
Change to Services due to Coronavirus Survey Report

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Changes to Health and Social care due to Coronavirus:

Patient Experiences

Introduction

Residents of Mid and South Essex, and patients attending outpatient appointments at Mid and South Essex Foundation Trust, were invited to complete online surveys during May 2020 about their experiences of health and social care services during the pandemic, and how these had changed due to Coronavirus. The first survey, from the Foundation Trust, was specifically targeted at patients receiving outpatient consultations. The second survey, which concerned people's experiences of health and social care more generally (whether or not they accessed services during this time), was distributed by both Mid & South Essex Health & Care Partnership (the HCP) and by Mid & South Essex Clinical Commissioning Group (the CCG). This report summarises responses from both groups. Graphs showing the responses to each question (and summaries of comments) from both surveys are in the appendix.

For convenience the term 'virtual appointment' is used in this report to cover appointments held by phone, video or online though of these, phone appointments were the most common. A few of the comments received from respondents concern their experiences of health services more generally; this analysis focuses on those aspects that relate to the survey questions only.

Participation

- The Outpatient survey was sent to all patients who had received an outpatient appointment between the beginning of April and the end of May (excluding patients who died and well-baby patients). There were 4,060 responses.
- The second survey (CCG source) was published on GP websites with a general invitation to take part. It was also circulated to patient engagement groups. There were 742 responses. The HCP sent the survey to the HCP's Citizen's Panel and generated 190 responses (response rate of 14%). Total number of responses from both sources for the second survey = 932.

Respondent demographics and characteristics

- No demographic information is available for the Outpatient Survey.
- The CCG/HCP survey is strongly biased towards white British women of working age. Overall 82.19% were women, 91% White British or Irish, and 69% aged between 22-60.
- The HCP group is slightly more balanced than the CCG, with 67% female, 88% White British/Irish, and slightly higher numbers of respondents aged 75+ or under 30
- The CCG/HCP survey responses are spread across Mid and South Essex; the area with the highest number of responses being Chelmsford.
- Slightly more CCG than HCP respondents report having an existing medical condition (41% to 37%) unrelated to Coronavirus, requiring treatment or care, but significantly more CCG than HCP respondents (68% to 47%) had sought healthcare during the previous month.

Results

1. Outpatient Survey:

The outpatient survey asked 9 multiple choice or rating scale questions about patients' experiences during their appointments, and the practical implications of having appointments virtually instead of face to face. Respondents were not invited to add free text comments.

Responses indicate that just over half the consultations (51.77%) were carried out face to face, with only a small minority (2.19%) carried out by video. The remaining 44.95% responses concerned phone consultations.

Respondents were asked how much they agreed or disagreed with a series of comments about their appointment. The majority of responses suggest a very positive experience, (though there is no comparable data pre-pandemic to compare these with for this report):

- 91.72% agreed, or strongly agreed, that they had spoken to the right healthcare professional for their condition;
- 89.36% agreed or strongly agreed with the statement that they were able to communicate everything they wished to during the consultation;
- A slightly lower figure (87.17%) agreed or strongly agreed that their care needs were met during their consultation;
- A slightly reduced figure again (86.11%) agreed or strongly agreed that they felt as involved as they wished to regarding decision about their care and treatment;
- 86.26% reported being very satisfied or satisfied with the outcome of their treatment.

In all the above, significantly more respondents answered, 'strongly agree' than 'agree'.

Respondents were also asked if they had saved travel time and money. Responses are not altogether clear as the number of respondents indicating they had saved travel time and money both exceed the number of people who reported having had phone or video appointments. However, 46.32% of those who answered the travel question (43.62% of total survey respondents) stated they had saved less than 1 hour, and 18.31% (17.24% of total responses) between 1-2 hours. About a third of those who responded to the question reported saving up to £5, but more than one in ten respondents (11.73%) saved between £6-10 by not having to travel to their appointment.

2. HCP/CCG survey: Changes to services due to Coronavirus

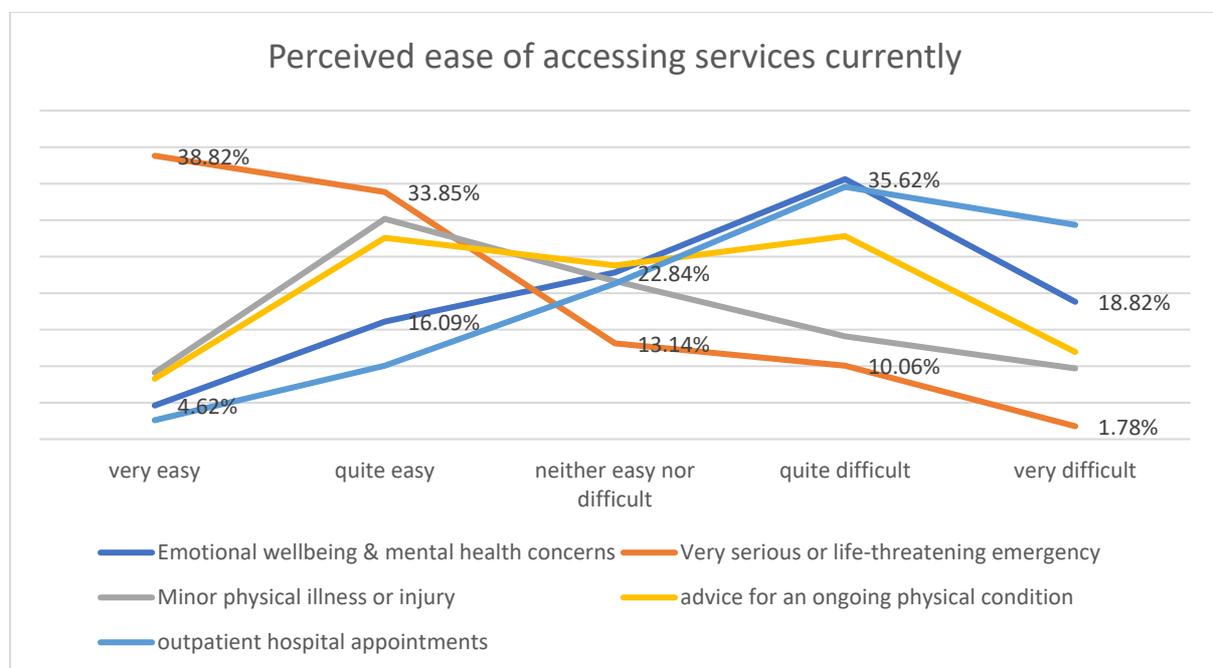
Whilst about a fifth of respondents had experienced Coronavirus symptoms, the vast majority had not. Only 1.39% overall had had a diagnosis of Coronavirus. However, 40% of respondents did have an unrelated condition (including pregnancy) requiring treatment or care and approaching two thirds had used or tried to access health and care services in the previous month for themselves or someone they were responsible for. The largest group of these was 327 people who had used, or tried to access, services at their GP practice (mostly doctor's appointments).

The majority had no need for emergency health services (or did not answer the question); of those that did, nearly 17% were redirected to another service, but 23% reported no change. For routine health issues the situation was different: of those who responded to the question, over a fifth had their appointment cancelled, nearly half (47.6%) had a virtual appointment instead, and 8% reported no change. Phone appointments were far more common than video or online appointments.

The vast majority of respondents stated that they knew how to protect themselves from Coronavirus, and that they followed government & NHS recommendations to prevent its spread. However, it is notable that when given the opportunity at the end of the survey to comment freely with specific concerns or questions, a number raised specific questions or commented in ways that suggest a lack of trust in government messaging, or confusion over the guidance – particularly in relation to shielding. (The survey window coincided with the lessening of restrictions in May, which was also a period of considerable media interest in the actions of individuals in government).

One of the most noticeable findings is that whilst responses to the question about top concerns suggest that respondents view the physical and emotional/mental health impacts of lockdown as equivalent, accessing support for emotional and mental health is perceived as much more difficult. Whilst the majority of respondents appear confident about accessing services in a life-threatening emergency, a similar number perceive it to be very difficult to access support for emotional or mental health concerns.

“Need a GP appointment to get help with mental health but haven’t yet as can’t book online and will take ages to phone and gives me anxiety”



Asked to describe their use (or attempt to access) health services, respondents broadly seem accepting of the change to virtual appointments due to the pandemic, but some respondents reported difficulties using phone appointments to resolve issues. Unsurprisingly, respondents who had experienced delays in cancer care, or a worsening of

usual health problems, expressed their concern and sometimes anger at this situation, and highlighted difficulties accessing support.

“Suprapubic catheter change has been put off and off by hospital and now I’ve had the same catheter for six months (only meant to be in for 12 weeks)”

Fewer than 5% of overall respondents chose not to seek help (for either routine or emergency issues), or reported avoiding health services because of anxieties about Coronavirus, however some comments suggest these are not without risk, for example one new mother choosing to put off baby vaccinations.

From the comments, the most difficult issues to resolve by virtual appointment (mostly in relation to primary care) appeared to be those when the respondent:

- Was seeking support for mental health issues
- Was seeking help on behalf of a child or elderly relative with complex needs
- Sought the reassurance of a face to face appointment (e.g. maternity, new baby)
- could not present their health problem effectively (e.g. asthma)
- felt diagnostics were required (e.g. having a cast removed without X-Ray)
- had no viable virtual alternative (e.g. dealing with a broken tooth).

“What I have really missed was the reassurance of a physical exam following major surgery and infections”

80% of respondents who answered the question reported their phone or video appointment was a positive experience, 11% that it was negative. Comments cite the efficiency and ease of access of virtual appointments:

“My 5-month-old son had an allergic reaction when he touched a flapjack wrapper. GP agreed to refer him to paediatrician over the phone. Much easier than travelling to attend an appointment”

A clear majority of respondents (71%) would use virtual appointments again, though 15% would not. Asked a more general question, 64% would be happy to have a future appointment by phone/video, but more than a fifth (22%) were unsure and 14% would choose not to. Comments suggests this depends on the presenting issue. Barriers cited include poor English, and poor hearing. Few patients mentioned difficulties with technology, but most appointments were by phone; moreover the survey was only available to people with online access.

“It would depend on what was wrong with me – if I felt the doctor needed to see or feel something then I would want to visit them in person”

“not easy to check over baby and mother’s health with a phone call”

Only 10% respondents reported that their experience of social care had been affected by the pandemic, and most respondents were not carers. This small number may be due to the survey being only available online and via health websites not social care providers. (Several

respondents commented on health issues or access problems in the social care questions, possibly suggesting they were not clear on the distinction.) Respondents do cite specific problems such as being unable to get an assessment for a relative, but there are too few examples of respondents accessing social care before and during the pandemic to draw any conclusions about changes in service access or provision. One respondent, however (a professional whose job includes referring individuals to social care), highlighted a concern about the lack of home visits for safeguarding referrals, suggesting safeguarding concerns about neglect cannot be adequately assessed without visiting in person.

