



COVID-19

How are we coping?

Follow on Report: Week 2
13th-19th April 2020 Results

Overview of Week 2

Week 2 continues to see the survey attract good numbers of Lincolnshire public to share their views and experiences. Particularly helpful is that in most instances the same cohort are returning so that tracking mood and behaviour differences will be more significant and robust.

In week 1 it was felt that communities wanted to vent their frustrations and fears of life under the grip of a global pandemic, whilst sharing warmth, compassion and community spirit. In week two we see a slight variance in behaviours, thoughts and feelings which appears to be influenced by media, but also societal restrictions and real or perceived inequalities of lockdown measures, all impacting of general wellbeing.

The key features for Week 2 are:

- Compared to Week 1 the **shift from concerns for others has reduced from 53% to 41% (-12%)**, this shift in opinion has transferred to an **increasing impatience to resume a normal life, this increase was 13% to 20% (+7%)**.
- Consistently 38% of respondents felt week on week concern that **safety and quality of care being given to current and ongoing conditions was being impacted negatively**.
- This week moved from frustration at mixed and negative messages being given through fake news and media to, **a greater reflection and influence of media on the public's perception of the reality and next steps**.
- Also noted was the slight reduction in the benefit of public guidance with a **reduction in confidence that these messages actually helped** and supported people's day to day lives.
- **Growing concerns around mental health in terms of anxiety, depression, the impact on independence of long term lockdown (fear of going back to normal) and ultimately the lack of services to support people**.
- What was clear in these responses was the link between how lockdown measures were imposed and maintained, and the public's perception of how these impacted on their health and wellbeing. In the main this was either people flouting lockdown measures were **'creating a health risk to society'**, or that **'fairness and equity'** in people's behaviour was **socially unacceptable** and needed to be addressed, this had a subtle **influence on mental health, 'what is fair and what is right'**.

These features will continue to be assessed for any changes which will support community infrastructure organisations, both local and national both in the here and now, and in the future.

Background and Rationale for the Research

As Healthwatch continues to deliver its core function of gathering the current public views and experiences of Lincolnshire residents, it shares in this document the feedback from week 2 of our campaign, asking how local people are coping during the coronavirus pandemic. Where appropriate it also shares comparisons with the preceding week to demonstrate any themes and trends.

The 13 week campaign aims to track how people are feeling week on week during the pandemic. The focus of the campaign is to understand how people are coping at different stages, what local people find helpful, but also what their biggest concerns are.

The on-going findings are being shared with the system and other interested partners whose services underpin the Lincolnshire and UK health and care infrastructure, this information will be crucial for future learning. The public voice will help them listen, understand and develop future crisis planning. This week Healthwatch Lincolnshire have been invited to attend a meeting with other partners aimed at coordinating public feedback with a view to informing future strategies related to COVID-19, in addition our work will be included in a submission to the Health Select Committee's inquiry into '*Delivering Core NHS Care and Care Services during the Pandemic and Beyond*'.

In week one 340 responses were received and in week two 331 responses were collated, as of the 4th May 2020 we had received over 1700 responses and these are increasing daily.

Note to the reader.

In order to keep the main body of the report as concise and relevant as possible, we will only highlight the key findings. The methodology, survey questions (appendix 1), other representative charts and data can be found in the appendices. We intend ultimately, that this work will form one document where themes, trends and behavioural change can be easily mapped chronologically.

Refresher: Week One Key Findings:



- A concern above all else for those who were vulnerable and weak.
- A concern for peoples own wellbeing and that of their families and loved ones.
- Frustration at mixed and negative messages being given through fake news, media and local and government sources.
- Frustration and concern about the impact on new or existing health and care issues outside of COVID-19.
- Frustration and concern for the lack of support systems within primary care, secondary care and mental health.
- Mixed tolerance levels for how the community is reacting to lock down restrictions and how they are being enforced.



WEEK 2

Results from the Survey

The following section reviews the results of the survey and draws out the key features within the narrative, where public free text comments are relevant, these have been included to add depth and richness to the data. This is based on the 340 responses during week 13th April to the 19th 2020.

