



Your experience of health and social care services during the coronavirus (COVID-19) outbreak

September 2020



What was the project about?

The coronavirus (COVID-19) outbreak changed the way health and social services are delivered across the country. We wanted to hear about the experiences of people who live in Buckinghamshire or who receive services in the county.

What did we do?

We developed an online survey to collect feedback from people. Government guidelines meant we couldn't send out paper copies. We did, however, offer to take responses over the phone for those who couldn't access the online version.

We launched the survey on 1st May and closed it on the 23rd June. We asked people for their views on:

- information and advice during the coronavirus (COVID-19) outbreak
- experience of healthcare services
- experience of social care support
- mental health and wellbeing support.

We based our questions on a template provided by Healthwatch England.

Our survey was publicised through social media during May and in our April and May newsletters. We also asked local organisations to publicise the survey. We stopped actively promoting the survey at the start of June. We have summarised the responses by question in this report. The number of responses to each question varied. This is because not everyone answered all the questions.

We have summarised comments according to the categories used across the Healthwatch network. We have added some specific themes as well. These summaries should be regarded as an indication of how often a theme was mentioned rather than an exact count. Some feedback offered views on more than one theme so the number of results can be more than the number of responses. People may have made similar comments in response to different questions. So the numbers for each theme reported under each question should not be added together.

Where suggested by the data, we looked to see if there were any differences between some groups. We focused on statistically significant findings in the main body of the report. Findings that were not statistically significant may be found in the appendices.

More information about our approach and our statistical analysis is at Appendix 1.

What did we find?

Who did we hear from?

In total we received 520 online responses between 1st May and 23rd June 2020.

We allowed anyone to complete the survey to encourage as many responses as possible. We did, however, ask whether people lived in Bucks or used Bucks services. We have therefore reported two sets of results. For the questions about information provided by services we have analysed all 520 responses we received. This is because much of it related to the national picture. This included 139 people who said they didn't live in Bucks or use Bucks services, preferred not to say, answered "don't know" or did not answer the question.

For feedback on health and social care services we looked only at the 371 responses from those who said they lived in Bucks or used Bucks services.

A summary of who we heard from is below. Full details of responses to the demographic questions are at Appendix 2.

For all the responses we received:

- + 53/520 said they considered themselves to have a disability.
- + 161/520 said they considered themselves to have a long-term health condition.
- + 52% (268/520) identified as female and 23% (120/520) identified as male.
- + The median age was 56 years and the median age group was 56-65.
- + 349/520 identified as White: British / English / Northern Irish / Scottish / Welsh. 37/520 identified as coming from a Black, Asian and Minority Ethnic group (BAME) (124 people didn't answer the question).

High risk and shielding

For all the responses we received:

- + Just over a quarter (26% - 136/520) considered themselves to be at high risk from COVID-19/coronavirus.

The reasons people gave for considered themselves to be at high risk are shown in Appendix 2.

- + Forty-eight people (out of 520) said they had been asked to shield themselves.
- + 58% of those that consider themselves to be high risk (79/136) were not asked to shield by the NHS.
- + Over half of the people with an existing health condition, who consider themselves high risk, were not asked to shield (57% - 49/86).

People who are carers

About 14% (60/419) said they were a carer for someone (or more than one person). The number of responses to these questions is lower than the total (520) because some people dropped out of the survey after the first few questions. Full details are given in Appendix 2.

When we looked in more detail we found that:

- a third of carers considered themselves high risk
- 60% of carers that consider themselves to be high risk (12/20) were not asked to shield by the NHS.

The majority of carers said that the person they cared for was at high risk (37/60). The top reasons given for them being considered high risk are given in Appendix 2.

- 37% (22/60) said that the person they cared for was advised to shield by the NHS

When we looked at some of these groups in more detail we found that:

- 36% (13/37) of those considered to be high risk by their carer were not advised to shield
- Just under a quarter of carers said that both themselves, and the person they cared for, were at high risk (13/60).

Information and advice about how to keep yourself and others safe during the coronavirus (COVID-19) outbreak

We asked where people looked for information they trust. Table 1 shows the results. People could select more than one option, so the numbers are greater than the number of people who responded. There were 426 responses in total to this question.

The top response was “Online - national organisations’ websites” chosen by 82% of the people that responded to the question. This was followed by “National media” with “Online - local organisations’ websites” a close third.

When we looked at the responses in more detail we found that:

- + The ‘under 56’ age group were significantly less likely to select “National media” as a trusted source compared to the ‘56 and over’ group.
- + There was no difference in the selection of “Social Media” between the ‘under 56’ and ‘56 and over’ age groups.
- + There was some suggestion that carers were more likely to select “Online - local organisations” than non-carers but this was not statistically significant.

Where are you looking for information you trust?	All responses	% of responses
Online - national organisations’ websites (e.g. Government, NHS)	351	82.4%
National media (e.g. television, radio or newspaper)	238	55.9%
Online - local organisations’ websites (e.g. the Council, GPs, pharmacies, local hospital, voluntary/community organisations)	231	54.2%
Local media (e.g. television, local radio or newspaper)	80	18.8%
Online - social media	53	12.4%
From family or friends	46	10.8%
Other (see Appendix 3 Table 1 for details)	28	6.6%
Letters (received by post)	27	6.3%
Email or text message	26	6.1%

Table 1 - Where are you looking for information you trust?

When we compared responses from within Bucks and outside, we found a surprising difference. 84% of people who said they lived in Bucks or used services in Bucks selected “Online - national organisations’ websites”, compared to 67% of those who replied from outside Bucks.

This was a statistically significant difference.

We have included the detailed results in Appendix 3.

Availability and quality of information

We then asked people to tell us how easy it had been to **find** the information they needed, **understand** the information, **act on it** and **keep up to date with the changes**. Not everyone responded to this question. Figure 1 shows the responses.

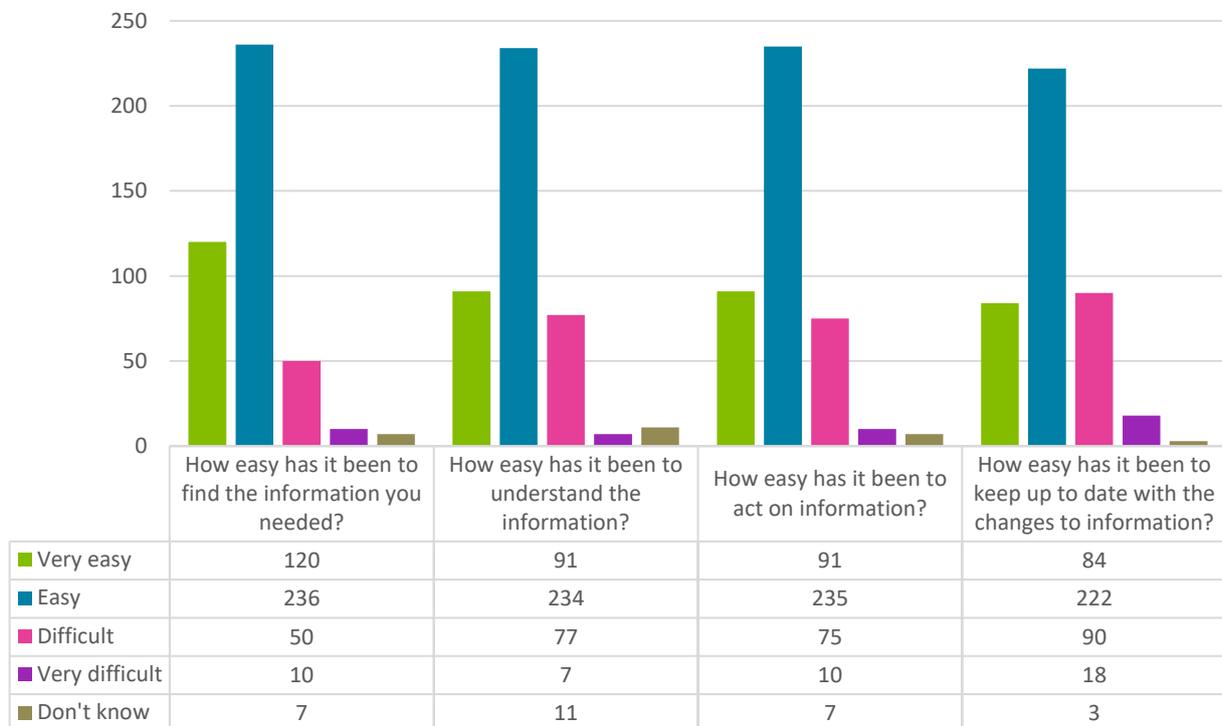


Figure 1 - How easy it had been to find information, understand it, act on it and keep up to date with changes?

Overall a high proportion of people responded “very easy” or “easy” to these questions.

There is a noticeable increase in the number of people who said it was “difficult” or “very difficult” to **keep up to date with the changes** to information compared with **finding** the information.

We compared the responses for different groups. We looked at people who said they were at high risk and carers, as well as age, ethnicity and gender demographics.

We found that:

- there was a significant difference between how easy trusted information was to find between carers and non-carers
- there was also some evidence that carers did not find it as easy to act on the information, compared with non-carers.

Additional comments

Seventy-eight people provided additional comments. We have summarised the key themes raised below. Some people made more than one comment so the total (87) is greater than the number of those who commented. Our survey ran during May. Some views (particularly in relation to Government sources and the media) may reflect uncertainty with the changes to the Government rules and guidelines that were introduced in mid-May.