“I was offered emotional support when what was needed was practical”

Respondents were given the opportunity to comment more generally on Coronavirus information and guidance. Some (28) express a clear lack of trust in government messengers and messaging, some (21) raise specific practical questions (such as *“can wheelchair users be helped into a taxi?”* or how they should care for dependents if symptomatic), and others express confusion or a difficulty relating the guidance to their own circumstances.

“The local community support systems have worked extremely well; the national and county ones haven’t”

Limitations

Participant bias: respondents belonging to patient engagement groups or the STP Citizens Panel are likely to have a particular interest in health and/or health services. This may increase the likelihood of polarised responses to any health survey. In addition, members of such groups are likely to be more health-literate than the general population and may therefore have more understanding of how to navigate health systems, both in routine and emergency situations.

Technological constraints: The surveys were only available online, so potential respondents needed both access to the internet, and confidence and willingness to engage online. This may partly explain the demographic bias in respondents, for example there are few respondents aged 75% even though they make up a large proportion of the patients regularly accessing health and care services.

There is no comparative data available for this report on patients’ experience of outpatient appointments or views on local health and social care services. The summary of responses from the Outpatient Survey therefore gives a snapshot of patient experience at this time, rather than a comparison with more usual outpatient experiences.

Conclusions

In the Outpatient Survey, respondents report high levels of satisfaction with their appointments (a mix of face-to-face and virtual). But these were all in secondary care, and they exclude patients who either struggled to get an appointment or whose appointment was cancelled, both of which were a source of concern and dissatisfaction in the HCP/CCG survey. This survey suggests a more mixed picture, with respondents’ views dependent on

factors such as the ease of accessing an appropriate health professional, the presenting health issue, and trust in the health outcome.

HCP/CCG survey responses are strongly biased towards white women of working age, so results should be interpreted with caution given the lack of responses from groups who may have high health needs (older people in particular) and people less engaged with health services. On the whole, respondents appear comfortable with virtual appointments for straightforward transactions with a simple outcome (e.g. a prescription for UTI), but less satisfied when the situation is more complex (such as caring for a relative with dementia), the respondent potentially more fearful (e.g. mental health concerns, cancer care), the service less accessible (e.g. no emergency dentist, or difficulty getting through to a surgery), or the health problem less easily identified.

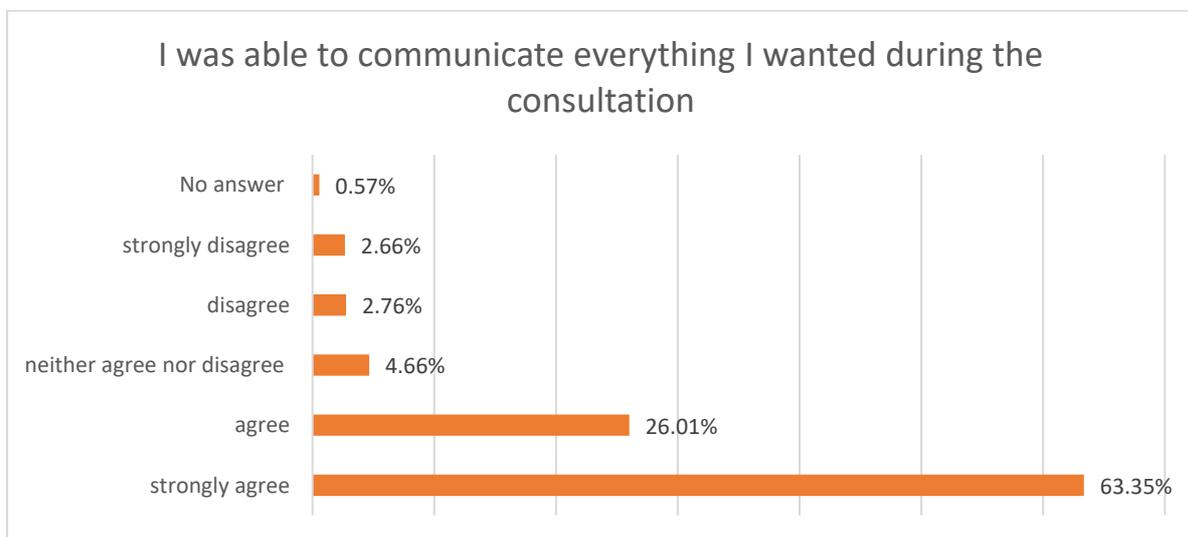
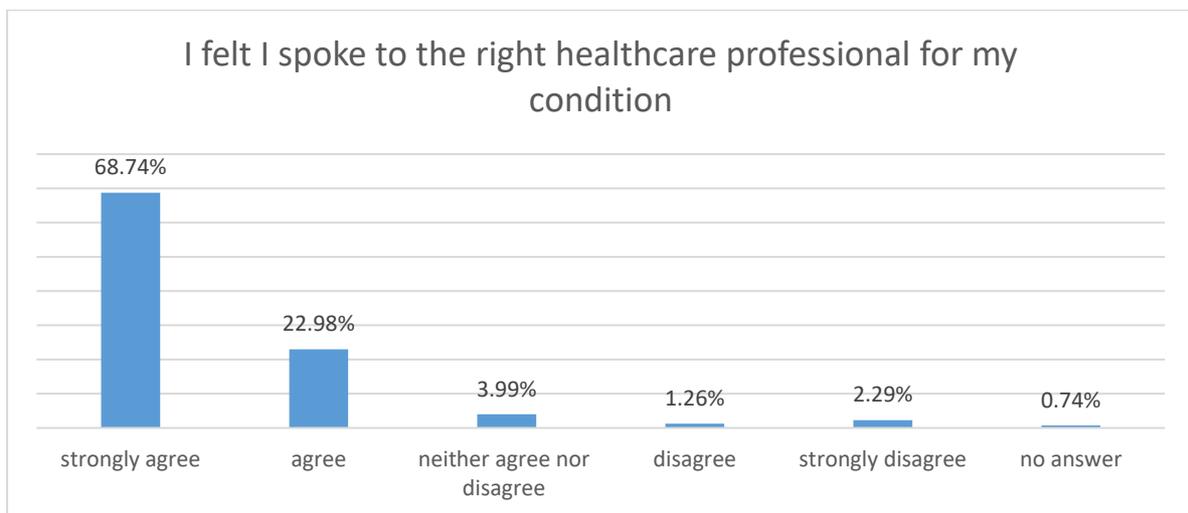
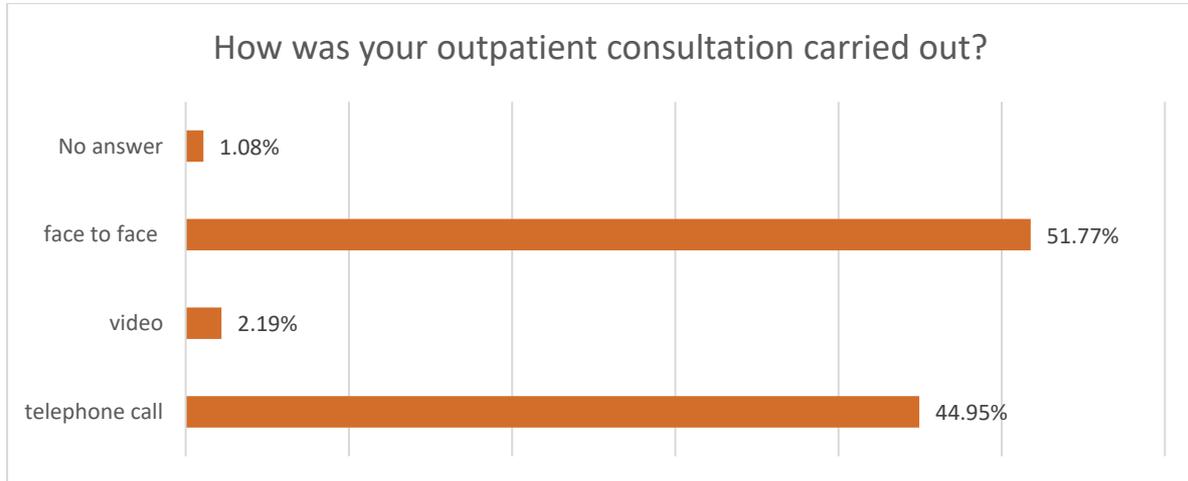
Some respondents in the HCP/CCG survey were overtly sympathetic to the need for virtual appointments due to the pandemic, but others very clearly felt abandoned; however the largest group of respondents did not offer strong opinions either way. Overall, responses suggest that respondents are broadly accepting of the changes to health services due to Coronavirus, but there are insufficient responses to ascertain people's views on social care services. Although the majority of respondents are supportive of virtual appointments in future in the right circumstances, and the experience reported in the outpatient survey is very positive, it is not possible to tell from the surveys whether the broader acceptance of virtual consultations might persist beyond the pandemic.

