinking attitude to different ways of service delivery as a result of some of the ways that have had to be adapted since covid-19. They can be too rigid in their approach but have had to learn different ways of doing things, so hopefully they understand the world can function by delivering services differently and not in long standing 'orthodox' ways as the only option.

- Other general comments about the future:
 - Health and welfare:
 - Changes to continue well after covid to make sure it is gone for good.
 - Hospitals should keep masks, gloves, etc. after the pandemic is over.
 - Increase cleanliness in workplaces and public areas.
 - Like to see more temperature checks before entering public places.
 - Outdoor 'gym equipment'. Maybe it would be great for Tameside to invest in something like this. In the long run, it would be beneficial to health and also free to use. Creating a healthier environment and individuals.
 - Should keep sanitising stations at front doors of shops, GPs, and other public buildings.
 - Would not like social distancing and masks to be permanent.
 - Financial:
 - Help with taxi fare.
 - Housing - social housing, not private landlords charging huge rents, affordable housing to purchase.
 - Request for bank to automatically send new cheque books, to save a visit to the bank.
 - Have a choice to work from home or go to workplace. Some people commented on social isolation, whilst others preferred to work from home. Some people wanted to continue online work meetings.

- I cannot think of any changes I would like to keep.
- It's changed the world we live in:
 - People need to stop rebelling and adapt to the times.
 - People will need to adapt to living with it.
- Like to see information/strategy around transitioning to the new 'normal'.
- Locality:
 - Keep the pop-up cycle lanes.
 - More consistent public transport.
 - Parks, beaches and open spaces to be accessible.
 - We have enjoyed daily walks along local canals and through parks. Keep looking after them.

Other comments

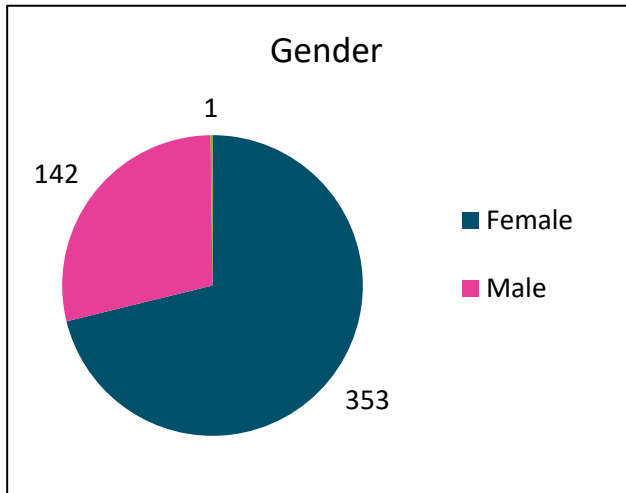
The final question in the survey provided an opportunity for people to tell us about anything else they hadn't mentioned previously. Where the comments answered a previous question, these have been included in the relevant section of the report. Here are some comments:

- Education:
 - Studying at home impact relating to school, college, university. Comments about grades, teaching, lack of social contact, lack of exercise (weight gain).
 - My son should be sitting GCSEs in 2021 - a plan is needed now for the various possible outcomes on exams. There is a disinclination to study as the year group thinks the same will happen to them as happened this year.
 - My children have been reluctant to socialise again in person and are anxious about being guinea pigs, in effect, going back to school.
 - Unhappy about daughters grades.
- Environment:
 - There were comments on the positive impact on the environment during lockdown - less traffic, reduced air pollution.
 - There's still far too much public cigarette smoking in public places.
 - Litter is increasing.
- Financial:
 - Online schooling saves my parents money (bus fares).
 - There were various comments about the effects of the pandemic on the unemployed, furlough, increased bills, a decent working wage and finances in general.
- I have completed surveys for the last 50 years and nothing ever changes for the better.
- My concern is that post Covid crime, social and community cohesion will be issues that communities will face, as the effects of unemployment are felt.
- Thank you:
 - Overall the healthcare providers have been excellent under really challenging times and they are to be applauded for all their sacrifices.
 - Very, very well done the NHS and all the other services. Police, ambulance, carers, dustbin men to keep us in food and safe. Council. Postmen plus all the emergency necessary people to keep us going.
 - We do think people are doing their best - medical, neighbours, family - not easy when not going out with no transport.



