

The health and care experiences of people living in Calderdale during the Covid-19 outbreak

August 2020

Healthwatch Calderdale

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Our work at a glance

Health and care services changed dramatically and with little or no prior notice during the Covid-19 outbreak. In an unprecedented and constantly changing situation, services had to respond and adapt rapidly. As the United Kingdom was put into a 'lockdown' situation, people were asked to only leave their homes for essential journeys. However, throughout this time, people still needed to seek health care, support or treatment for various issues.

Our role at Healthwatch Calderdale is to listen to and make sense of what members of the public tell us about their experience of using health and care services, then use that knowledge to make health and care better for everybody. As Covid-19 has resulted in enormous changes to health and care services, Healthwatch knew that we had to capture people's views, but that we would get the best results if we worked in partnership with Calderdale Clinical Commissioning Group (which plans and buys healthcare services for Calderdale), Calderdale Council and voluntary and community organisations in Calderdale. Working together means we can reach more people and makes sure we don't repeat elements of each other's work. To do this, we worked with the Calderdale Involving People Network.

To gather a full understanding of the experience of health and care services during the Covid-19 outbreak, over a period over of 12 weeks (end of May to end of August 2020) Healthwatch Calderdale and partners used a variety of different engagement approaches and tools including a survey and virtual focus groups to talk to people living and working in Calderdale.

We asked people to tell us their experiences of accessing health and care services during the Covid-19 outbreak, if they experienced any change to the service that they would normally receive and what those changes were. We also asked people to tell us what was good about the service they received, what didn't work so well and what would have made their experience better.

We asked people to share their experiences with us in creative ways such as stories, pictures, poems and word clouds.

We also asked staff to share their experiences of working and delivering a service during this time, and the responses from staff can be found in this [linked report](#).

In total we received 393 survey responses from service users, their families and carers as well as health and care staff. A total of 103 people submitted feedback in other ways such as stories, drawings, focus groups and Snapchat.

Our 346 survey respondents made 543 visits to different health and care services. The majority of responses we received related to NHS care, in particular people's experience of accessing their GP surgery (253 contacts, 47%), pharmacy (82, 15%) and routine hospital care (83, 15%). Other service types commonly commented on were community services (39, 7%), 999 and 111 (30, 6%) and dentists (26, 5%). This means that the majority of feedback that was received related to experiences of GP surgeries. As GP surgeries are universally accessible and a first point of contact for many health interventions, this is not surprising.

The key themes that are mentioned repeatedly throughout our survey responses and other engagement tools are:

- **Access to services** - covering limitations to face to face access, service closure and telephone access
- **Digital access** - covering the use of online booking systems and video call appointments
- **Communication between staff and patients** - covering the lack of information that has been made available about how services have changed, and missed opportunities to interact with people
- **Quality of care** - covering person-centred and flexible support

Feedback is mixed for all of these themes, with many people appreciating the necessity for change during the outbreak, but feeling that their experience could have been improved. Some respondents have made suggestions for how their experience could have been improved, which will hopefully offer some steer to health and care providers.

Where there are examples of different groups of people and communities experiencing care in different ways, this has been highlighted in the **Equality** section of the report. Specific attention is drawn to discrepancies in experience for Asian/Asian British respondents, people who were shielding due to age or disability, and people with caring responsibilities.

Specific questions were asked about the impact of Covid-19 and the lockdown period on people's wellbeing, and there is a discrete section that states that for almost all respondents, there has been a **mental health** impact. However, it is important to note that, for some, that impact has been positive, with people finding life easier in lockdown, and for others the impact has been negative, with a struggle to adapt to the changes in our way of life.

In the following report, we share details of the clearest and most common themes in our engagement work. In each themed section, we indicate if there is feedback specific to a particular type of service, and share the ideas and solutions suggested by members of the public. We have also produced a detailed summary of responses from staff members, which you can find in this [report](#). To try to maintain our focus on these key themes, we have chosen to create a supplementary document of appendices which covers all the connected information. In the appendices is a detailed summary of feedback from the staff respondents to the survey.

We will share the findings of this report with the public via our website and with our partners. We will ask NHS and social care organisations to respond to us within 20 working days so we can help to make health and care services better for everybody. We want to ensure that positives in health and care during the Covid-19 outbreak are not lost and the negatives do not become the norm.

Key themes

Access to services

During the Covid-19 outbreak, many health and care services changed the way they interacted with and cared for people, for example by offering telephone and digital options rather than face-to-face appointments. Other services were closed, relocated or care and treatment was put on hold until in the short term.

640 comments were made that related to access to services; 19% of these were positive, while 51% were negative, 8% were mixed and 22% were neutral. Captured within the very broad theme of “access to services” were 3 key feedback areas; face-to-face contact and overall access of services, phone access, and service closures.

290 comments were made about face to face access to services; 19% of these were positive, 66% were negative, 4% were mixed, and 11% were neutral.

- 290 comments were made about telephone access; 23% were positive, 34% were negative, 12% were mixed, and 30% were neutral.
- 60 comments were made specifically about service closure; 62% of these were negative, 3% were mixed, 35% were neutral.

Adapting the way people accessed services was essential to protect the health and wellbeing of staff and the public. Some changes were welcomed and led to an improved access. Other changes led to difficulties for some people as they made access harder or more complex to navigate.

What worked well?

Some people found access generally easier and more efficient during this period and some mentioned that they preferred telephone access with their GP practice, saying that it was quicker, less time-consuming and removed the risk of getting Covid-19.

