



Experiences of lockdown across South Tees

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About Healthwatch South Tees

There's a Healthwatch in every local authority area of England. We are the independent champion for people using local health and social care services. The role of Healthwatch is to listen to what people like about services and what they think could be improved and to share these views with those with the power to make change happen. We also share views with Healthwatch England, the national body, to help improve the quality of services across the country. In addition, Healthwatch provides an Information and Signposting service to help ensure that people receive the right health and social care services locally.

In summary - your local Healthwatch is here to:

- Listen to what people think of services
- Use people's views to help shape better services
- Provide information about health and social care services locally.

Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland have been working together across Healthwatch South Tees (HWST), since 1 April 2017.

If you would like to learn more about what we do, [please click here to visit our website](#). If you require this information in a different format, [please click here to be directed to our accessible documents](#), or you can contact us: healthwatchesouthtees@pcp.uk.net.

Purpose of research

We wanted to gather local people's experiences of lockdown, particularly when accessing and using health, social care and community support services.

Due to government guidance and lockdown restrictions, all surveys had to be shared online through our distribution lists and partnerships, social media channels, websites and monthly e-bulletins.

We aimed to shine a light on the positive actions that services have done during this time, and to find out what could have been better, to help influence improvements based on public and patient experiences.

The survey also explored the 'new normal' in health and social care, asking questions about phone and video consultations, and whether going forward, people would be happy to have appointments in this digital way. Our findings are supported by the qualitative study 'The Dr Will Zoom You Now'¹, where [Traverse](#), [National Voices](#) and [Healthwatch England](#) spoke to 49 people about their experience of remote consultations. These similarities will be highlighted throughout this report.

¹ <https://www.nationalvoices.org.uk/publications/our-publications/dr-will-zoom-you-now-getting-most-out-virtual-health-and-care>

Demographics

We distributed the survey throughout our contacts and promoted it on various platforms. The characteristics of our survey respondents are detailed below:

380 people responded to our survey about Lockdown experiences.



6% of respondents were answering on behalf of a relative, partner, close friend, and/or someone they were care for.

84% of these respondents were female; 16% of these were male.



Most of our responses (65%) were in the age bracket of 35-64. 23% were aged under 34, and 11% were aged over 65.

95% surveys were completed by those of 'White British' ethnicity. The other 5% was made up of 'Any other white', 'Mixed', 'Indian', 'Pakistani', and 'Black African'.



19% of respondents stated that they had a disability.

11% of respondents had been advised to 'shield' during lockdown.

6% of respondents believe they had COVID-19 based on their GP identifying their symptoms or receiving a positive test from the NHS.



*It is important to recognise that our research findings are only reflective of those who completed our survey, and do not give the full picture of all lockdown experiences across South Tees.

Limitations of research

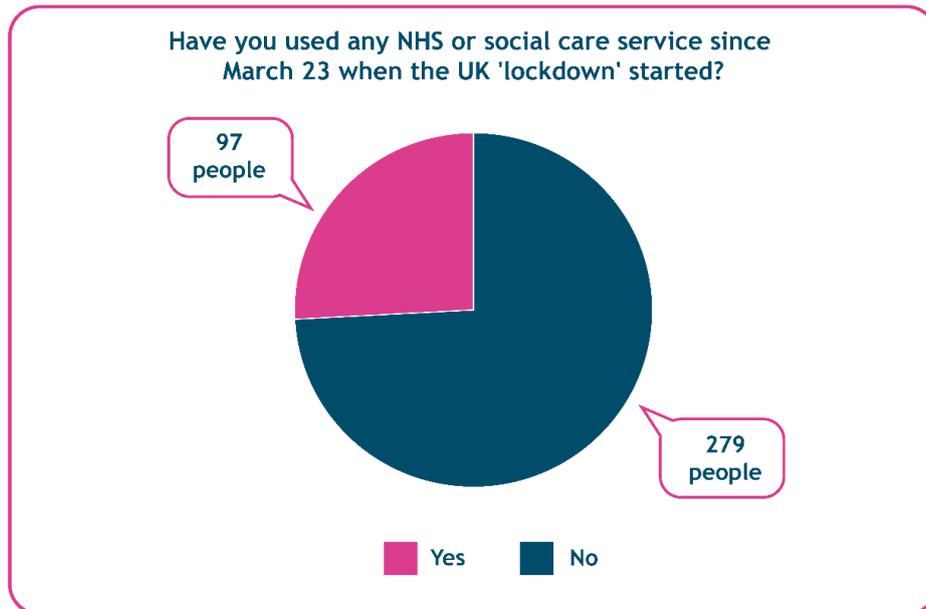
Although our survey was shared widely, our response demographic was mostly middle-aged, white women, and so our findings are not representative of the diverse population of South Tees. This must be noted when reading the key themes pulled from the findings, as these experiences may not be the same for those of a different background. This potentially indicates which demographics are more digitally literate and confident in using technology, and highlights those who may be excluded. Although public consultation may be more appropriate for these specific groups, we are limited in carrying out engagement work due to social distancing guidelines. We recognise that our research needs to be more representative and plan to build on it through our Community Champions scheme, where we hope to make contact with people from different backgrounds and gather their experiences of lockdown, then make comparisons to these initial findings.