Demographics

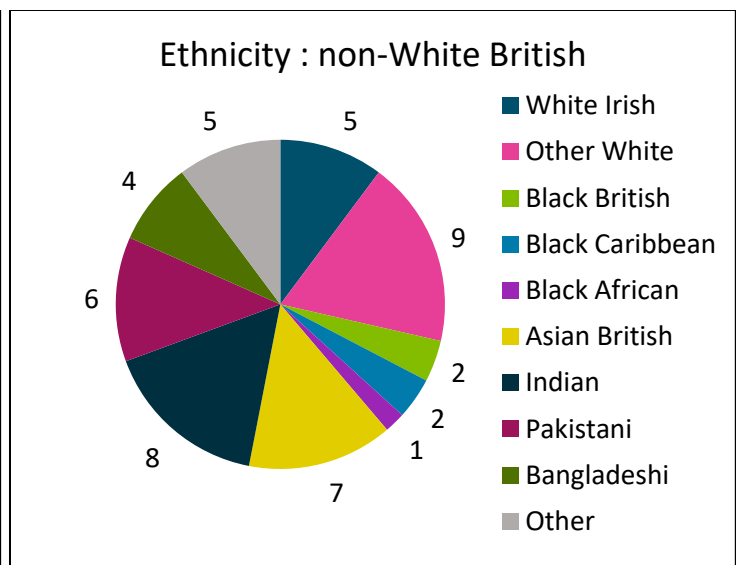
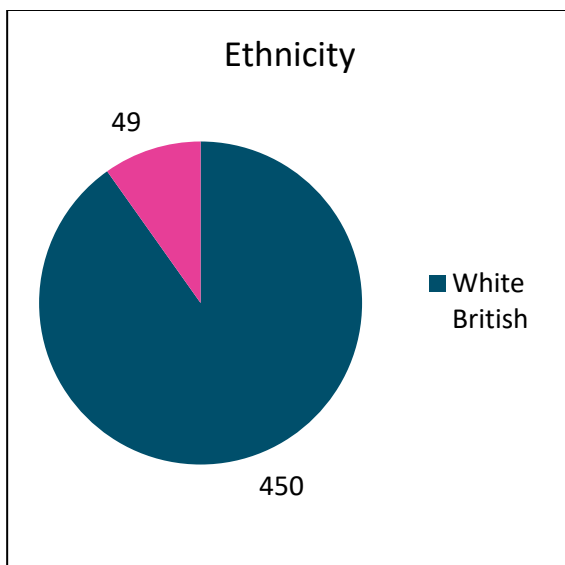
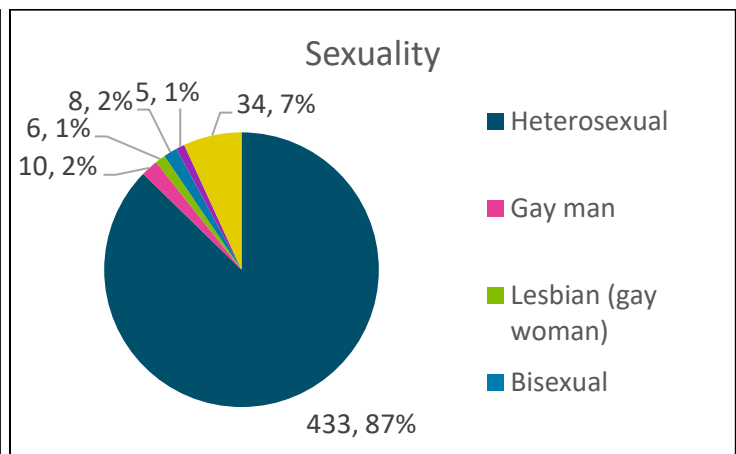
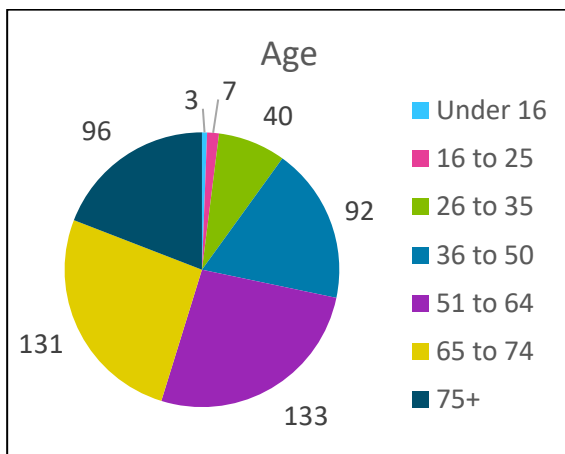
The first set of graphs are from the COVID-19 survey.