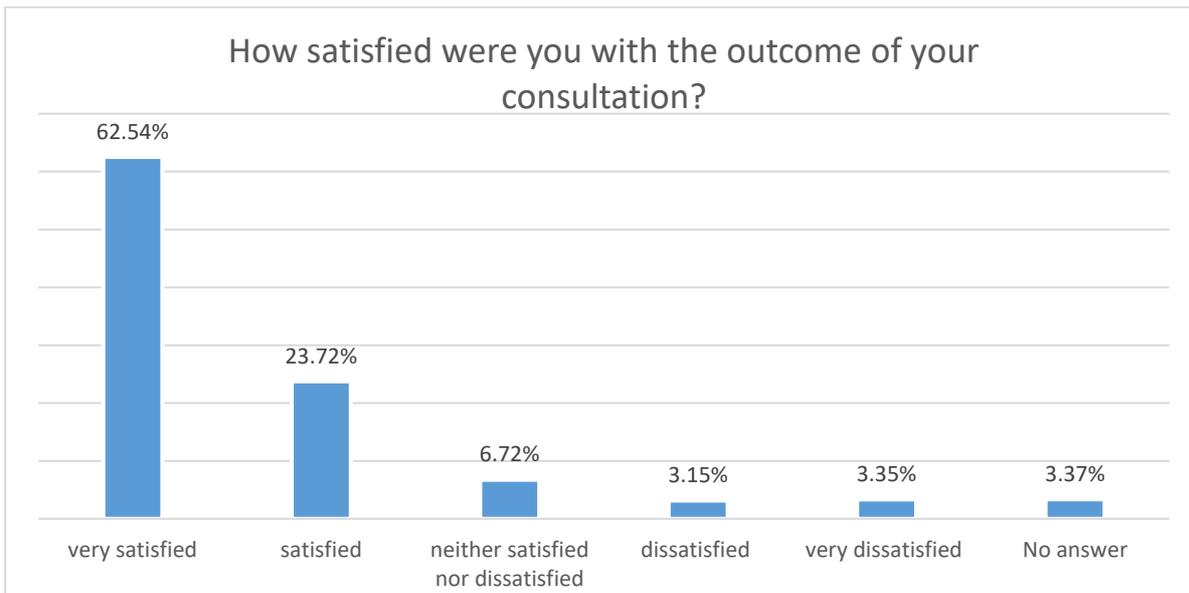
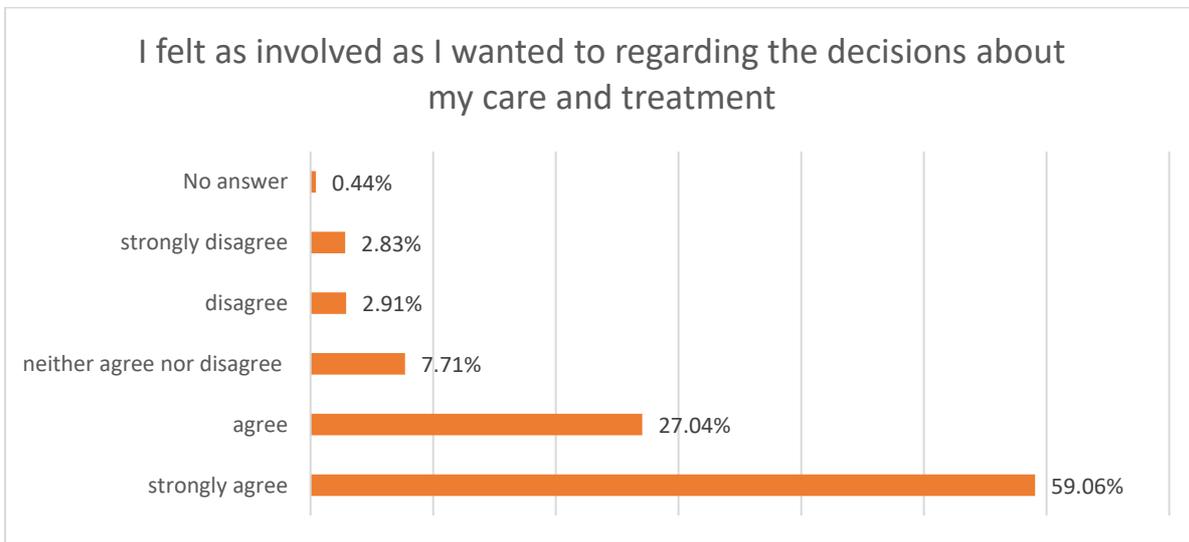
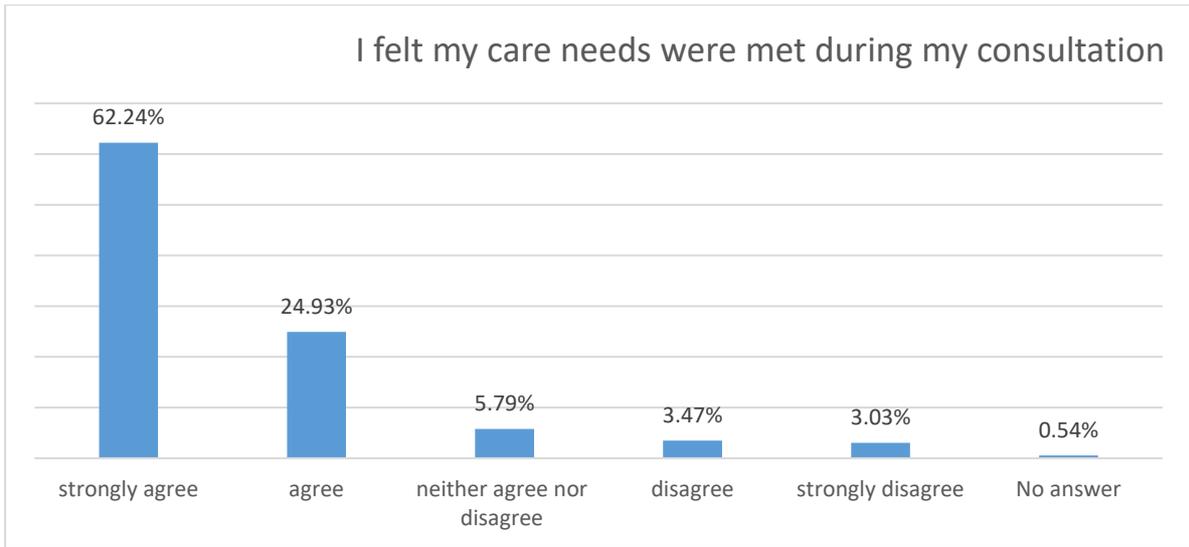
Lockdown restrictions have been considerably reduced in this area since the surveys were completed in May, and health and social care services will have continued to adapt to the new reality, so it is possible that some of the more negative experiences reported by some survey respondents are now less common, or have been mitigated. Clarity from health providers on what services are available as constraints persist (and what are not), and how to access them, clearly matters to respondents. In essence, survey responses suggest that whether appointments are face to face or virtual, ease of access to an appropriate health professional and effective communication are key to a positive patient experience.

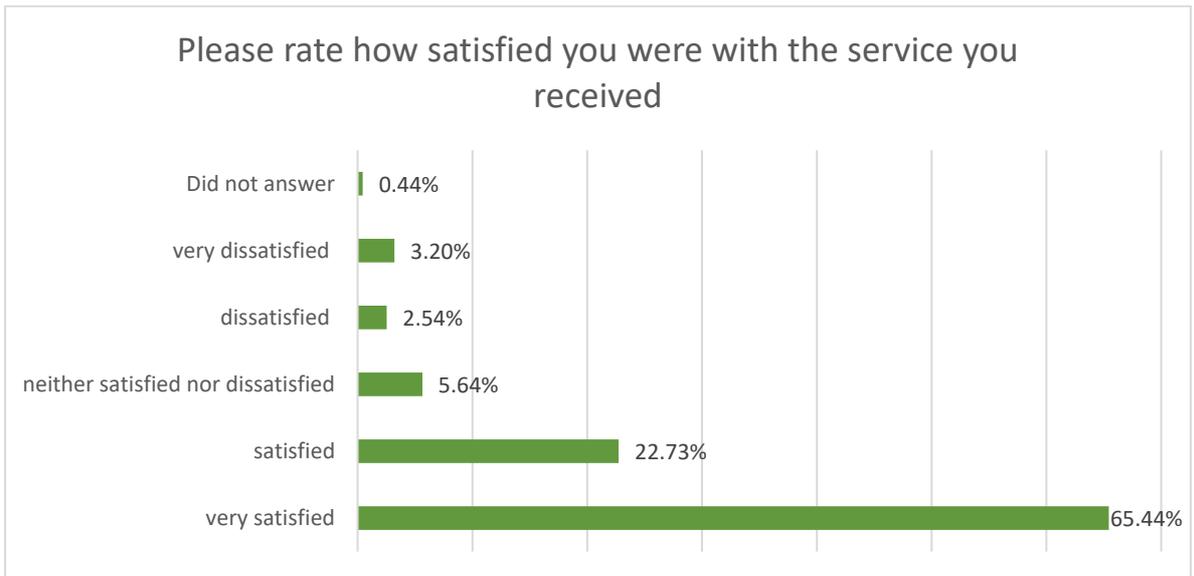
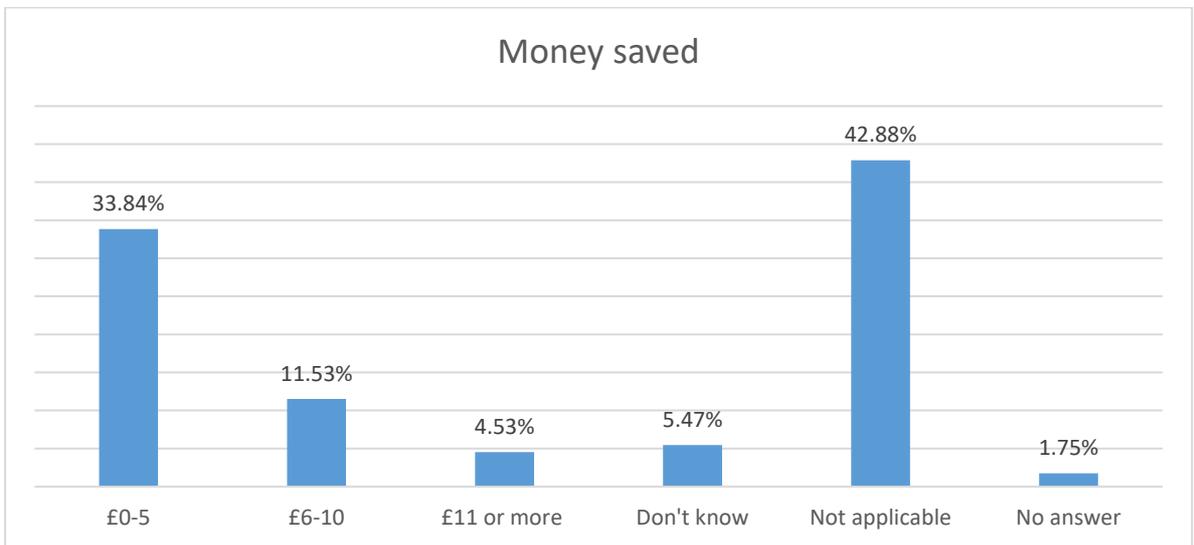
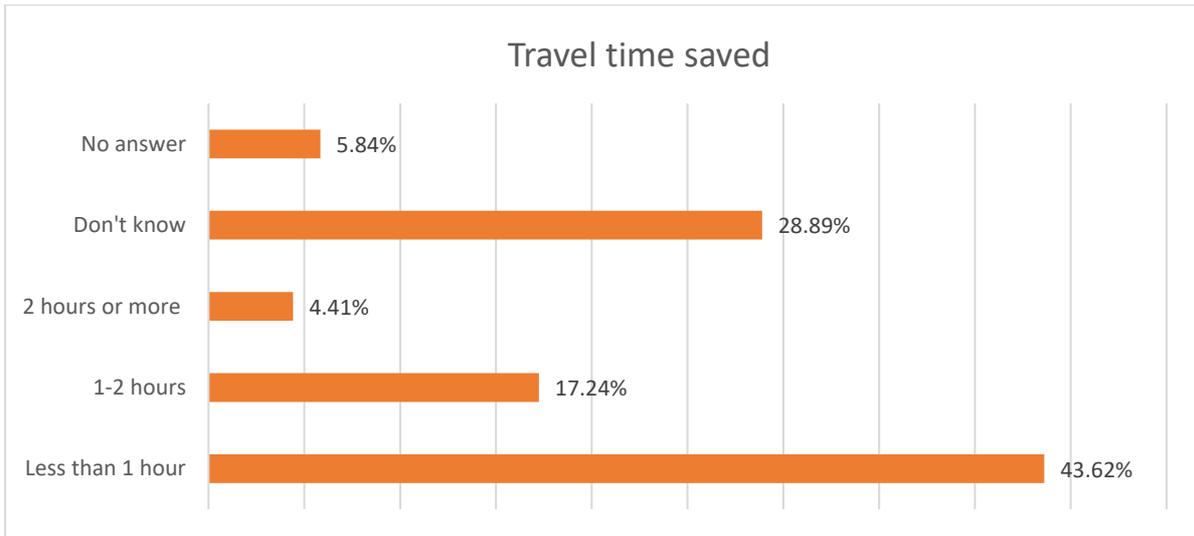
Emma Bishton
September 2020

