

Healthwatch Oxfordshire Covid-19 voices

Report to the Oxfordshire Health and Wellbeing Board

October 2020

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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.
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 will raise these concerns with NHS Commissioner of dental services.

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.

2 Healthwatch Oxfordshire seeks assurance

Whilst committed to supporting the system in listening to patients and communicating with the public Healthwatch Oxfordshire seeks assurance that the Trusts and OCCG are fully cognisant of the challenges facing them. Specifically:

1. The size and length of waiting lists at OUH for treatment and operations, the plan to reduce these waits and by when, and which (if any) are currently unavailable for patient treatment.

2. That the commitment to working with Patient Participation Groups by GPs is supported and encouraged by the commissioner.
3. Given the current challenges to the system how do the plans to address 'winter pressures' embrace a return to normal, what further impact could this have on patient access to appropriate and timely treatments at both primary and secondary care?

Healthwatch Oxfordshire have formally asked Oxford University Hospital NHS Foundation Trust and Oxfordshire Clinical Commissioning Group more detailed questions that address the above concerns and will publish both questions and answers on our website.

3 Employed home carers experience of Covid

30 responses to date - ongoing

3.1 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'.

3.2 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'.

3.3 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'.

4 Unpaid home carers experience of Covid

92 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'

5 Impact on families with children 0-5 years

Survey responses 41

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

41 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”.

6 Pharmacy and Covid

50 responses

Main issues noted were change to normal routine, with queueing and social distancing, initial adaptations but overall seemed to be accepted and work ok. People noted moving to postal and online orders, or relying on friends, or neighbourhood groups to collect, especially if shielding.

Pharmacy delivery service would have been helpful as shielding, but pharmacy said they cannot accept any more customers for delivery service. It can be difficult to try and arrange a volunteer to collect medication sometimes

The queue was always long and the opening hours shorter, but the staff were very well organised and helpful. It seemed the main issue was the length of time it took for a prescription to be issued which is not the pharmacy's fault. They were very busy and I felt bad for the situation they had to work in. Once they had the prescription it was made up straight away.

Always cheerful, so nice to have an efficient and well stocked pharmacy. Opening hours are very good. Social distancing is good.

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.

7 Oxford Community Wellbeing Survey

133 responses

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

8 GP surgeries – supporting patients during Covid-19

Healthwatch Oxfordshire contacted the Practice Managers of all GP practices in July 2020 to hear how the Covid-19 pandemic has impacted on their surgeries delivery of service to their patient community. We also wanted to hear the good experiences from both the surgery and patients as well as how they will be planning to deliver services in the future.

Of the 73 Practice Managers contacted 14 completed the online survey.

8.1 Communicating with patients

Many GP surgery's used multiple methods of communicating with their patients during the Covid-19 pandemic. Text message and via the GP website both received the most responses (14 each). Other methods used were:

- Notices in surgery
- Emails
- Letters
- Welfare check phone calls were made by one surgery to patients over 70
- A community bulletin was produced using a Patient Panel

Social media was also a popular way to keep in touch with patients, mainly via Facebook, some of which have been set up and managed by the surgery's Patient Participation Group (PPG). A few surgery's also have Twitter and Blog pages

Although it has been a stressful period for all. We feel that we have offered outstanding service to our patients, and our staff have pulled together really well during this time.

8.2 Changes in services

Covid-19 Hub Clinics are now running where patients with suspected Covid-19 infection have been treated instead of them attending the surgery. Most of the practice managers who replied explained other changes to the services they offered in practice were that:

- *They no longer offered walk in surgeries*
- *Patients are triaged over the phone and the best way to consult with them is discussed including:*
 - o be it by text*
 - o sending photographs*
 - o email*
 - o tele-video consultation*
 - o or a face to face appointment where deemed necessary*

Another practice manager explained that all patients contacted the practice using e-consult. Where patients cannot complete this themselves, they could call the practice and reception staff would offer support to complete the form

Covid-19 has resulted in one practice manager commenting about the loss of the external capacity to offer the 7 Day Access Service

8.3 What do patients think of the changes?

Many of the replies received commented that their patients have been very positive in understanding the need for change, whilst appreciating the continuation of service and the options available to them.