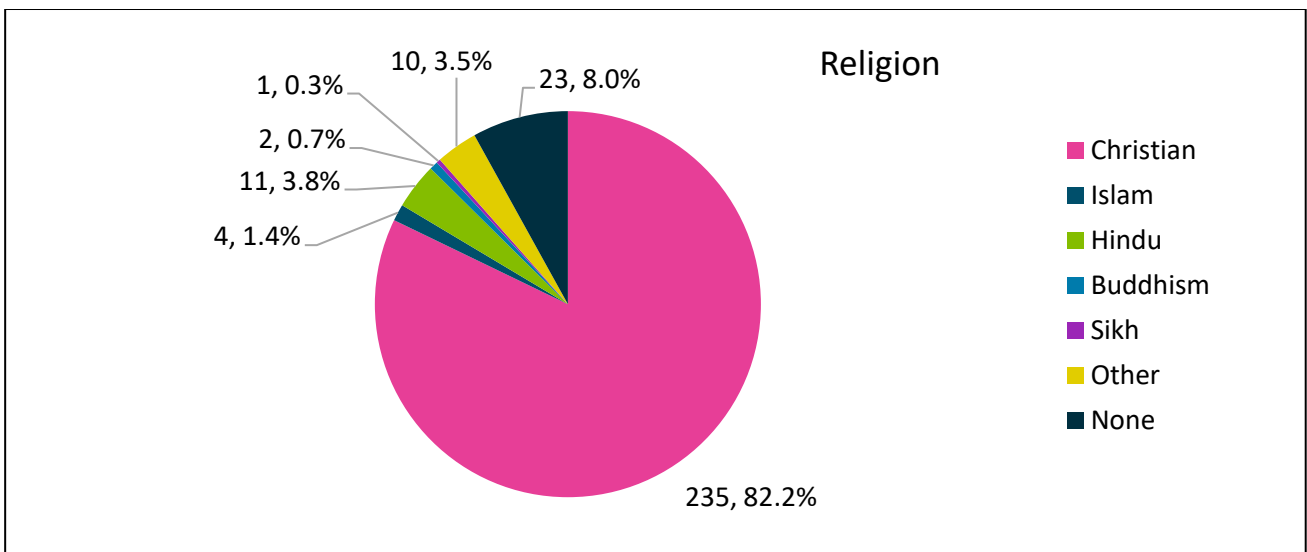
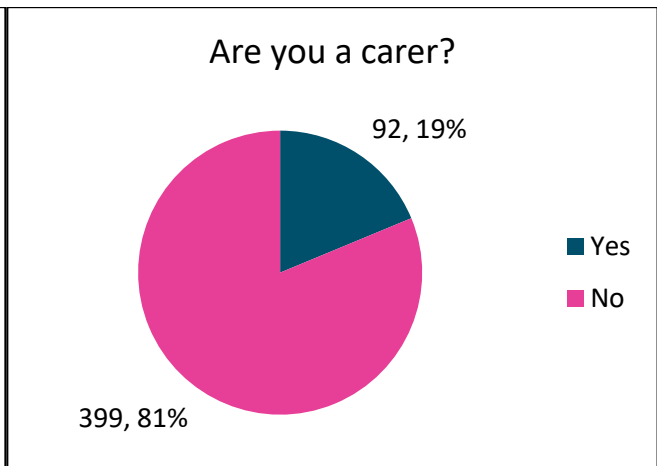
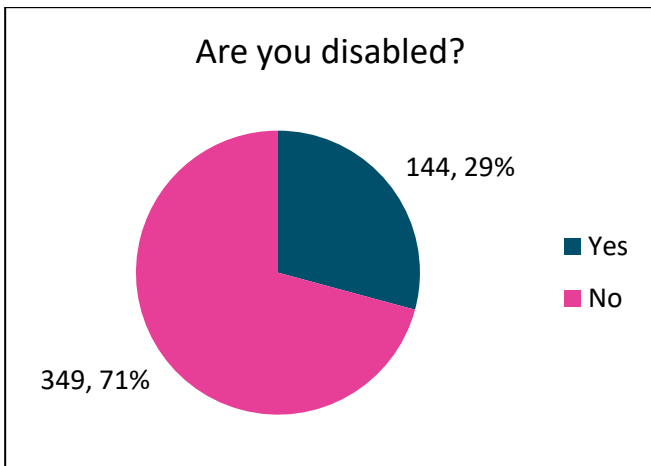
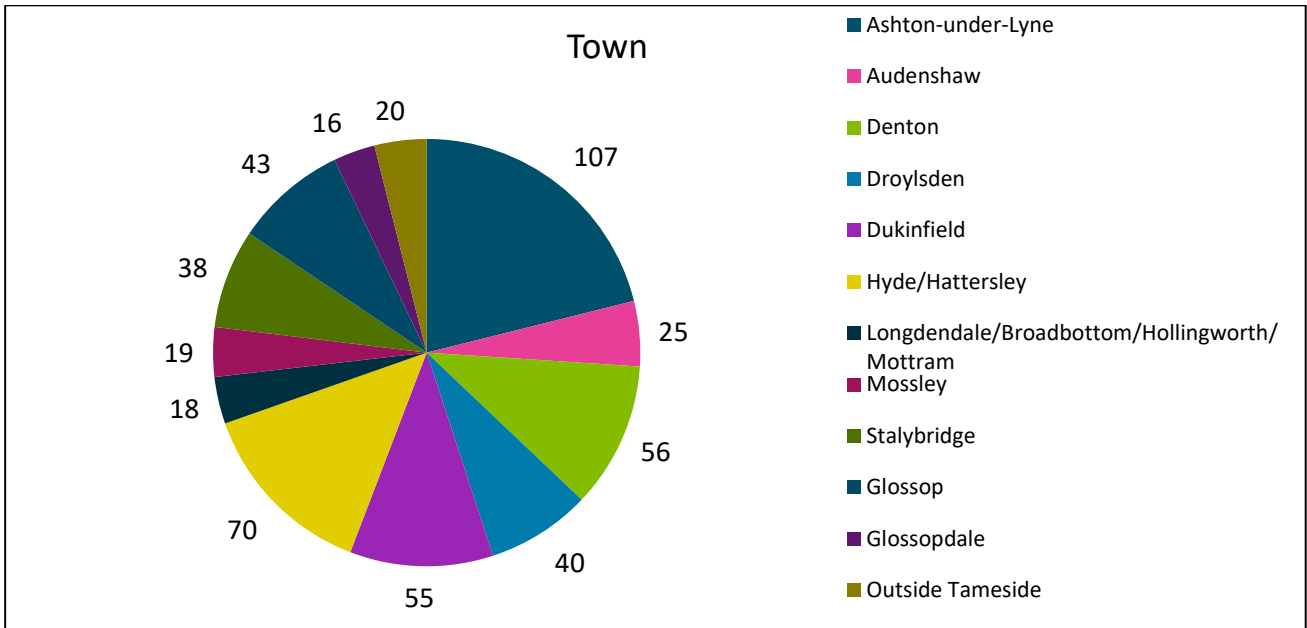


We asked, 'Is your gender identity the same as the sex you were assigned at birth?'