Appendix

A: Outpatient Survey (n=4060 for all questions)

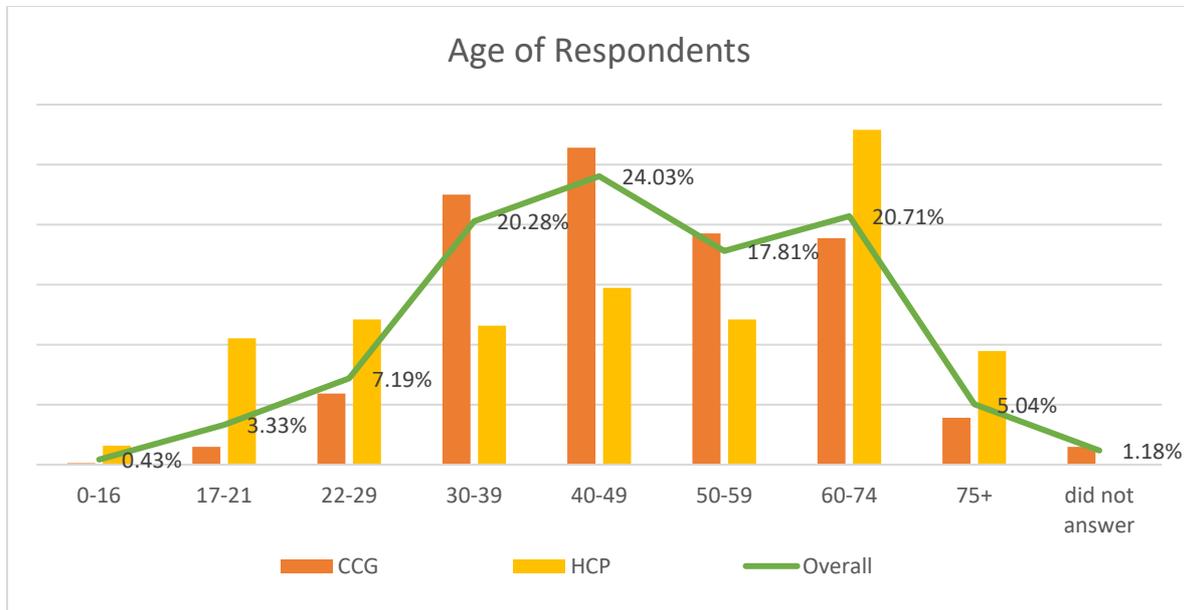




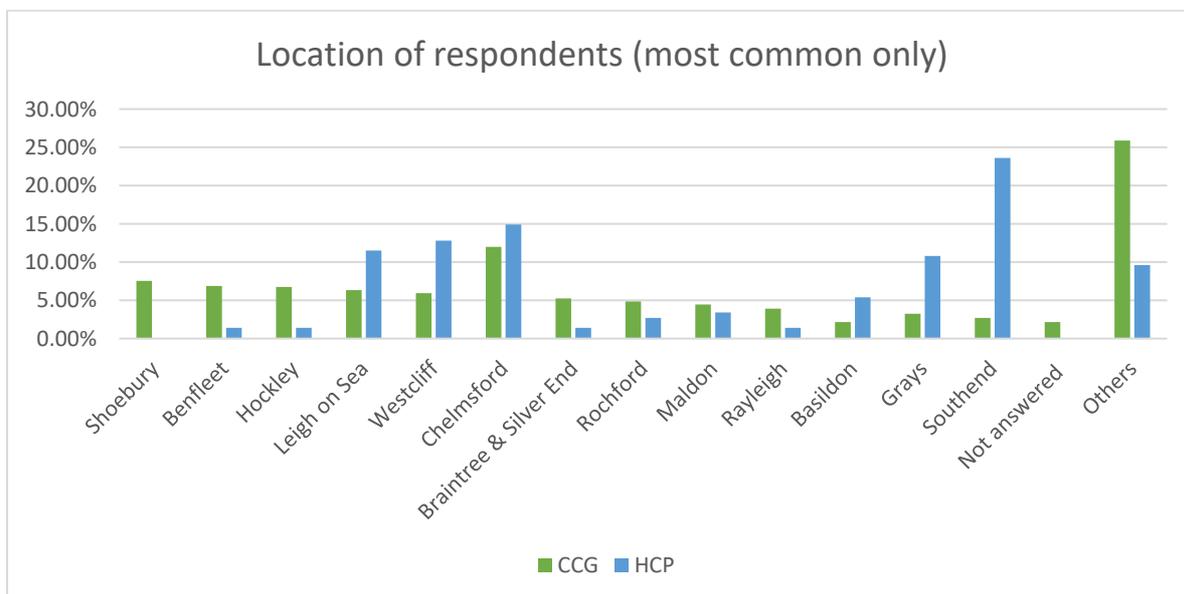


B. Combined responses from the HCP and CCG surveys

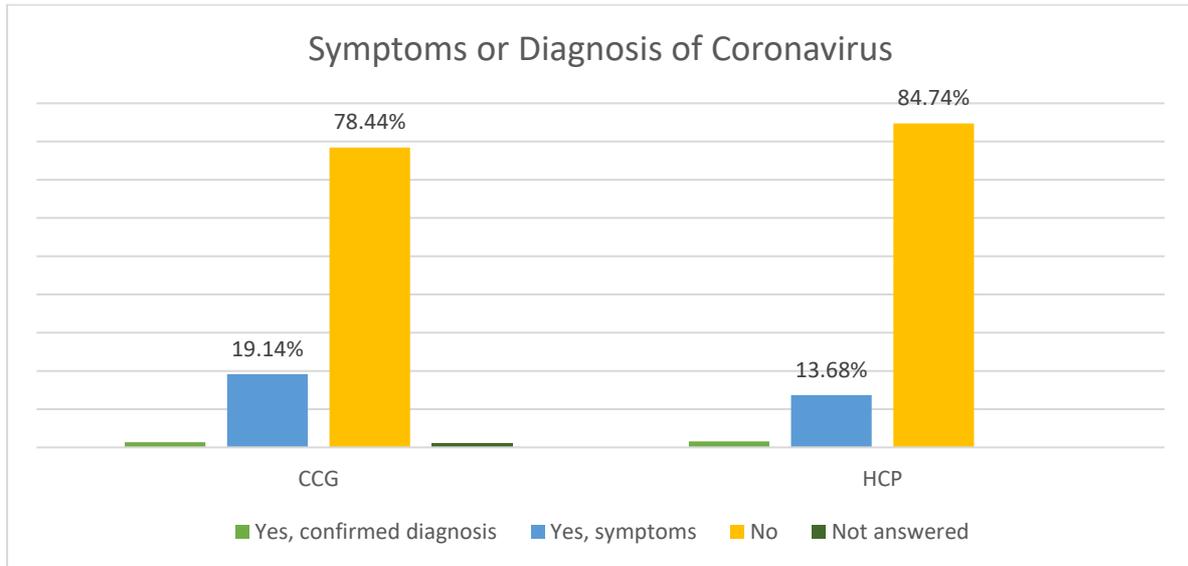
1. Age of respondents (n=932)



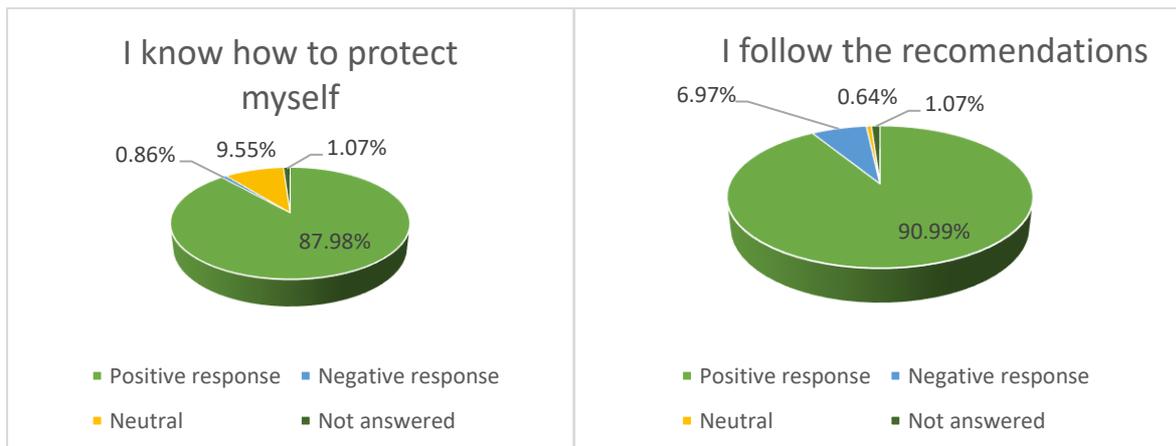
2. Location of respondents (most common only) (n=932)