Negative comments

“Distinctions between categories of control (shielding, social distancing, self-isolation etc) have been confused, as has been the link with categories of vulnerability. Sources are multiple and inconsistent.”

“It has been extremely variable - some websites are v clear and some are v unclear. Whilst ill I relied heavily on NHS 111 and on BBC govt updates.”

Of the 54 negative comments:

- the top theme mentioned in 33 comments was about the information being too vague, confusing, conflicting or inconsistent
- six comments mentioned issues such as it was hard to keep up, find out what’s accurate, valid or up to date information
- two comments mentioned the shielding information.

“The letters sent to high risk people was confusing. I have severe asthma so believe I should have received a letter but because I didn’t, it wasn’t clear what precautions, if any, I was to take.”

- One person said they were in fear of going to hospital and so had refused help for an injury.
- Another said:

“...Not enough use has been made of social media to reach younger people especially as there is a lot of misinformation there.”

Positive comments

“Many sources readily available and regularly updated.”

“The Government website is excellent for information however there is so much of it now that it can sometimes be very time consuming or tricky to drill down to information that is relevant to me.”

There were 12 positive comments:

- two mentioned that their surgery was good at keeping patients up to date
- three people said the information was easy to access or follow

“Statements about what, or what not, to do have been for me clear and unambiguous.”

- three said the communications or information were clear and unambiguous (one said this was in relation to a GP).

“Most of the information has been straight forward and easy to understand until recently where media and friends are all interpreting it differently.”

General or neutral comments

We had 21 general or neutral comments. Many of these mentioned where they got their information or the sources that they trusted.

What information people had found helpful or unhelpful

We asked what information people had found helpful or unhelpful and why. We have summarised the 135 comments in Figure 2 (on the following page).

People did not always explicitly say whether information was helpful or not. In some cases, we have considered the sentiment of the comment to decide whether the information was helpful, unhelpful or mixed. We have also categorised the comments by source. The results should be regarded therefore as an indication rather than an exact count. Some people offered more than one view so the total is greater than the number of people who commented.

A number of responses specifically mentioned a range of BBC sources. We have reported these separately from other 'media'. There was a mixed picture when we looked at whether people found Government sources of information helpful or unhelpful.

When specifically mentioned, BBC sources tended to be viewed as helpful but most comments said 'the media' was unhelpful.

“Media seem to be changing their mind daily. Very unhelpful.”

There was also a mix of views for 'primary care' which includes GPs, pharmacies and dental services. But the numbers were small for this category.

The results show that people found local sources of information, the NHS and expert advice more helpful than unhelpful.

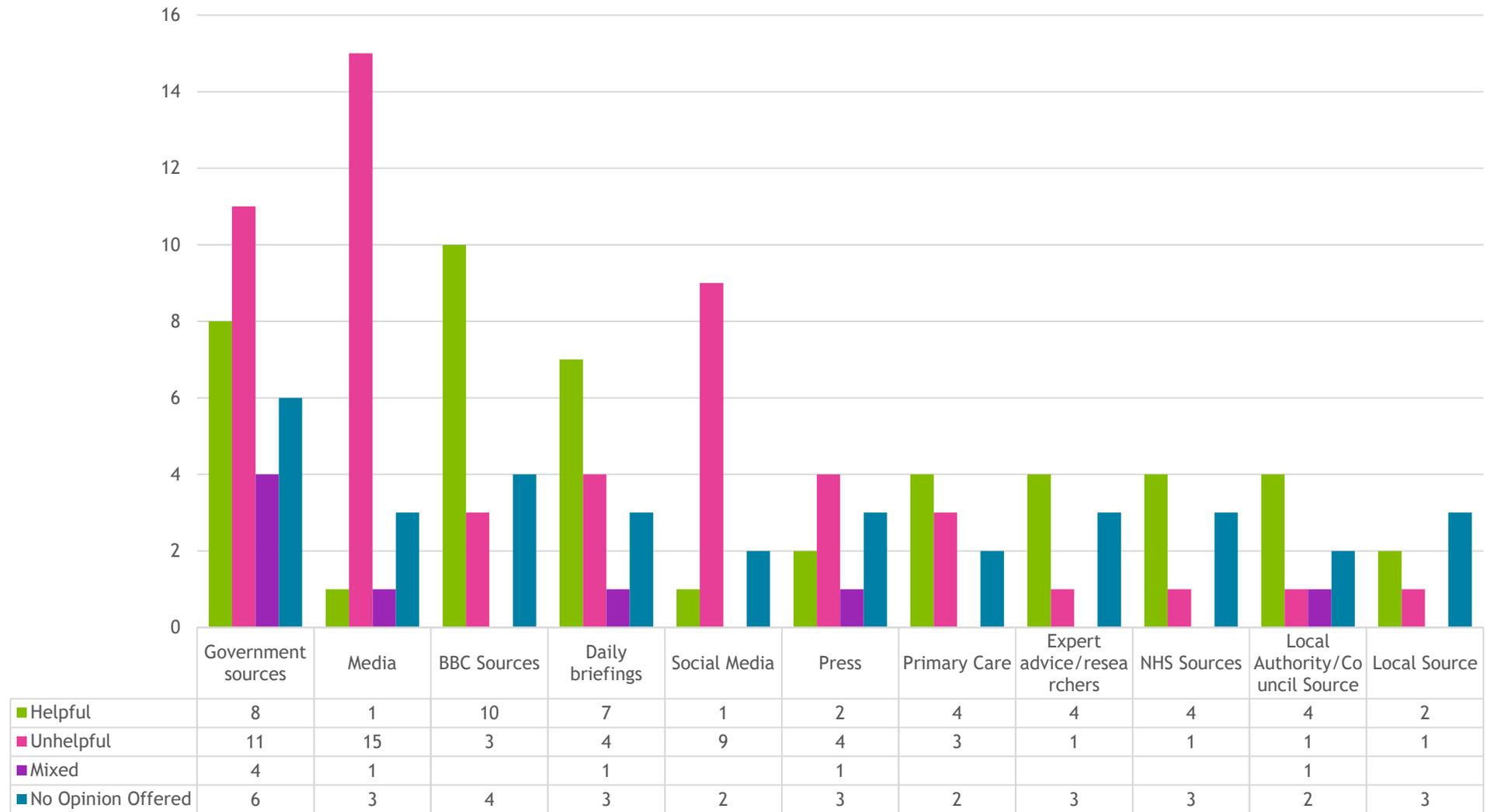


Figure 2 - Have you found any specific information or sources of information especially helpful or unhelpful?

We have included a few of the comments that illustrate this below.

“The regular email newsletter from Buckinghamshire Council has been really useful. Relevant and local information has been very reassuring.”

“The scientists & medical experts speaking at the daily government briefings have been clear & concise.”

“Local papers websites need to put dates on articles. Chemists need to put local info on websites not general UK info which doesn’t apply everywhere”.

“Conflicting information regarding the length of time to process prescriptions. Despite being registered on patient line and local surgery online no e-mails or texts informing me of changes / delays in prescription processing or when to collect my prescription.”

Conclusions for information and advice section

We found that:

- more than half of the people who responded said they’d look for trusted information on local organisation websites
- overall people gave mixed views about how helpful they found information from Government sources. However, comments suggested that they found local sources of information, the NHS and expert advice helpful
- a number of people said they found the information ‘vague, confusing or conflicting’. Our survey ran during May. Some responses may therefore relate to the changes to Government guidelines that were introduced in mid-May.

Healthcare services

Your experience

The following sections are about health and social care services. For this analysis we looked only at the 371 responses from those who said people lived in Bucks or used Bucks services.

We asked people if they had been affected by the changes to their healthcare services. The details are in Appendix 4. Of the 371 who responded:

- 41% (154) said they had been affected by the changes to their healthcare services
- 26% (95) said they hadn't been affected by the changes
- 33% (122) said they hadn't needed any healthcare services.

We then asked the people who said they had been affected how they would rate the communications about the changes.

Of the 149 who answered the question:

- 50% (75) said it was "excellent" or "good"
- 23% (34) said it was "fair"
- 23% (34) said it was "poor" or "very poor"
- six people said they didn't get any information about the changes.

When we compared the responses from different groups we found that:

- carers were significantly more likely to rate the communications as "poor" or "very poor" than non-carers
- people who said they had a disability were significantly more likely to rate the communications as "poor" or "very poor" than those who said they didn't have a disability.

We couldn't tell from the responses whether people were telling us about local or national information.

Feedback about specific services

Ninety people who said they had been affected by changes to healthcare gave details of the type of service. Some people mentioned more than one service so the numbers are greater than the number of people who responded.

We compared how people rated the communications they had received based on the type of service. Figure 3 shows the results. This doesn't include comments where the service type wasn't clear or not specified.

For hospital services there was a fairly even mix of views about the quality of the communications. For this question, 65% rated communications from GPs as "excellent" or "good".