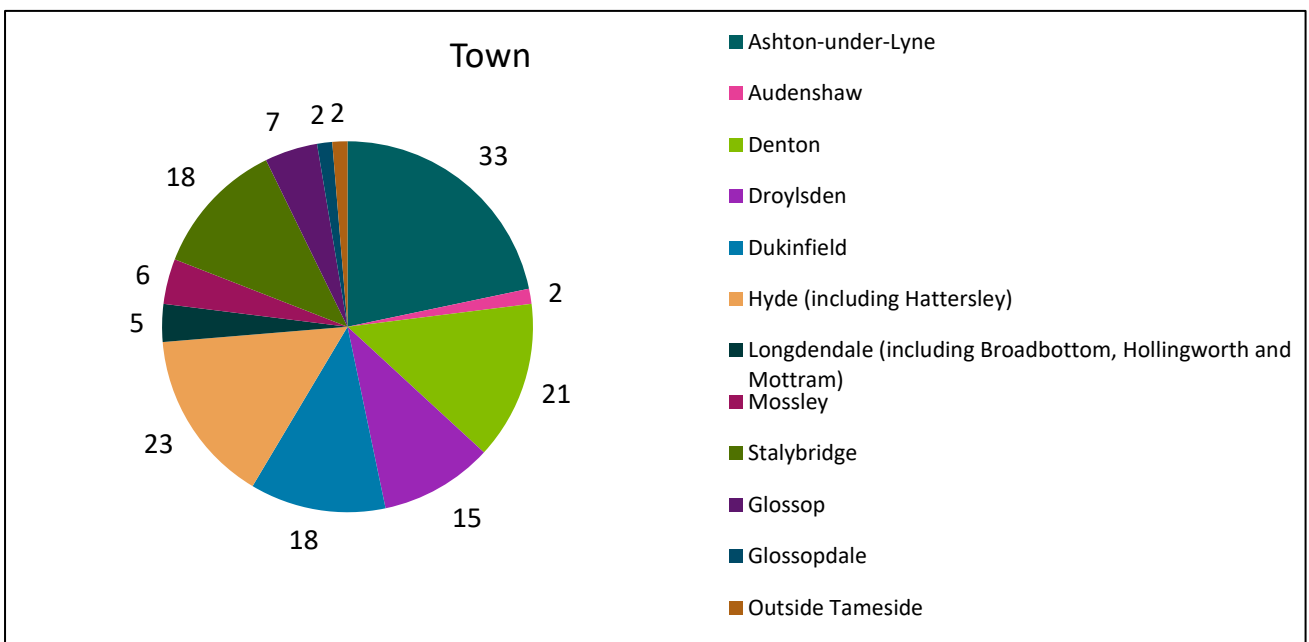
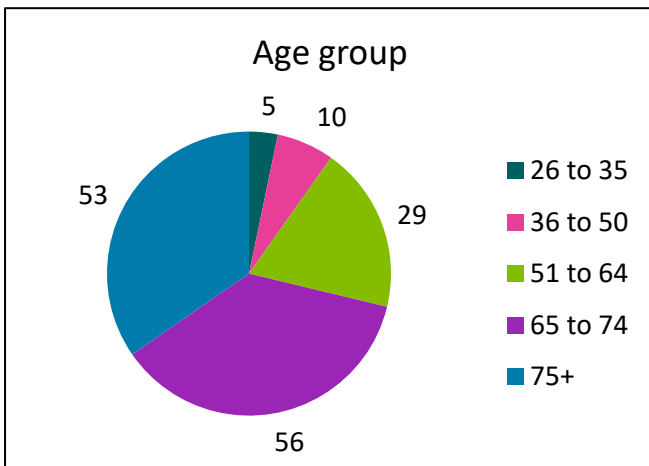
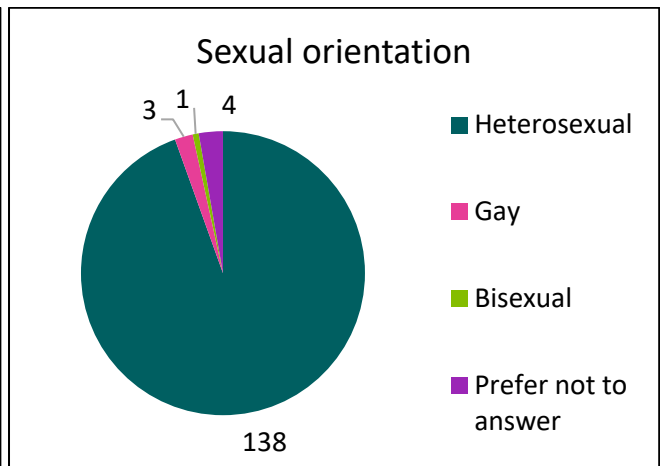
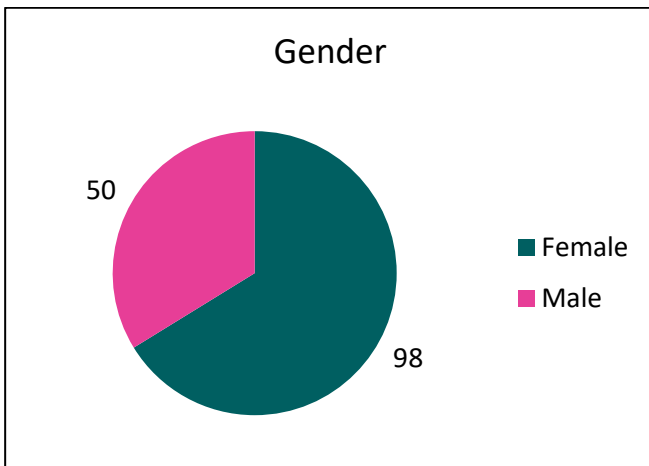
Of the people who answered the question, the responses are:

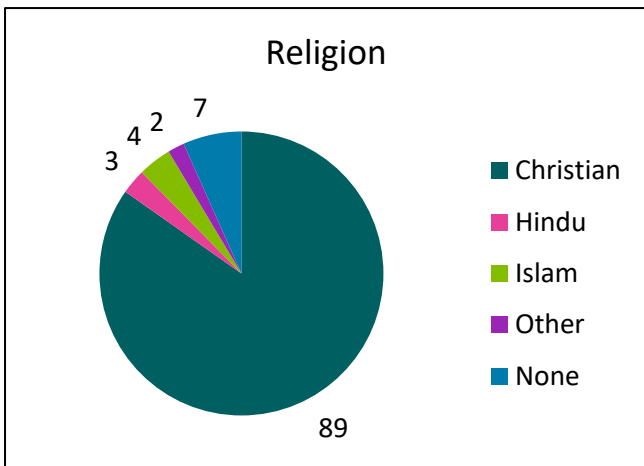
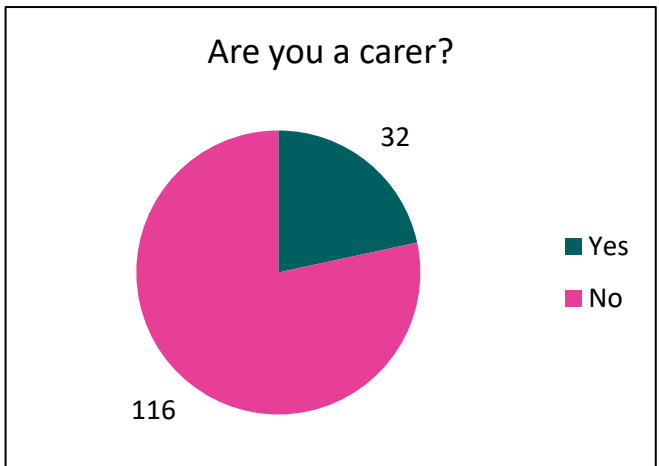
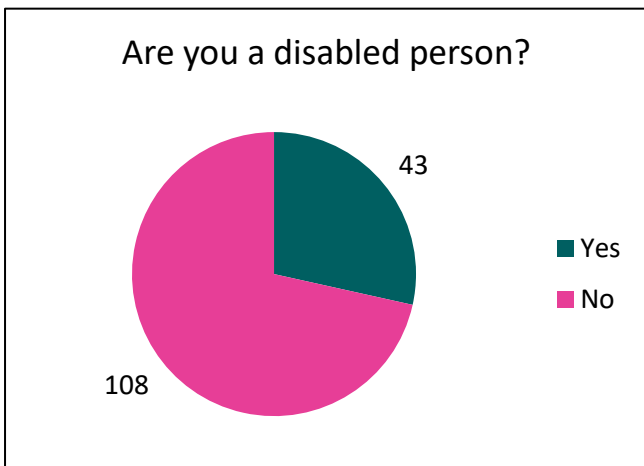
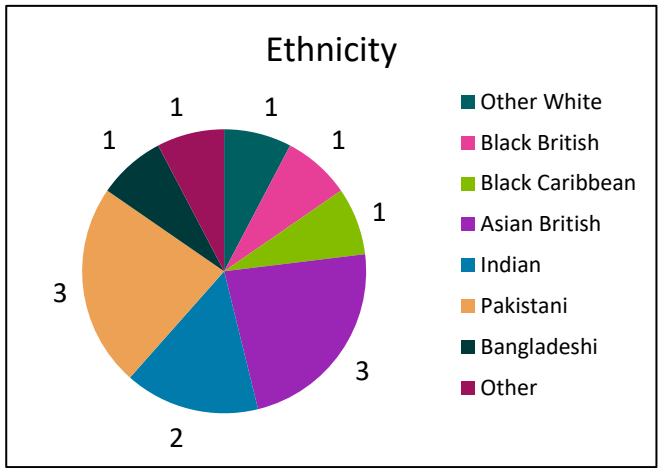
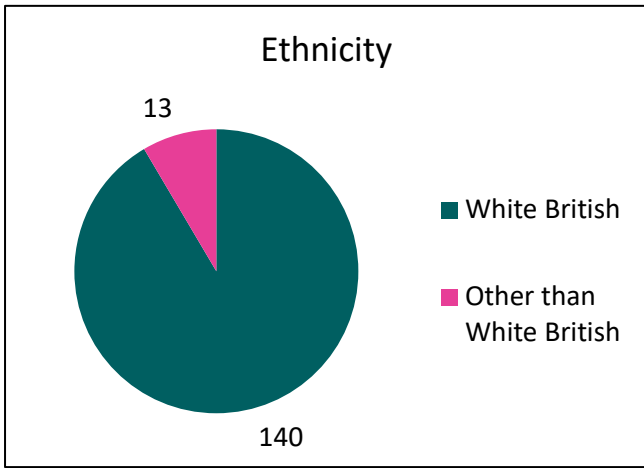
- Yes - 93
- No - 1