‘It was all much more efficient, quicker service and as someone with a chronic illness and disability, it was much easier and better for ease and access’ (GP services)

‘I didn’t have to take a sick child in the car sit and wait surrounded by other sick people and could do this from home. It was much better’ (GP services)

‘Telephone appointment with GP helped me more as I care for husband. Saved a trip to the surgery’ (GP services)

Pharmacies appear to have been a lifeline for some people when they couldn't access their GP practice or when medication needed to be delivered.

'Chemist provided prompt home delivery service' (Pharmacy)

'Late opening hours as usual, but very reassuring to have an open chemist 7 days a week with later opening hours in these times' (Pharmacy)

'Eventually pharmacist contacted GP, and got me some temporary meds sorted and then eventually helped get me a meds review over the phone, but took a few days sorting out'
(Pharmacy)

What didn't work well?

Lots of people had difficulties getting through to services by telephone which led to some frustration. For various reasons, some people struggled with telephone appointments, in particular if they couldn't explain their symptoms or if English was not their first language. With many people being asked to call rather than visit, phone lines were often reported as engaged or unanswered.

'not being able to get through on the phone, constantly engaged' (Hospital services)

'not sure always works over the phone because can't always explain what the problem is without someone seeing the babies' (District nursing services)

'Rang to check about a medical appointment, but it was all recorded phone message, and I don't speak English very well and don't know how to use a mobile phone options so couldn't get sorted' (GP services)

People reported that many services were closed and some didn't know where or how to access care, treatment or support from alternative places.

'GP told me she would look into if there was anywhere else that could provide the injection, but heard nothing since so feel like this was just said to me to get me off the phone' (GP services)

'Dentist being open, or someone to talk to, to tell me where to go and what to do'
(Dental surgery)

Routine care was delayed; for example, people couldn't get pain-relieving injections, blood tests, B12 injections, dental check-ups and treatment, annual health checks or care worker visits at home. Some had appointments cancelled but were given no indication of when they might expect to receive another appointment.

'I needed a filling and couldn't get an appointment' (Dental surgery)

'I receive a pain injection every three months as the department was shut. I'm unable to receive my regular injection' (Hospital services)

'We were all shielding so my care workers and nurses couldn't visit me and my brother'
(Social care services)

What would have made things better?

Some respondents felt they could have received better information about how services could be accessed earlier on in the lockdown, although it's recognised that the pace of change would have made this difficult. Some people were confused by the changes and found the system difficult to navigate.

'it was harder to access the service in the new system as I wasn't prepared for it' (GP services)

'it worked well, but perhaps info about how it would work before...' (GP services)

Feedback relating to specific services

Telephone contact proved most difficult when people were trying to contact their GP practice

For some of the people who described their GP surgery as "closed", this was linked to the planned closure of the Park Community Practice in Halifax. This surgery closed at the end of March 2020; prior to this, all patients received a letter explaining where they could register following the closure. However, it would seem from some of the comments that respondents contacted Park Community Practice during the outbreak, unaware that it had closed, and then did not feel they could get access to care elsewhere. The impact of this has been reported particularly by 'Asian/Asian British: Pakistani' respondents, as Park Community Practice was located in the area of Calderdale with greatest ethnic diversity.

"GP was closed, and relocated to another surgery, and that was closed as well." (GP surgery)

'Our practice had shut down and moved elsewhere, which was quite some distance for us to travel, but we couldn't because the other location was also closed.' (GP services)

Dental practices remained open but were only accessible by phone for telephone triage, and as such, there were several comments received about the closure of dentists and the lack of availability of urgent care. Whilst dental ill health is rarely life threatening, several respondents indicated they had been in significant pain without scope for it to be resolved.

Digital Access

Digital access to health and care has been crucial during the outbreak as a way for staff to continue to deliver their services to the people who need it. Ease of access to online options has varied, as patients were asked to interact in different ways with different services, and make these adaptations in a short amount of time. Most comments about digital access mentioned telephone calls, video calls and online appointments, and most of these comments were about digital access to General Practitioners (GPs).

180 comments were made that related to digital access; 25% of these were positive, and 25% were negative, 14% were mixed and 36% were neutral. In the case of comments about digital access, several people mentioned video appointments, but without expressing a positive or negative view.

Some respondents appreciated the technology driven appointments but many experienced issues with the transition from face-to-face to online care, and sometimes this prevented them from accessing the services they needed.

What worked well

Some people found telephone and video call appointments from the GP much more convenient. It often saved them time travelling to the practice and made it easier to fit into a busy schedule.

“I think telephone, skype, zoom style interaction could be safer and more efficient for many. Of-course it will not suit everyone but could save those at more risk from various infections.”
(GP services)

The use of technology to manage prescriptions has been valuable to many patients. Online prescription services were spoken about positively.

“There was a greater use of technology. The prescription was emailed to my pharmacy for collection and my sick note was emailed to me.” (Pharmacy)

Providing technology to those that might not have it and teaching them to use it proved to be very valuable to many patients who otherwise would have been isolated.

“Yes, ACE gave me a tablet computer thing and showed me how to use it to contact people. I was able to talk to family and friends on video and this helped with my health, talking to others about it.” (Community services)

What didn't work well

Accessing the digital services was a huge hurdle for a lot of people. Online services were not implemented in a planned and supportive way, putting many off who were daunted or ill equipped from even registering.