[To read more about our Community Champions scheme and how to get involved, click here.](#)

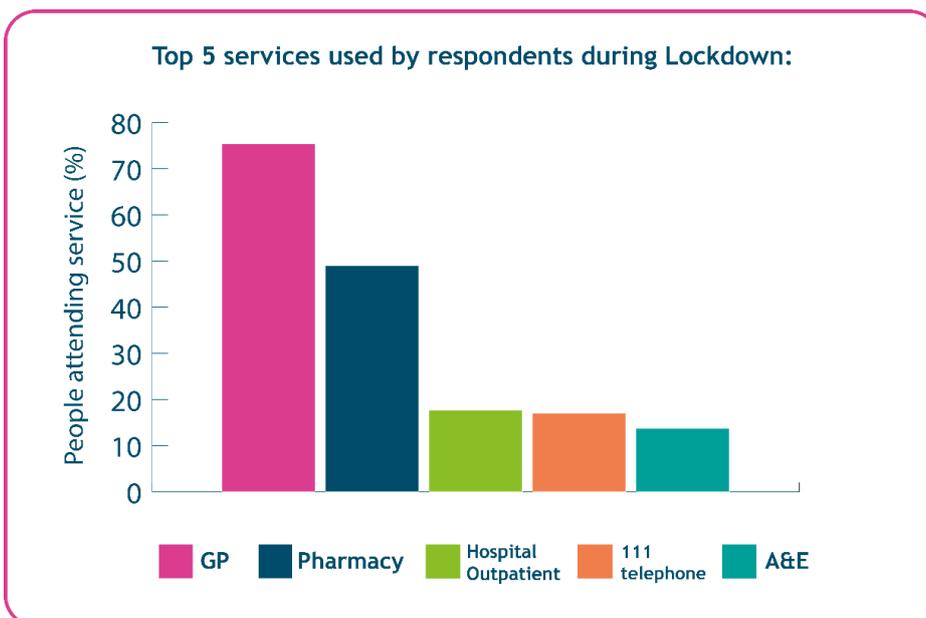
At a glance



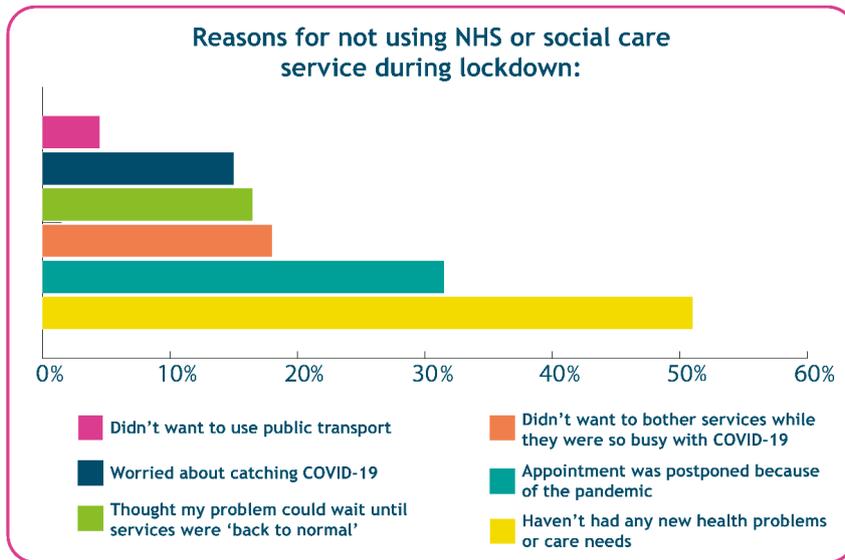
We wanted to gain an understanding of how access to services may have changed because of COVID-19 and lockdown measures. One in four of our respondents had accessed an NHS or social care service during lockdown:



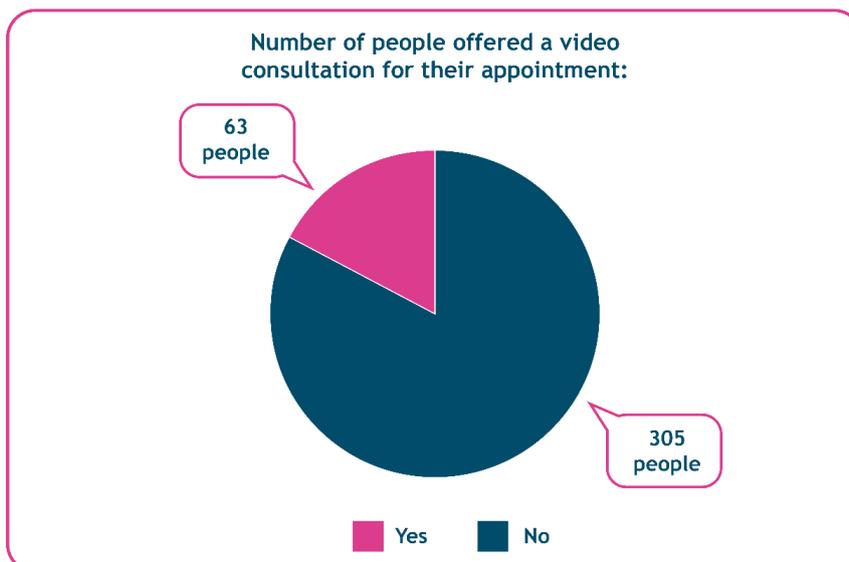
The most-used services were a mix of primary and secondary care, with the GP and Pharmacy being the most popular:



Most people didn't need to use an NHS or social care service, due to not having any new health problems or care needs. The other main reason was that people were affected by the changes services had made due to the pandemic, a common example of this being postponed appointments. The other answers suggest that people had decided not to access services, e.g. not wanting to burden services, wanting to wait until things were 'back to normal' and being concerned about catching COVID-19, both at the service and on public transport.



Due to services limiting the number of people entering facilities, people's behavior had to change regarding how they attend appointments, with video consultations becoming an option. As our chart shows, we had limited numbers of responses who had been offered a video consultation:



This research explores experiences of face-to-face and virtual appointments, and effects on mental health. Answers that have not detailed a specific type of appointment are grouped under a 'general' theme.

Positive experiences of services during lockdown



Specific services, staff and teams

There was 46 people who mentioned specific services, staff and teams in their positive experiences, examples of these include Midwives, Ambulance staff and the Macmillan team. People appreciated the communication and support offered by staff, both in face-to-face settings and over the phone, explaining how this was especially helpful during these times.

Staff were described as:



(a mother's experience of the Children Disability Team)

Efficiency

A total of 43 of our respondents had positive experiences of health and social care during lockdown, due to the efficiency of services. This mostly related to GP surgeries and pharmacies, which were often described as “quick” in comparison to pre-COVID-19 experiences of waiting times and communications.



Everything

When asked what health or social care services could have done better, 134 people suggested positive experiences as they stated that there was nothing more services needed to do to improve.



Negative experiences of services during lockdown



Accessing care

In total, 27 people expressed difficulties with keeping appointments that had already been booked, due to cancellations within GPs and hospitals but also within social services, e.g. adult services and occupational therapists. Difficulties were also experienced when trying to get the correct medication and aftercare, from services including pharmacies, hospitals and dentists. The range of services this affected had an impact on a lot of people's different care needs.