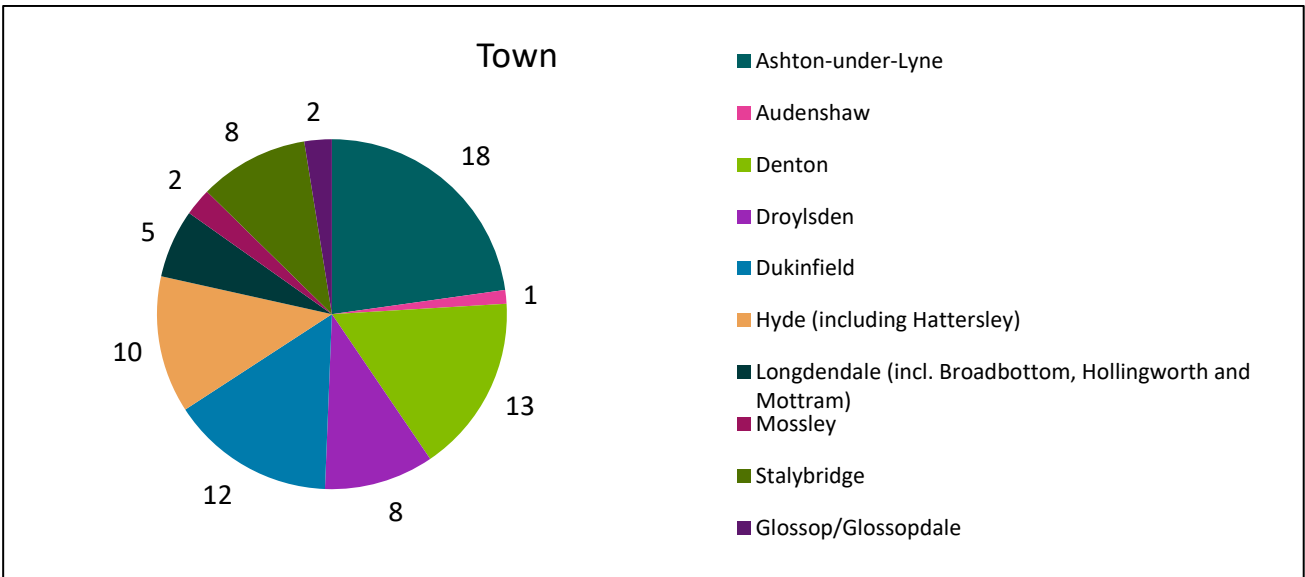
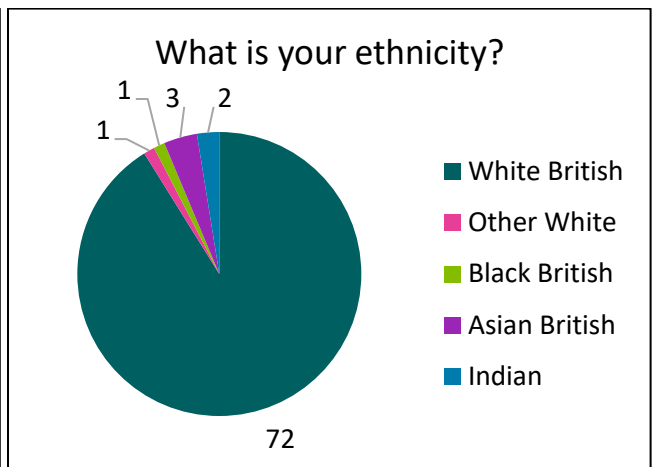
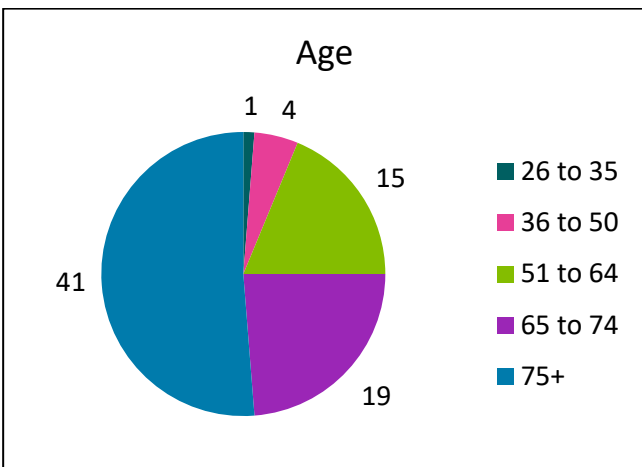
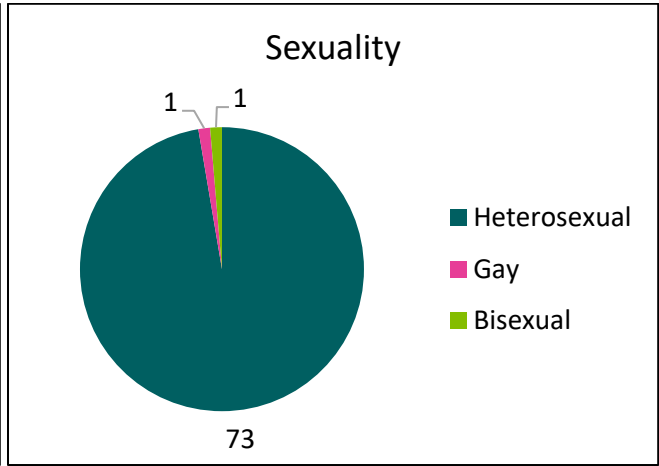
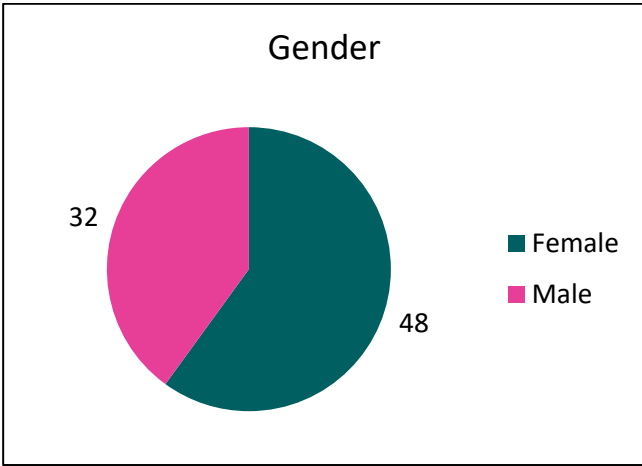