The over 70's have been extremely grateful for the welfare calls.

We have used our social prescribing services and mental health link workers to provide additional support.

8.4 Are there concerns about how practices can continue to deliver services?

There is concern from some practice managers around the Flu Vaccine campaign which is due to start in late September, mainly due to the number of patients involved and having to keep to the social distancing rules.

We are getting busier, but we have not got the physical space we need

We have concerns that we are now getting busier in practice and having to stagger surgeries/patient attendance.

We are still working with the various village community groups to ensure that those patients who need home deliveries, are still able to get their medication

8.5 Examples of good practice

One example is given was from a practice manager who said that they have continued to ensure that their practice is as virtually accessible as possible, and tried to make sure that vulnerable, housebound or “at high risk shielding” patients are kept in touch with. This is done through the practice itself, the voluntary groups social prescribers or other local charities. Calling shielding, vulnerable and at-risk patients was also mentioned by other replies to the survey.

Other examples of good practice include:

- Improved access to named doctor
- Regular communications, Facebook, and blog
- Opportunity to have basic nursing procedures and blood tests carried out in the car park

We call our at-risk patients to see if they were ok, we also call our mental health patients and elderly to offer support

We have worked with all of our “wrap-around” services

9 Patient Participation Group (PPG) Activity march – June 2020

During May 2020 Healthwatch Oxfordshire contacted all Patient Participation Groups (PPGs) in Oxfordshire to hear how the Covid-19 pandemic had impacted on their activity. They were asked to complete a simple online survey. This report outlines the findings of this survey.

Of the 71 PPGs contacted 18 completed the online survey.

Only 5 (28%) of the respondents were still meeting, they used virtual tools e.g. Zoom or MS Teams.

- A PPG commented that “no-one from the surgery attended meeting but the manager did send us a report and there has been a very small amount of correspondence with our secretary”
- The Banbury PPGs representing the 3 largest practices and the Primary Care Network have online Zoom meetings every 2 weeks
- A PPG will be using Microsoft Teams for holding their AGM

9.1 Supporting practices

Most PPGs (10) were still in touch with their surgery using email, telephone, and in Bicester all three practices and PPGs met via Zoom.

A minority (6) of PPGs who responded were still supporting their practice.

This was due to different circumstances - some PPGs were unable to continue to support practices due to self-isolation / shielding by members, others had their offer of help declined by the practice.

9.1.1 Examples of support to practices by PPGs during the coronavirus pandemic included: PPG Chair sending a guidance letter out to the PPG members and offering it to the GP practice to use for patients this included thanks to staff, how to access alternative medical advice including Covid-19 self-isolation and not to ‘stockpile’ medication.

Another PPG helped by investigating different locations that could be used for health visitor and antenatal services. Consequently, the practice and possible location worked together to develop the option.

‘We are very actively involved in the “Help Hub” that has been established, and this certainly helps the surgery, but we are providing no direct support’

Feeding back concerns and what information about the surgery and Covid-19 patients want to see on the practice website

‘We have feedback concerns and advised on the web site and what patients need to know. We are reviewing communication and actively promoting the newsletter in local papers etc’

One PPG reviewed communication from the GP surgery to patients and actively promoting the newsletter locally

Some PPGs are checking in with their GP team to offer encouragement as well as sending cards, flowers, cakes, and fruit baskets

9.2 PPGs communicating with patients

PPGs continue to utilise different ways of communicating with their members including email (3), notice in surgeries and via the practice website. Other methods included using local newsletters, local papers, and village websites.

Several PPGs reported that there was no contact between them and patients since the coronavirus outbreak.

9.3 GP practices communicating with patients

Text messages and via the practice website were the most common forms of communication between practice and patient identified by the respondents. Other forms of communication included:

- Telephone calls were made by a GP surgery to patients
- Practice nurses contacting patients who received the Government guidance letters for the extremely vulnerable patients. Since sending the letter nurses have been contacting all these patients to ensure they know what is available for them and how they should seek help should they need to.
- Surgery Facebook pages have been kept up to date with information for those with access to social media, as well as helpful information about a dispensary which is attached to the Surgery.
- Newsletters sent to all patients with registered mail
- One PPG Chair reported a concern that some patients had not received any communication from their GP Surgery since the end of March.