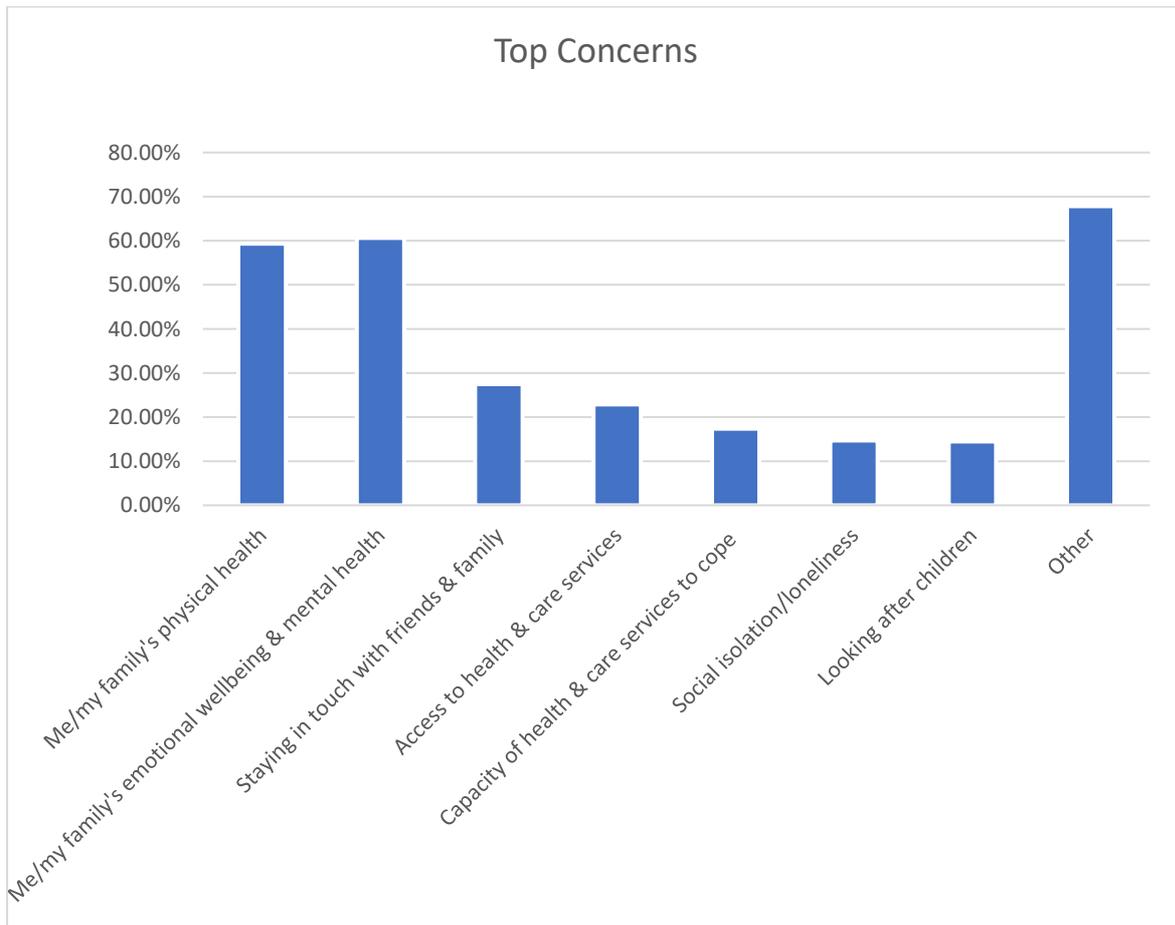
3. Have you or anyone in your household had symptoms of Coronavirus or a confirmed diagnosis of Coronavirus? (n=932)



4. Your behaviour and actions related to Coronavirus

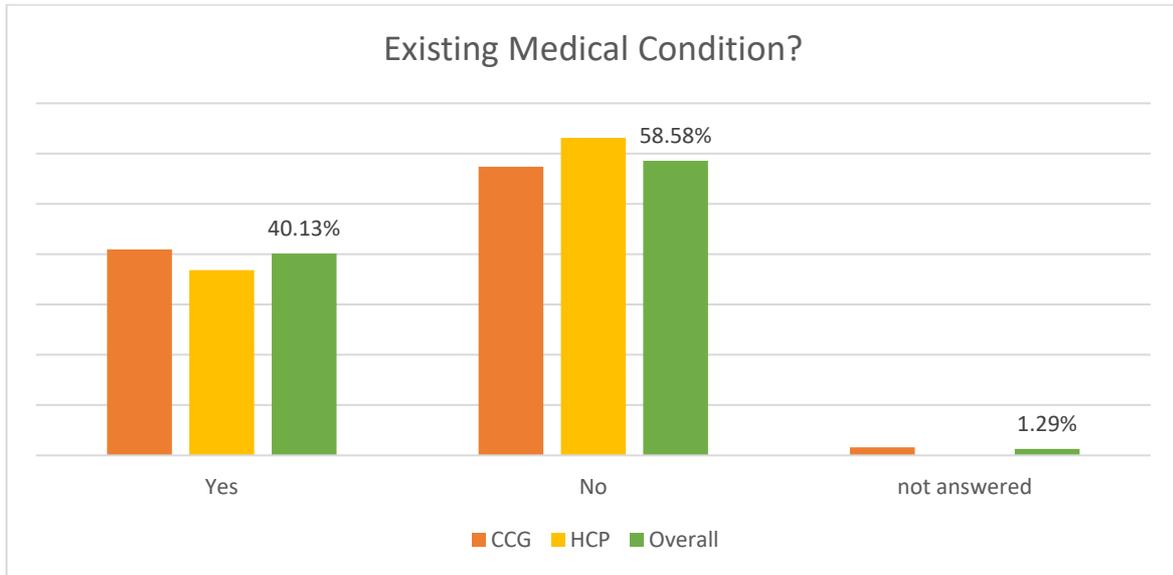


5. What are your top three concerns about the impact of Coronavirus on you and your family at the moment?

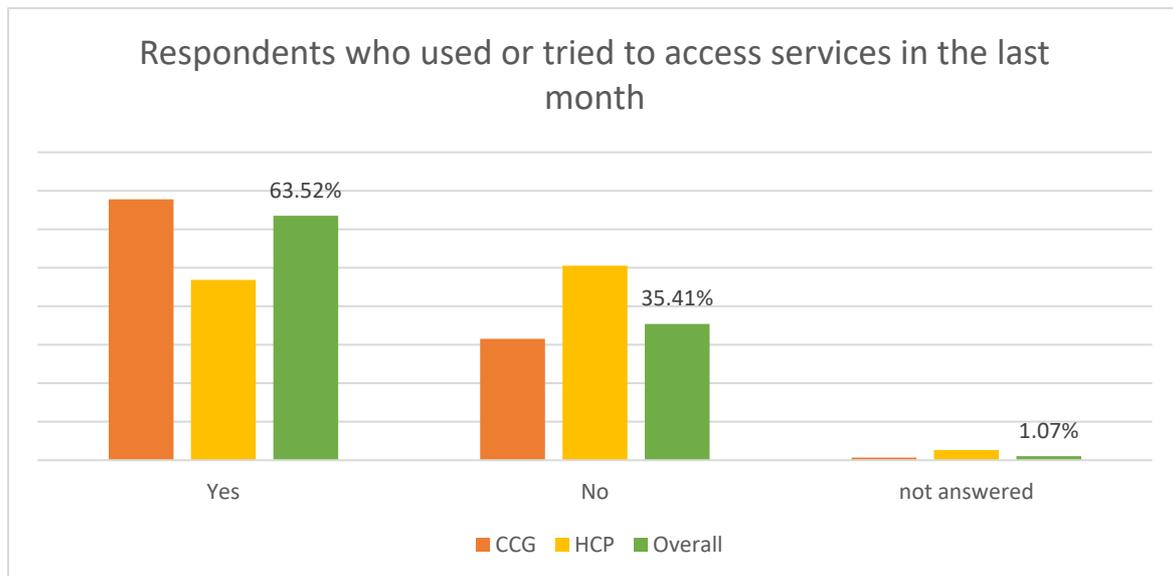


Top Three Concerns about the impact of Covid-19 (on respondents and their families): There were 17 options for respondents to choose from, covering a range of potential impacts, some quite general in scope and others (e.g. domestic violence) more specific. The top two were clear, and it is noticeable that respondents assign a similar level of concern about mental health impacts as physical health. Additional concerns noted included concerns about other people not adhering to Covid guidelines, and anxiety about the impact of Covid on the NHS, but the most common other concern (13 respondents) was about the loss of education.

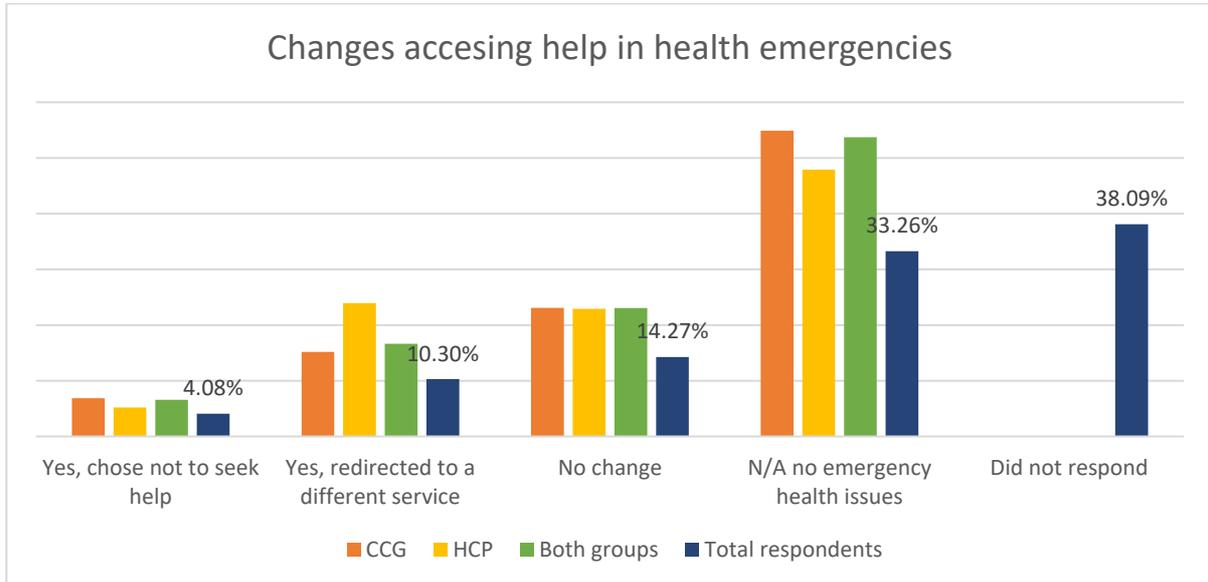
6. Do you have an existing medical condition (including pregnancy) requiring treatment or care? (not related to Coronavirus) (n=932)