“I had called up in the past to ask for my grandmother’s medicines to be reviewed as she was receiving too many and now has a surplus of the gaviscon and the pain killers. But when I called up this time the system has changed and everything has moved online. Which made it a lot harder to resolve the issue. And I was told I had to go online despite just asking for her to be booked for a medicine review which was now overdue. So it was difficult and still needs to be resolved as I have not had an opportunity to sort things out.” (GP surgery)

“As a response to Covid-19 I was not able to access GP services over the phone. The system has changed and needed me to go online for an appointment because it was non urgent for a mild eye infection. And I was too confused to even try and register” (GP surgery)

“Online services need easy access: one gateway into all services ... not multiple closed doors to new apps, having to register details all over again, like a series of hurdles to climb over ... then the system malfunctions.” (comments about GP surgery, NHS 111 and pharmacy)

For some, a video call is not convenient, rather than being inaccessible.

“I would prefer a phone call rather than video appointments with GP, fit in much better with my busy lifestyle and I could describe my problem and it didn't require physical appointments” (GP surgery)

Other barriers to online services included language limitations, limited computer literacy and lack of access to a computer or suitable device. A lot of respondents expanded on their own experiences by stating that older relatives, or the elderly population in general, had struggled or would struggle much more than them to access these services.

“Could not get an appointment, had to set up an online account, which I could not do because I don't have access to a computer.” (GP services)

“No face to face - elderly need that Drs reassurance and don't have face time / internet” (GP services)

“Camera/phone not very accurate or adequate. Probably due to my technical limitations.” (GP services)

What would have made things better?

Many respondents suggested improvements to various online services based on their experiences.

“There must be an opportunity to have video calls to Healthcare Professionals (HP) where the patient has a computer. There must be many conditions/situations, where a simple phone call would not work, but a video link, so the HP could see the problem would suffice. This could be done via a triage system by call handlers.” (Hospital services)

“It would be better if the hospital systems (online appointments) allowed you to make comments as to why you wish to reschedule and what requirements are needed, e.g. patient transport, etc.” (Hospital services)

“To be given more calls from midwives given that we haven’t been seen, visual tours or online sessions with midwives for prenatal hospital tours or classes” (Maternity services)

From all the feedback we have received respondents indicated that online services could be easier to access and navigate. Providing clear information on the services and an easy-to-understand pathway to booking an appointment would have made many experiences better.

Comments suggest respondents feel that the current portal and password system is confusing and varies greatly from practice to practice. Standardising the online registration process will help people register more easily. Patients would benefit from a single portal through which to manage their NHS and social care interactions, rather than registering for multiple online services. Communicating with social care teams or other health services these patients are involved with could be key to ensuring messages are relayed to them in an appropriate manner. A simpler IT infrastructure would make it easier to produce instructions for people to use IT systems, and this information could then be shared widely, with an offer of support.

It’s essential to identify groups of people who may not have access to the internet, a computer or mobile phone, or a way to acquire skills to use online systems. These people could be left behind, and there should be assurance that there are alternative ways to make appointments beside online. Many practices had automated phone messages asking patients to register online for an appointment and provided no alternatives. Some of the most vulnerable patients find themselves struggling with online access, and should not be left isolated with inferior access as a result of limited understanding of, or access to, technology.

Feedback relating to specific services

The majority of issues people faced with online services and digital access related to GP practices. The sudden switch from face to face or telephone appointment booking confused many people. There was no time to adjust and for those without technology and IT skills, the switch to digital was an impossible task.

Arranging a hospital appointment online was challenging for some who needed to find a way to communicate changes to their needs during this time; for example, requesting a reschedule due to patient transport was not easy.

For women using maternity services, additional calls with midwives would have been appreciated by expectant and new mums, who were impacted by reduced face to face contact. Mums value virtual tours and online classes or sessions, and would like to see more of these during this time.

Communication

In the space of a few months, the Covid-19 outbreak has significantly changed the way health and social care professionals communicate with patients, families and colleagues. Whilst effective communication was always a crucial part of health and care services, it has now become even more important. In the fast changing and challenging environment of the Covid-19 outbreak, communication is paramount in ensuring people feel safe, alleviating anxiety and providing information. Many of the comments about communication in our survey results indicate that people struggled with communicating with health and care services during this period.

144 comments were made that related to communication; 7% of these were positive, while 64% were negative, 10% were mixed and 19% were neutral.

People indicated that there were communication challenges around arranging appointments, service changes, the absence of a real person with whom to communicate, anxiety, the fragmentation of services and barriers (as discussed in the **Equality** section in more detail).

What worked well

A small number of people found the increased access to General Practitioner (GP) services via telephone very positive, particularly in terms of the process, ease of contact, advice given, responsiveness and supportiveness.

‘The processes have been put in place quickly and communication is excellent. (all over the phone)’ (Hospital services)

‘...easier to contact doctors’ (GP services)

Others commented more generally stating that communication was ‘good’, and many people were able to accept that alternative means of communicating with them, such as by phone or online, were necessary due to the unprecedented outbreak situation. They were satisfied with this arrangement for patient and staff interactions.

What didn't work well

People were unhappy regarding the general lack of communication from health care services and asked that someone make contact with them to offer updates. Some felt that they had not been furnished with adequate information regarding changes to services made as a result of the Covid-19 outbreak and what they could expect when visiting a service during the outbreak:

‘Wasn't told much by receptionist about changes I'd see in surgery’ (GP services)

‘A phone call, an email, a text message or a letter - just to keep me updated, instead of ignoring all forms of contact made by myself’ (District nursing services)

‘If someone had written to us, or sent a voice message or text or something to let us know’. (Hospital services)

Some people did not feel they had been adequately informed that their GP surgeries were closed for face-to-face contact. Others were unsure of what different services were offering, what changes had been made or who to contact.

