

# Winter

## January 2024 Briefing

This briefing paper is provided by Healthwatch across West Yorkshire and is a summary of the key messages related to the winter period that Healthwatch across West Yorkshire are hearing from people in their local areas.

### 1. Communication (of key messages)

People need to know where, when and how they can access information and support to manage their health, particularly during the winter months, and key messages need to be communicated clearly.

**“Clear communication about who is open and when - especially if there is a change to opening hours or staffing levels over Christmas and New Years.”**

We have heard from people that sometimes messages from healthcare services can be confusing and they are left not knowing where to go if they need to access support for their health during winter. People are worried that services are busy and are not clear where they should go for different health needs or are concerned about putting pressure on an already stretched system so may choose not to access support for their health at all.

**“I am aware, and media tell me often enough that health services are over stretched, I feel guilty and uncomfortable ‘taking up’ a doctor’s time. I do understand that further down the line, this could contribute to me needing more medical help.”**

We have heard that people do not consistently feel that they have access to the information they need, and if they did, they would feel much more confident about managing their health during winter and accessing healthcare more appropriately if needed.

**“Promote free flu jabs and go out to where people are - use community settings. Consider the message of self-care and how we reach all our diverse communities.”**

## **2. Access (to services during winter)**

People need to know where they can go to access support during the winter months - this includes information about warm spaces, food bank information, clothes banks, and information and advice services.

Some people have shared that they are worried about a lack of access to services and support during the winter period and have concerns about capacity in healthcare services.

**“I worry about falling if it is slippery under foot. I know that services are very busy, and I worry it will be harder to get appointments”.**

For some people with pre-existing health conditions, there are concerns that the winter weather will lead to symptoms getting worse and to help with this they will need timely care and treatment.

**“My asthma gets worse in the cold weather, and I just carry on as normal with my medication and reduced breathing ability and the tiredness that goes with it. I fear that if I have an exacerbation, I will need to access health services that are delivered via 111 and sent to A&E with its long queues and waiting times.”**

**“In winter my condition flares to the point of it been unbearable to deal with and I am unable to get any help with cortisone injections that maybe due or have medication issues. I worry that I will lose my small amount of mobility and be isolated from everything”.**

People have told us that they worry about accessing their GP when needing treatment and advice, they can have trouble in getting suitable appointments and accessing medication can be a challenge at times.

**“It would be much improved if my GP produced repeat prescription items promptly, some have taken over three weeks. Sinus and Ear infections are common during winter months.”**

People have also shared that they struggle to access appointments when using public transport more so in the winter months; particularly when having to get to and from appointments after dark and waiting around at bus stops in the cold.

**“I struggle when hospital outpatient appointments are very early as I use public transport, but it is hard to contact anyone to rearrange and you have to be grateful to be seen.”**

We have heard that greater access to services within communities would help people manage their health and in turn, could help alleviate pressure on certain aspects of the healthcare system.

**“Have more places than just my GP for cortisone injections as I have to wait weeks for these and by the time I can get to the GP I’m in so much pain I struggle to get there as my knees and shoulders are effected”.**

**“I think that a lot of asthma exasperation could be dealt with in the community rather than going to A&E. This could be done by having nebulisers either in the GP or the out of hour hubs”.**

People who cannot afford to get and stay online can also find accessing online services harder than others.

### **3. Cost of living**

People have told us that they continue to feel anxious, stressed and worried about the rising cost of living. This is having an impact on people’s mental and physical health. People have said that sometimes they cannot afford to travel to healthcare appointments or pay for prescription costs, and they are coping with cold conditions and basic diets to help manage their finances.

**“What worries you about winter?”**

**“The cost of keeping my home warm.”**

People have told us that in order to manage their conditions during the winter months and keep themselves well, they stay indoors and try to keep warm. This will add further pressure as costs continue to rise for energy and heating and could have a direct negative impact on people's mental health. Therefore, there will be more need than ever for people to know where they can go to access support.

We have also heard that people are struggling to pay for complementary services; treatments that really benefit their health but are not always provided free of charge through statutory services.