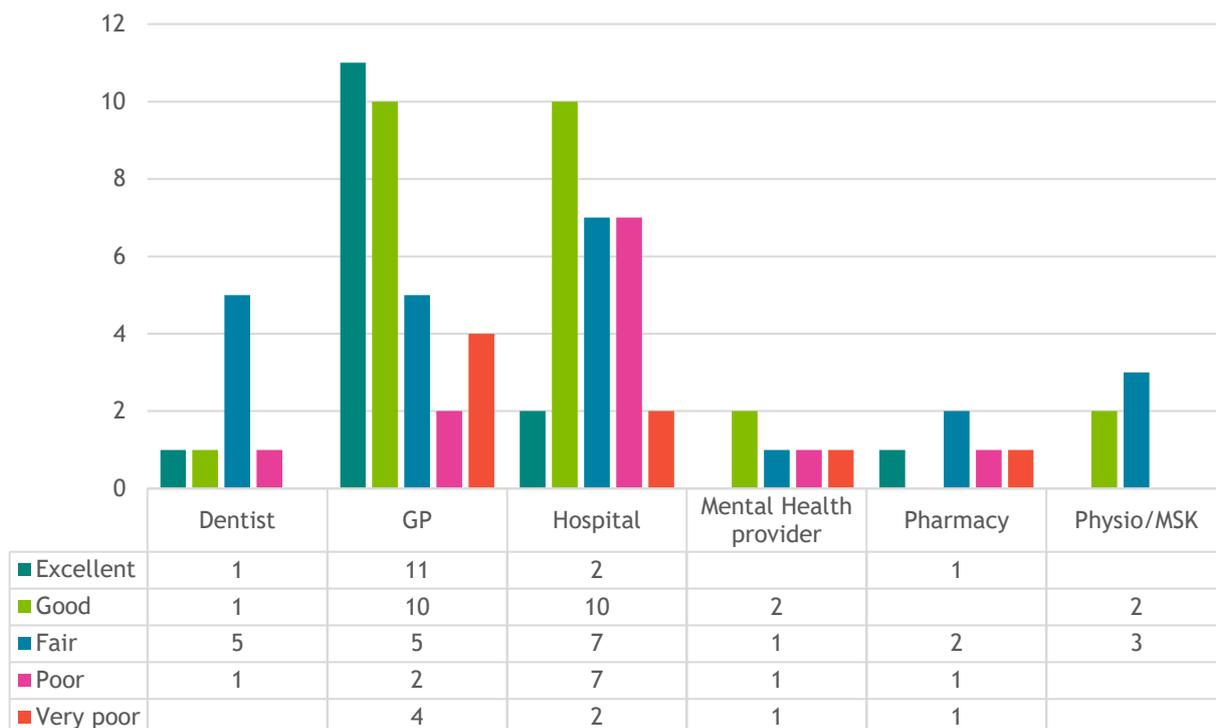


Figure 3- Rating of communication by type of service

More about your experience of these changes

Seventy-seven people who said they had been affected by the changes made further comments. We summarised these according to the Healthwatch England taxonomy categories. We also decided whether the feedback was positive, negative or neutral. In this summary the term ‘patients’ also means service users. Some people commented on more than one service or gave feedback on more than one aspect of a service so the number of comments is greater than the number of people who made comments. Some comments didn’t name the service.

Responses by theme for all services

We looked at the themes for all services. Figure 4 shows the results for the top five themes. A full list of theme for all services is in Appendix 4.

Communication between staff and patients was the top theme for positive and negative views. We asked about communications in the previous question. This may have prompted people to focus on this theme in the comments section.

“Outpatient appointment cancelled, text message to say telephone appointment, nobody called, I called them and they told me appointment cancelled until later date. Already waited over 6 months.”

But there was also positive comments.

“Very informative team kept me up to date with appointment changes.”

This feedback was about a hospice:

“They have been amazing, lots of phone conversations instead of coming round. Organised everything for us from a distance...”

Cancellation (of both appointments and treatments) was also a major theme. When people made comments about appointments being cancelled or rescheduled we have classified these as negative even if they didn't say it was negative. We understand that many of these cancellations were unavoidable at the time.

“Given two days notice my procedure I had been waiting 10 months for was cancelled. Two appointments cancelled. No idea when I will be seen.”

Under the **quality of appointment** theme there were 20 comments about telephone video or online appointments (10 negative, six positive and four neutral).

- + 18 mentioned telephone appointments
- + one a video appointment
- + another an online appointment.

Of the 18 comments about telephone appointments:

- nine were negative
- five were positive
- four were neutral.

“The GP appointments have gone to phone calls which have been v useful. Video calls would have been better.”

One comment (about a GP service) was:

“Everything is currently being done over the phone which is fine in some cases but not in others, which has I dont feel has entirely benefitted me and my condition.”

Another person mentioning a hospital service said:

“Talked to clinician but as they were unable to look at my eyes I don't know if my glaucoma has got worse.”

Diagnosis

The diagnosis theme included comments about the delays in referrals.

“Was referred by GP to be seen urgently for cardiac reasons and told by Wycombe cardiology that not possible ‘until government tell us it’s possible’. What rubbish. [GP] eventually sorted it out. Was seen at the Cardiac Receiving Unit. Infection control very poor.”

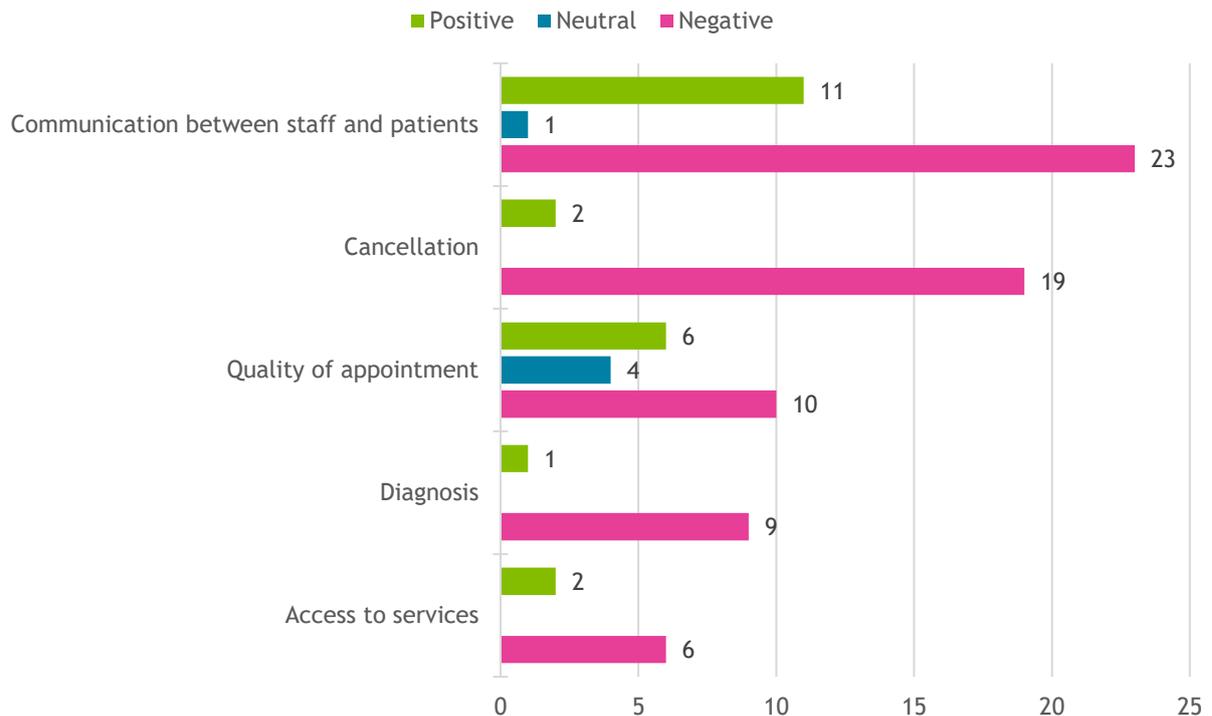


Figure 4 - Top five themes for all service types

Summary of responses by service

We also looked at the themes by type of service. Most comments related to GP and hospital services so we looked at those in more detail.

General Practice (GPs)

Figure 5 shows the feedback, by theme, for GPs. Some examples of the sort of feedback that people offered are included below.

Again the top theme was ‘**Communication between staff and patients**’ with a mix of positive and negative views.

“Still managed to provide a first class service despite the changes.”

“The initial standard e-mail was very uncaring, essentially telling patients not to contact their GP.”

“They are closed and website advice that getting a response for advice could take 48hrs.”

Four comments were positive about **Cleanliness, Hygiene & Infection Control** theme for GPs. Examples included:

“We heard about how they were dealing with the pandemic and when I needed to see the GP they were extremely careful and well organised.”

“I have received text messages prior to any appointments with a survey to check I was symptom free, also text messages to inform of plans for the surgery.”

Others (four) welcomed the telephone appointments. For example one comment was:

“Change for the better. Excellent video consultation with the Doctor. Excellent follow up visits with the nurses. No waiting in germ filled waiting rooms. Reception staff so helpful too.”

Some feedback was more mixed.

“I understand and appreciate they need to be safe, so I do understand the GPs reason for closing. However I've found it embarrassing, demeaning and just awful having to shout through glass doors about requesting my repeat prescriptions. I really can't hear the receptionists, so communication is so poor. I'm being questioned on what my prescription is/why I need it. I take anti-anxiety meds and it's really made my mental health worse.”