9.4 PPGs and Primary Care Networks

Seven of respondents are working with other PPGs in their Primary Care Network. The PPGs in the North appeared more active than other areas.

9.5 GP practice changes during Covid-19

The biggest change to surgery services reported is that many patients before a visit to their GP surgery are triaged first over the telephone. This is then usually followed up by either a telephone or video consultation with a GP, some commented that it was felt that there was a more direct discussion with the GP or practice nurse who is was felt are also playing a crucial role. Online consults are also now being used more widely.

- Some surgeries have become Coronavirus Assessment Hubs.
- The number of requests for patients to attend the surgery for non Covid-19 issues has fallen significantly in recent weeks was a comment received from one PPG.
- GPs going to considerable lengths to solve problems that have developed since the start of the pandemic.
- Existing patients who had been offered social prescribing are being telephone called by the Social Prescribing services on a regular basis. Many live alone and could be suffering more than most in the lockdown.
- Testing using a gazebo in the car park.
- Doctors and staff working at home.
- Concerns heard from patients

A few comments received highlighted the difficulty for those where speech is affected; patients who are deaf, have had strokes or have a mental or physical disability are unable to use telephone consultations effectively but it is all that is

offered most of the time to discuss symptoms there was also mention that some surgery staff were not following social distancing rules.

That no new patients are receiving Social Prescribing.

Uncertainty and worry about the information on the pandemic outcomes, risks etc. To some extent patients may be "switching off" and not listening or indeed understanding all of the information being published by all forms of Government and media.

Prescriptions mainly and worry about going into hospital or approaching GP for non Covid-19 symptoms. Mental health issues and CV seen as the only game in town.

Patients not happy with Advance Care Planning calls and being asked wishes without prior warning.

9.6 PPGs pride in action

GPs have listened to them and made changes to their website, produced newsletters for their patients explaining Covid-19.

Getting involved in local community action around support for vulnerable patients during the pandemic.

Writing regularly in the parish newsletters to help support and communicate with patients.

10 Listening to care homes during the Covid-19 pandemic

Executive Summary June 2020

During May 2020, Healthwatch Oxfordshire carried out a rapid online survey of Oxfordshire's 123 care homes. Thirty-six (30%) managers responded across the county, 30% of the homes were in West Oxfordshire, 25% of the respondents in North Oxfordshire and a further 22% located in South East Oxfordshire.

By May much was reported in local and national media about the impact of Covid-19 on individual homes in the country, and we wanted to hear from Oxfordshire Care Homes about their experiences of this crisis. We reached out to hear from managers about the challenges and successes of supporting staff and residents and managing a home during the Covid-19 outbreak.

This report is for the Oxfordshire Integrated Care Partnership to assist in the learning and development of support for care homes should a second wave or a similar outbreak occur in the future.

10.1 We heard that:

Staff in care homes displayed huge commitment, love, and care to protect residents despite fears for their own health and safety.

Huge support to staff and resident morale came from the wider community, families, and businesses.

10.2 Managing a care home in a pandemic

Homes that had clear infection and emergency contingency plans were better prepared for the crisis. Examples included preparing and freezing meals in case chef falls sick, stocking up on food & supplies, training, and keeping up to date on Covid-19 information.

Some homes expressed concerns about the costs incurred through Covid-19 - both in human and financial terms - to the home and how they would survive as a business in the short term.

Managing the crisis highlighted the strengths of staff management and teamwork - it also brought in new approaches to team management and implementation of working practices which will continue beyond Covid-19.

10.3 Covid-19 support to care homes

Homes received an overwhelming and rapidly changing mass of information from different sources until a more coordinated local information and support system was put in place.

Some homes felt restrictions and delays in testing of staff and residents, and in obtaining test results, inevitably led to exposure of both residents and staff to Covid-19. Also, that lives could have been saved if testing and lockdown had been brought in earlier.