Costs of prescriptions, healthy food, heating, winter-appropriate clothing and other outgoing costs are continuing to increase. We are hearing that, particularly during the winter months, this is causing people to make tough choices around what they spend their money on including being unable to afford treatment and prescription costs and being able to physically get to appointments. This will have the most impact on the communities at greatest risk of health inequalities living in our region.

#### **4. Loneliness**

We have heard from people who have told us that they are more likely to experience feelings of loneliness in the winter months, especially those living alone. There is also a theme of people feeling less able to manage certain aspects of their health when they are doing this alone.

**“Living alone always makes things more difficult.”**

**“Loneliness is always a problem, especially in the evenings.”**

People told us that they would like more contact from their GP surgery during the winter months, to check that people are keeping well and follow up on recent health issues. Where this may not be possible given capacity in primary care, it would be useful to signpost people to community groups and venues where they can go to socialise with others and access different types of support.

**“I always feel lonely and isolated from the world in winter as everywhere is busy and more chance of getting hurt with people rushing.”**

We have heard that it can feel overwhelming for people who live alone or who have little support to keep on top of everything. There is a need to allow for time and capacity to support those people who may be particularly vulnerable.

It has been reported that unpaid carers will go without heating or proper meals to cover costs, and this adds extra stress to the caring role.

## **5. Mental health**

There is a need to increase support in the community to help people cope with their mental and physical health issues. The cost of living is exacerbated in winter months, concerns over reduced capacity within services are increased and the impact of loneliness as well as the season on mood can all negatively affect people's mental health.

**“I try to keep in touch with people, but my mood can dip as I see fewer people and socialise less when the weather is poor.”**

## 6. Hospital discharge

Experiences have been captured about hospital discharge; these have highlighted times when people feel they have been discharged too early from hospital when they do not feel prepared. Planned discharges help to make people feel informed and not rushed, however, increased winter pressures have shown that sometimes discharges happen more quickly to free up hospital bed space and people do not always feel equipped to manage back at home.

**“They received inconsistent information about rehabilitation services, leading to confusion. Medication issues, including delays and mix-ups, occurred during the discharge process.”**

Communication with family members and carers is not always as effective as it could be, and discharge paperwork and ongoing care plans can feel rushed in some cases.

## 7. Carers

People who are living alone and those with disabilities may need extra support, and this can put pressure on carers. There is an increased need to ensure that carers receive appropriate support and information.

Difficulties accessing services and information, long waiting times and lack of options for suitable support for their friends and family members were also reported by carers. The changing needs of the person being care for in winter can lead to increased caring responsibilities and less opportunities for carers to take a break or manage their own health needs.

## **Key Messages/ Recommendations**

### **1. Communication**

There is a need to promote key messages within communities, providing everyone with information, even when people do not have access to, or do not regularly access, services. These key messages need to be communicated regularly and clearly in a way that everyone can understand.

### **2. Access**

People need to know where, when and how they can access information and support to manage their health, particularly during the winter months. Systems that allow people to access support appropriately must be in place, with options of how to engage (online, face-to-face, phone, venue choice).

### **3. Cost of living**

Consider how to ensure that everyone can access information and advice to help manage the cost of living and the impact this can have. Promote services that can help. There is a need to consider cost implications when prescribing medication or for people to access healthcare appointments.

### **4. Loneliness**

Increase contact (where possible) with those who are vulnerable during winter and allow time to signpost people to services that can provide appropriate support.

### **5. Mental health**

There should be clear accessible information about what support is available and how to access that support. The information should be provided in a format that meets the needs of the individual. Services should be working with people to help plan for periods like winter, when weather, isolation and other factors may have greater negative impact on mental health.



## **6. Hospital discharge**

People and their family/carers must play a meaningful part in decisions made about care and discharge. Effective discharge plans should be in place prior to discharge, with consideration given to individual needs and support needed to be in place at home.

## **7. Carers**

Everyone has a role in identifying and supporting unpaid carers, and easy and efficient access to health and care services should be provided. Carers need practical support and continuing, reliable services.

## **References**

This briefing has been written using a range of reports and sources including insights captured via West Yorkshire Voice, information received through enquiries across local Healthwatch in West Yorkshire, Healthwatch England reports, engagement work undertaken or currently being carried out by Integrated Care Board engagement teams, feedback shared at a local level and reports from local places.