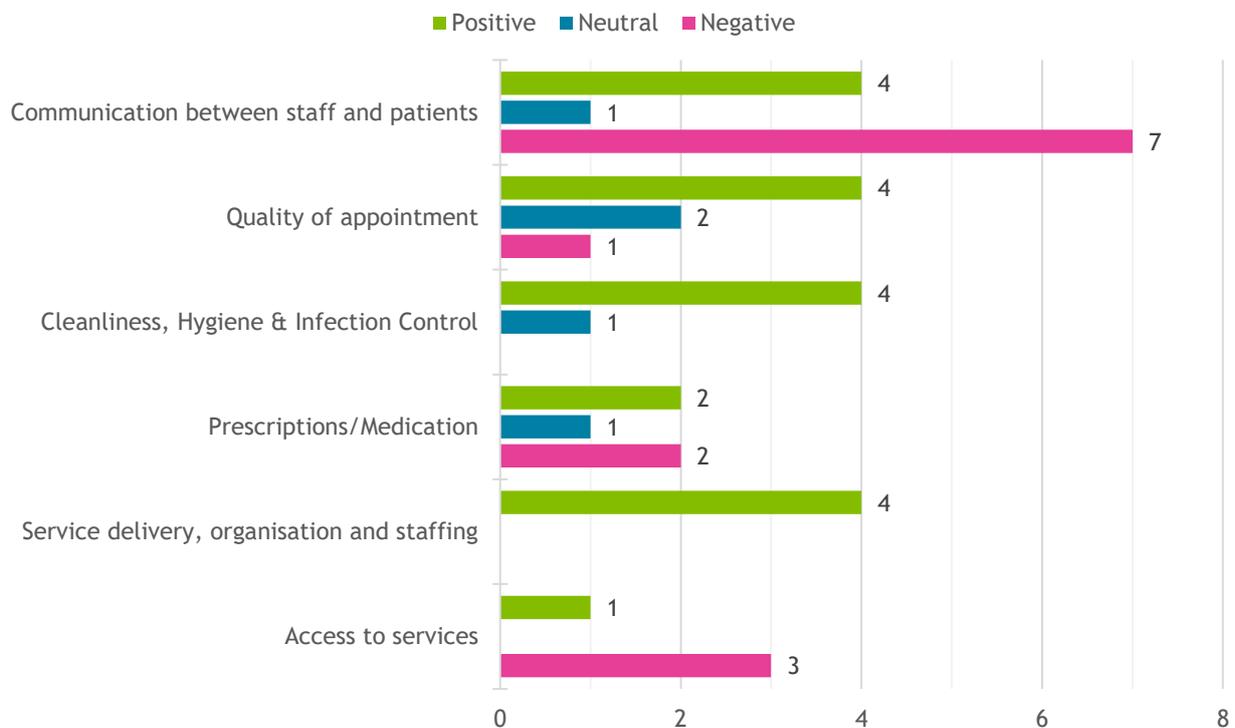


Figure 5 - Top five themes for GPs

Hospital services

Figure 6 shows the feedback, by theme, for hospitals. Some examples of the sort of feedback that people offered is included below.

For hospital services ‘cancellation’ was the most common theme. Most of this was negative.

“Operation seems to have been postponed but I have received no information from Stoke Mandeville hospital about it.”

“Cancer surgery put on hold.”

There was also five positive comments under the 'Quality of appointment' theme.

"I had an appt in mid March - but got a high fever the day before so couldn't attend. I phoned them and they changed it to a telephone consultation which was v good. After that the follow up was done by phone, with physio referral and consultation - this was very helpful."

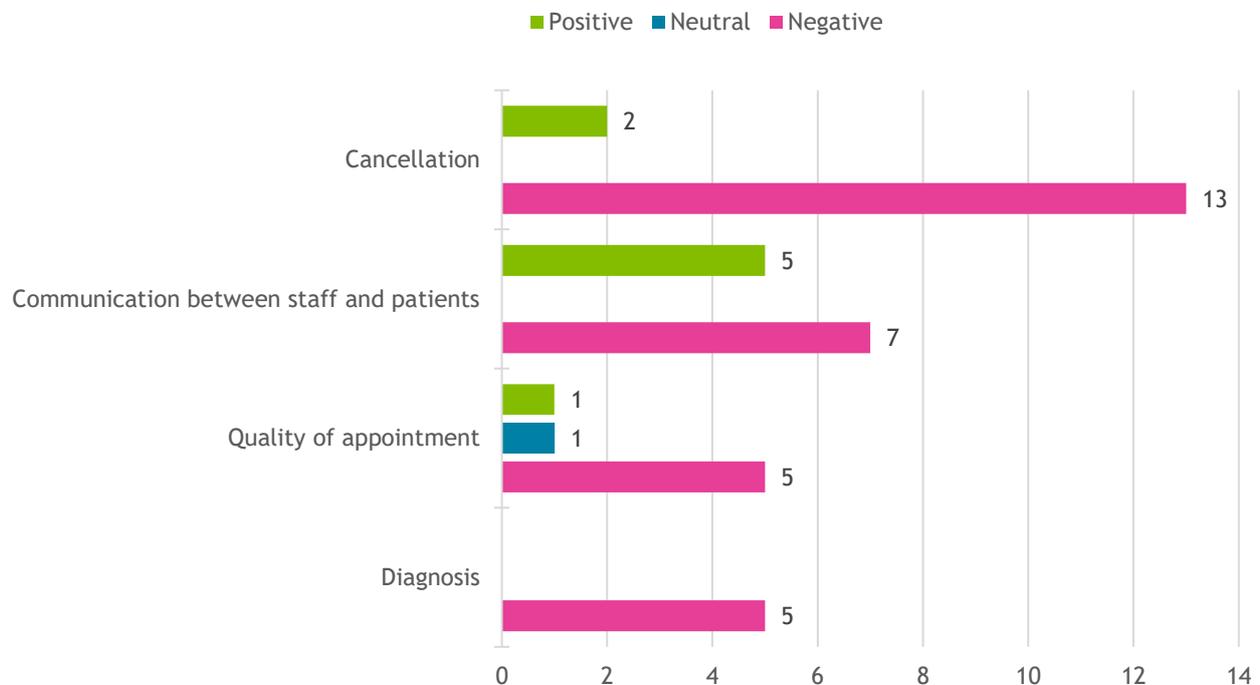


Figure 6 - Top five themes for hospitals

Other services

Figure 7 shows the feedback, by theme, for all the other types of services together. This included dentists, pharmacy, mental health providers, physiotherapy and musculoskeletal services. Some examples of the sort of feedback that people offered is included below.

Overall, the numbers for these services were small but the themes and sentiments were similar to the other services.

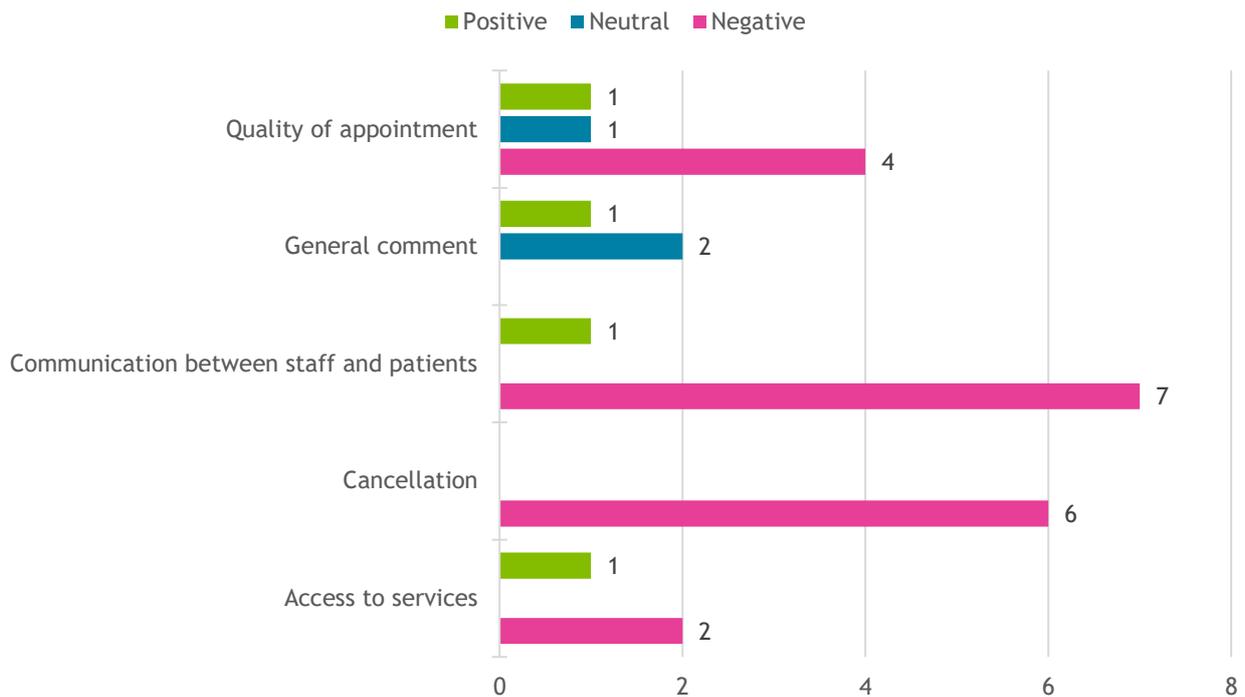


Figure 7 - Top five themes for other services

Dental services

Nine people commented on dental services. Of these eight gave negative feedback (and one was a general comment). The themes were cancellation (four) and communication between staff and patients (four).