Demographics

The volume of respondent's week on week is deemed to be satisfactory with the majority of respondents coming back week after week and the rate of responses staying stable after week 2. This is a positive level of response with opportunity to obtain a real time view of any behavioural shift.

However that said, as identified in week one there are some limitations to the sample which need to be acknowledge and we are working to address the balance. The demographic data related to week 1 and week 2 comparisons can be found in appendix 2.

Whilst we have seen a negligible marginal increase across the age groups this is not significantly different to determine any age segmentation related findings, with the 55+ age group accounting for 70% of responses. In relation to gender we also see a disproportionate amount of female to male respondents, it is reasonable to make an assumption that this is normal respondent behaviour (based on previous experience) and shows perhaps the inclination of the female population to share more readily health and care related views and experiences than the male population.

Both in the employment and geographic status of the respondents there has been little or no shift in the sample, in main due to the same respondents completing the survey week on week. This is an acceptable variance as we are able to retain tracking and variance of behaviours within a predominantly set sample size.

The following section provides an overview of the main body of questions where public mood is evaluated.

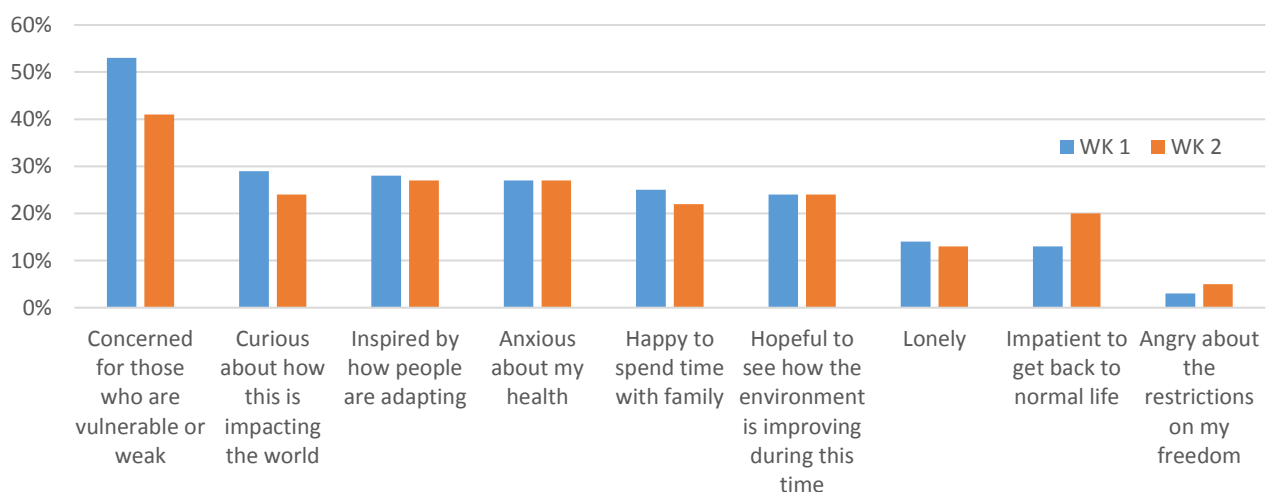
NB. There was no notable change in those responding in terms of whether they have had tested positive, been tested for COVID or had symptoms. This is unsurprising as the numbers for Lincolnshire, whilst still too many, have been low in comparison with other areas of England.

Q2 - What best describes how you are feeling?

This question wanted to understand how people were 'feeling', what was their core focus and noting any areas that may highlight shifts in behaviours, continuing trends, or ongoing concerns that aren't being met.

The most common answer in week 2 was still that respondents were most concerned for others perceived as vulnerable or weak, however this has dropped from 53% to 41%. Instead we see a rise and change in public feeling where there is a notable increase in those feeling 'impatient to get back to normal life' which rose from 13% to 20% in week 2.

We also see some other slight variances, where the curiosity of how the pandemic will impact the world has waned slightly, as has the novelty/need to happily spend time with the family. The anger, although small, has increased with regard to restrictions on personal freedom. Anxiety about personal health concerns has remained the same and throughout, we see anxiety and tension rising slowly as the restrictions remain in place.



“Anxious about how confident I will feel going out after restrictions are lifted.”

