

Healthwatch Oxfordshire Covid-19 voices

Report to the Oxfordshire Joint Health Overview Scrutiny
Committee

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1 Overview of comments from Covid-19 surveys to date

The following sections of this report contain what we have heard from people since March 2020. Each section is a specific piece of research, our Feedback Centre, our ongoing simple call for experiences on our web site, and from emails and telephone calls to the Healthwatch Oxfordshire office.

To summarise:

In the early days from the onset of the pandemic and through the first few months of lock-down it was very quiet i.e. few telephone calls or emails to the office.

By continuing to reach out to groups and people we were already working with we listened and took action:

Concerns around digital exclusion - not having access to the internet or smart phones and fears that people would be outside of the up to date information about Covid-19 and government and NHS guidance. Healthwatch Oxfordshire constantly raised this within the system, voluntary organisations and local media. Our Oxford Mail article in July reinforced this message. One particular conversation in early March drove home the issue regarding digital exclusion when we heard that a carer was worried that they would not know what to do or where to go to for help if day centre closed as they did not use the internet nor have a smart phone.

Concerns about lack of access to information due to information not being translated. Together with sourcing information and passing it on verbally to individuals we also found ourselves leading on the translation and paper distribution of Covid-19 guidance to communities whose first language is not English. Working with local groups - particularly Oxford Community Action - we supported the production and distribution of translated Government and NHS materials. Following concerns about people not knowing what is contained in tinned food we worked in partnership with community groups and a voluntary organisation to produce translations of food labelling for local, and national, distribution.

Access to food - early on we heard from some emerging communities in Oxford that they were not able / willing to access local food banks. Acting as a broker between community leaders, voluntary organisations and local authorities a food bank was established to support these communities. This gave good access to individuals to translated information which was distributed via the food bags. Over 300 food boxes/bags are now distributed to households that otherwise would not have accessed this support.

All the above issues were raised at the Health and Wellbeing Board, Health Improvement Board and Health Overview Scrutiny Committee meetings.

Recognising that the pandemic was having an impact on services and individual's access to services we:

1. Kept our survey on access to **pharmacy** open with additional Covid-19 related questions.

2. Conducted a survey of **Care Homes** - reaching out to their managers. Recently we revisited care homes and a report on the findings of this follow-up survey is currently being drafted.
3. Carried out a snap survey of **Patient Participation Groups and GP Practice managers** to understand what was happening in GP surgeries and the impact of Covid-19, the lock down, and changes in services
4. Opened a general online survey of people's **experiences of care during Covid-19**.
5. More recently launched two separate surveys of **unpaid carers and people employed in caring in people's homes**. Both these have questions that relate to the impact of Covid-19 on their lives.

All the above reports and surveys are available on www.healthwatchoxfordshire.co.uk

1.1 Dentistry

We have heard from many people that accessing NHS dentists is often difficult - during the months of lock down and since the service resumed. There needs to be a full review of why this service is finding it so difficult to resume normal service to the population. Is it due to lack of PPE in the NHS dentist surgeries? Why can people access private dental treatment, not NHS treatment?

Healthwatch Oxfordshire raised these concerns with the NHS Commissioner and received the following reply by email:

'All NHS Dental practices should be providing services in line with the national Dental Standard Operating Procedure. We have received similar reports as you describe below and have recently issued further communication to the practices to re-iterate what is required of them; a message also being communicated by the Local Dental Committees.

Providing AAA and face to face treatments for patients who have not previously attended a practice

We have received some reports that practices are not providing access for new patients and will routinely turn patients away with urgent dental problems. This is to confirm that this practice is not acceptable at this stage of the Coronavirus pandemic. Practices should be available to provide AAA and face to face in ways that are commensurate to the size of the contract they hold with the NHS. It is not acceptable to decline to treat patients on the NHS but to offer the urgent treatment required on a private basis. Below is the LDC advice which was included in issue no.7 of this newsletter.

Are practices expected to see un-associated patients for urgent dental care?

Yes - If capacity, staffing, PPE and IPC allows these should be seen for a single course of treatment to help with problems of capacity across the healthcare system.

The completion of this urgent course of treatment would not oblige practices to enter continuing care arrangements

This advice is also clearly provided on the nhs.uk website. If patients contact you about this then we will follow up with the practice(s) concerned if we have the patient details (which would be helped by information about date on which they contacted the practice) and confirmation of consent to follow matters up.'

1.2 Primary Care

The results of our surveys of PPGs, general practices and what we have heard from people contacting us have shown that there is a mix of engagement between patients and practices. There are examples of good practice where the GP surgery has worked with PPGs and vice versa, others appear to have no or minimal contact.

Healthwatch Oxfordshire believe that there is much to be gained by patients and GP practices working together - particularly through helping practices communicate with patients, and in the near future PPGs supporting practices with the oncoming flu vaccination programme.

We have met with the Oxfordshire Clinical Commissioning Group and agreed how HWO can support PPGs through information sharing. OCCG has committed to communicating with GP surgeries their obligation to work with and listen to patients and their PPGs.