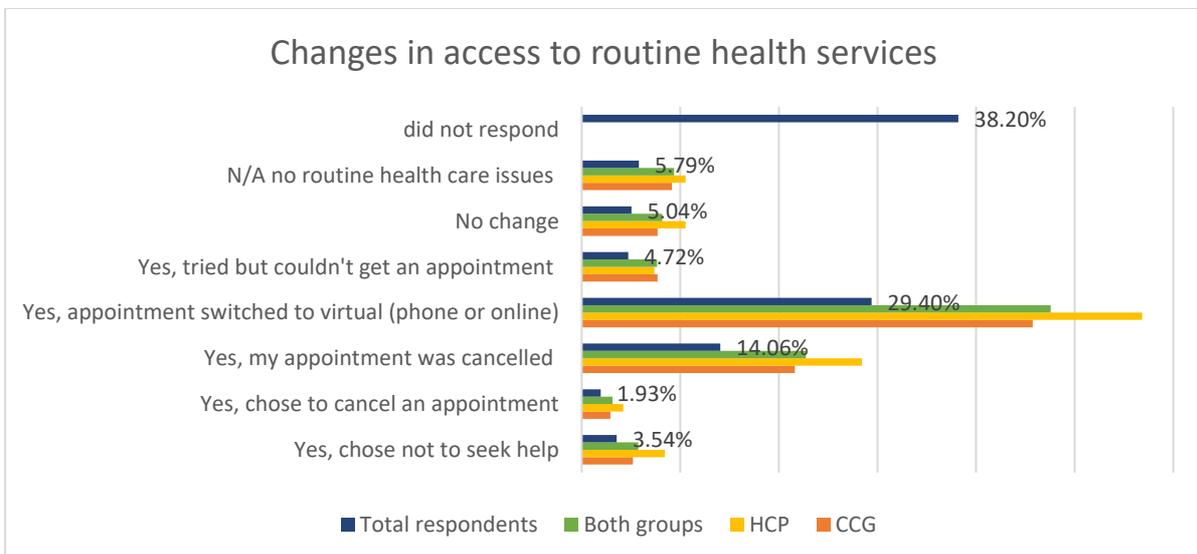
7. Have you (or someone you look after/are responsible for) used, or tried to use, health and care services in the past month? (n=932)



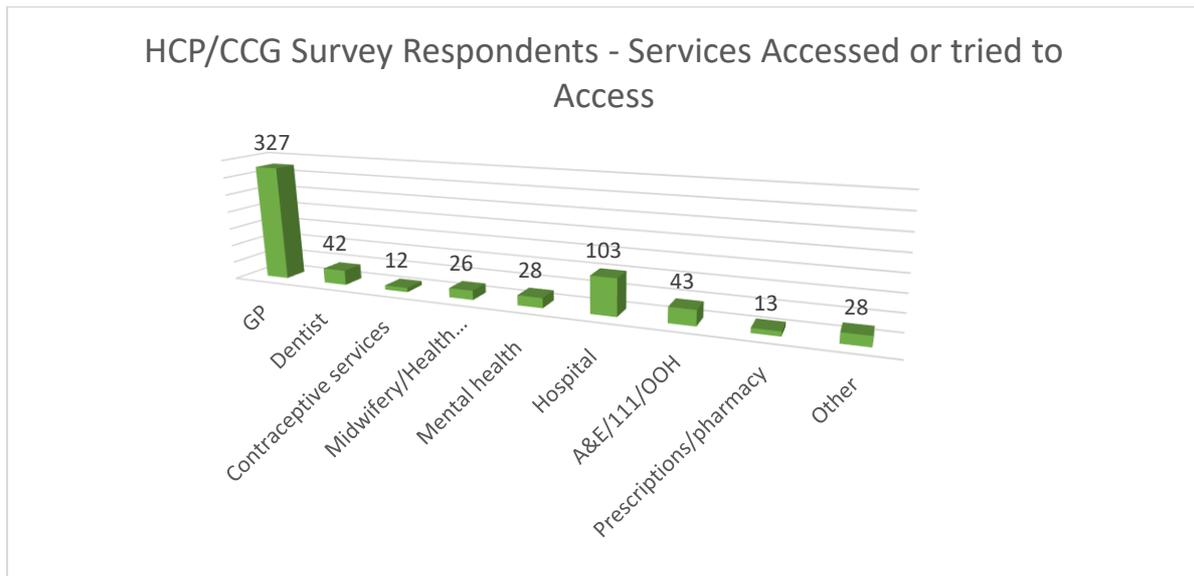
8. Has the way in which you receive help for emergency healthcare issues (e.g. life-threatening or very serious issues) changed because of the Coronavirus? (n= 577; % of total also shown)



9. Have you had to make any changes when using, or trying to use, routine health & care services due to the Coronavirus outbreak? (n=576; % of total also shown)