“Depressed and totally fed up” and “Desperately missing family”

“Would like my normal life back but before that I am looking for more strict lockdown as I think that would help to get over all this quicker”

“Concerned about husband awaiting urgent surgery for cancer”

Q3. Have you found it easy to find clear and understandable information about what to do to keep yourself and others safe during the coronavirus/COVID-19 pandemic?

	Yes	No
Week 1	96%	4%
	298	13
Week 2	92%	8%
	288	25

92% of respondents said they found it straight forward to find clear and understandable information about how to keep themselves and others safe during the COVID-19 pandemic, this is a slight decrease from week 1 where 96% confidence was felt by the population. Similarly below in question 3 we can see a decrease in confidence rates which are intrinsically linked to the communication our communities are receiving and how they are being interpreted into useful and supportive information

Q4 - Do you feel the information and advice given around COVID-19 has helped you adapt to the changes imposed on your day to day life?

	Yes	No
Week 1	89%	11%
	296	35
Week 2	83%	17%
	269	57

A reduced number of 83% of Week 2 respondents felt the information and advice given around COVID-19 had helped them adapt to the changes imposed on their day to day lives, this is likely to be linked to the reduced confidence seen in question 3.

Q5. Do you feel that you or your loved ones quality and safety of care (not related to COVID-19) is being affected?

	Yes	No
Week 1	38%	61%
	127	205
Week 2	38%	62%
	124	202



There are no changes to note from this question. The question sought to understand how people felt their health and care was being affected outside the COVID medical condition. The question gave respondents an opportunity to share how they felt the care for themselves, their family and loved ones was being impacted by the pandemic. 38% of respondents still felt their loved ones quality and safety of care has been affected negatively during this time, and this volume of feeling stayed the same through week 2.

Q6 - What are your three biggest concerns?

Core reasons for negative impact on everyday health and care and general public perception are summarised below, most of the experiences and opinions fell under the following categories:

- **Cancelled/postponed healthcare including:** surgery; chronic condition reviews; ongoing treatments for chronic conditions; initial appointments with specialists; diagnostic procedures and investigations.
- **Cancer related Concerns:** Cancelled chemo/treatment stopped; follow up after surgery, access to medication and specialist support are all areas of concern.
- **Primary care:** difficulty accessing advice and appointments; as well as a reluctance to access advice and care - due to 'not wanting to bother them' OR concern for personal safety in healthcare environments; increasing numbers of feedback relate to dental support and patients delaying interventions for what could be serious conditions.
- **Mental Health/anxiety support:** situation is growing levels of need and tension as people feel the support is not there and that the restrictions are exacerbating people's mental wellbeing.

Areas of focus which have reduced since week 1 are concerns relating to 'shielding letters' and the impact on family members who **do not have capacity**. This is not to say those issues do not still exist, but rather the focus has shifted, possibly as people learn to deal with the 'here and now' under these exceptional circumstances.

The following shares public comments under the categories stated previously:

Cancer

“One part of cancer treatment stopped as safer for me not to attend hospital.”

“My father had his chemotherapy delayed as is too high risk to be admitted now in the hospital”

“I always see my oncologist but not heard anything also have emphysema always get to see my specialist but not heard from him, also I usually see other specialist but because I'm on the critical list I have to isolate for 12 weeks”

“Husband needs surgery for bowel cancer. It is postponed and we have no idea when it will go ahead”

“My husband isn't being monitored for his heart failure. I didn't get my post cancer check-up. I need the dentist but they're only for severe emergencies. He needs the chiropractor and is increasingly limiting his exercise Both of us are literally going mad at our inability to offer childcare to allow parents to work. We think we've both had the virus.”

“Recovering from major cancer surgery and finding it difficult to contact doctor for my medication. They all seem to be in slight panic mode.”

“My friend's regular scan to check her cancer is still at bay was cancelled leaving her and family and friends anxious”

Primary care: difficulty accessing advice and appointments; reluctance to access advice & care - due to 'not wanting to bother them' OR concern for personal safety in healthcare environments

“When I was very ill last week and I rang my GP they had nothing to say except I should ring 111. I found this quite scary like I was having to deal with it alone, which of course I was. The following week when I had started to recover but still had symptoms and concerns they had changed their policy and were ringing and speaking to patients. My daughter has had a problem with a wisdom tooth and of course I don't know what to do in the current circumstances.”