Healthwatch Oxfordshire has played a broker role over the past few months between PPGs, GP practices and OCCG to enable patients to be better informed and practices develop closer working relationships with their PPGs. This is an area of activity that appears difficult to establish across the county, particularly as there is such a diversity of activity - many PPGs and practices have a good working relationship; other do not.

1.3 When will NHS care return to normal?

Many changes in primary care that were forced/progressed during Covid-19 are welcomed by patients - including same day access to a GP, remote consultations avoiding lengthy travel to hospitals. However, many challenge equalities of access to services. Over the past few months Healthwatch Oxfordshire has heard more concerns about access to GP services and acute care services. What is apparent from our work is that not all patients experience of access to health care is the same. Whilst some have a positive experience, others a negative one - long delays in accessing hospital treatment, poor communications. Together with national statements about the success of digital care - telephone triage, telephone consultations, online out-patient appointments - there is a growing concern within the population that the current mode of service delivery will continue and become the 'new normal'. Locally the recent public spat between GPs and acute services did not give confidence to the public that the system is working together for the benefit of patients.

There is a need for the commissioners and service providers to be open and accountable with patients and the wider population about what they think/plan the future will be. To listen to not only the positives of changes but also the individual and community challenges to moving towards a more digital - and distant - service. This is a responsibility of individual GP surgeries and acute service specialities. One approach does not fit all services, communities or individuals.

1.4 Waiting lists and access to health care services

The pandemic appears to have impacted on individuals coming forward to seek health advice. The impact on referrals to acute services is a reflection on advice to patients to 'help the NHS' by keeping away from GP surgeries and hospitals. The long-term impact on this on individuals has yet to be fully calculated.

Both hospitals and GPs, supported by their commissioners, need to communicate with patients in a positive way - it is safe to visit the GP / hospital, 'we are open for business', 'keep yourself safe by using the NHS'. These messages need to be supported by systems that function - no answer machines - real people; honest messages about how some services might need patients to travel further to get timely consultations / operations.

A concerted and coordinated communication campaign should be designed and delivered with patient involvement thus creating a credible message to all.

1.5 Employed home carers experience of Covid

39 responses to date - ongoing

1.5.1 Impact on clients

Carers noted emotional impact, increased anxiety, loneliness and isolation of their clients

'Care has become almost all hard, down on your knees, personal care. We have lost all the nice lunchtime pub social visits, shopping visits, clubs etc that used to be a very pleasant part of the job'.

1.5.2 PPE

Sourcing PPE, was not such a problem for those carers working for agencies, who generally noted they were well supplied, but self-employed carers noted this was more of a challenge, particularly as they had to source and buy their own

'being self-employed I struggled to get ppe ...also had a gp who asked me to carry out the covid swab test (which is an aerosol producing procedure due to making the client cough sneeze or gag when swabbed) and it was only luck that my husband was a builder and had ffp3 masks and a charity donated me a visor along my other ppe that I was protected and able to do this. Again being self employed I purchase all my own work equipment and most places would only sell to agencies nhs and care homes. I found prices went up and things sold out and it was incredibly difficult. This was a very stressful time and at one point I almost felt like giving up. I'm luckily to have the most amazing clients who I have looked after

for 5 years and no matter how hard my job can seem they always make me realise they need me.'

'Over charge of PPE by OCC. Supplies received from OCC were 6 x higher in some cases than our regular supplier plus VAT was charged on PPE when the Government clearly stated that there should be no VAT on PPE. This has still not been refunded'.

1.5.3 Impact on health and wellbeing of paid carers themselves

Overall responses noted impact on mental health, depression, and fatigue, as well as fear of contracting Covid, or actually contracting.

It has put a strain on the care I provide, it's more exhausting in full PPE, and I feel like it is a barrier to creating a relationship. I have worked a lot more hours which has been tiring but I love my job'.

1.6 Unpaid home carers experience of Covid

160 responses to date - ongoing

We asked about what impact Covid lockdown had affected people as carers of loved ones, family members or friends in their home

Impacts included:

- Emotional and physical impact- spoke of tiredness, exhaustion, no break, struggling
- Isolation- both for them and the person they cared for, including boredom, lack of stimulation, loss of contact with friends and family
- Protection and worry- often meaning carers began to care on their own, and no longer had additional caring support coming in due to fears of risk...loss of cleaners and caring support bigger burden on carers
- Also fears of family members bringing in virus to shielding members. Impact on families with multiple members in households
- Access to daily services- including food, medicines, shopping. Initially noted difficulties accessing food, particularly online. Noted support of friends, neighbours for shopping and medicine pick up etc.
- Some noted difficulty accessing medical services
- Impact of closed day centres, group centres, community support centres removing contact and ability to have a break
- Positive comments from some re support- such as Alzheimer's Soc, phone call, and use of Zoom for Singing for the Brain
- Carers juggling jobs and caring

'It has prevented access to people - family, friends, helpers. There has been no support of that kind, but there has been support for me as carer, from various agencies on the phone & through email & Zoom'.