“Poor information. I understand the limits of providing the service face to face. But ended up having to access both 111, out of hours GP and own GP for help and continuing care. All done by telephone, which the dentist stated they could not do.”

“Having had to miss a routine appointment in March due to the Corona virus, I have received no further communication from the practice although they are there to answer queries and provide advice over the phone.”

Pharmacy services

Three people offered additional comments on these services. One was a neutral comment and the other two were negative feedback under the “Access to services” theme.

“opening hours altered, but you only find out when you get to shop door.”

Physiotherapy services

Four people gave further feedback about physiotherapy services (three negative and one neutral).

“Online physio is not same as face to face. You say joint is swelling - advised to put alternatively in warm and cold water. Discharged, but not given advice on what to do if swelling continues. I have no idea if I have made good or bad progress.”

Experience of someone being cared for

Fifty-two people who lived in Bucks or used Bucks services said they were a carer for someone (or more than one person) (Appendix 2).

Of these, 28 said the person/people they cared for had been affected by changes to their healthcare services (Appendix 4).

We then asked the 28 people who said yes to rate the communication received about the changes (Appendix 4) :

- seven said it was “excellent” or “good”
- four said it was “fair”
- 14 said it was “poor” or “very poor”.

Two people said they didn’t get any information about the changes and one didn’t answer the question. One person who said they haven’t needed any healthcare services rated the communications as “excellent”.

Feedback about specific services

Eight people mentioned a specific service and four offered further comments about these. Two further comments didn’t mention a service.

Hospitals

Hospital or hospital departments were mentioned six times. Those mentioned without additional feedback included: Children’s outpatients and Orthopaedics.

Some of the comments are summarised below.

NHS 111/ A&E

“Dental trauma to child. NHS 111 referred us to A&E at Stoke Mandeville. No emergency dental service at hospital, which NHS 111 should have known. A&E was quiet and receptionist couldn’t advise on what to do next, didn’t have list of who to contact. We then used phones to search websites of various local dentists, information on what to do in emergency was scant. Ended up having to go to private dentist out of area, an hours drive away.”

Oncology

“Lack of communication due to lockdown & Oncology Dr not being available. Seems no backup Dr was available.”

Ophthalmology

“Awaiting cataract op since July 2019 - We were told it would be January, then February, then heard nothing at all ever since. As the national news said pre-planned operations were cancelled we assumed Mum would have to wait until after the epidemic. But haven’t heard anything.”

Other services

Two services were mentioned (palliative care and Immunisation jabs) without comments. General comments with no service mentioned:

“Can't get any help with him and it is affecting my health.”

“Unable to get to doctors appointments via nurse. Doesn't drive, taxis not working, bus not running to timetable. Lately a district nurse was used.”

Conclusions for experience of healthcare section

Overall half of those who said they had been affected by the changes reported that the communication was “excellent” or “good” with about 20% saying it was “poor” or “very poor”.

However, when we looked at specific groups we found there were differences in their experiences. In particular those who said they had a disability or who said they were a carer were statistically more likely to rate the information about changes as “poor” or “very poor”.

Social care support at home

Your experience

Twenty people said they received care or support at home or in the community. The results are set out in Appendix 5.

Of these 14 said that they had been affected by changes to this care due to the coronavirus (COVID-19) outbreak.

These 14 rated the communication received about the changes. The results are in Table 2. There was an even spread of views.

	Number of responses
Excellent	2
Good	4
Fair	3
Poor	2
Very poor	3
Grand Total	14

Table 2 - How would you rate the communication received about the changes?

Feedback about specific service

One person who mentioned “health” as the service commented that “no contact, updates or information”. Another comment about ‘supported housing’ services was:

“1:1 visits reduced from 6 days a week to 2 days a week.”

Experience of someone being cared for

Fifty-two people who said they cared for someone or more than one person.

Of these, 20 said the person/people they cared for received care or support at home or in the community (Appendix 5).

Most of these (18) said that they had been affected by changes to this care due to the coronavirus (COVID-19) outbreak.

When we asked people to rate the communication they had received about the changes 11 (out of 18) rating it as “poor” or “very poor” (Table 3).

	Number of responses
Excellent	2
Good	3
Fair	2
Poor	6
Very poor	5
Grand Total	18

Table 3 - How would you rate the communication received about the changes?

Feedback about a specific service?

Seven people mentioned a specific service and of these six gave additional comments.

Three positive comments were about third sector organisations that provided support to carers. For example:

“Fab support, more frequent support available if needed. ZOOM meetings, telephone calls etc”.

“Weekly telephone calls to check on them makes them feel good.”

There was a negative comment about a palliative care service:

“Passed between different teams who didn't liaise with each other.”

Experiences of Residential/Nursing Care

Your experience

Two people said they lived in a residential or nursing care home or in a supported living location (Appendix 5).

- + Both said that they had been affected by changes to this care due to the coronavirus (COVID-19) outbreak.
- + One rated the communication received about the changes as “good” and the other said “very poor”.

One comment was that:

“Less one to one visits, has left me feeling depressed.”

Experience of someone being cared for

Of the 52 people who said they cared for someone, six said the person/people lived in a residential or nursing care home or in a supported living location. The details are in Appendix 5. Of these, five said they had been affected by changes to this care and rated the communication they had received about the changes as shown in Table 4.

	Number of responses
Good	2
Fair	1
Poor	1
Very poor	1
Grand Total	5

Table 4 - How would you rate the communication received about the changes?

Feedback about a specific service

Two services were named but without further comments.

Conclusion for social care support at home or in the community and residential/nursing care

Although the numbers are small we found that:

- 90% (18/20) of people said that the care or support at home or in the community for the person/people they cared for had been affected by changes
- about 60% of these (11/18) rated the communication they had received about the changes rating it as “poor” or “very poor”.

Both people who lived in a residential or nursing care home or in a supported living location said that they had been affected by changes to this care.

The number of responses for these two sections of the survey were too low to draw any firm conclusion or make comparisons.

Mental health and wellbeing

We asked if people had been able to access support for their mental health or wellbeing during this time. Again, we only looked at the 371 people that lived in Bucks or used Bucks' services.

Most people (276) told us that they hadn't needed any support.

This left 95 that had needed some support. However, 60 of these (63%) said that they hadn't been able to access support (Appendix 6).

There were no further responses when we asked if people would like to tell us more.

We then asked people who said they had accessed support where they got that support from (Table 5). People could choose more than one option so the number of results is greater than the number of responses.

The top option was "Family and/or friends", followed by "A mental health care provider" and "Online or from an app".

+ "A community, voluntary or charity group/organisation" was selected by seven people.

The data suggested that people who said they had a disability were more likely to say they hadn't been able to access support. But this was not statistically significant.

	Number of responses
Family and/or friends	15
A community, voluntary or charity group/organisation	7
A mental health care provider	12
Online or from an app	10
Other responses included: <ul style="list-style-type: none">• Through work (2)• Online support groups (2)• (Independent) counsellor (1)• Books and meditation videos (1)	6

Table 5 - Where have you got your support from?

Further feedback on mental health and wellbeing support services

Ten additional comments were given. We have summarised these below. We have also included here a comment provided in response to an earlier question.

We heard some positive feedback about how organisations had responded at this time.

One comment was that there had been a rapid response for emergency help for a relative with a pre-existing condition.

+ Another commented that:

"Healthy minds have been very supportive, providing online sessions during the Covid-19 outbreak which have been very well managed, planned and delivered via Microsoft Teams."

A couple of others gave a mixed response:

- + One person said their key worker contacts them weekly. They also suggested that instead of going through the office to contact the key worker, it would be better if they had direct contact details.
- + Another said their contact was delayed by a technical issue but when they did have contact it was very useful.

There were a few comments about online or phone support. One person explained how they were receiving counselling online (using an online conferencing platform). Another said they were not getting on too well with online support.

General comments

A couple of people offered comments about where to get support. One mentioned two support organisations and another commented that “Mindful reading and meditation helps with anxiety”.

Conclusion from Mental Health and Wellbeing support section

The key finding from this part of the survey was that 63% (60/95) of those who said they needed some support said they weren’t able to access it.

People who responded said the top sources of support were “Family and/or friends” followed by “A mental health care provider”.

Support from “Online or from an app” was a close third choice. We recognise that the response might reflect the way services had to operate at this time. The number of responses was too small for us to draw conclusions about this method of delivery.

Anything else you'd like to tell us

Fifty-five people who lived in Bucks or used Bucks services offered further comments.

Some people gave feedback on more than one service or on different aspects of the same service. This means that the number of comments reported below is greater than the number of people who responded.

We have summarised the comments, by theme, in Figure 8. There were too few comments to show a breakdown for each service. We have included some quotes from people to illustrate some of the feedback.