The next set of graphs are from the Vaccination survey.

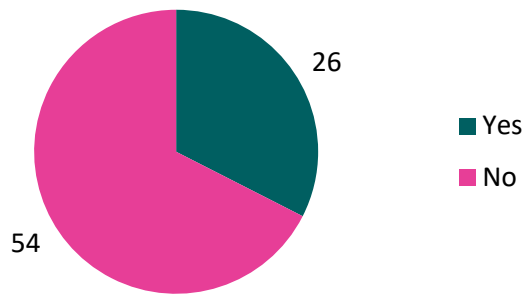




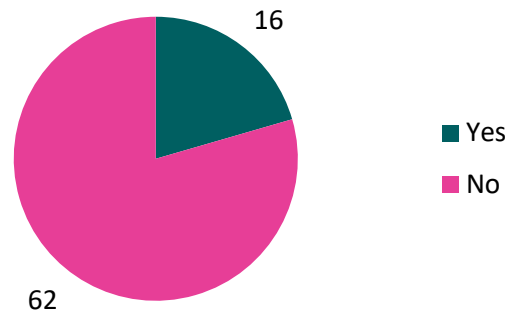
The final set of graphs for demographics are from the Test and Trace survey.



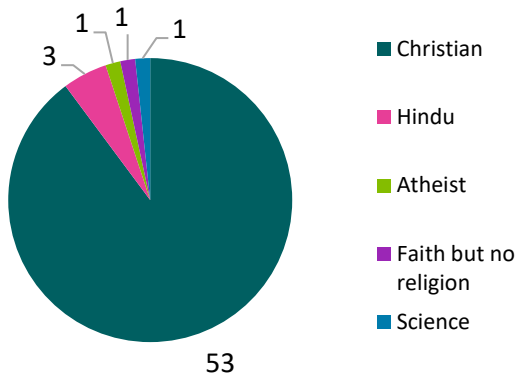
Are you disabled?



Are you a carer?



Religion



Acknowledgements

We would like to take this opportunity to thank everyone who has helped in any way with the promotion of these surveys. We could not have collected as many responses as we did without you.

We have tried to keep a record of all the people and organisations, and apologise if we have missed anyone. If you were involved, and we have not included your organisation in the list, please get in touch, and we will update the report.

Firstly, thank you to the Healthwatch Tameside staff team and our volunteers, including board members.

Promotion was assisted by:

- Action Together staff and media
- Ashton Pioneer Homes
- Being There
- Church of the Nazarene
- Citizens Advice Bureau
- Dad Matters
- Denton Community College
- Derbyshire County Council (Adult social care)
- Diversity Matters North West
- Droylsden foodbank
- Finding Rainbows
- Get involved at NICE
- Glossop adult education centre
- Glossop foodbank
- Glossop GP practices
- Glossop pharmacies
- GP Patient Participation Groups
- Grafton Centre Tameside South and Longdendale foodbank
- Hadfield community hall
- Hadfield library
- Haughton Green foodbank
- Healthwatch Derbyshire
- Homestart
- In These Times
- Indian Temple, Ashton-under-Lyne
- Infinity Initiatives
- Joined Up Care Derbyshire
- Miles of Smiles
- Millgate Healthcare Partnership
- Mind Matters
- Mossley foodbank
- New Charter Homes/Jigsaw
- Other Greater Manchester local Healthwatch

- Pennine Care NHS Foundation Trust
- Pulmonary Fibrosis support group
- Smallshaw-Hurst community action group
- Tameside and Glossop Clinical Commissioning Group
- Tameside and Glossop Maternity Voices Partnership
- Tameside and Glossop NHS Foundation Trust
- Tameside Council including the Big Conversation
- Tameside Oldham and Glossop Mind
- Tameside Scouts District Advisors
- Tameside Talking News
- Tameside Young Carers
- The Anthony Seddon Fund
- The Bureau
- The Station Pub, Ashton-under-Lyne
- Waterloo support group
- Xen Zone (Kooth)

Appendices

Letter from Scrutiny

The response from the Integrated Care and Wellbeing Scrutiny Panel of Tameside is on page 119.

