Desktop research

Introduction to coronavirus

Coronavirus disease (COVID-19) is an infectious disease caused by the coronavirus[1]. This virus is spread through saliva or discharge from the nose when a person coughs or sneezes. Most people who are infected will experience respiratory illness not requiring specialised treatment though more vulnerable groups such as older people and those with underlying medical health problems are more likely to develop serious illness.[1]

Impact in the UK

Much like the other countries, COVID-19 has had an enormous impact in the UK with over 300,000 lab confirmed cases identified with the number of COVID-19 associated deaths grossing 46,000 as of the 31st of July 2020.[2]

As well as impacting the lives of those infected, COVID-19 has had an enormous impact on the whole population. On the 26th of March 2020, the UK went into lockdown to ensure the safety of the population and minimise the spread of COVID-19. This resulted in significant changes to people's lives and many are now trying to understand the impact of this.

General impact on the population

Research has shown a negative impact on a large number of people's finances and differences in performing daily tasks [3, 4]. People also reported feelings of worry, anxiety and increasing mental health concerns with this being a common theme emerging amongst a large number of research [5,6,7,8,9]. As a result of these increasing pressures and concerns around wellbeing, access to healthcare services are crucial during the pandemic and beyond.

The National Health Service – National findings

The National Health Service (NHS) have made many changes to the delivery of healthcare services as a result of COVID-19. These changes were made to services including Primary Care, Urgent Care, Planned Care, Mental Health Services and many more. As well as these changes, unexpected trends were also viewed such as a decline in attendance to A&E and an increase in use of NHS 111 services. Nationally, work has taken place to understand the reasons for these unexpected trends and the impact of service changes on the population. The following sections highlight patient experiences of accessing and using various healthcare services during the COVID-19 pandemic.

Hospital services

Insight reports by organisations such as Healthwatch Wiltshire have noted that whilst some have been able to continue accessing care, others have experienced the pausing of treatment with little communication as to when this would re-commence[5]. This finding is supported by Traverse[10] who also found that due to this lack of communication, people were unsure if their appointments would continue remotely, resulting in some patients having appointments they were not prepared for. This suggests that communication is a factor that

needs improving between hospital services and patients to keep them up to date with their treatments.

During the pandemic, the discharge process from hospital was accelerated in order to reduce spread of infection and create capacity for those needing urgent treatment as a result of COVID-19. When studying this discharge process, the West Yorkshire and Harrogate Health and Care Partnership highlighted some people felt they were discharged too soon from hospital or were forgotten about[11]. This suggests that whist beneficial in the context of the pandemic, the experience of such discharge processes need to be studied further to understand whether they are truly beneficial for the population.

Pharmacies

In their research, Ipsos MORI found that people were most comfortable attending the pharmacy over other healthcare services[4]. An insight report by Healthwatch Wiltshire[5] found that feedback on ordering and getting medication was mixed though most people were able to access the medication they required. A reason for the mixed responses may have been due to delays in accessing medication as a result of long wait times, queues and lack of supply of medication[8,12]. This suggests the need for patient's feedback on pharmacy services to further understand experiences and make any improvements highlighted.

Mental Health services

As highlighted previously, mental health has been severely impacted during COVID-19 pandemic. Some work that has taken place has reviewed the impact of service changes on the population. Research has shown that people have concerns about accessing mental health services for existing and newly developed mental health issues with some people noting that they are unable to access support such as the mental health crisis services[11,13]. There was also concerns expressed over the capacity of mental health services and some people worry that mental health would not be viewed as much of a priority as physical health[13]. This highlights the need to understand experiences of accessing and using of mental health services.

Primary Care

Feedback on Primary Care during this period has been mixed. People in some areas have reported concerns around the delivery of routine services such as B12 injections and Chronic Obstructive Pulmonary Disease (COPD) checks which they felt were of great importance to their health[12].