The responses below show the impact of this:



Communication

There was 13 people who felt that felt better communication between services and the patients was needed both during and after care, including information about appointment times and treatment procedures, as well as keeping in touch. This was most commonly about the 111 service and hospitals and was especially relevant if people had been promised a phone call, but this had not been fulfilled. Another popular response was that people would like to have received regular updates about service guidelines, e.g. who is allowed in the GP surgery and whether face masks are needed. It is worth noting that many of these comments were made prior to government laws on face masks and so people were more reliant on the guidance set by the surgeries themselves.



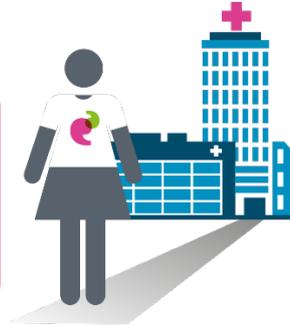
Delivery of care

A lot of people felt that their own care, for health issues unrelated to COVID-19, had been negatively affected by the changes that both primary and secondary care services had quickly made in reaction to the infection:

“refused a hospital bed”

“not receiving adequate treatment”

(other illnesses) “ignored”.



Maternity services were mentioned in negative experiences where changes due to COVID-19 had an impact on the emotional and mental health of mothers. Many women detailed how communication during pregnancy and in their post-natal care had been very limited and there was also the suggestion that their basic care needs had been ignored. Based on their experiences of being alone at critical points of their maternity care journey, some women strongly suggested that fathers and advocates needed to be allowed access.

“only ten minutes with midwife on phone”

“no one in contact since clinic and breastfeeding group were closed”.

“spent an uncomfortably long time lying in my own mess after delivery”.

“spent 4 hours alone”.



Face to face appointments

Positive experiences

Where people had attended face-to-face appointments in GP surgeries and hospital outpatient clinics, 36 people appreciated how organised services were in safely adapting to COVID-19 and communicating these changes to patients. This preparation made people feel more at ease when turning up to services. People were less concerned about infection when they could see staff wearing full PPE.

*clear instructions
on what to do
when accessing GP*

*excellent
social
distancing
measures*

Several people did not pick out specific aspects of their face-to-face appointment but highlighted how all of it contributed to a positive experience.

Negative experiences

In contrast, 16 people felt that more adjustments and practical changes were needed to make the process of attending face-to-face appointments easier and safer in the current climate, e.g. more social distancing in hospital waiting rooms, and less waiting around in busy corridors. Some people wanted to see more staff, including receptionists at GP surgeries, and carers, wearing PPE and face coverings, however it must be noted that some of our responses were gathered before wearing masks indoors became mandatory.

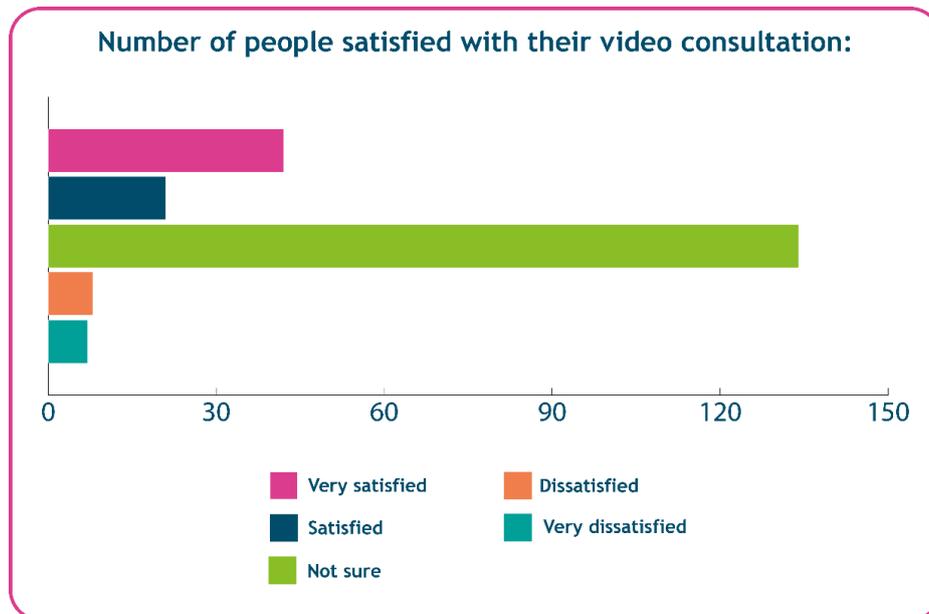
*buzzer on door at GPs
surgery so they know you're
waiting - instead of having
to wait outside, ring them and
go through all the call options*

*safer waiting
system*

Phone and video calls



Responses showed that 42 people stated they were ‘very satisfied’ with how their video consultation went, sharing their positive experiences.