“Allergy treatment stopped. Concern about lack of dentistry services.”

“Feel can't bother GP especially as regards elderly parent's ailments. Also no available dental appointments”

“Need dentist phoning tomorrow but not sure if I can get in on emergency appointment, need to go elsewhere or suffer until it's over.”

“Small anxiety about possible other health problems. I e found a small lump in my breast, but feel I can’t bother my doctor with it just now, as he’s probably overstretched with covid 19 enquiries.”

“I need to contact my GP about a referral to a specialist after having blood tests, but now feel I have to wait until this pandemic is over.”

“Some mental reluctance to go to GP at the moment about an ailment that would normally prompt a visit to the surgery as not a life/death issue (at present!)”

“Routine screening has stopped. Worried well concerns are not being addressed as more important issues are being dealt with therefore reluctant to ask”

Mental Health

“My concern is about the long term effects on people’s mental health with very few services across Lincolnshire.”

“No mental health support whatsoever.”

“Routine appointments cancelled till July time. Too worried to ring if a new problem occurs or even ongoing MH problems as feel will be putting an extra strain on services and NHS as a whole.”

“My ex-husband has died, (not Covid19). Concerned about the impact on my daughter’s mental health and being unable to access help or have a proper funeral.”

“A lot of people with mental health issues are struggling, I’ve had to move where I was isolated (in my own house where I live alone) to my friend’s house due to a breakdown.”

Q7 - Tell us what 'action' local or national, would most help you at this time with those concerns?

Campaign Week 2 -lock down started on 23rd March 3 weeks earlier

Week 2 responses, beginning the 13th April which was the Easter break, generally reflected the key issues in the news at that time.

In context:

A review of lockdown restrictions was due to take place on Tuesday 14th April. This review confirmed the continuation of lockdown and was announced on Thursday 16th. In the run up to this point there was a lot of media coverage around lockdown measures and speculation of what might happen.

The responses found that media focus was reflected in people's responses when asked what 'actions' people would like to see related to lockdown. These ranged from better enforcement of lockdown measures, through to the tightening or easing of restrictive lock down requirements.

What was clear in these responses was the link between how lockdown measures were imposed and maintained, and the public's perception of how these impact on them personally. In the main this was either that people flouting lockdown measures were **creating a risk to**

society, or that fairness and equity in people's behaviour was **socially unacceptable** and needed to be addressed.



This week's data was also collected during the height of the reported personal protective equipment (PPE) shortages and when promises of 100,000 tests per day by the end of April had been set, but daily test numbers were still quite low, these too were reflected in the respondent's commentary.



The themes that follow are not presented in terms of priority, but moreover provided to give a sense of public feeling at that time.

Testing - Increasing the numbers of tests and extending eligible groups beyond the seriously ill and NHS staff e.g. care home residents and staff, other key workers and vulnerable members of society.

"Testing for retail workers, bus driver etc."

"Test, test, test."

"More testing so well individuals can return to work."

"More testing for the vulnerable."

Exit strategy - Comments reflected the vagueness of the future.

“More information about the long term. When and how lockdown will be lifted.”

“A definite date as to when we can be free again.”

“Clear information on how the lockdown will end and when over 70s will be able to resume socialising.”

“Idea of what restrictions may be lifted and how they will be done safely.”

“Tell the UK public minimum length of restrictions so they stop fighting against it and settle into it.”

Greater adherence to/enforcement of social distancing

“Limiting number of shoppers in supermarkets more forcefully to enable proper and effective social distancing.”

“Enforcement of social distancing instructions or remove them.”

Greater enforcement of current lockdown measures

“Stop people going out, as they think they have to exercise. Our village is a joke. More road checks to see where some of these idiots are going.”

“Stricter measures. Higher fines and fines that should be instantaneous without warnings first for people who break the rules.”

“Stricter policing to help stop those flouting the lockdown rules.”

“Better policing of rules and being able to report and have that report actioned.”

“Stricter lockdown enforcement.”