A major change adopted by Primary Care has been the use of remote consultations via telephone and video during the pandemic. Research indicates that people's level of comfort with using these methods vary according to their healthcare needs[14].Whilst remote consultations have been convenient for some, issues were reported around access to these methods particularly for those who experience digital poverty, people with hearing impairments and those who do not speak English[11]. This was supported by the research conducted by Healthwatch England together with Traverse, National Voices and PPL[15] where participants highlighted the need to be inclusive when considering the use of these methods. In order to address these challenges, participants noted the importance of designing and obtaining feedback about services with patients and carers. This indicates the importance of focusing on patient experience with regards to remote consultations in a variety of settings, for a range of contexts.

The paragraphs above highlight the impact of service changes on the public however, it is important to note that changes in public behaviour in accessing services were also observed.

Delays to accessing treatment

Over the months, trends have been observed which show a reduction in the use of services such as A&E. A major reason for delaying access to treatment as reported by The West Yorkshire and Harrogate Health and Care Partnership[11] was fear around contracting COVID-19 and worries about adding further pressure on the NHS. This is supported by Ipsos MORI[4] whose research showed that 76% of people were fearful of contracting COVID-19 when attending a hospital appointment and 63% when attending a GP surgery. Additionally, around 1 in 10 people were concerned about putting further pressure on the NHS[4]. This highlights the need to explore reasons for delays in accessing services for local populations.

Diverse Groups

Though the impact on the population as a whole have been reviewed, it is also important to understand the views of diverse groups whose experiences may have differed, based on their needs. The paragraphs below showcase the experiences of some diverse groups during the pandemic with both general life and access to healthcare services.

Carers

The Office for National statistics have found that 32% of those who reported caring for another person, were providing support to someone that they were not before the pandemic[16]. This shows an increase in caring responsibilities which was supported by the West Yorkshire and Harrogate Health and Care Partnership[11] who found that as a result of the lockdown, their local carers have been providing 10 additional hours of care each week. Carers are feeling isolated and are unable to access normal coping mechanisms. This increase in pressure and demand on carers can have an impact on carers when trying to access healthcare services.

Disabilities

Issues around the accessibility of information and use of technology have been prevalent for people with disabilities. For example, it has been noted that some people with disabilities absorb information in different ways[11] hence information provided by services need to be tailored to suit the needs of different groups. It has also been noted that technology, which has been heavily relied on, is not accessible for all including those with hearing impairments. In addition, people with disabilities have had planned and routine appointments postponed which have been of concern[17]. Such issues need to be explored further and taken into consideration.

BAME Communities

Research has shown that BAME communities are more vulnerable to catching COVID-19[18]. Public Health England conducted engagement[19] with over 4000 people with interest in BAME issues. It was felt that COVID-19 exacerbated existing health inequalities for BAME communities and this unequal impact may be explained by various factors such as socioeconomic inequalities and the inequalities in other health conditions that increase the prevalence of the disease. Stakeholders, who participated in this work, suggested that further research is needed and should be conducted in partnership with communities to

understand the impact of COVID-19 on BAME groups. Calls for action were produced and some of the recommendations that were made include: the improvement of access, experiences and outcomes of services, development and funding of culturally competent COVID-19 education and prevention campaigns, target culturally appropriate health promotion and disease prevention programmes for non-communicable diseases and finally to ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health. Further recommendations and calls for action can be found in the Public Health England report[19].

Maternity

Research has shown that some expectant mothers have concerns around the suspension of home birth services as they are worried about accessing hospital services due to the risk of catching COVID-19[11]. Mothers have also reported feeling nervous when attending appointments such as scans as they were not allowed to be accompanied by another during the pandemic[20]. In a blog post by Healthwatch, a mother reported "*I think the NHS should consider this, especially for first time parents and for people who have severe anxiety.*"[20]

Refugees and Asylum Seekers

The West Yorkshire and Harrogate Health and Care Partnership[11] have noted that many Asylum Seekers and Refugees don't have access to the internet. This can limit their access to healthcare services due to the increase in online consultations. A particular struggle with access medication has also been noted for this group during the pandemic.