When the local system coordinated responses and worked together it resulted in many of the challenges care homes faced being reduced. These included sourcing PPE, receiving information, reporting to the system, and the provision of local Covid-19 tests for staff.

Whilst support from GPs was generally very good there was inconsistent access to other services including support for non-Covid-19 medical conditions, mental health, and food supplies.

Most care homes, 23 out of 36 of those that responded (64%), reported adequate access to supplies of PPE. Those who struggled cited PPE being diverted to NHS, sourcing certain items, and costs. Some homes relied on donations and late arrival equipment provided by the local community. The support from Oxfordshire County Council was welcome and for some invaluable.

In late May (nine weeks after lockdown), whilst many challenges had been ironed out, support was in place and homes felt more in control, there were still examples of poor response to requests to Public Health England for testing of residents.

10.4 Supporting staff and residents

Homes experienced Covid-19 related staff absences and it was difficult to bring in additional capacity.

Care homes shut their doors to visitors but continued to use creative ways to ensure communication between residents and loved ones, including the use of

iPads, telephones, and written communication. Proactive communication between the home and relatives was instigated, often resulting in more frequent communication than prior to the shut-down.

Social isolation in care homes varied in response to needs of residents. In some cases, e.g. with residents of dementia, restricting movement was difficult. Isolation and limiting freedom of movement was just not possible for some residents and the homes felt this had a detrimental effect on the individuals. In return, many staff responded by supporting residents to have access to the outdoors, limited but supported access to other parts of the home.

11 Care during COVID - what's it been like for you?

We've been asking people to tell us about their experiences of accessing health and social care services during the coronavirus outbreak via a simple online form. To the end of August there were 42 responses.

11.1 Up to end of June 2020 there were 27 responses

11.1.1 Positive experiences of using General Practice surgeries

11 reviews refer to having a positive experience of using their GP surgery

“Superb, really intend on you getting the care you need” (Cogges Surgery, Witney)

“Didcot health care have been amazingly responsive”

Similarly, 3 reviews mentioned positive experiences of using pharmacies and 3 referred to having tests without difficulty at the Churchill Hospital

“All good, smooth as clockwork. Well done to Didcot surgery, day lewis chemist, Churchill blood testing centre”

11.1.2 An improved experience for some

Two respondents said their experiences had been better during COVID

“Getting support and healthcare has generally been easier than before lockdown, since Botley Medical Centre started using telephone appointments.”

“Excellent care, that was often better than normal”

One review suggested setting up a patient group to build on the improvements to services: “After this is over, has Healthwatch considered having a group of us patients working to build on what has been good - and ensure that this continues to everyone's benefit? Don't let the NHS go back to its bad ways!!”

11.1.3 Delays in treatment or accessing services

However, not all had had such a positive experience, with 8 reviews referring to delays in treatment or accessing services. Of these 4 related to hospital delays (2 relating to follow-up care), 1 for a social care assessment and 3 related to dental care (see below).

“Health care has not been available due to Covid no operations for urgent cases at NOC. Delays to operations for many people have caused stress and pain with still no end in sight”

“As a follow up to an A&E visit I need to have an urgent endoscopy. Unfortunately there has been a delay in accessing this investigative treatment due to COVID-19. The impact has been more telephone appointments with my GP and using some heavy duty pain relief, in effect treating the symptoms but not the illness.”

“My main concern is that I have had recent heart surgery but am not getting any follow up care/monitoring of blood pressure etc”

“I requested a social care assessment on the county council website 10 days ago as my mother fell out of bed in the night and I am still waiting for them to contact me”

11.1.4 2 reviews expressed dissatisfaction with some NHS professionals

“CV19 seems to be an excuse for (some) NHS surgeons/consultants/prof's etc to kick back for months on end”

“Generally my view is that the doctors and consultants not directly involved with Covid have been enjoying a very long, fully paid holiday at our, the tax payers', expense”

11.1.5 Difficulties accessing dental services

There were 3 reviews about dental care - all focusing on the difficulties of accessing treatment.