Some were dissatisfied about an absence of information regarding Covid-19 and the changes it brought in general.

‘Yes, this virus and lockdown is very bad, but we need to be given more information and support to understand’. (Pharmacy services)

‘Communications need to get better, so people know what is going on’. (Service not specified)

For some the changes in how the services communicated with people induced anxiety, worry and, in one instance concerns, about safety.

‘All phone messages, very confusing and worrying’. (Dental services)

‘All this change is very confusing and puts lives at risk, not good’. (GP services)

‘Lack of ability to speak to anyone has simply increased my concern. I was made to feel a nuisance for calling, and that should not happen’ (GP services)

For others the changes caused frustration and difficulties, mainly around being unable to get through to the full range of health services by telephone due to lines being constantly engaged.

Many people reported they had received inadequate information from the hospital around their planned care. Some had not received information that stated their appointment had been cancelled or received very late notice from the service of the cancellations. If some people hadn’t checked whether a planned appointment was going ahead, then they would not have been told the appointment was cancelled.

‘I could have been informed earlier of the cancellation, poor communications’. (Hospital services)

‘If someone had rang me or even texted me earlier to say because of Covid-19 appointments had been cancelled.’ (Hospital services)

‘I rang to check my mum’s appointment and was told it was cancelled...’ (Hospital services)

Some respondents have been left with no details as to when a rescheduled appointment could be expected, or when a closed service would be re-opened.

‘I have an appointment in September at a West Yorkshire hospital (I think Bradford) but I don’t know if it will be delayed. I would like some information so I know what to expect’. (Hospital services)

‘No alternative, no explanation of when we would be seen. Not good enough communication about when to expect an appointment’. (Hospital services)

‘I had to ring and ask why and when I could have another appointment, but they told me they couldn’t say when’ (Hospital services)

People who were happy with phone and video consultations often noted that the appointment times for GP contacts were not exact enough. They were not told about the exact time the health professional would ring and some patients waited extended periods of time to receive telephone contact.

“I don’t mind the telephone consultations. But it would be better if you had an exact time that they would ring.” (GP services)

“I don’t mind the online thing or over the phone, so long as it works, but it often doesn’t because you don’t know when someone is going to ring and if you will be able to answer the phone in time before it stops ringing.” (GP services)

‘2nd appointment was over an hour late and I wasn’t kept informed. (If I had been in the health centre I could speak to receptionist)’ (GP services)

There were also comments about people experiencing difficulty navigating NHS services; notably individuals who did not know where to turn for help.

‘For CRH (Calderdale Royal Hospital) some way of knowing who you could contact and how’ (Hospital services)

A prominent request across feedback for all service types is to speak to a real person rather than having no option but to rely on technology to relay information. Some respondents felt a real person aided and improved communication providing greater reassurance and non-verbal cues, whilst others simply expressed a preference for face-to-face contact.

‘If someone had been able to see me or give my son advice over the phone of what to do.’ (Dental services)

‘Being able to talk to someone to help explain some of the things to do’. (GP services)

‘It would have been better to have someone at the end of the phone who could help and redirect the call to the right place or offer other advice’. (GP services)

People expressed frustration regarding the fragmentation in the NHS and between the NHS and council services, and gaps in their communication with each other.

‘...NHS, Council, Hospital, all need to start talking to each other, system is a shambles.

‘...Parts of the system need to start talking to each other. There is no communication between different bits and so it all becomes crazy.’

Some respondents also reported issues with communication to professionals, specifically that it was very difficult generally to obtain a response to questions, that prescription requests had not been fully actioned or dose changes were made to prescriptions but with no explanation given to the patient as to why. Others reported that they did not receive adequate information from GP surgeries about the need for a medication review. One person also felt uncomfortable speaking to staff in public areas about medical matters; this required people to use louder voices than usual due to having to maintain social distancing.

What would have made things better?

People wanted to see improved communication from health and care services in general; this included better quality information being sent out to the public, some individual contact with people receiving routine care, and someone with whom they could discuss their queries.

A frequent suggestion for improvement was to be able to communicate with a real person. Some people would have been satisfied with speaking to a real person over the phone whilst others stated they wanted face-to-face contact.

People also stated that being able to get through to services by phone would have improved the situation.

Gaps in communication have led to delays, and respondents have requested more timely contact and clear explanations.

‘Medication was not delivered on time, was told was required to complete a meds review, but no one told me and I couldn’t get sorted with surgery.’ (GP surgery)

One person stated that improvements could have been made to the communication around the hospital discharge of an elderly person:

‘Just a simple / brief summary of and changes or important messages would have been very helpful’ (Hospital services)

Finally, several people commented on the lack of integration between services and stated that services working together would have improved their situation greatly.

Feedback relating to specific services

In primary care services, the majority of the feedback about communication with GPs concerned access to services, the wish to speak to a real person, confusion around the changes and a lack of communication from surgeries to patients. One out of hours GP was mentioned as having given a ‘very good assessment and very helpful advice’. Other positive feedback concerned straightforward access to appointments and sympathy and practical advice.

People commented both positively and negatively regarding the communication of pharmacies during the Covid-19 outbreak. One person stated that it would have saved them time if the pharmacy had explained that there was an option to collect medication instead of having it delivered and another that the pharmacy had phoned ahead of a medication delivery to allay someone's anxiety.

Feedback specifically about dentists concerned the lack of interpreting, slow or lack of response on the part of dentists to patient queries, closures and unsympathetic attitudes.