“Jail those not obeying lockdown.”

Easing of lockdown measures

“Grandchildren being allowed to see their grandparents, much like going between households of 2 separated parents.”

“Let more than 10 people attend funerals, providing they keep social distancing. Let people visit people who are likely to die in hospital.”

“To be allowed to see family.”

Stricter lockdown measures

“Real lockdown: all parks, beaches closed, all airports closed, police and army in the streets to do checks on people going out.”

“A complete proper lockdown like they have in Italy.”

“Taking temperatures of arrivals into the UK and isolating those who have high temperatures.”

Personal Protective Equipment (PPE)

“Ensure supplies of PPE to all areas of the care sector.”

“More PPE for key workers.”

“I have 4 family members in the health service, one nursing Covid 19 without PPE. So this is priority for me - keeping our nurses and care staff safe. Gov to source more PPE.”

“Please urgently supply PPE for those with Direct Payments.”

“Taking care of our NHS staff, with proper PPE (hazmat suits like other countries).”

Support & Check-ins for vulnerable and ill

“More support for those living on their own with health issues.”

“Elderly need daily contact for mental health.”

“Advice and daily check-ins for people coping with the illness at home, because it’s scary.”

“Having a key worker that can get answers to our own personal situations. For example, a social worker, a Local MP, a Councillor. A phone call every day, or every other day to check everything is ok or if we are in need of any help.”

Food shopping/deliveries for the vulnerable

“Pressure on supermarkets to release more food slots for vulnerable.”

“Supermarkets could help vulnerable people more.”

“Priority supermarket deliveries for people shielding, even if they have someone who can go out for them, to minimise the risk of the virus coming home.” (ID203)

NHS contact/treatment/support

"I have asthma and diabetes and have not had a letter from Dr."

"For the NHS to continue to treat people with chronic health condition, we are just being left."

"Addressing the need to support those with delayed treatment especially cancer patients."

"A health care team dedicated to seeing people who are ill with something other than Covid-19 and those with chronic health conditions that need to be monitored."

"Prescription delivery service. Husband died recently and both sons died so am totally alone."

"Able to speak to GP about my health."

"More information from local health surgeries about how to seek face to face consultations...I would be really concerned if my wife got really sick as she may have some specific vulnerabilities and would not like to rely on 111 helpline when I would possibly struggle to get through to a nurse?" (ID74)

Honesty & transparency

"Genuine updates on the virus symptoms and what's actually happening."

"More honesty on all deaths and numbers of new cases."

"More truthful info. Less promises which are not fulfilled."

Financial support

"National basic income for everyone."

"Benefits for self-employed."

"Release my state pension!! I am not working owing to Covid-19."

Vaccine - I did hesitate about including this as it is the ultimate action, but is still very much aspirational rather than deliverable, but I have included in order to accurately reflect the data.

"Vaccine" (ID11)

"Production of a vaccine"

"A vaccine being found."

Finally

Week 1 and 2 of the campaign have provided a fascinating insight into the perspectives and mind-set of some of Lincolnshire's population, the limitations of the sample size are acknowledged and actions will continue to address these issues. The aim is to be able to identify and share where a 'mood and behaviour' is at any given point, and to report any notable changes which will support the whole community infrastructure meet the needs of Lincolnshire residents.

Watch out for the highlights over the coming weeks and if you want to share or get involved you can do so by simply following this link to take part:

<https://www.surveymonkey.co.uk/r/VBTW2PB>

Appendix 1. METHODOLOGY AND SURVEY QUESTIONS

Methodology

Week one of the survey was launched digitally on the 6th of April 2020 with responses captured through Survey Monkey. The survey is distributed every Friday afternoon through the Healthwatch network to members and stakeholder organisations. In addition, Facebook advertising has been utilised to target the wider Lincolnshire population.

The survey consists of 12 questions including 5 demographic questions, 3 of the questions provide an opportunity for the respondents to give more detail about their experiences through free text comments, some of which are shared within this document.