Healthwatch Tameside survey

A copy of the final version of the survey questions is shown on page 122.

Other local surveys and reports

Many other organisations carried out targeted COVID-related surveys. We are aware of the following organisations (in alphabetical order) who did this and we encourage you to read their reports.

- Diversity Matters North West - <https://diversitymattersnw.org.uk/our-reports/>
- Europaia - <https://europia.org.uk/what-we-do/research-publications/>
- Henshaws - www.henshaws.org.uk/news/blind-and-partially-sighted-covid19-survey-report-published/

Liz Windsor-Welsh
Accountable Officer

Peter Denton
Healthwatch Manager

**Chair of the Integrated Care and Wellbeing
Scrutiny Panel**

Councillor Teresa Smith

Tameside One
Market Place
Ashton-under-Lyne
OL8 6BH

Email: Teresa.smith@tameside.gov.uk
Phone: 01613422199
Ask for Paul Radcliffe
Date: 8 July 2020

Dear Liz,

Healthwatch Tameside Covid-19 Survey

I write on behalf of Tameside Council's Integrated Care and Wellbeing Scrutiny Panel. Members have remained suitably informed of health implications and impacts associated with Covid-19. This includes a range of local measures and decisions aimed to support residents as part of the borough's coordinated response.

The Scrutiny Panel seeks to submit a formal response to the Healthwatch Covid-19 survey. This letter therefore aims to provide a summary of collective discussion points and feedback received from local communities. I would be extremely grateful if on receiving this letter you are able to take the appropriate action to ensure the collective response is suitably recorded and submitted.

Scrutiny of health services at a local level is driven by strong and effective partnerships working together to inform, influence and strengthen decision making and provision. Activity is routinely planned to review information, performance data and substantial development or variation in health services to minimise the impact on patients. There is also an ongoing need to consider how the views and experiences of residents are captured and best used to improve outcomes.

The Scrutiny Panel considers engagement with relevant health services, commissioners and health providers to be a continuous process. In order to address the significant and far-reaching impacts of Covid-19, scrutiny must adapt accordingly to consider appropriate matters with a keen eye on recovery, as well as community resilience.

Work priorities are agreed in line the development of an annual work programme for 2020/21. This will remain under continuous review with activity is to be planned and conducted in a way that is timely, supportive and proportionate. Scrutiny will consider how well partnerships are working; oversee the systems that contribute to smooth effective decision making and bring influence to find positive solutions.

A significant number of Tameside residents have been directly impacted by a range of economic and health inequalities, which have been further exacerbated by Covid-19 and ultimately increase an individual's level of vulnerability. In particular, those linked to long-term respiratory conditions and diabetes. In addition to the governments shielding programme, a large scale assessment was undertaken to identify 'at risk' residents by using a number of indicators. These included people who may already have been receiving a level of formal or informal support, plus those who had contacted the Council and partners directly to inform of a basic need for food, medication and/or wider support.

When collating feedback from communities it has been important to reflect on some of the local challenges, with attention drawn to the following areas (3 July 2020):

- A total of 1,952 households have been supported with food parcels and 446 with prescriptions. Residents in need of support is reducing on a daily and weekly basis.
- The number of GP appointments made in April 2020 was at its lowest level in 2 years; with an associated reduction in GP referrals.
- A sharp drop in A&E attendances, levels are starting to rise.
- Reporting a proportionately high number of deaths in care homes (44% higher than same period in 2019). Over 80 deaths related to Covid-19.

Panel members have recently submitted feedback and lived experiences from communities based on the impact and response to Covid-19. This has proved timely and coincides well with the Healthwatch survey. I have listed relevant points below which I hope you will find useful for the future planning of healthcare services.

Responding to Covid-19

- The Council's response and speed in which the Humanitarian Hub was established, along with support from volunteers and businesses has been a real accomplishment and something to be proud of.
- The crisis has helped generate a resurgence and increased levels of solidarity and sense of community.
- Positive outcomes and innovations, such as online support groups offering help and advice to residents.

Health Systems

- There are a number of future concerns linked to a range of possible impacts that Covid-19 and lockdown measures will have on the mental health and wellbeing of residents.
- A consensus that assessing and supporting the mental health of residents must remain in place as a future priority for the commissioning of health services. To overlook this would be detrimental to both the health and economic recovery of the borough.
- Concerns were raised with regards to the avoidance of Primary Care, reduction in routine appointments and cancer referrals. It is accepted that while Covid-19 has somewhat alleviated aspects of non-urgent demand, the future pressure on key services due to delayed diagnosis is likely to have significant implications on health outcomes for residents.
- Some work may be required in order to understand the equality impacts of Covid-19. Emerging evidence reported nationally has presented an understandable cause for concern within BAME communities and those undertaking key worker roles. It is also unclear as to how the future assessment of risk for disproportionately affected groups can be planned and delivered at a local level. This includes safety measures for all work places and public transport.

- With a significant number of older and vulnerable residents having been shielded for at least 3 months, there will be a need to consider issues associated with loneliness, social isolation. In addition to any ongoing worries around future access to food and medication should a second phase emerge.

If further clarity is needed on any of the above points, please do not hesitate to contact me.

Yours sincerely,

Councillor Teresa Smith
Chair – Integrated Care and Wellbeing Scrutiny Panel

At Healthwatch Tameside, we work with local health and care services to make sure they are working as best they can, influenced by what you tell us.

Since the outbreak of Coronavirus (will be called COVID-19 for the rest of the survey), there have been many changes to our lives. This anonymous survey will help us to understand and gather information about your experiences, and those of your household.

We want you to tell us what is working well, as well as what could be improved.

There have been several changes to how health and care services have been delivered. Would you be happy to see any of these changes carrying on? Would you need any help for this to happen?