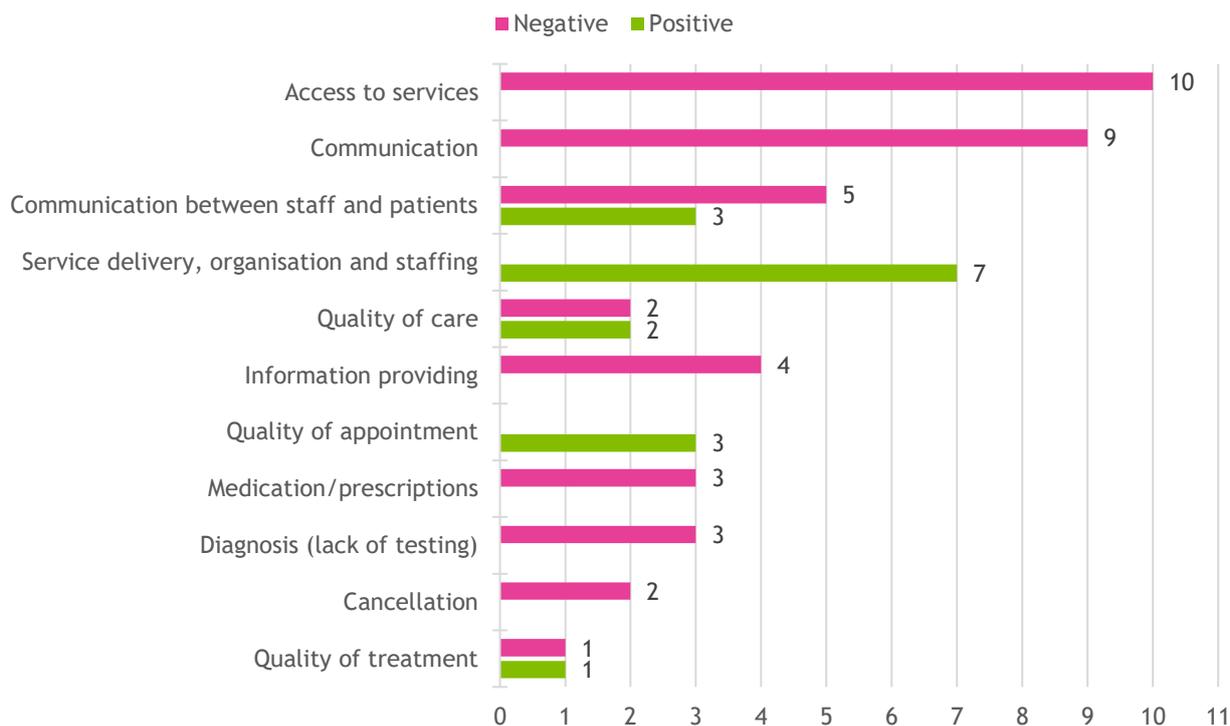


Figure 8 - Summary of theme by type of service

Access to services

This was the top theme for negative comments. Three comments about lack of access to services related to mental health services.

“I suffer anxiety and depression. In normal circumstances I cope with the help of my medication. I have been experiencing difficulties but am not seen as vulnerable so am being forced to do without food or force myself to go shopping.”

“Haven't seen a dentist or doctor or spoken to anyone about my mental health since the lockdown started. Probably need the dentist and need support for my mental health but I haven't been out in 8 weeks now and I'm finding it hard to even leave my home.”

Other comments were about access to a range of other services.

“I’ve had no problems as a healthcare user. My concern is that as a healthcare provider (I’m a podiatrist) I am unable to treat my regular patients unless or until they are at serious risk of ulceration or similar. I have a large number of elderly patients who by the end of lockdown will not have been seen for months and will all expect to be seen ‘today’ and fitting several hundred appointments into one week is not possible!”

“The process of care seems to be non-existent and failing. There is little or no care or personal advice what to do. The state and Bucks have failed at all levels during the crisis. Possibly too busy looking out for themselves or public perception of themselves. This has been a horrible time, GP’s closed, unable to get needed medicine easily, no where to go. So for a chronic illness which is open to Covid19 you leave no solutions for me as a father and carer.”

“I keep hearing reports that people are avoiding hospitals thru fear of Covid-19. I would not go to hospital because of fear of being considered obsolete at age 75.”

The feedback in the ‘communication’ and ‘information providing’ themes broadly reflected comments about the national response.

Service delivery, organisation and staffing

All the feedback about this theme was positive. As well as positive comments about the NHS generally, there were positive comments about the way two pharmacies were working.

“Our local pharmacy Rowlands Totteridge has worked very hard. “

“The delivery Service from the Little Chalfont Pharmacy has been excellent.”

For other themes there was a more mixed picture. For example for the Communication between staff and patients theme we saw comments such as:

“The GP service has been excellent during this time, my husband also had to contact the surgery and he couldn’t believe how easy his query was dealt with. Their response gave you reassurance and peace of mind.”

“Communication with reception and pharmacy staff was difficult initially (particularly with no [PPE] or training when still dealing with patients but relevant concerns have now been addressed and it feels safer.”

Quality of appointment

There were three positive comments about telephone appointments under this theme. For example people said:

“Please keep GP telephone / video consultations going after the pandemic.”

“Probably had a speedier Xray than ordinarily. Still feels slightly strange being diagnosed by telephone, but the service was excellent and I would be happy to repeat this.”

Quality of treatment

“Wycombe Hospital arranged for my clinical trial drugs to be delivered to me by taxi which was welcome.”

I had the illness. I felt very isolated initially - the NHS in its various manifestations did not seem to want to know. Later on, as I started the recovery, I had concerns and then good phone conversations with my GP.”

Medication/prescriptions

“GP online prescriptions was confusing as will little notice you could no longer ask for repeats by putting paper requests into the surgery. I had to set up online repeats but this took several days by which time I'd run out of meds.”

Local community support

We also heard about the local community response more generally. There were five positive comments and a couple of negative ones. For example people said:

“Most people in the local community have been so willing and helpful to everyone at the moment from offering to get shopping to just talking.”

“Local. GP has been amazing with telephone consultations and an army of people delivering prescriptions directly to our door - can't thank they enough.”

“The Government shielding list was of no use. It took 8 weeks from my notification online to receive an acknowledgement. I registered for shopping help. I have been unable to access delivery slots and was offered priority to one supermarket site 9 weeks into lockdown. Nothing from the alleged food boxes received. Thank goodness for friends and neighbours.”

Our recommendations

Our report gives a snapshot of peoples' experiences and views up until mid-June. Our conclusions have been included at the end of each section.

We had a good response to our questions about information and changes to healthcare services. For other areas we didn't receive sufficient responses to draw firm conclusions.

We recognise that the way services are delivered may have changed since people responded to our survey. We have therefore focused our recommendations on the ways that services, particularly how information is provided, could be improved in the future.

We would urge providers and commissioners to review all the feedback. The thematic analysis and quotes give helpful insights into a wide range of peoples' experiences.

Information and advice

Our survey showed that people look to local providers websites for information they could trust. This highlights the need for local provider websites to give up-to-date, clear and accessible information about local services. In our view these should provide links to national organisations websites for nationwide advice. If the local approach is different from the national one this should be explained as well.

To improve everyone's access to information we recommend that:

- all local service providers and commissioners make sure their websites provide up to date, clear and accessible information.

Healthcare

Communication was also a key theme that emerged from the analysis of the feedback particularly for the healthcare questions.

Overall half of those who said they had been affected by the changes reported that the communication was "excellent" or "good" with about 20% saying it was "poor" or "very poor". Our analysis showed that some groups (eg carers and those who said they had a disability) were significantly more likely to rate the communications about the healthcare changes as "poor" or "very poor" than their counterparts.

We are aware that the [Buckinghamshire Integrated Care Partnership \(ICP\) is planning a programme of engagement](#) to "explore the impact of changes in health and social care and develop options for new models of care that to deliver the aims of the ICP". We understand this will include workshops and focus groups to "...target specific groups to understand their challenges and concerns."

We recommend that:

- the ICP uses the planned engagement with specific groups to ask how they would like to receive information.
- local providers and commissioners review their Equality Impact Assessments to make sure they identify all the groups who most need to be reached with timely and accessible advice and have the necessary plans in place to communicate with them.

Carers

Our results show about that 60% of carers who considered themselves to be high risk (12/20) were not asked to shield by the NHS and just under a quarter of carers said that both they, and the person they cared for, were at high risk (13/60). The details are shown in Appendix 2.

It is vital that carers get support given their essential role, particularly those who don't get the benefits associated with shielding.

- We therefore recommend that Buckinghamshire Council review the feedback from their engagement with carers and develop an action plan for carers to be implemented if needed in the future. This could include considering whether some of the benefits offered to those shielding could be extended to carers.

Mental Health and Wellbeing support

The results show that two thirds of those who said they needed mental health and wellbeing support at the time said they couldn't access it.

Support from "Online or from an app" was a close third choice when we asked where people had accessed support. We recognise that the response might reflect the way services had to operate at this time. The number of responses was too small for us to draw conclusions about this method of delivery. We think it may be helpful for providers to look in more detail at the service user experience to see where online services can be helpful and involve users in developing future suitable online support.

We recommend that the Oxford Health NHS Foundation Trust and the CCG:

- review the current service to identify the gaps in support and make improvements so that the service meets the needs of all those who need to access support.
- look in more detail at the service user experience to see where online services can be helpful and involve users in developing future suitable online support.

What are we doing to ensure these are achieved?

We have passed our findings to all providers and commissioners of services in Buckinghamshire.

We have also sent our findings to Healthwatch England as the independent national champion for people who use health and social care services.

Acknowledgements

We would like to thank all those who took part in this survey and the volunteers who helped to analyse and review the results.

Disclaimer

This report sets out the responses received. It does not necessarily reflect the experiences of all service users.