**This question was open to all respondents, regardless of whether they had experienced a video consultation, which may explain why numbers are skewed, e.g. high number for 'Not sure'.*

Positive experiences

People appreciated having their consultations over the phone as they felt it was more efficient than face-to-face appointments, saving time in both waiting and travelling. This was also highlighted as a positive in ‘The Dr Will Zoom You Now’¹ research report.

“saving unnecessary travel costs”

“could see two specialists at the same time”

“didn’t feel like taking up too much time when looking for advice”.



People appreciated how video calls enabled them to have face-to-face contact with their GP and specialists over a video call. Eight responses explained how people were reassured by being able to see who they were talking to and being able to show them their problem which was particularly necessary for issues such as rashes.

A total of 19 people reflected how video calls were beneficial for the current climate; patients can access care in the safety of their own home, without coming into contact with others and therefore helping to prevent the spread of infection.



Negative experiences

Similar to ‘The Dr Will Zoom You Now’¹ study, our research found that many patients felt rushed during phone and online consultations and would have preferred more time to talk, ask questions, and express concerns. This was a notable when the video-call was with a new GP, meaning more time would have been preferable to build trust.

For some, physical examinations would have been more appropriate as video consultations were not always practical, e.g. for blood tests and blood pressure readings, as well as for physical symptoms and signs. In the same way, video calls were not always suitable for some patients’ needs and accessibility, especially for children and those with anxiety or hearing difficulties.



People would have preferred to have better organisation and communication around their video consultation. Some people had experiences of waiting for appointments due to not being given a clear time window. This was a key issue highlighted in ‘The Dr Will Zoom You Now’ report¹. People also suggested that health professionals could be more organised prior to their appointment, e.g. GP to read medical notes so that patients didn’t have to repeat themselves.



waited all day for a 2 min call

explain the same thing three times in a few days

Negative experiences of video consultations, were highlighted by 16 people, due to connection issues affecting the quality of the video, meaning patients and health professionals could not hear or see each other. Patients suggested that sending images prior to appointments would be beneficial in eliminating the impact of connection difficulties and ensuring care could still be given.



the best thing to do in the situation

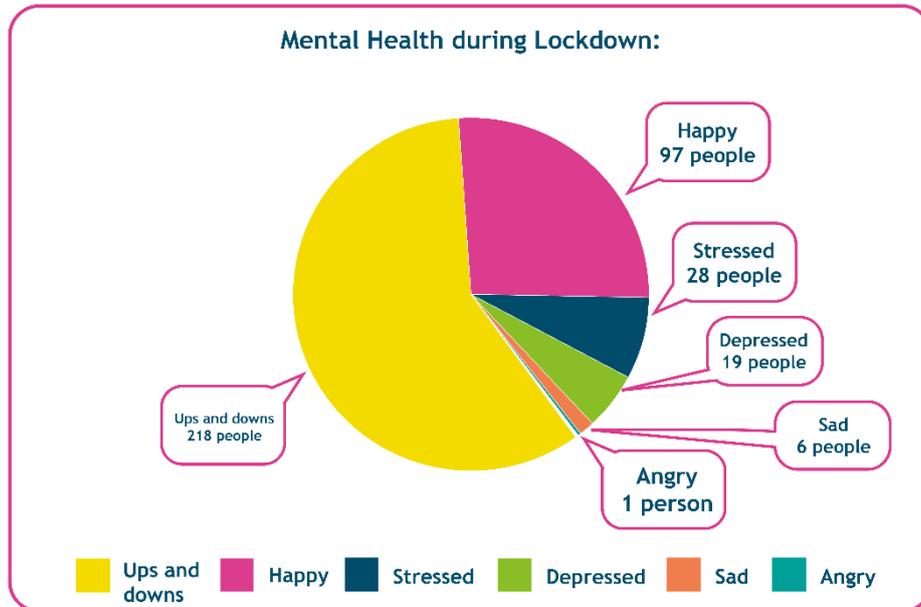
coming into contact with other ill people

keep everyone safe

no internet at home

For some, the main problem with video consultations was trying to access their appointment, with devices blocking permissions or not having a microphone and webcam. This suggested that alternatives should be explored for those who may be digitally excluded, or for those who may not want to discuss private medical issues in public spaces. In these instances, a lot of people had to change to phone consultations instead. This links to the findings of 'Traverse, National Voices' and 'Healthwatch England', where patients had limited choice in the initial planning of their appointment, e.g. assessing what is right for the person and the situation.