The questions posed are given below:

Questions from the survey

Q1. Have you had coronavirus/COVID-19? - Multiple choice

Q2. What best describes how you are feeling today? - Multiple choice

Q3. Have you found it easy to find clear and understandable information about what to do to keep yourself and others safe during the coronavirus/COVID-19 pandemic? - Multiple choice

Q4. Do you feel the information and advice given around COVID-19 has helped you adapt to the changes imposed on your day to day life? - Multiple choice

Q5. Do you feel that you or your loved ones quality and safety of care (not related to COVID-19) is being affected? - Multiple choice with free text comment field

Q6. What are your three biggest concerns? (Please select 3 ONLY) - Multiple choice

Q7. Tell us what 'action' local or national, would most help you at this time with those concerns - Free text comment field

Q8. Please include your Email address as we would like you to complete this survey weekly - Free text comment field

Q9. What is your age? - Multiple choice

Q10. Gender - What gender group are you in? - Multiple choice

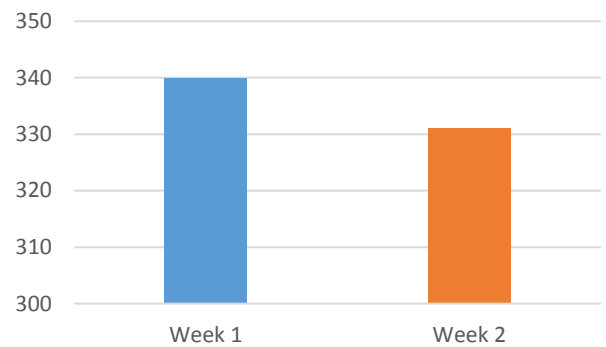
Q11. What was your employment status before the Coronavirus (COVID-19) pandemic? - Multiple choice

Q12. What district area do you live in? - Multiple choice

Appendix 2. DEMOGRAPHIC DATE, WEEK BY WEEK COMPARISONS

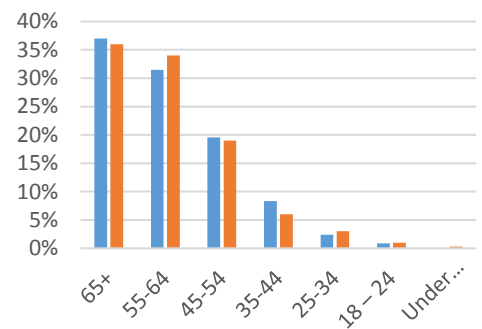
Total number of respondent's week on week.

Week 1 - between 6th April and the 12th April 2020	340
Week 2 - between 13th April and the 19th April	331



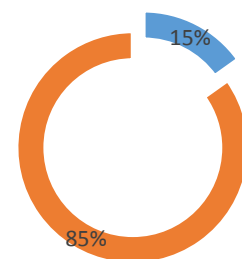
Age Segmentation week on week.

	Under 18	18 - 24	25-34	35-44	45-54	55-64	65+
Wk 1	0%	1%	2%	8%	20%	32%	37%
	0	3	8	28	66	106	126
Wk 2	0.3%	1%	3%	6%	19%	34%	36%
	1	4	11	19	63	113	119



Gender breakdown week on week.

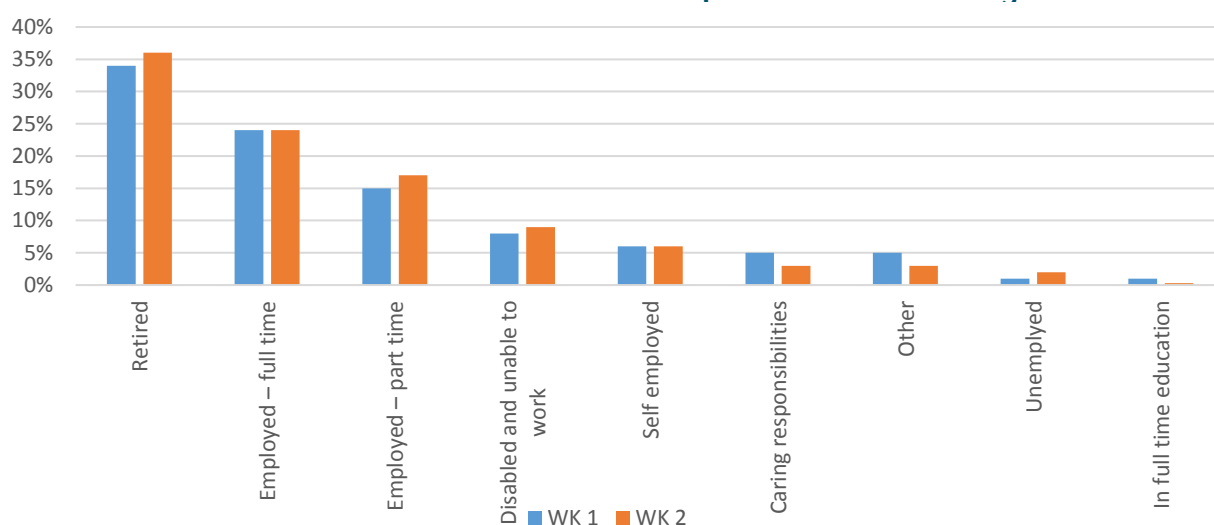
	Male	Female	Other
Wk 1	17%	83%	0%
	56	278	0
Wk 2	15%	84%	1%
	50	277	3