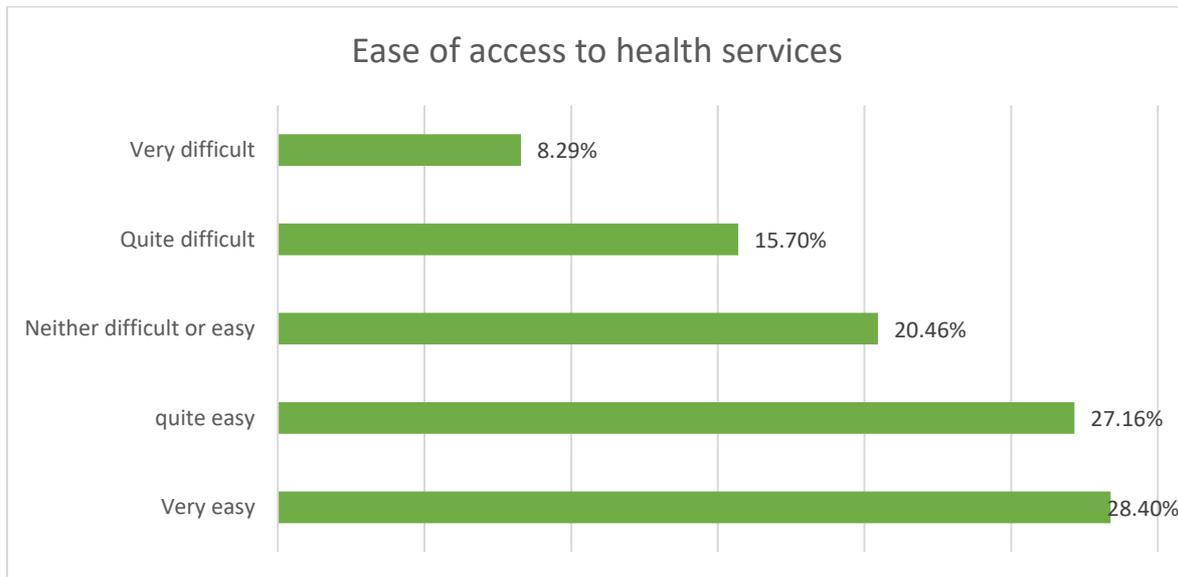


10. The types of health service you have used, or tried to use during this time (n=562)

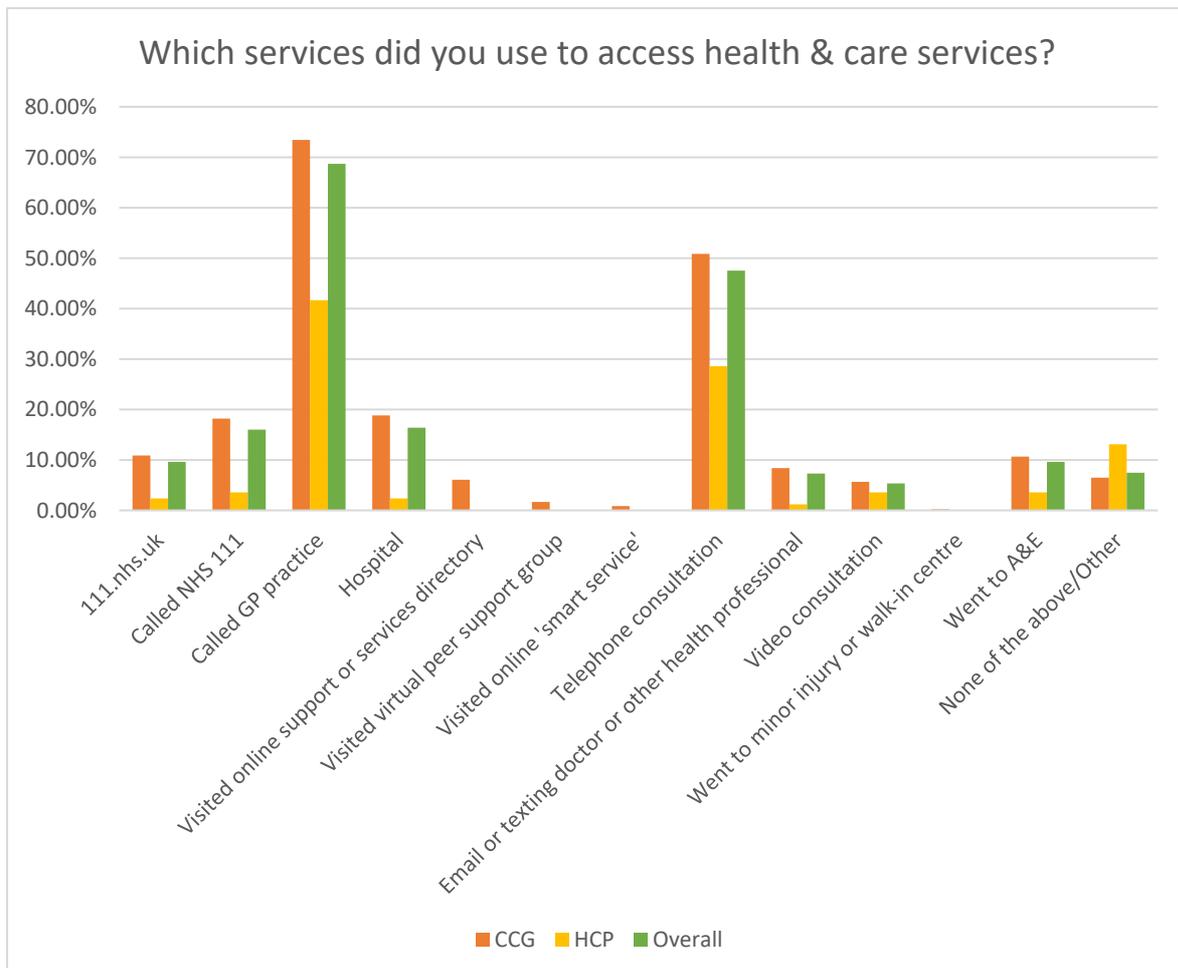


The largest group of respondents (327) had used primary care services, mostly GP appointments (typically by phone) but also nurse appointments or reviews, medication reviews; 16 had tried to access B12 injections. Some of those using primary care (19) reported positive experiences, but a larger number (39) had had negative experiences for example difficulty contacting the practice, phone appointments being insufficient for diagnosis. Several (103) responded about hospital appointments; comments show 19 had had appointments cancelled and 9 reported adverse outcomes as a result of lack of access to treatment. 46 people responded about dental appointments; although the majority of these were routine appointments that had been cancelled, 10 reported emergency problems that they had not been able to see a dentist to treat. For mental health appointments (from mental health services), most had accessed appointments by phone, but only two reported a lack of support. 12 respondents had accessed, or sought, contraceptive services, of these 3 reported problems. Many respondents cited more than one interaction with health services, but 13 people responded solely about repeat prescriptions or using the pharmacy. The area with the highest proportion of negative comments was maternity and early infant care; out of 26 respondents 8 reported poor experiences or problems.

11. How easy or difficult did you find it when trying to access health and care services at this time? (n=567)

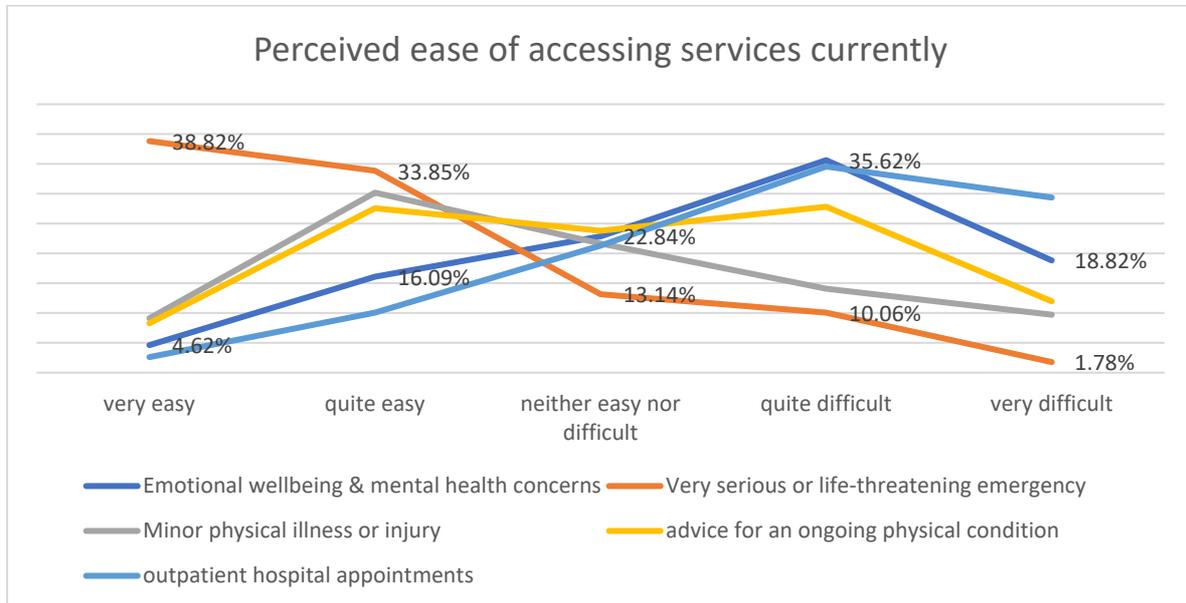


12. Which of the following services did you use to help access, or try to access, health & care services at this time? (n=562)

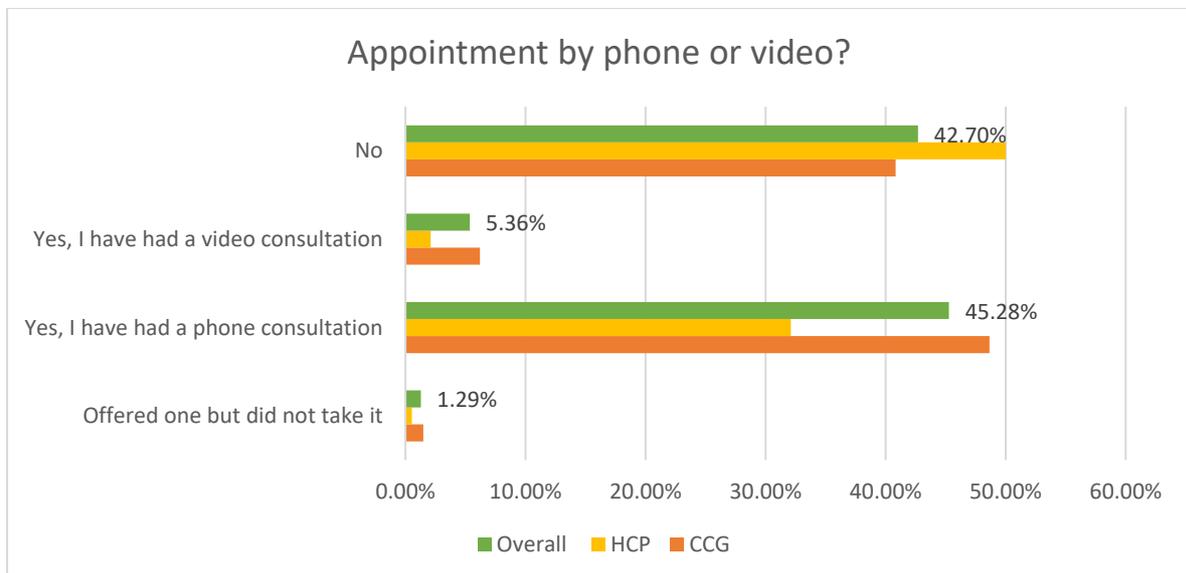


Other services included 6 respondents who visited a pharmacy, and 3 who used or tried to use the NHS App.

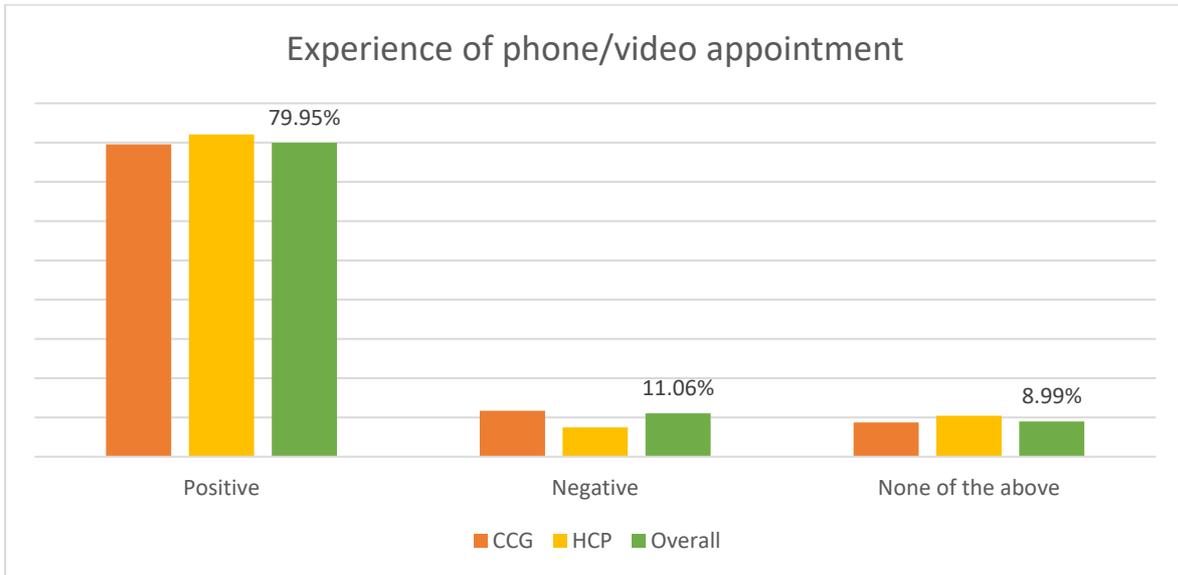
13. In the event that you needed to, how easy or difficult would you perceive that it would be to access health and care services or support at the moment? (n=845)



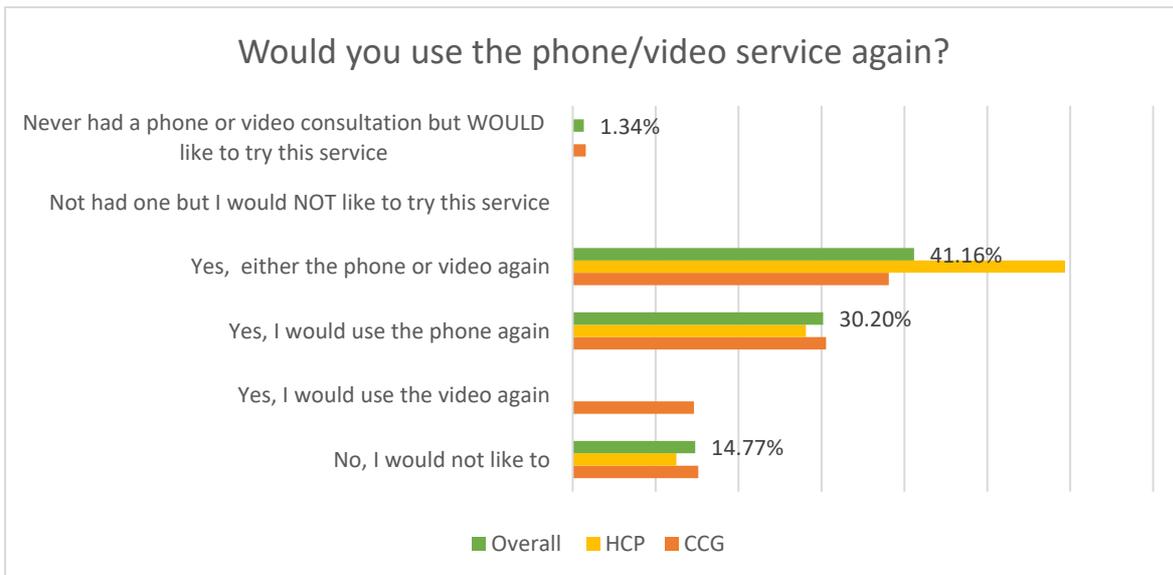
14. Have you had an appointment either by phone or video consultation? (n=932)