'If the patient got a quick response from her dentist and if that dentist provided an interpreter, she might get a better care and avoid suffering from pain for two months'. (Dental services)

Feedback about communication between staff and patients at Calderdale and Huddersfield NHS Foundation Trust who provide hospital services was largely positive. A specialist nurse was described as 'supportive and helpful', and A&E staff were respectful.

'A/E worked very well and staff were very careful of my father but at 91 years of age, confused, blind and hard of hearing - he had no one with him - which I understand but when he was discharged home there was no hand over or paperwork to say what had happened or more importantly what needed to happen e.g. changes in medication.' (Hospital services)

In the community, we received positive feedback about the District Nurse service with respondents saying this is a 'good' service:

'Good, prompt service, got questions answered and problems sorted' (District nursing)

Physiotherapy also received a positive mention, specifically around the attitude of the practitioner and the support given.

One person provided positive feedback on service Child and Adolescent Mental Health Services (CAMHS).

'Our experience of CAMHS during this period has also been very supportive and the telephone communication has been excellent from them'. (Mental health services)

However, the experience of mental health crisis care was mixed. It was described by one person as 'engaging with the person involved and his carers' whilst another respondent stated the 'Crisis Team would not engage'.

Gateway to Care received several positive comments. It was described as 'very responsive and supportive', 'well organised and proactive' and offering a number of different options.

Quality of Care

Approximately 70 pieces of feedback were provided that related to quality of care; 59% of these were positive, while 27% expressed negative views, and the remaining 14% were either mixed or neutral.

Although not always expressed explicitly in comments across the survey there is a sense of gratitude to health and care professionals trying to deliver good quality care in very challenging times.

Issues included delays in support for pregnant mums, difficulties getting medication or medical checks, lack of support for people needing support from carers at home, and problems accessing dental services.

What worked well

Some people found it easy to access their GP, and felt that their GP was person centred and supportive.

'I didn't wait long for my appointment and my GP are really good and helpful and always supportive' (GP surgery)

'Person centred and patient my child has Autism so became anxious but the gp worked well and spoke primarily to me engaging as minimal as possible with my child' (GP surgery)

Others who had outpatient appointments which were changed to phone appointments were still happy with the way this was arranged and delivered.

'Due to have clinic follow up at hospital contacted by hospital prior to a pre-arranged Cardiology clinic follow up to check I was OK to have a phone call instead of visiting hospital. Received phone call at date & appointed time to discuss with the clinic nurse.' (Hospital services)

Some patients were also reassured by the changes that were made to the delivery of hospital services and warfarin clinics to protect them from contracting Covid-19.

'phone call was all that was needed; transport was good; service at PD Unit was fantastic - shown straight into a room and remained there right until transport came to take me home' (Hospital services)

'I've also carried on with Warfarin checks during lockdown but held as usual at Broad Street. I've felt really safe having these done.' (Hospital services)

There was also some positive feedback about how adaptable and flexible a range of services have been, from emergency medical care to social care and support services.

'Very thankful to have been offered emergency treatment at this time. I had been told by my dental manager not to attempt to pull it as it was a big rooted tooth, also i take a strong blood thinner and DIY not an option' (Dental services)

'The carers have been able to take our son on walks and to the cycling sessions arranged by the local authority, that have replaced the usual summer scheme.' (Social care services)

'Residential care home where dad lives, the staff have been wonderful and very caring' (Social care services)

What didn't work well

Some people didn't get the routine support they wanted from their GP, such as blood pressure checks and adequate pain management, while one person felt that the service the GP provided for an elderly complex patient was just a tick box exercise, not the proper assessment that that was needed.

'Wasn't able to take blood pressure which I was concerned about.' (GP services)

'The fact I was in so much pain and because I wasn't able to get the proper treatment and pain killers I needed...I think they could have opened up for more types of minor treatment such as mine. The private clinic were able to do the procedure. If I hadn't have had it treated privately I would have ended up needing an operation' (Hospital services)

'I think general practice worked the least well - not that it was a bad service it just didn't fit the needs of a very elderly complex patient who did not have Covid-19 and just needed a full holistic assessment it seemed very "tick box move on to the next"' (GP service)

There was also negative feedback from people trying to access dental services, referrals for treatment were slow, it was hard to find information about how to access dental services, and interpreters were not always provided when needed.

'Dentist was not sympathetic, I phoned Friday 15th May in extreme pain. He said he would refer me to emergency dentist (but there were a lot of people in the same situation as me). I phoned back on Monday 18th asking if I had been referred, it was only then that emergency dentist rang me (immediately) and she was lovely, explaining and advising' (Dental services)

'I had extremely bad toothache and I did not know which way to turn. I appreciate the problems that dentists have but the way I was treated was not good' (Dental services)

Maternity services also got some negative feedback because of changes to the service, this led to problems when measurements were taken later than normal, and some mums were left feeling like they just had to get on with it on their own.

'Measurements started late - problems picked up later than they should as a result' (Maternity services)

'As my third pregnancy I can compare well, this pregnancy I have been 'left to it' and won't be seen until 28 weeks I can imagine for first time mums this is very scary.' (Maternity services)

What would have made things better?

All of the examples people shared of good quality of care reference flexible and person-centred support and there are examples of this in all different types of health and care services, yet there isn't consistency across providers.

It's clear that people have felt a great deal of fear across the outbreak period, and that good quality care addresses those fears, and helps people to feel confident in the plan for their care.