Mental Health Problems

The Academy of Medical Science[13] has noted that due to the anxiety and uncertainty of the pandemic, some people who already experienced mental health problems, experienced a worsening of this issue. Rethink Mental Illness[21] reported that many people with mental health issues have found it harder during the pandemic as they have found it more difficult to access support. Some people were informed that they were too unwell to be supported by the GP but not well enough to be supported by specialist services. Hence it is important to gain the views of those with lived experience of mental health problems to ensure access to care.

Older Generations

Ipsos MORI[22] noted that 23% of people surveyed between the ages of 50 and 70 reported a decline in their physical health and 40% in their mental health. This decline in health is suggested to have been further exacerbated by the delayed or cancelled medical or dental appointments which were experienced by 53% of people in this age group. Hence it is important to understand the experiences of older generations within local populations.

The findings above showcase the impact of COVID-19 and changes to healthcare services for just some of the diverse groups with noted impact on others including children and young people, LGBTQ+ communities, people living with Dementia and more[23]. Hence, it is essential to understand the views and experiences of diverse communities to

Local impact on Nottingham and Nottinghamshire

Work is being undertaken to understand the impact of COVID-19 on the community of Nottingham and Nottinghamshire.

Nottingham City Council and Nottinghamshire County Council have produced surveillance reports noting the impact of COVID-19 on the population. From the period of 21st February to the 19th July 2020, Nottingham City Council recorded a total of 1194 cases of COVID-19 from both healthcare settings (Pillar 1) and tests done in the community (Pillar 2)[24]. Nottinghamshire County Council reported a total of 3,008 cases of COVID-19 for both Pillar 1 and 2 in the County[25]. This highlights the large number of people across Nottingham and Nottinghamshire who were affected by the virus.

Further to this, the Nottingham Integrated Care System (ICS) who conducted a COVID-19 Rapid Assessment and found that people who live in poverty are facing the brunt of the pandemic with those from lower income households being unable to work from home[26]. To understand the impact more closely, work has taken place at a district level. An example of such work was conducted by Ashfield District Council[27] whereby residents completed a survey to understand their views and feelings. People reported a negative impact on their jobs, relationships with families and friends, diet, lifestyle but also their mental and physical health. Such concerns around mental health was further supported by research conducted by the youth led project, MH:2K, who found that of the 161 young people surveyed, 70.2% reported that mental health had been negatively impacted during the lockdown[28]. They also found that less than a quarter of survey respondents accessed support for their mental health with lack of clarity on how to access service being a reason for not doing so. This suggests greater communication and information is needed on how to access services during the pandemic.

Healthwatch Nottingham and Nottinghamshire[29] conducted research to explore the information needs of the community. As highlighted previously, experiences have vary across diverse groups in the communities hence, Healthwatch Nottingham and Nottinghamshire looked to understand the information needs according to different diverse groups such as those with long term conditions, those at high risk, BAMER groups and many more. It was found that people who were aged 70+ were not able to get information on managing existing health conditions whereas those who identified as LGBTQ+ reported that they required more clear information and advice on how to access mental health services. When asked about healthcare appointments, it was found that more people in each group had their routine healthcare appointments changed than those who did not. Out of those surveyed, 13.6% changed or cancelled their appointments with the most commonly noted reasons being due to fear of contracting COVID-19 and not wanting to add additional pressure to the NHS. This report by Healthwatch Nottingham and Nottinghamshire highlights some of the impact of healthcare service changes and showcases the differing needs of diverse groups in the community. This suggests that further work into understanding experiences of healthcare services requires a focus on diverse and vulnerable groups.

An example of research focused on understanding healthcare experiences of vulnerable groups is that conducted by the Nottingham and Nottinghamshire Refugee Forum[30]. This forum aimed to understand the healthcare experiences of Refugees and Asylum Seekers, pre-pandemic. Their research highlighted many issues when accessing healthcare services for this group, including: GP registration and appointment booking, difficulty accessing interpretation services for appointments, eligibility issues for some healthcare services, discrimination due to immigration status and racial, ethnic and religious discrimination, difficulty accessing medical reports and issues with the Excluded Patients Service. The report also details initial observations as a result of COVID-19 and points to the fact that health inequalities have been further exacerbated for this group with many struggling to access remote consultations. Many Asylum Seekers and Refugees also believed that they could not access services due fear of potential fees or the closing of healthcare sites. This report further strengthens the need to understand the experiences of diverse communities such as Asylum Seekers and Refugees, with a focus on service changes due to COVID-19.

The NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) have worked to understand the impact of changes to healthcare services on the population, with a focus on diverse patient groups.

References

1) World Health Organisation, 2020. Coronavirus. Available via: https://who.int/health-topics/coronavirus#tab=tab_1 [Accessed 03/08/20].
2) GOV.UK, 2020. Coronavirus in the UK. Available via: https://coronavirus.data.gov.uk/ [Accessed 1/08/20].
3) Isle of White Green Party, 2020. *Coronavirus Impact Survey*. Available via: https://onthewight.com/isle-of-wight-green-party-reveal-results-of-their-first-coronavirus-impact-survey/ [Accessed 22/07/20].
4) Ipsos MORI (2020). The Health Foundation COVID-19 Survey: A report of survey findings. Available via: https://www.health.org.uk/sites/default/files/2020-06/Health-Foundation-2020-COVID-19-Polling-v2.pdf [Accessed 27/7/20].
5) Girlguiding, 2020. Girlguiding research briefing: Early findings on the impact of Covid-19 on girls and young women. Available via: https://www.girlguiding.org.uk/what-we-do/our-stories-and-news/news/girls-tell-us-how-theyve-been-affected-by-covid-19-crisis/?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11551909_NEWSL_HMP%202020-05-22 [Accessed 22/07/20].
6) Healthwatch Croydon, 2020. How is Covid-19 affecting Croydon residents? Available via: https://www.healthwatchcroydon.co.uk/wp-content/uploads/2020/05/How-is-COVID19-affecting-you-Stakeholder-Report-No-1-30-April-2020-final.pdf [Accessed 22/07/20].
7) Healthwatch West Sussex, 2020. Your Health and Care Insight into Action (5th Ed.). Available via: https://www.healthwatchwestsussex.co.uk/sites/healthwatchwestsussex.co.uk/files/COVID%20Health%20Care%20Insight%20Into%20Action%20%235%20%20%28Healthwatch%20West%20Sussex%29%20-%2017%20June%20%202020.pdf [Accessed 22/07/20].
8) Healthwatch Whiltshire, 2020. Covid-19 Insight Report. Available via: https://www.healthwatchwiltshire.co.uk/sites/healthwatchwiltshire.co.uk/files/Covid_insight_report_1_June_28_June_2020.pdf
9) Britain Thinks, 2020. Coronavirus Diaries: 10 Insights from lockdown. Available via: https://britainthinks.com/pdfs/Coronavirus-Diaries_Summary-report_weeks-1-to-12.pdf [Accessed 27/7/20].
10) Traverse, 2020. Knock-on effects of Coronavirus on access to healthcare: lived experience research. Available via: https://traverse.ltd/application/files/2415/8817/8308/Knock_on_effects_of_coronavirus_on_healthcare.pdf [Accessed 01/08/20].
11) West Yorkshire and Harrogate Health and Care Partnership, 2020. Coronavirus engagement report for stabilisation and reset. Available via: https://www.wyhpartnership.co.uk/application/files/4415/9137/4029/Coronavirus_engagement_report_DRAFT_5_June_2020.pdf [Accessed 22/07/20].
12) Healthwatch Hampshire and Isle of Wight, 2020. Covid-19 Insight Report. Available via: https://www.healthwatchisleofwight.co.uk/report/2020-06-01/intelligence-reports [Accessed 22/07/20].
13) The Academy of Medical Science, 2020. Understanding people's concerns about the mental health impact of the COVID-19 pandemic. Available via: https://acmedsci.ac.uk/file-download/99436893?utm_source=The%20King%27s%20Fund%20newsletters%20

%28main%20account%29&utm_medium=email&utm_campaign=11479183_NEWSL_HMP%202020-04-21&dm_i=21A8,6U1E7,N9JCBJ,RE7T9,1 [Accessed 22/07/20].