Mental Health



As the chart shows, people's mental health experiences during lockdown varied between positive and negative, with the majority having 'ups and downs'.

Poor mental health

People noted negative experiences of feeling stressed, worried and depressed throughout lockdown. For a lot of people who already had anxiety, these feelings were made worse by the uncertainty of lockdown, causing some people to experience panic attacks. Understandably, some people's mental health had been affected by the death of a family member. The prominent themes of 'loneliness' and 'concern for family members' was shared across survey responses, affected by the restrictions of Lockdown.



Loneliness

Lockdown had a negative impact on support systems, reducing contact with family members and with external services, making people feel lonely. The experience of lockdown, specifically for those with young children, made people feel exhausted having to balance their working and home life without any external help, e.g. childcare, grandparents and school. In contrast, one responder struggled with not being able to see their children, indicating that their family was their primary support group. The feeling of loneliness was a particular issue for those labelled as 'key workers' and those who had been 'shielding', who explained how it was difficult to remain happy when being on their own and not being able to go out and socialise.

Concern for family members

There was a fear about family members catching COVID-19, both young and old, and how relatives were dealing with lockdown, particularly those living alone or far away. Some respondents detailed how their elderly parents were confused about the current situation, not fully understanding rules about social distancing. Two parents of children with learning disabilities expressed their concern about the impact of reduced services, feeling that their child has been let down and ignored, due to having no school routine and a lack of communication from social services. One woman was anxious about the effect that being a key worker had on her son, having to send him to school and adapt to the changes.

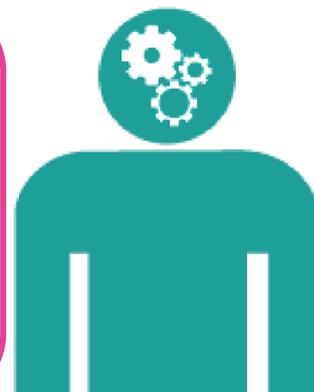
Positive mental health

For a few people, their mental health hadn't been as negatively affected. As reflected by the pie chart, a lot of people had experienced 'ups and downs', with elements of worry, but then becoming more settled as time passed in lockdown. For a smaller proportion, people had felt relatively 'happy', either not being affected by the imposed changes, or lockdown helping with existing anxieties.

“more settled and happy in routine after a few weeks”

“not had any problems and been as normal throughout”

“gave me the space, helping to get over my anxiety”.



Recommendations

We have been able to use our findings of people's positive and negative experiences to create recommendations for health and social care services, to help make improvements for future patients.

HWST recommendations to help improve experiences of services during lockdown:

- Ensure social distancing measures are in place and followed by everyone at the service, with reminders of guidelines clearly visible on the site, particularly in waiting areas.
- Send guidelines to patients before appointments via text messages / e-mails, so that they feel comfortable and informed when attending and navigating services.
- Keep websites, leaflets and text messaging systems up to date with information about service changes and how to access services and receive care, safely.
- If appointments have to be cancelled, or service provisions have been pulled, ensure patients understand the reasons for these changes, let them know of alternatives for their care, and keep them up to date with any reorganisation.
- Because COVID-19 and lockdown have affected mental health, it will be important to ask about all aspects of wellbeing in future appointments to achieve a holistic approach.
- Think creatively about how alternative support can be given by adapting service delivery.

Our findings have also enabled us to devise a set of top-tips for both professionals and patients specific to using virtual appointments, based on what people have told us didn't work well and what could be improved. The majority of our responses have been strengthened by the findings and top-tips raised nationally by 'The Dr Will Zoom You Now Report'¹.