Pregnant women who are unable to visit the hospital where they will give birth due to the current restrictions, requested virtual tours of the ward or birth centre they will be using, along with introductions to the staff they will meet and the procedures that will be used.

'I also as yet cannot visit the hospital I'm expected to give birth in which is unfamiliar to me which adds to my apprehension' (Maternity services)

Feedback relating to specific services

There was positive feedback about A&E being quieter than normal.

'The fact that A&E was so much quieter was amazing but that comes down to the public using it wisely in future.' (Emergency care)

From the comments received people felt the service at Gateway to Care had improved, but it was queried whether this might be due to the way the service is responding during the Covid-19 outbreak.

'Gateway to care seem a very well organised and proactive service - it seemed very easy and straight forward to get things put in place - without lots of red tape - not sure if it is always like this or just due to the Covid-19 response' (Social care services)

Equality

Survey responses have indicated there are specific issues and barriers that are being faced by some groups who experience greater health inequalities. The comments made in the survey indicate there are differences in the experience of people who are from the South Asian communities, older people, people with disabilities, and carers.

The following section gives a summary of the specific concerns raised by respondents from these groups, and some details indicating where people from particular groups have had disproportionate experiences by comparison to others.

Race and Language

In the responses received from South Asian residents, there is clear reference to a sense that they have been abandoned by health and care services during the Covid-19 outbreak, with some comments referencing the higher risk of Covid-19 for Black, Asian and Minority Ethnic (BAME) communities.

“Too many people not being helped from the Asian community and being ignored. Not good as it results in needless 999 calls, needs sorting out.” (Social care services)

“Asian community has had poor deal as usual, why? Do our lives not matter?” (GP services)

The data indicates that people who stated their ethnicity as ‘Asian/Asian British: Pakistani’ are more likely than other ethnic groups to state that services have “closed” during the outbreak. It suggests there is a real sense amongst the community that they have been shut out of services across this time. In some of these comments, respondents say the service was “closed” despite online/telephone access being available. This conveys the feeling that the online and telephone services do not equal proper access, and may limit people from this community seeking assistance with their health.

Several of the practical difficulties that have been experienced by BAME communities are linked to English not being the first language of some community members. People have reported difficulties with making sense of the clinician in their telephone appointments and understanding telephone messages.

“See GP face to face for diabetes. Had to have a telephone call. I felt because my English is not priority language I struggle more.” (GP services)

“No good for me, I don’t speak English very well so couldn’t understand what the messages were saying.” (GP services)

Some respondents had to rely on family members to act as translators or organisers to make sure they could speak with a clinician and coordinate receiving prescriptions.

“She doesn’t speak English so had to ask my sister to ring because medicines not arrived.” (Pharmacy services)

Communication between staff and patients was a key issue reported by Asian/Asian British respondents to the survey, and although language barriers were highlighted, most comments were about not being able to get through to their GP practice by phone. Although answerphone messages provided instructions, this was not seen as a substitute for being able to speak to a person directly, and people reported feeling like they did not have the information or understanding they needed after making phone contact.

“They need to have some real people answering the phone to help people go to the right place.” (GP services)

There were also comments about limited access to IT equipment, such as smart phones, and limited knowledge of how to use these amongst people who do not have English as a first language.

“Had to do all online. Ok for me, but for my wife who can’t speak English or use a computer it was all down to me.” (GP services)

Age and Disability

Feedback directly related to age and disability has been grouped in this report because many older people and disabled people were instructed to “shield” during the height of the Covid-19 outbreak. This means they were told to stay in their own homes and avoid all social contact outside of their household, and as such, there is some cross over in their experience of health and care.

Some of those who were shielding reported difficulties with making contact with health services; phone lines were not always answered, and they were unable to attend premises in person, so were sometimes left without any access to care.

“We were shielding and could not get hold of anyone on the phone.” (District nursing services)

“I understand they were very busy at the time but do feel that the normal elderly / ill were not looked after as they should have been - partly because the GPs were trying to protect them by not visiting but the knock on was that they were not getting a full picture.” (GP services)

“A less-able bodied / older person without any support (or mobile phone) shouldn’t have had to visit to find out their new methodology (which wasn’t working anyway).” (GP services)

People with a disability struggled to get reasonable adjustments made to new temporary Covid-19 related processes. This meant the delivery of their care was not reflective of their needs, and in some cases, created physical health impacts. This included an expectation that people were able to access online information and services, when for some older people or people with disabilities, this was not accessible.

“Was isolating, on shielding list, contacted their GP who even though isolating said they had to go to a doctors surgery in Ripponden when they live in Elland. No wheelchair access transport available. Was told as they were not housebound before Covid-19 they were not allowed a home visit.” (GP services)

“As I said before nothing easy to use [online access] if you cannot see well”

“Had to stand outside in a queue until called in. I have physical disabilities and find it difficult to stand. No provisions are made for this.” (GP services)

However, for some, new ways of work improved their experience of accessing care, and the survey responses offer examples of people with disabilities who have valued online and telephone access.

“It was all much more efficient, quicker service and as someone with a chronic illness and disability, it was much easier and better for ease and access” (GP services)

Some people who were shielding were fearful to access health and care due to the Covid-19 risk.

“Also did not want to risk going to the hospital when Covid-19 infection rates were high.” (Hospital services)

When looking at the data on access to services for people with disabilities, there are many references to those people not being able to access routine care for the management of their long term health conditions. In some cases, people told us this is due to the absence of face to face care for routine reviews that cannot be completed by phone.