■ Male ■ Female

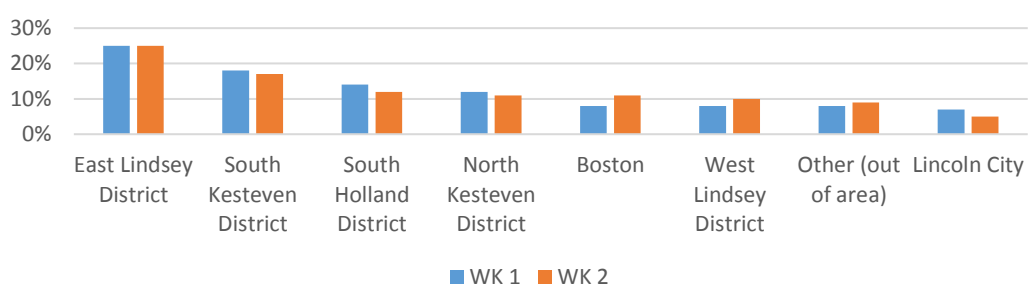
Employment status before COVID-19.

No notable shift as at the moment the same respondents are sharing their views



Status	Week 1 No.	Week 2 No.	Week 1. %	Week 2. %
Retired	116	118	34	36
Employed Full time	80	79	24	24
Employed Part time	51	57	15	17
Disabled/unable to work	28	28	8	9
Self Employed	19	20	6	6
Caring Responsibilities	18	10	5	3
Other	16	9	5	3
Unemployed	5	6	1	2
In Full time Education	4	1	1	.3

Location of Respondents by District



	East Lindsey	South Kesteven	South Holland	North Kesteven	Boston	West Lindsey	Lincoln	Out of area
WK 1	25%	18%	14%	12%	8%	8%	7%	8%
	85	62	47	39	28	27	24	27
WK 2	25%	17%	12%	11%	11%	10%	5%	9%
	82	57	41	37	35	33	16	29

Appendix 3. TABLED DATA SETS

Q1 - Have you had coronavirus/COVID-19?

	Yes - I been tested	Possibly- Has symptoms, but not been tested	No - Not had symptoms
WK 1	1%	17%	82%
	3	58	274
WK 2	1%	16%	83%
	2	54	274

Question 1 was asked in order to understand if the views of the public were different depending on the level of exposure they had to the virus, whether that as a patient, family or loved one, carer or key worker. However at this time the sample size of those who had tested positive is too small to draw any robust analysis. There is no significant difference between week 1 and week 2.

Question 2. What best describes how you are feeling?

	Concerned for those who are vulnerable or weak	Curious about how this is impacting the world	Inspired by how people are adapting	Anxious about my health	Happy to spend time with family	Hopeful to see how the environment is improving during this time	Lonely	Impatient to get back to normal life	Angry about the restrictions on my freedom
WK 1	53%	29%	28%	27%	25%	24%	14%	13%	3%
	183	97	94	91	83	80	47	13	10
WK 2	41%	24%	27%	27%	22%	24%	13%	20%	5%
	137	80	90	90	73	79	44	69	15

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