“In May a large section of the tooth broke away but stayed lodged in the gum. I tried NHS111 who said I "must see a dentist within 5 days" and gave me three phone numbers. One was advice only - one was a recorded message that the surgery was closed - one was a BT message that the number was unobtainable”

“I have a dental problem and have been waiting 7 months for a hospital appointment (still waiting!). Meanwhile, two weeks ago the offending tooth broke in two (vertically) so I telephoned NHS111 for advice. The respondent was very understanding and helpful. I went through the triage system as a result of which she concluded that I "must see a dentist within 5 days" and gave me phone numbers for three emergency dentists. One was "giving advice only - no appointments": one had a recorded message that the "practice was closed": one was "BT number unobtainable". [After approx six days "manipulation" I managed to extract the damaged portion with my bare hands]”

“My problem has been with my tooth and being to access my dentist.... The dentists have done their best in the circumstances.”

11.1.6 Use of phone consultations

Four reviews refer to telephone consultations with two having a positive experience and two for whom it was not ideal

“I had phone contact with surgery and then call back by Dr who sent me a connection via iPhone so that she could visually see the problem and we could discuss. The whole procedure was very efficient and simple to use.”

“I am with the Abingdon (Stert Street) practice and found them to be providing an excellent service during lockdown which included having phone consultations with my GP”

“Appointments with consultants have been via telephone but often the consultant's home does not support Voip calls.”

11.1.7 Good adherence to COVID procedures

One person who had used her surgery, EMU and then the eye hospital said: “All three followed Covid 19 recommendations to the letter.”

“I have had to attend the Churchill hospital on two occasions for urgent tests requested by my GP. These were both done in a timely manner and efficiently carried out with appropriate Covid protection.”

“My 3-weekly visits to the GP surgery have been managed very safely, eliminating as far as humanly possible any cross-infection.”

11.2 July 2020 – 9 responses

‘I have been very happy with the support and availability of GP and Dental services during the current Coronavirus outbreak’

‘pretty poor - CV19 seems to be an excuse for (some) NHS surgeons/consultants/prof's etc to kick back for months on end, doing nothing on full NHS pay, sitting at home watching Netflix and gardening! However, If you are a private patient you are being rung constantly to see if you want your Op' earlier - LOL’

‘Getting support and healthcare has generally been easier than before lockdown, since Botley Medical Centre started using telephone appointments. I also found no great delay in getting a blood test at BMC. It can be difficult to pass information on non-standard matters to a person who is prepared to act on it. No action was initially taken to remove the words "Kennington Health Centre" from one of BMC's outgoing phone messages when I pointed out that the message did contain it. I was told that the offending phrase did not figure in any BMC phone message. However, when I pinpointed exactly where the phrase was in the message, it was removed.’

‘It has failed utterly! Last October my dentist referred me to hospital (the JR) to deal with a problem-tooth, adding the warning that it "could take up to six months". Of course, Coronavirus lockdown intervened and nine months later nothing has happened. Meanwhile, in May a large section of the tooth broke away but stayed lodged in the gum. I tried NHS111 who said I "must see a dentist within 5 days" and gave me three phone numbers. One was advice only - one was a recorded message that the surgery was closed - one was a BT message that the number was unobtainable. Over the following week I worked at the tooth-fragment

and was eventually able to pull it out myself. I am still awaiting an appointment to deal with the remaining, jagged, half-tooth.'

'Had the letters to advise me that as I'm extremely clinically vulnerable I was to shield. When I did become unwell my surgery were very good about getting me to see a dr. I did end up in hospital eventually with COVID and it was quite a surreal experience. I have a follow up next week with a consultant and they have told me the appointment is still going ahead but they have changed the times around a bit to allow for social distancing.'