14) Bristol, North Somerset CCG. The Healthier Together Panel. Survey Five – Digital technology and video consultations results. Available via https://bnssghealthiertogether.org.uk/documents/citizens-panel-survey-5-digital-results/ [Accessed 21/08/20].

15) Healthwatch England, National Voices, Traverse, PPL. 2020. EMBARGOED –The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience. Insight report. Key findings from research June-July 2020. Available via: https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20200727%20The%20Dr%20Will%20Zoom%20You%20Now%20-%20Insights%20Report%20%282%29.pdf [Accessed 01/08/20].

16) Office for National Statistics, 2020. Coronavirus and the impact of caring. Available via: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/2020-07-09 [Accessed 14/08/20].

17) Social Carer Institute for Excellence, 2020. Understanding the impact of COVID-19 responses on citizens. Available via: https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/impact-on-citizens [Accessed 14/08/2020].

18) Public Health England, 2020. Beyond the data: Understanding the impact of COVID-19 on BAME groups. Available via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf [Accessed 14/08/20].

19) Public Health England, 2020. Beyond the data: Understanding the impact of COVID-19 on BAME groups. Available via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf [Accessed 25/08/20].

20) Healthwatch, 2020. Arti tells us her experience of maternity services during COVID-19. Available via: https://www.healthwatch.co.uk/blog/2020-07-08/arti-tells-us-her-experience-maternity-services-during-covid-19 [Accessed 23/08/20].

21) Rethink Mental Illness, 2020. What Impact has COVID-1 had on Mental Health Services. Available via: https://www.rethink.org/news-and-stories/blogs/2020/05/what-impact-has-covid-19-had-on-mental-health-services/ [Accessed 23/08/20].

22) Ipsos Mori, 2020. COVID-19…The impact of lockdown on older generations. Available via: https://www.ipsos.com/ipsos-mori/en-uk/covid-19-impact-lockdown-older-generations [Accessed 23/08/20].

23) Public Health England, 2020. COVID-19 Suggestions for mitigating the impact on health inequalities at a local level. Available via: https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf [Accessed 14/08/20].

24) Nottingham City Council, 2020. Nottingham City weekly COVID-19 Surveillance Report 23rd July 2020. Available via: https://www.nottinghamcity.gov.uk/coronavirus-covid-19/covid-19-surveillance-reports/ [Accessed 29/07/20].

25) Nottinghamshire County Council, 2020. Weekly COVID-19 Surveillance report in Nottinghamshire. Available via: https://www.nottinghamshire.gov.uk/media/2891988/weeklycovid-19surveillancereportinnottinghamshire-19july2020.pdf [Accessed 29/07/20].

26) Integrated Care System Nottingham and Nottinghamshire, 2020. Nottingham and Nottinghamshire Mental Wellness COVID-19 Rapid Assessment: A population Health

Management and Inequalities approach to Mental Wellness COVID-19. Available via: http://webcache.googleusercontent.com/search?q=cache:c4jr1DKROQUJ:healthandcarenotts.co.uk/wp-content/uploads/2020/07/Mental-Health-Covid-Rapid-Assessment-final-1.pptx+&cd=10&hl=en&ct=clnk&gl=uk [Accessed 23/08/20].

27) Ashfield District Council, 2020. Public Covid-19 Survey Results.

Ashfield District
Council Public Covid.

28) MH:2K, 2020. Impact of COVID-19 on Mental Health.

Data Analysis for
MH-2K questionnaire

29) Healthwatch, 2020. Information needs of vulnerable people during the COVID-19 pandemic. Available via: https://hwnn.co.uk/wp-content/uploads/2020/06/COVID-19-Information-needs-of-vulnerable-people-With-ICP-split-FINAL.pdf [Accessed 10/08/20].

30) Nottingham and Nottinghamshire Refugee Forum, 2020. Exploring the health experiences of Asylum Seekers and Refugees.

Health experiences
of AS Ref.pdf