HWST top-tips for professionals using virtual appointments:

- To improve communication and organisation, give patients a precise time window for their appointment alongside guidance of what to expect; patients won't have to wait, and can ensure they will be in a confidential and safe place.
- Offer and communicate the opportunity for patients to send photos of physical symptoms e.g. rash, prior to consultation so that the health professional can have an understanding of the health issue before the appointment and give answers within the time slot.
- To reduce the impact of digital exclusion and/or illiteracy, ask patients about their confidence using technology, and advertise alternatives to video

consultations on the website, at the surgery, in appointments and via text messages.

- To maximise the time window for appointments, ensure the necessary preparations have been carried out prior to appointments, e.g. read patients' medical notes so they don't have to repeat their story.
- To ensure the patient gets the most out of the appointment, check they can clearly see the video, and hear what is being said at the beginning of and throughout the appointment, and use the chat function if difficulties persist.
- Try not to make the patient feel rushed throughout the consultation, so that no information is missed.
- To achieve a holistic approach to wellbeing and care, ask about aspects of the patients' mental health in the appointment.
- To ensure patients understand their care journey, explain what is happening next and who is responsible for the next stages of care, e.g. where to access medication or when to expect a follow up.
- **Seek feedback about people's experiences of virtual consultations and use this to improve the service (specific to 'The Dr Will Zoom You Now'¹ report).**

HWST top-tips for patients using virtual appointments:

- To feel involved in decisions about your care, ask for a precise time slot of when to expect your remote consultation, and let the service know how you would prefer to communicate, either by phone or video.
- To ensure you are comfortable in your appointment, and there is knowledge of your medical history, ask if you can talk to a GP who you may have already built a rapport with.
- To get the most out of your appointment, prepare what you want to discuss, check the quality of your connection in the area that you want to have your video consultation and have a test run.
- Make notes throughout your appointment and ask if you can have another appointment if you feel you haven't had enough time to discuss your issue, or for a face-to-face appointment if you believe this is more suitable.
- If you're unclear on what happens next, ask your healthcare provider to summarise the next steps.

Conclusions

Our findings reflect 380 people's experiences of health and social care services throughout lockdown, using both face-to-face and virtual consultations.

As our survey was open between June and August, we acknowledge that services may have made changes since these responses were collected, and so it is worth noting that our findings may not be representative of what health and social care services currently offer.

Summary of key themes:

- People appreciated how efficient services have been in comparison to what they experienced before COVID-19.
- Staff were described as friendly, helpful and supportive, which had a positive impact on experiences of services.
- Safety measures in health and care settings, e.g. PPE and social distancing, are critical for people to feel safe and at ease when attending face-to-face appointments, however the extent to which these are imposed varied between people's experiences of services.
- Video calls were seen as an efficient, safe and reassuring way of accessing care in the current climate, however they weren't always thorough enough or appropriate for the patients' digital literacy, accessibility and actual care needs.
- Some people's access to care had been affected by services' immediate reaction to COVID-19, e.g. postponement of operations.
- Experiences of maternity services were negatively affected by social distancing guidelines meaning mothers were often alone, however we have also received messages of thanks to individuals and staff teams in this department.
- Mental health has been affected by experiences of loneliness and concern for family members, meaning this will be a future area of concern.

As highlighted throughout the report, these findings are strengthened by the national report, 'The Dr Will Zoom You Now'¹. We have also shared our analysis with the Academic Health Science Network, to feed into their report looking into the regional impact of lockdown. Our findings have also provided evidence to Public Health in making adaptations.

Due to the underrepresentation of characteristics such as males, BAME backgrounds, younger and older people, and those with disabilities, we hope to build on these findings. We are working with our Community Champions² to explore the experience of these key themes for specific community groups, to gain an understanding that reflects the diverse population of South Tees.

² <https://www.healthwatchmiddlesbrough.co.uk/news/2020-06-25/become-healthwatch-community-champion>



Acknowledgements

We would like to thank all those who took the time to complete our survey and share their experiences with us.

We would also like to thank our partners and contacts for sharing and promoting our survey, enabling us to reach a range of people across South Tees.

208 people left messages of thanks within their survey responses for health and social care staff. We wish to share this appreciation for all those responding to the crisis and continuing to provide essential services during lockdown.

[Click here to read the comments of thanks left by our survey respondents.](#)

healthwatch

Middlesbrough

www.healthwatchmiddlesbrough.co.uk
Freephone: 0800 989 0080
Email: healthwatchsouthtees@pcp.uk.net

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 Working for you,

across South Tees 

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