Appendix 1

More information about our approach

Demographics

Throughout this analysis we will refer to people that didn't identify as "White British" as coming from a Black, Asian or Minority Ethnic (BAME) group. Please note that this will mean that some groups that identify as 'White' will still be considered BAME (for example "White -Other").

Number of responses

The number of responses to each question varied. Some people chose not to answer every question. Others did not complete the survey.

In most cases, percentage results were calculated from the total number of people who answered each question.

Analysis of comments

Many of the questions included "Other" answers with the option of providing additional information. We also invited further feedback for some questions.

To summarise the feedback, we identified the key features of each response and grouped them by theme. We normally use this technique to categorise the feedback we collect from the public as part of our regular Local Healthwatch duties. It is a subjective process. The summaries should be regarded therefore as an indication how often a theme was mentioned rather than an exact count. Some feedback offered views on more than one theme.

Also, people may have made the similar comment in response to different questions. So the numbers for each theme reported under each question should not be added together.

For questions where comments were offered, we applied the categories used across the Healthwatch network supplemented with some specific topics.

Quotes and comments have been included as submitted by people. In some cases we have made minor corrections to spelling and grammar. We have also removed the names of any individuals.

Statistical analysis

The findings from this survey are based on a **sample** of those who received information, who live in Bucks or use Bucks services. This means all findings are subject to sampling tolerances.

To get an overall idea of where variations between groups may occur in the results we used pivot tables and charts. For example, we looked to see if there were different responses by demographic group. Where we suspected there may be a statistically significant difference, we applied a chi-squared test based on the following assumptions:

- each observation is independent of all the others (i.e. one observation per subject)
- all expected counts should be 5 or greater (two-by-two tables).

We tested at the 90%, 95% and 99% confidence levels. Only those at the 95% or above level have been reported as significant. This means the difference is likely to be real rather than be due to chance. Where no real difference is indicated there may still be a variation in the responses being compared but the difference is more likely to be due to chance.

All the statistical analysis is shown in full in Appendix 7.

Appendix 2

Who we heard from

Appendix 2 Table 1 - Information about people we heard from - All responses

	All responses			
	No	Yes	Prefer not to say	No response
Do you consider yourself to have a disability?	340	53	3	20
Do you consider yourself to have a long-term health condition?	228	161	7	124
Do you live in Buckinghamshire or receive health or social care services in this county?	22	371	2	125

Appendix 2 Table 2 - Information about people we heard from - Bucks only responses

	Bucks only responses		
	No	Yes	Prefer not to say
Do you consider yourself to have a disability?	321	47	3
Do you consider yourself to have a long-term health condition?	213	152	6

Appendix 2 Table 3 - Information about people we heard from - gender

Gender	All responses	Bucks only responses
Female	268	248
Male	120	116
I'd prefer not to say	8	7
(blank)	124	
Grand Total	520	371

Appendix 2 Table 4 - Information about people we heard from - age

Age	All responses	Bucks only responses
18-25	9	9
26-35	38	35
36-45	64	61
46-55	84	81
56-65	96	87
66-75	83	77
76-85	18	18
86+	2	1
Prefer not to say	2	2
(blank)	124	
Grand Total	520	371

Appendix 2 Table 5 - Information about people we heard from - ethnicity

Ethnicity	All responses	Bucks only responses
Another ethnic background	2	2
Asian / Asian British: Any other Asian / Asian British background	1	
Asian / Asian British: Bangladeshi	1	1
Asian / Asian British: Indian	1	1
Asian / Asian British: Pakistani	2	2
Black / Black British: Caribbean	1	1
I'd prefer not to say	10	8
Mixed / Multiple ethnic groups: Black Caribbean and White	1	1
White: Any other White background	25	23
White: British / English / Northern Irish / Scottish / Welsh	349	329
White: Irish	3	3
(blank)	124	
Grand Total	520	371

Appendix 2 Table 6 - Do you consider yourself to be at high risk from COVID-19/coronavirus?

	All responses	Bucks only responses
Yes	136	105
No	328	232
I'd prefer not to say	7	1
Don't know	49	33
Grand Total	520	371

Appendix 2 Table 7 - Why people said they considered themselves at higher risk

	All responses	Bucks only responses
I have an existing health condition	86	67
I'm aged 70 or over	34	30
I'm pregnant	3	2
Other reasons	43	31

Appendix 2 Table 8 - Other reasons

Other reasons	All responses
Health condition / health condition of relative	16
Occupation / occupation of relative	12
Lifestyle factors (weight, smoking)	5
Age	4
Unsure of whether at higher risk	1
Lives with vulnerable person	1
Living conditions	1

Appendix 2 Table 9 - Have you been advised to shield yourself (by the NHS)?

	All responses	Bucks only responses
Yes	48	38
No	121	96
Don't know	8	5
(blanks)	343	232
Grand total	520	371

Appendix 2 Table 10 - Shielding advice for people said they considered themselves at high risk (all responses)

Do you consider yourself to be at high risk from COVID-19/coronavirus	Have you been advised to shield yourself (by the NHS)?				
	Yes	No	Don't know	No Answer	Grand Total
Yes	45	79	6	6	136
No		2		326	328
I'd prefer not to say				7	7
Don't know	3	40	2	4	49

Appendix 2 Table 11 - Shielding advice for people who gave reasons why they considered themselves to be high risk (all responses)

Why people said they considered themselves at high risk	Have you been advised to shield yourself (by the NHS)?			
	Yes	No	Don't know	Grand Total
I have an existing health condition	35	49	2	86
I'm pregnant	2		1	3
I'm aged 70 or over	7	24	3	34

Appendix 2 Table 12 - Are you a carer for someone (or more than one person)?

	All responses	Bucks only responses
Yes	60	52
No	351	314
I'd prefer not to say	8	5
Grand Total	419	371

Appendix 2 Table 13 - Are one or more of the people that you care for considered be at high risk from COVID-19/coronavirus?

	All responses	Bucks only responses
Yes	37	30
No	19	19
I'd prefer not to say	1	
Don't know	3	3
Grand Total	60	52

Appendix 2 Table 14 - Why are they considered at high risk?

	All responses	Bucks only responses
They have an existing health condition	32	27
They are aged 70 or over	18	15
Other reasons: These included person/people being cared for had a learning disability, neurodevelopmental disorder, mental health, age and other health issues. Another mentioned special needs and the other frailty and dementia.	8	6

Appendix 2 Table 15 - Have they been advised to shield themselves (by the NHS)?

	All responses	Bucks only responses
Yes	22	17
No	16	14
Don't know	1	1
Grand total	60	52

Appendix 2 Table 16 - Shielding advice for those considered to be high risk by their carer

Have they been advised to shield themselves (by the NHS)?	Are one or more of the people that you care for considered be at high risk from COVID-19/coronavirus?				
	Yes	No	I'd prefer not to say	Don't know	Grand Total
Yes	22				22
No	13			3	16
Don't know	1				1
(blank)	1	19	1		21
Grand Total	37	19	1	3	60

Appendix 2 Table 17 - Shielding advice for carers and those they care for

Do you consider yourself to be at high risk from COVID-19/coronavirus?	Are one or more of the people that you care for considered be at high risk from COVID-19/coronavirus?				
	Yes	No	Don't know	I'd prefer not to say	Grand Total
Yes	13	5	2		20
No	20	13	1		34
I'd prefer not to say				1	1
Don't know	4	1			5
Grand Total	37	19	3	1	60

Appendix 2 Table 18 - Shielding advice for carers who said they considered themselves at high risk

Do you consider yourself to be at high risk from COVID-19/coronavirus?	Have you been advised to shield yourself (by the NHS)?			
	Yes	No	No answer	Grand Total
Yes	8	12		20
No		1	33	34
I'd prefer not to say			1	1
Don't know	2	3		5
Grand Total	10	16	34	60

Appendix 3

Information and advice about how to keep yourself and others safe during the coronavirus (COVID-19) outbreak

Appendix 3 Table 1 Where are you looking for information you trust? - Other responses

“Other” responses	Number of responses
Expert sources	10
Media including one independent media	6
Internationals NGOs (including WHO)	4
International media	2
National government/ sources	2
International government sources	1
NHS	2
Work /employer	2

Appendix 3 Table 2 - Have you found any specific information or sources of information especially helpful or unhelpful?

Where are you looking for information you trust?	Bucks	Other	Bucks % of responses	Other % of responses
Online - national organisations' websites (e.g. Government, NHS)	313	38	84.4%	66.7%
National media (e.g. television, radio or newspaper)	210	28	56.6%	49.1%
Online - local organisations' websites (e.g. the Council, GPs, pharmacies, local hospital, voluntary/community organisations)	206	25	55.5%	43.9%
Local media (e.g. television, local radio or newspaper)	71	9	19.1%	15.8%
Online - social media	46	7	12.4%	12.3%
From family or friends	39	7	10.5%	12.3%
Other	12	16	3.2%	28.1%
Letters (received by post)	26	1	7.0%	1.8%
Email or text message	24	2	6.5%	3.5%

Appendix 4

Healthcare services

Appendix 4 Table 1 - Have you been affected by the changes to your healthcare services due to the coronavirus (COVID-19) outbreak?

	Number of responses
Yes	154
No	95
I haven't needed any healthcare services	122
Grand total	371

Appendix 4 Table 2 - How would you rate the communication received about the changes?