The high incidence of comments that we received about telephone access from people with disabilities, particularly to GP surgeries, indicates that respondents had needed and attempted to access care during the outbreak, which they had then struggled to receive.

Unpaid Carers

For many unpaid and family carers, the Covid-19 lockdown period was a very busy time, as many cared for people were shielding at home. Some reported that there was improvement in the joined-up delivery of care, with different agencies communicating with each other, which meant that their job as a carer was more straightforward.

“Professionals and services seem better joined up and more effective at prioritising important and targeted cases, this helps to relieve some of the pressure on carers who may not be identified (due to not being part of volunteer group or a registered carer).” (Hospital services)

However, in most of the comments specifically about caring, barriers to communication were clearly stated as a significant factor in how well support had worked.

“We had to leave the room when the nurses were in the house and that was worrying because my mum doesn’t speak English.” (District nursing services)

“Husband (stroke patient) wasn’t part of telephone appointment in the way he would be if we were there in person. I (wife) always speak for him at appointments as he doesn’t engage, but he’s there and will communicate sometimes. Phone call means he isn’t involved so it falls to me (wife) to do more for him.” (GP services)

What might make things better?

There were very few suggestions about what might address some of the inequalities issues raised here.

One respondent indicated that there should be more readily available access to interpreters, particularly for Urdu.

Some of the people who responded who had disabilities indicated that greater awareness for professionals of the impact of their disabilities would improve their experience.

The most commonly requested change was about the offer of clear information, provided in accessible formats and community languages, that relates specifically to the local services.

Although it was not explicitly stated as a suggestion, some people were very clear that they benefitted from face to face engagement with a clinician, particularly those who do not speak English as their first language, or who have disabilities that link to communication difficulties. They wished to retain face to face appointments as a possible option for accessing care.

Other equality data

There are some other elements of the data that suggest that people with different demographics have experienced health and care in different ways during the Covid-19 outbreak.

- Significantly more men than women stated that a service was “closed” when online and telephone access was available.
- Women made significantly more comments about the quality of the care that they have received than men, with around 75% of those speaking positively about the quality of care, and stating how grateful they were for the assistance they received.
- People in receipt of benefits reported key issues around telephone access to services; of the comments made about this, over 75% were negative, most commonly stating waiting for the phone to be answered or for someone to call them back as the problem.

Mental Health

Survey responses have indicated that there were specific impacts upon peoples' mental health throughout the Covid-19 outbreak.

In the following section, there is a summary of the specific concerns raised by respondents from these groups.

Mental health implications of Covid-19 outbreak

In the responses received from service users and carers, there is indication that the most significant mental health impact from the Covid-19 outbreak is the effect upon peoples' general mental health and wellbeing. Some people responded that the Covid-19 outbreak had a positive impact upon their mental health and wellbeing.

"I am lucky I had the company of my husband, a big garden, plenty of crafts and baking to do so I was always busy. I was happy"

"Less going out has led to more relaxing home time although miss the bacon butties."

However, some people reported that they were feeling increased stress, anxiety and pressure in their personal circumstances and some expressed feelings of being depressed when their mental health is typically good.

"I have good mental health most of the time. The worry about my risks of becoming very ill or dying due to Covid-19 escalated. I am very low and feel anxious. Not having anyone to discuss my worries with has been detrimental."

"Already being treated for depression the outbreaks has created more pressure for me as both a career and a vulnerable person and I became more stressed and down"

"I have struggled working from home with increased work output. I have needed to start anti-depressants"

People shared experiences of difficulties sleeping and insomnia since the start of lockdown.

"Some difficulty sleeping at times. Worried about my 97 year old mother who I haven't seen for more than 12 weeks"

"I can't sleep I may only get 4 hours of sleep a night. I feel as though my head is about to explode"

In particular, females and people who indicated that they have a disability highlighted that they had been impacted by increasing stress, anxiety and worry.

Caring Responsibilities

In the responses received from service users and carers, there is clear reference to the additional caring responsibilities people encountered during the Covid-19 outbreak. Some people reported that their caring responsibilities had increased and others were worried about vulnerable family members with whom they had very little contact.

“As a family, we have suffered throughout the pandemic. We are now full-time carers which meant little time to spend on our other children’s home schooling. We are also coping with lost jobs and businesses that have been destroyed. There have been some very dark days.”

“It has been a huge challenge caring for my son who has a severe learning disability. The loss of his routine led to increased anxiety and aggressive behaviour. As a consequence, half the family moved into separate accommodation. Being the main carer for my son at home has been very stressful, and at times I’ve felt unable to cope.”

“On a personal level looking after two parents in their 90’s one of whom is very frail and has had to have numerous contacts with health and social care services - navigating those services during lockdown has been very stressful and worrying that we have done all we should for my father”

People who indicated that they have caring responsibilities felt that their mental health was impacted negatively by the increasing caring responsibility and tasks they encountered, especially with vulnerable people. This was also the case for females who were working from home and had primary school aged children to care for.

Education, Jobs and Finances

One of the main reported causes of poorer mental health was the additional worry and stress over educational needs, job retention and strains upon finances.

“I had little time to spend on our children’s home schooling”

“I had a new job that I couldn’t start due to lockdown and then I had an online interview that I couldn’t take part in due to being sick. I’m now unemployed and claiming Universal Credit and am depressed as I am isolated and have no job.”

“I am working full time from home, a single parent, with 2 teenagers. I feel stressed by work which is as busy as ever and feel I ignore the kids. Work seems more pressure than usual.”