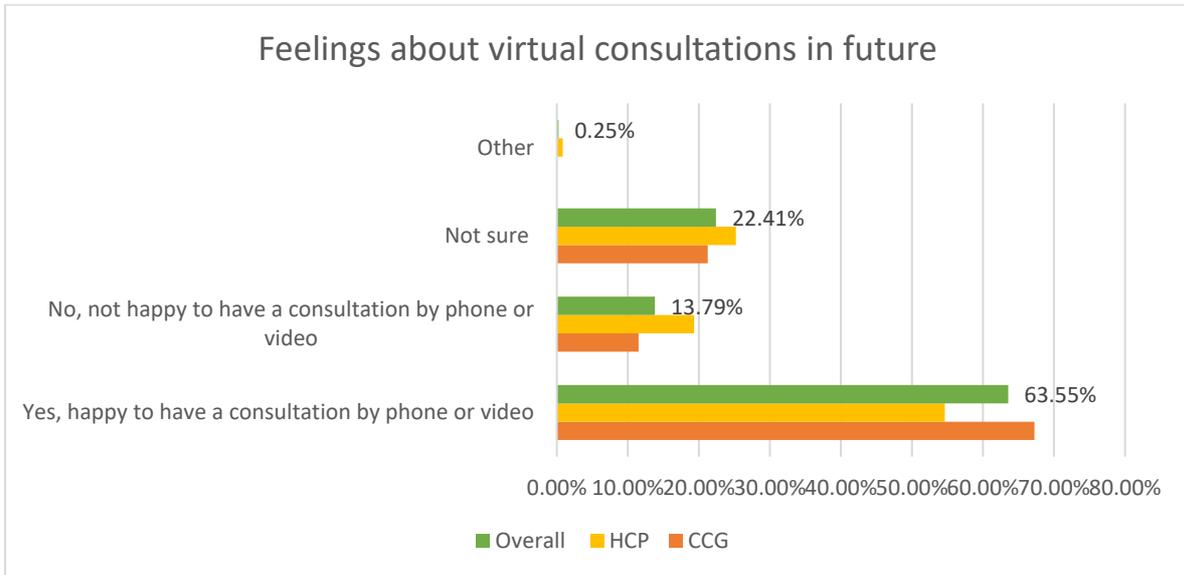
15. If you have had an appointment by phone or video consultation, how was your experience? (n=434)



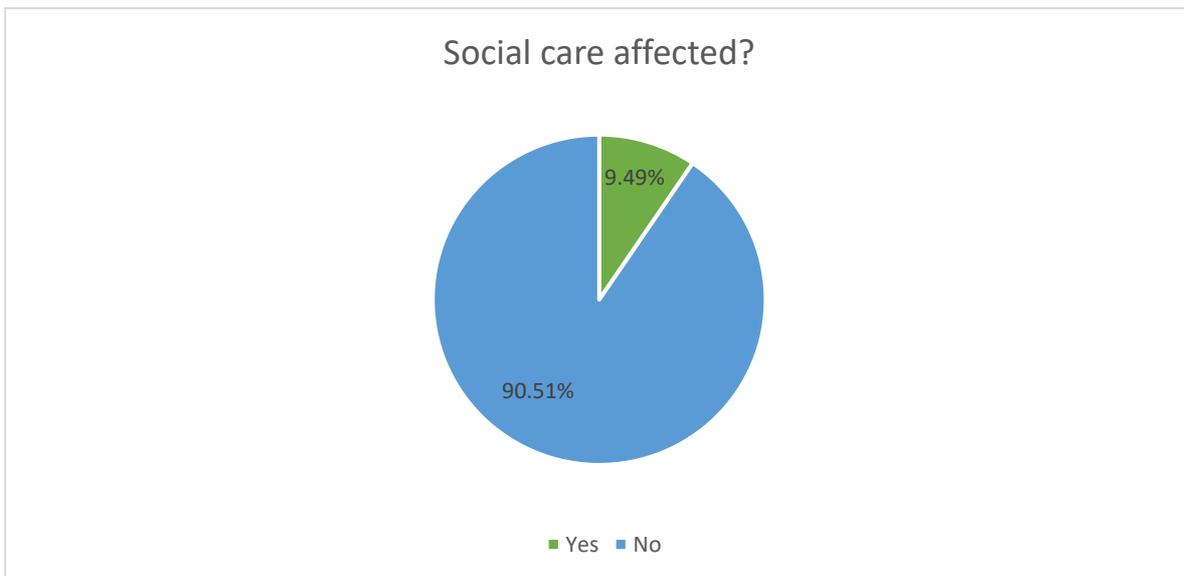
16. Would you use the phone/video consultation service again? (n=447)



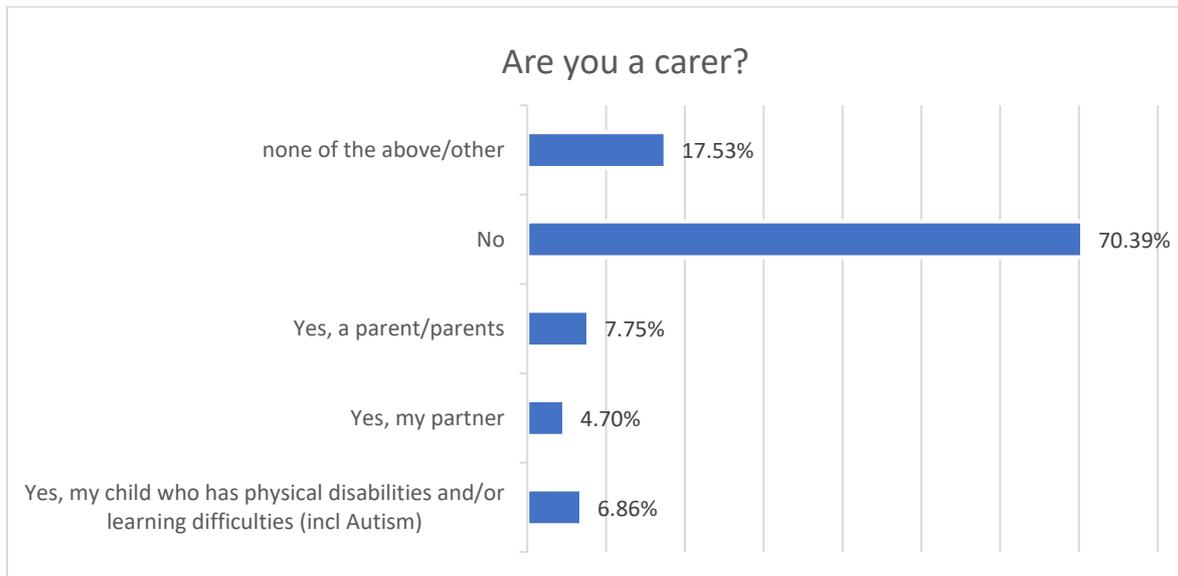
**17. How do you feel about future consultations being held by video conference?
(n=406)**



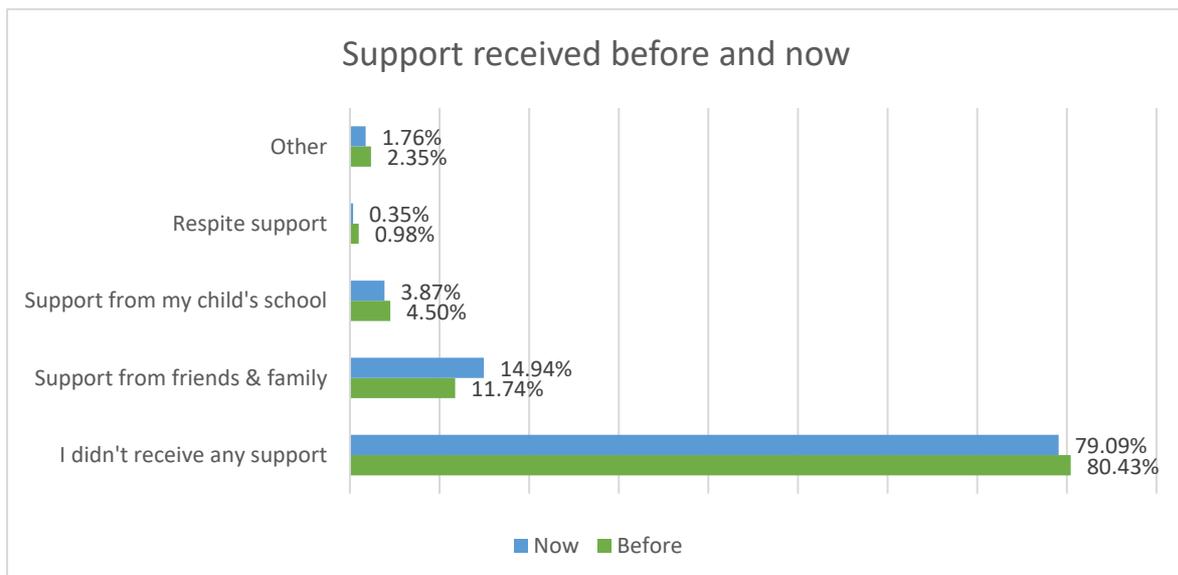
**18. Has your experience of social care services been affected by the pandemic?
(CCG&HCP combined, n=769)**



19. Are you a carer for someone else (paid or unpaid)? CCG & HCP combined (n=787)



20. Before the pandemic, what support did you receive as a carer? (n=511) and What support are you receiving now, during the pandemic? (n=569)



21. Questions, comments & Concerns (themes arising)

Of 266 respondents who commented, 28 express a clear lack of trust in government messaging, though 21 commented that they understand Coronavirus communications. 21 raise specific practical questions (such as “*can wheelchair users be helped into a taxi?*” and several question the advice on shielding); 12 ask specific health questions (such as “*is asthma a symptom of Coronavirus?*” 11 express difficulty keeping up with the changes to guidance, or understanding it, and 17 raise other issues such as education, the long term impact of reduced care, and housing. 9 respondents expressed fears that the system would not be able to cope, and 3 raised concerns about other people’s behaviour.