What are your thoughts about social distancing, and Test and Trace?

We are sharing the anonymised findings from this survey regularly with Tameside Council, Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust, along with any other relevant providers of services. The information is being used, alongside other feedback, to plan health and care services for the local population.

The reports are being published on our website at www.healthwatchtameside.co.uk/healthwatch-tameside-publications.

Thank you for your time.

If you would prefer to complete the survey online, it can be found at <https://www.healthwatchtameside.co.uk/covid-19-survey>

Survey questions

1) Have you had COVID-19?

- Yes - I've been tested
- Possibly - I've had symptoms but not been tested
- No - I've been tested
- No - I've not had symptoms

Have you had symptoms and tried to get a test or not? Please tell us more about this.

2) Have you found it easy to find clear and understandable information about how to keep yourself and others safe during the COVID-19 pandemic?

- Yes
- No

Please tell us more about this. Where did you look, and what was the most/least useful resource to find out about the changing rules where you live, and Test and Trace?

3) Has your mental health and wellbeing been affected by the COVID-19 pandemic?

- Yes
- No

Please tell us more about this. Did you know where to get help? Was help available?

4) Face-to-face social groups and community activities were cancelled. Has this affected you?

- Yes
- No

Please tell us more about this. What sort of activities did you join in with before? Have you done anything else instead, perhaps online? Do you have any concerns about groups and activities opening again? If you have attended any groups/activities that have re-opened how was it?

5) Has your healthcare for other conditions been affected by the COVID-19 pandemic? For example, through cancelled operations or appointments, difficulty obtaining prescriptions or medication, difficulty making GP appointments, or accessing mental health care.

- Yes
- No
- Not applicable

Please tell us more about this. If care has been cancelled/postponed, do you know when it will be available again? Have you needed medical help since March? If so, did you ask for help or not, and did you get the care you needed?

6) Since the beginning of the pandemic, have you done any of the following (please tick all that apply)?

- Called 111
- Used the 111 Online service.
- Looked up my symptoms somewhere other than NHS 111.
- Had a telephone consultation with a GP or practice nurse.
- Filled in a form on your GP's website and received a call back by a GP practice clinician (e.g. GP, nurse, etc.).
- Had an online consultation with a GP practice clinician (other than after filling in form on GP practice website).
- Spoken to another medical professional on the phone (e.g. midwife, hospital nurse, consultant).
- Spoken to another medical professional online, including text-based chat and video calls (e.g. midwife, hospital nurse, consultant).
- Ordered a repeat prescription online.
- Accessed my test results or medical referrals online.
- Used a website or app for mental health support.
- Been referred to other support by your GP practice (e.g. social prescribing, foodbank, community support).

If yes to any of these, please tell us about your experience.

7) Did you use any of the options in Q6 for the first time when accessing care during the COVID-19 pandemic? If so, which ones? How easy was it? Did you find anything difficult to use?

8) Has your experience of social care been affected by the COVID-19 pandemic? For example, visits from care workers to your home, access to residential or nursing care homes, etc.

- Yes
- No
- Not applicable

Please tell us more about this. As lockdown eased, did this make any difference? Do you have any concerns now?

9) Technology has been used as a way of giving people access to information, and for you to request medical care during the COVID-19 pandemic. Which of the following do you have access to at home? (Please tick all that apply)

- Desktop computer
- Laptop
- Tablet
- Smartphone
- Internet at home (e.g. broadband)
- Internet on my phone
- Other (please specify)

10) Have you used any of these devices for the first time during the COVID-19 pandemic, and how was it for you? If so, which, and will you carry on using them? Do you have any reasons why you might not use them in the future?

11) Do you have any other comments about how the COVID-19 pandemic is affecting your life, and what kind of support you need? What do you think about social distancing, rules changing, wearing masks and Test and Trace?

12) Thinking about the future, do you think any of the changes to ways of working should continue? For example, changes to GP or hospital appointments, use of technology, changes to community services.

Please tell us what you would like to see happen.

13) The new 'normal' could include changes to services that have been tried by health and care providers during the COVID-19 pandemic. What help would you need, if any, to be able to use these new ways of accessing care? (e.g., with technology)

14) Is there anything else you think we should know about, or you would like to say? This could be about lockdown or going forwards. Is there anything which has affected others in your household, including children and young people, which you have not mentioned earlier?

15) Have you completed this survey before, earlier in the pandemic?

- Yes
- No

Some questions about you

Equalities Monitoring Statement

Healthwatch Tameside has to demonstrate it is working with and representing everybody in the community. The information you provide here will help us to understand who we are working with and supporting. Please answer as many of the questions in this section as you feel able to. This information is treated with the strictest confidence. We will comply with our obligations under the Data Protection Acts and the General Data Protection Regulations. Information about our privacy policy can be found on our website, or a copy can be requested from the office.

Gender

- Male
- Female

Is your gender identity the same as the sex you were assigned at birth?

- Yes
- No

Ethnicity

- | | | |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black British | <input type="checkbox"/> Asian British |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other White | <input type="checkbox"/> African | <input type="checkbox"/> Pakistani |
| | <input type="checkbox"/> Other Black | <input type="checkbox"/> Bangladeshi |
| | | <input type="checkbox"/> Chinese |
| | | <input type="checkbox"/> Other Asian |

Any other ethnicity.....

Age group

- Under 16
- 16-25 26-35 36-50
- 51-64 65-74 75+

Which town do you live in?

- Ashton-under-Lyne Dukinfield Stalybridge
 - Audenshaw Hyde/Hattersley Glossop
 - Denton Longendale/Mottram Glossopdale
 - Droylsden Mossley Outside Tameside (where?)
-

Sexual Orientation

- Heterosexual (straight) Gay Lesbian
- Bisexual Other Prefer not to answer

Are you a disabled person?

- Yes No

Are you a carer?

- Yes No

Religion / Belief

Thank you for taking the time to tell us what you think. If you would like a paper copy of any of the reports, please give us a call.

This survey is anonymous, but if you would like to be added to our mailing list, please get in touch and let us know by:

Telephone- 0161 667 2526

Email - info@healthwatchtameside.co.uk

Via website - <https://www.healthwatchtameside.co.uk/content/join-us>