'Apart from missing Hydrotherapy - I have had polio and depended on this to keep mobile - all my other dozen conditions have been well handled. In fact I have listed the excellent care, that was often better than normal, on <https://aftercancers.com/lets-keep-nhs-benefits-after-lockdown/>'

'Cogges Surgery, Witney Oxon - Superb, really intend on you getting the care you need. Prompt reaction to potentially urgent care needed EMU - first class treatment, reassuring welcoming and wouldn't hesitate if needing intravenous antibiotics again Oxford Eye Hospital - again couldn't ask for better near emergency treatment. Safe, reassuring and excellent treatment All three followed Covid 19 recommendations to the letter'

11.3 August 2020 – 6 responses

'I want to praise members of the NHS for how they are managing, against so many odds, to help those of us not suffering from coronavirus. Aged 76 ,I have been in lockdown since mid-March this year with my partner. We are aware how lucky we are to have a comfortable home and garden, and supportive family members who supply us with food, and now, correctly distanced and very welcome company. My partner is fit and active at 78, and I have some chronic health problems, well controlled, but which have meant we need to self-isolate strictly in case of catching coronavirus. This year I began having episodes of vertigo and loss of balance which worsened alarmingly in June. To be safe, as I'd already suffered one TIA, my GP arranged a face-to face appointment the same day, then sent a fast track referral to the John Radcliffe TIA unit. This was on a Thursday. On Friday morning I was phoned from the John Radcliffe and had a long telephone consultation with a senior ITA consultant, who arranged an MRI scan for me that same afternoon at the JR - I used a taxi there and back - then he rang me with the results on Saturday: his diagnosis; negative for TIA's or other problems, but indicating inner ear disturbance. Three days to be treated by a top specialist and given a diagnosis, and this during a pandemic. I was amazed and very grateful. Because the episodes of vertigo are distressing, ongoing and life altering, my GP has now arranged an ENT appointment for me, which I assumed would take months due to the ongoing pandemic. Within days of his referral, I received the instructions of how to go online to arrange my appointment, which is now (provisionally I assume) booked for early October. Yes, I know this doesn't always happen because staff are overstretched and exhausted, but in my case they came up trumps. When will our government start supporting the NHS as it deserves.'

'I have found it impossible to get an appt of any kind with any of our GPs. Very disappointing. I needed a referral letter for treatment for a frozen shoulder, was told I wouldn't get an appt for that, that the referral letter could possibly be done from a letter from the physio I had to arrange to see privately instead but that it had to be done by my designated GP alone & that he was away for two weeks. No one could do it in his absence apparently. I was also told that I would have to pay for the letter if it was for private treatment. This means any treatment will be seriously delayed, I will probably have to pay for it myself if I want it as the insurers need a GP referral. So my attempt to not burden the NHS at this time has done me no favours whatsoever. I completely understand they are severely stretched but was trying to reduce their load by going straight to a physio myself initially rather than waste their time- and I do after all pay my tax. As well as now probably having to pay for my own treatment. I was told the only patients allowed in the surgery were for blood tests done by nurses. What are the doctors actually doing? I wasn't offered a telephone appt or even a call, so am baffled. The ansaphone message says call 999 if really ill or 111 if covid. Underwhelming.'

'I am a COVID long hauler. I became ill on April 6th and am still not back to full health. My heart rate shoots up when I go up the stairs and I can walk a maximum of 2 miles on flat ground. Pre COVID I could walk for 10 - 20 miles, up and down hills. I have begun a phased return to work, one day a week. I have had kind and sympathetic support from my GP, but very little diagnostic or investigative work to find out what damage has been done to my organs. I had a set of bloods done in month 3, and 4 months in, I have finally been offered a chest x-ray. There is beginning to be an increasing awareness of long haul COVID, but much more needs to be done to understand the long term effects of the virus and to train GPs to better support COVID patients.'

'My radiotherapy for prostate cancer went ahead at the Churchill Hospital in June and went well despite the pandemic. The standard of care was very high and the disruption minimal. The staff were very supportive.'

'I was referred to hospital dental services in October 2019 with the expectation that it might take 'up to 6 months' (April 2020). I have checked that my referral was received and beyond that I have not heard 'a word'. In the absence of any useful assistance from NHS111 I have already had to resort once to 'self-administered' dentistry. My wife suffers from osteo-arthritis in the hip which is 'rapidly deteriorating' (Dr's words!). She was referred to Consultant in Jan/Feb and heard nothing since'