Some feedback suggested that the ability to work from home or work differently during the Covid-19 outbreak has provided a positive impact for people on their work and life balance.

“It has actually got easier as time has gone on, and the current situation has become more normalised. However, I do not have the worries about finances, an unstable home life, or pressures around childcare/caring for a family member that are very present and wearing in some households.”

“I am working from home which has taken some adjusting to the work / life balance - learning to stop working at the end of the day. However after the initial madness of the first few weeks - work calmed down and I find it much less stressful working from home - no travel / rushing from one meeting to another - all done now via Microsoft teams video calls”.

In particular, male respondents reported that their mental health was impacted by financial pressure and also having concerns around home schooling their children.

Isolation

People who live alone spoke in detail about their experiences of isolation and loneliness. Survey respondents also commented on a lack of social life increasing feelings of being isolated from extended family members and friends. Females were more likely to talk about isolation as were people who claimed state benefits.

“I live alone, so the no interactions have been hard. I have no motivation to do things and just wallow when not working”

“I suffer from mental health problems and being stuck at home was terrible for me. I couldn't see any friend's and this made things worse for me”

“Not being to play with my mates was lonely, not being able to go to school, not being able to go visit friends and relatives.”

Some people have increased the amount of contact they have had with their family and friends via digital access and using mobile apps. This has improved their mental health and wellbeing during this time and also provided a support network.

“I live alone but keep in touch by WhatsApp Video, that has helped. I think without it I would feel lonely”

Mental health support

Lots of respondents questioned where they could contact or attend in person to receive mental health support during the Covid-19 outbreak. Many people already receiving mental health support from community services felt as though they had been abandoned and their mental health suffered as a result.

“Lockdown affected me quite badly. I am outgoing type, and suddenly having to stay at home was very difficult, and not knowing where to go for support etc made it even worse.”

“I suffer multiple health problems, and struggle with walking, and so being locked down made it worse for me, my mental health was at breaking point and I had no idea where to go and what to do because everywhere was closed and online. Not everyone knows how to use a computer or go online.”

“I have anxiety and depression (diagnosed clinically prior). I am on medication. I have reviews of medication which was done via telephone. I felt unsure this was the right thing for me. I feel unsupported in the community.”

“My psychiatric and psychology care were delayed and feel was left to struggle”

“Being isolated, vulnerable and not being able to contact anyone to help me, with all the changes to services and no one being available to talk to.

Report limitations

As is often the case when launching and sharing generic surveys about health and care services, we have received significantly more feedback about NHS care and treatment than social care support. This is largely due to the much smaller numbers of people who access social care, but those who do are likely to have far more significant needs.

We are keenly aware that there is little feedback in survey responses and stories that relates to residents living in care facilities, and we know that these residents may have had life changing experiences, either through contracting Covid-19, or with significantly reduced interaction with their families and friends.

We have not received any responses from people who have talked about care they received following a hospital admission and a Covid-19 positive diagnosis. This is not hugely surprising, as the number of people hospitalised with Covid-19 from Calderdale has been low, but it is a significant gap in terms of how health and care has been experienced in the pandemic. However people who responded to the survey may not have been hospitalised and may have chosen to self-care or contact their local GP or Pharmacy services.

We also have received little feedback from people who were in the midst of significant health intervention, such as cancer treatment.

When reviewing our equality monitoring information, there are a few gaps in the number of respondents with particular demographics. Most respondents to the survey described themselves as heterosexual, which means we will not have gathered a broad understanding of the impact of sexuality on experience of health and care during the pandemic. Similarly, we have received very few responses from ethnic minority communities, except for Asian/Asian British: Pakistanis.

There were no survey responses in which people stated that they were trans.

Next steps

We will publish this report on the Healthwatch Calderdale website and share it with all partners involved in the project as well as local NHS and social care organisations:

- Calderdale & Huddersfield NHS Foundation Trust
- Calderdale Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust
- Locala
- Yorkshire Ambulance Service
- Pennine GP Alliance
- Calderdale Local Medical Committee
- West Yorkshire and Harrogate Health and Care Partnership
- Local Dental Committee
- Calderdale Health and Wellbeing Board
- Members of Parliament for Halifax and Calder Valley
- Local councillors
- Calderdale Council inc. social care, care homes etc

We ask NHS and social care organisations to respond in writing to the following questions within 20 working days (upon receipt of this report) as per the timeframe set by the Health and Social Care Act 2012 and The Arrangements to be made by Relevant Bodies in respect of Local Healthwatch Organisations Directions 2013. *

- How will your organisation use the information in this report to make sure that services are more responsive, prepared and effective if Covid-19 remains a significant threat to public health or we experience a second wave of Covid-19 infections?
- How will your organisation use this information to ensure that services meet the needs of local people whilst we live with Covid-19 in the recovery phase, including Covid-19 specific care and routine health and social care?
- There is a real danger that the Covid-19 outbreak will significantly increase health inequalities, and there is evidence that this has already begun. How will your organisation use this information to ensure your services are designed to mitigate the risk of widening inequality by taking into account the ways in which some people will bear multiple impacts both in the short and long-term?
- How will your organisation use this information to shape and mould ongoing delivery of your services?
- As a result of listening to the feedback from the public, what will you stop, restart, let go, adopt & adapt?

* Gov.uk. (2013). The Arrangements to be made by Relevant Bodies in respect of Local Healthwatch Organisations Directions 2013. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184970/The_Arrangements_to_be_made_by_Relevant_Bodies_in_respect_of_Local_Healthwatch_Directions_2013.pdf