'Assistance with delivery of medication has been appreciated. As we don't go out often, it hasn't made a huge difference. The problems will start if I get ill. Ordering food online has been a nightmare.'

'It has been much more difficult. The person I care for has been shielding and their mental health has deteriorated significantly. I can only help them so much and would like some support but don't know where to get it'.

'Being alone with the person I care for a long time. Not having touch from friends. I feel a bit dead inside still'.

'Getting medical help has become more difficult and contacting the GP Surgery and attending appointments is much more stressful.'

'To have everything cut from the 23rd of March right through to July. No respite, no day centre, nothing. Just my son, my husband and I. It has been very difficult at times, so much so that a few times I just felt like leaving the house and never come back'

'Getting the people to look at you as family there some in to shielding and then don't think what the impact on a family will be Sebring a box of food for the person but yet there is 4 of in this house and it's not just as easy to go out shopping when you have some-one to care as well as children at home who all do have and that is then 3 people with extra needs you having to deal with 24 hours a day 7 days a week with no break or help.'

'Before the virus I had organised regular house cleaners and also great support from a qualified nurse who came to help my husband shower and generally support him for a few hours so I could go and exercise or see friends. This has come to an end as it seems too risky. He was in the 'shielding' minority and it just seems simpler to do these tasks myself. But it does radically alter my life'

'We haven't received any extra support, and the fact we have been cooped up for 6 months without my mother able to go out and see anyone else has put a strain on the family. We have tried to do different things to keep her occupied and stimulated but it is very hard and her mood has deteriorated, and neither my husband nor I can be with her 24 hours a day as we both have to work'.

'The worst thing I have experienced is professional Healthcare people telling me they care but cannot do home visits home assessments or give any support because they do not want to pass a bar as on to the patient or the carer I have never heard such nonsense in my life if all people seem to want to do is sit behind a desk pretending they support carers and the people that need caring for care is non-existence in the real world'

1.7 Impact on families with children 0-5 years

Survey responses 64 - report published September 2020

Covid 19 has had an impact on mental health and wellbeing of both parents and young children in multiple ways- which may continue to become clear over time

64 people gave comments about the impact of the Covid-19 lockdown on their own and their child's mental health. Narratives indicated that whilst for some Covid-19 lockdown had been a positive time, supporting family closeness, for others it had been extremely challenging.

Those who responded spoke of the strains on both their own mental health, and that of their young child. Worries about work, money, maternity rights, and being key workers came to the fore for carers and parents, as well as the pressures on relationships, and juggling work and young children. Some, shielding themselves or shielding children with health conditions, felt there was lack of guidance and support for family groups. Some commented on the impact of giving birth leading up to or during Covid-19 and the pressures on coping with a new baby, with little support, in this new environment.

They also spoke of the impact of the lockdown on their young child, with loss of social networks, routine, outdoor activity- some describing behaviour changes in their child, with more regular tantrums and tears, and fears that impacts would be seen in the future.

Some of the comments below, speak for themselves, and bring home the all-encompassing nature of worries, and pressures parents and children were facing at this time

“We had no idea the behavioural issues particularly with our 4 year-old at the start of lockdown were probably related to lockdown. No one provided any info on what the impacts may be, but we had issues with sleep, attention seeking, focus, fighting, tears etc. Knowing health visitors were at a bare minimum service we didn't get advice, just battled on”.

Staff are doing their best unprotected and understaffed. Queues stretch into the car park. On reaching the dispensing window the prescription requested has to be made up from scratch which is time consuming. Many of the dispensing staff are locus who are not sufficiently supported.

1.8 Oxford Community Wellbeing Survey

152 responses - now closed and report being drafted

Voices of new and emerging communities in East Oxford (report forthcoming) working with Oxford Community Action to reach East Timor, Sudanese, Syrian, Somali, East African and others.

- Access to food - but huge relief at OCA establishing food hub at Hurst St
- Huge sense of community support and pulling together and strong faith-based resilience
- Job loss and financial difficulties, debt and housing worries
- Gaining information and language barriers - ongoing need for translated materials
- Isolation and being apart from family
- Concerns with children and keeping education going, wanting things to do for them at home
- Facing discrimination and racism
- Being front line workers and concerns for family and own health, risk
- Not being able to access government support, if self-employed etc and lack of support to small businesses

2 #BecauseWeAllCare

Healthwatch England Public Feedback Form - Tell us about your experiences of NHS and social care services - <https://www.healthwatch.co.uk/tell-us-about-your-experiences-nhs-and-social-care-services>

‘NHS and social care staff are doing everything they can to keep us well during these challenging times, but there might be things that can be improved. Your feedback can help services spot issues that are affecting care for you and your loved ones.’

Between June and October 2020 there have been 58 responses to the Healthwatch England ~ ‘BecauseWeAllCare’ survey from people living in Oxfordshire. Responses have been mainly about dentistry (10), GP services (14) and hospital care (22). When the survey closes, we will produce an analysis of what people have been saying.