	Number responses
Excellent	21
Good	54
Fair	34
Poor	21
Very poor	13
I didn't get any information about the changes	6
(blank)	5
Grand Total	154

Appendix 4 Table 3 - Has the person/people you care for been affected by changes to their healthcare services due to the coronavirus (COVID-19) outbreak?

	Number of responses
Yes	28
No	12
They haven't needed any healthcare services	12
Grand Total	52

Appendix 4 Table 4 - How would you rate the communication received about the changes?

	Number of responses
Excellent	1
Good	6
Fair	4
Poor	9
Very poor	5
I didn't get any information about the changes	2
(blank)	1
Grand Total	28

Appendix 4 Table 5 - Full list of themes for all services

Theme	Positive	Neutral	Negative	Grand Total
Communication between staff and patients	11	1	23	35
Cancellation	2		19	21
Quality of appointment	6	4	10	20
Diagnosis	1		9	10
Access to services	2		6	8
Cleanliness, Hygiene & Infection Control	4	1	1	6
Prescriptions/Medication	2	2	2	6
Service delivery, organisation & staffing	5			5
General comment	1	4		5
Quality of treatment			4	4
Booking appointments	2			2
Staff attitudes	1			1
Support	1			1
Quality of staffing	1			1
Referrals	1			1
Grand Total	41	16	75	132

Appendix 5

Experiences of social care support

Care or support at home or in the community

Appendix 5 Table 1 - Do you receive care or support at home or in the community?

	Number of responses
Yes	20
No	349
Prefer not to say	2
Grand Total	371

Appendix 5 Table 2 - Have you been affected by any changes to this care due to the coronavirus (COVID-19) outbreak?

	Number of responses
Yes	14
No	6
Grand Total	20

Appendix 5 Table 3 - Does the person/people you care for, receive care or support at home or in the community?

	Number of responses
Yes	20
No	32
Grand Total	52

Appendix 5 Table 4 - Has the person/people you care for been affected by changes receive care or support at home or in the community due to the coronavirus (COVID-19) outbreak?

	Number of responses
Yes	18
No	2
Grand Total	20

Residential or nursing care home or in a supported living location

Appendix 5 Table 5 - Do you live in a residential or nursing care home or in a supported living location?

	Number of responses
Yes	2
No	368
I'd prefer not to say	1
Grand Total	371

Appendix 5 Table 6 - Does the person/people you care for live in a residential or nursing care home or in a supported living location?

	Number of responses
Yes	6
No	46
Grand Total	52

Appendix 5 Table 7 - Has the person/people you care for been affected by changes to this care due to the coronavirus (COVID-19) outbreak

	Number of responses
Yes	5
No	1
Grand Total	6

Appendix 6

Mental health and wellbeing

Appendix 6 Table 1 - Have you been able to access support for your mental health or wellbeing during this time?

	Number of responses
Yes	35
No	60
I haven't needed any support	276
Grand Total	371

Appendix 7

Statistical analysis

Information and advice

Null Hypothesis			
There is no difference in whether people selected "Online - national organisations' websites" as a Trusted Source between Bucks and Non-Bucks respondents.			
Observed Frequencies			
	Location		
Selected "Online - nat. orgs."	Bucks	Other	Total
Yes	313	38	351
Blank	58	19	77
Total	371	57	428

Expected Frequencies			
	Location		
Selected "Online - nat. orgs."	Bucks	Other	Total
Yes	304.2547	46.7453	351
Blank	66.7453	10.2547	77
Total	371	57	428

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	10.4915	10.4915	10.4915
p-Value	0.0012	0.0012	0.0012
	Significant difference at 1% level	Significant difference at 5% level	Significant difference at 10% level

Assumptions

Each observation is independent of all the others (i.e., one observation per subject)*

All expected counts should be 5 or greater in 2x2 table.

Expected frequency assumption is met.

Null Hypothesis
 There is no difference in whether people selected "National media" as a Trusted Source between under 56 and 56 and over age-groups.

Observed Frequencies			
	Age Groups		
Selected "National Media"	Under 56	56 and over	Total
Yes	93	130	223
Blank	102	69	171
Total	195	199	394

Expected Frequencies			
	Age Groups		
Selected "National Media"	Under 56	56 and over	Total
Yes	110.3680	112.6320	223
Blank	84.6320	86.3680	171
Total	195	199	394

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	12.4681	12.4681	12.4681
<i>p</i> -Value	0.0004	0.0004	0.0004
	Significant difference at 1% level	Significant difference at 5% level	Significant difference at 10% level

Assumptions

- Each observation is independent of all the others (i.e., one observation per subject)*
- All expected counts should be 5 or greater in 2x2 table.
- Expected frequency assumption is met.

Null Hypothesis
 There is no difference in responses to "How easy was it to find information" between carers and non-carers.

Observed Frequencies			
	Carer?		
"How easy was it to find information?"	Non-carers	Carers	Total
Very Easy/Easy	298	45	343
Difficult/Very Difficult	43	15	58
Total	341	60	401

Expected Frequencies			
	Carer?		
"How easy was it to find information?"	Non-carers	Carers	Total
Very Easy/Easy	291.6783	51.3217	343
Difficult/Very Difficult	49.3217	8.6783	58
Total	341	60	401

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	6.3310	6.3310	6.3310
<i>p</i> -Value	0.0119	0.0119	0.0119
	No significant difference	Significant difference at 5% level	Significant difference at 10% level

Assumptions

Each observation is independent of all the others (i.e., one observation per subject)*

All expected counts should be 5 or greater in 2x2 table.

Expected frequency assumption is met.

Null Hypothesis
 There is no difference in responses to "How easy was it to act on information" between carers and non-carers.

Observed Frequencies			
	Carer?		
"How easy was it to act on information?"	Non-carers	Carers	Total
Very Easy/Easy	272	41	313
Difficult/Very Difficult	65	18	83
Total	337	59	396

Expected Frequencies			
	Carer?		
"How easy was it to act on information?"	Non-carers	Carers	Total
Very Easy/Easy	266.3662	46.6338	313
Difficult/Very Difficult	70.6338	12.3662	83
Total	337	59	396

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	3.8158	3.8158	3.8158
p-Value	0.0508	0.0508	0.0508
	No significant difference	No significant difference	Significant difference at 10% level

Assumptions

Each observation is independent of all the others (i.e., one observation per subject)*

All expected counts should be 5 or greater in 2x2 table.

Expected frequency assumption is met.

Null Hypothesis
 There is no difference in how information about changes to healthcare was rated between carers and non-carers.

Observed Frequencies			
	Carer?		
Rating	Non-carers	Carers	Total
Fair or better	91	17	108
Poor or very poor	20	20	40
Total	111	37	148

Expected Frequencies			
	Carer?		
Rating	Non-carers	Carers	Total
Fair or better	81.0000	27.0000	108
Poor or very poor	30.0000	10.0000	40
Total	111	37	148

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	18.2716	18.2716	18.2716
<i>p</i> -Value	0.0000	0.0000	0.0000
	Significant difference at 1% level	Significant difference at 5% level	Significant difference at 10% level

Assumptions

Each observation is independent of all the others (i.e., one observation per subject)*

All expected counts should be 5 or greater in 2x2 table.

Expected frequency assumption is met.

Null Hypothesis
 There is no difference in how information about changes to healthcare was rated between people with disabilities and people without disabilities

Observed Frequencies			
	Reported disability		
Rating	No	Yes	Total
Fair or better	89	19	108
Poor or very poor	20	13	33
Total	109	32	141

Expected Frequencies			
	Reported disability		
Rating	No	Yes	Total
Fair or better	83.4894	24.5106	108
Poor or very poor	25.5106	7.4894	33
Total	109	32	141

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	6.8477	6.8477	6.8477
<i>p</i> -Value	0.0089	0.0089	0.0089
	Significant difference at 1% level	Significant difference at 5% level	Significant difference at 10% level

Assumptions

Each observation is independent of all the others (i.e., one observation per subject)*

All expected counts should be 5 or greater in 2x2 table.

Expected frequency assumption is met.

Mental Health and wellbeing

Null Hypothesis			
There is no difference in mental health support access between people with disabilities and people without disabilities.			
Observed Frequencies			
	Able to access MH support?		
Reported disability?	Yes	No	Total
Yes	6	20	26
No	29	39	68
Total	35	59	94

Expected Frequencies			
	Able to access MH support?		
Reported disability?	Yes	No	Total
Yes	9.6809	16.3191	26
No	25.3191	42.6809	68
Total	35	59	94

Parameters			
Level of Significance	0.01	0.05	0.1
Number of Rows	2	2	2
Number of Columns	2	2	2
Degrees of Freedom	1	1	1



Results			
Critical Value	6.6349	3.8415	2.7055
Chi-Square Test Statistic	3.0823	3.0823	3.0823
p-Value	0.0791	0.0791	0.0791
	No significant difference	No significant difference	Significant difference at 10% level

Assumptions

Each observation is independent of all the others (i.e., one observation per subject)*

All expected counts should be 5 or greater in 2x2 table.

Expected frequency assumption is met.

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

Address: Healthwatch Bucks

6 Centre Parade,
Place Farm Way,
Monks Risborough,
Buckinghamshire
HP27 9JS

Phone number: 01844 348 839

Email: info@healthwatchbucks.co.uk

Website URL: www.healthwatchbucks.co.uk

Twitter: @HW_Bucks

Facebook: HealthWatchBucks

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