NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

djs research

Covid-19 Recovery: Report

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1. Background, objectives & methodology

Background & objectives

NHS Nottingham & Nottinghamshire CCG commissioned research to understand the local population's awareness and understanding of the changes made to healthcare services in response to Covid-19, and the extent to which they would support the wider roll-out of these changes in a post-Covid setting.

NHS Nottingham & Nottinghamshire CCG commissioned research to:

"Support the recovery from Covid-19 in Nottingham City and Nottinghamshire."

The main objective:

"The objective is to explore the learnings from some of the changes that have been made in response to Covid-19 with a view to establishing more permanent changes in healthcare settings."

Additional objectives:

- Understand people's views of the changes made to healthcare, even if they are not directly affected
- Understand the tolerance or appetite of the population for keeping the changes made
- Understand the impact of the changes on those who are directly affected
- Understand the impact of keeping the changes on those who are directly affected

Methodology: overview

Quantitative and qualitative research (July – September 2020).

Representative, quantitative survey with the local population:

1,563 online surveys

1,000 telephone interviews

Qualitative follow-up, with the local population:

4 online focus groups

10 telephone depth interviews

Methodology: Quantitative

2,563 interviews with Nottinghamshire residents between 7th July and 4th September 2020. Interviews were split between online interviews (through specialist online panel providers) and telephone interviews (using phone lists). Interviews were split in order to get a representative view of experiences and perceptions from residents in the region, including offline populations.

2,563 quantitative interviews, with quotas on:
Age
Gender
District
Socio-economic group (SEG)

Other (monitored) demographic questions include:
Ethnicity
Unpaid carer status
Impairments / health conditions / learning differences
Receipt of benefits

Note: due to the final make up of interviews, weighting has been applied to the overall data on: age (16-34s were upweighted, and over 55s down weighted), and; gender (men were upweighted, women were down weighted).

Each respondent was asked if they would be interested in taking part in the second, qualitative, phase of research. Those who expressed an interest – and provided relevant contact details – were then used to recruit for the qualitative phase (details shown on the next slide).

From the quantitative research, respondents were also (self) categorised as:

- High service users
- Moderate service users
- Low service users

Details of which were used to inform recruitment for the second phase

Methodology: Qualitative

4 online focus groups (with between 5 and 6 participants in each) and 10 telephone depth interviews were conducted with people who had expressed an interest in taking part during the quantitative research. Recruitment to the focus groups and depth interviews was based on healthcare service usership (as shown below), with those who took part in a telephone depth interview, these were weighted towards those who were less comfortable using online technology.

4 online focus groups with the following profile:	**10 telephone depth interviews with the following profile:**
Group 1: high service users (see details to the right of the slide)	3 X high service users
Group 2: moderate service users, who **have not** used healthcare services during Covid-19	4 X moderate service users
Group 3: moderate service users, who **have** used healthcare services during Covid-19	3 X low service users
Group 4: low service users	

Usership groups were defined as:

- **High service users** (Has a ongoing health conditions which require care from a number of services, including visits to hospital or clinics for treatment)
- **Moderate service users** (Has regular check-ups with your GP / dentist / optometrist, and has support for additional healthcare needs)
- **Low service users** (Has regular check-ups with your GP / dentist / optometrist, but little or nothing else)

Focus groups were conducted using an online, text-based, platform (Visions Live).

2. Executive summary

Executive summary (1)

- A majority (63%) of people rate their own health (in comparison to others of the same age) as good, and just 10% rate their health as poor. Within this, younger age groups are less likely to consider their health as poor, and older groups more likely.

- Over half (56%) say their interaction with health services, beyond regular check-ups, is minimal. Just over a fifth (21%) say they have regular check-ups and some support for ongoing healthcare needs (such as high blood pressure, diabetes etc.), and 15% have ongoing health conditions which require the support of a number of healthcare service providers. Again, younger age groups are less likely to have ongoing health conditions which require support from a number of healthcare service providers than older age groups.

- Over half (58%) say they have no known health condition, impairment or learning difference. Here, age is less of a factor than SEG, with those in higher SEG groups being less likely to report having a known health condition, impairment or learning difference than those in lower SEG groups.

- Just under half (46%) have needed to access healthcare services during Covid-19. Few demographic differences in healthcare service access are observed here, but those of Mixed ethnicity are more likely to have accessed than others (54%).

- Among those who have accessed healthcare services during Covid-19, the most common service accessed by far is GPs (71%), followed by A&E. The most common reason for needing to access healthcare services is for treatment of a long-term health condition (43%).

Executive summary (2)

- The majority found it easy to access the healthcare service required, but there are some differences by service type. Access to a pharmacy is considered the easiest (90% found it easy to access), whilst access to dental services is the least easy to access (53% easy to access).

- Just under a third (31%) report putting off accessing healthcare services for a concern or problem during Covid-19. Men were less likely (26%) to have put off accessing healthcare services, while 16-34s are more likely to have done so (36%). In the main, it is GP surgeries that people were most likely to put off accessing (63%), and the main reasons for doing so (regardless of the service required) were not thinking it serious enough (39%) and not wanting to put additional pressure on the NHS (38%).

- Over half (56%) agree that they were able to access the level and type of care they would normally receive, rising to 69% when only looking at those who have accessed services during Covid-19. Across different demographic groups, there are no significant differences in ease of access to healthcare services.

- Of those who contacted 111 services (over the phone or online) during Covid-19, 36% were directed to a face to face service, and 37% given a (further) phone or video consultation with a healthcare professional. Those aged 55+ were more likely to have been directed to a face to face service, whilst those aged 16-34 were more likely to have been given a phone or video consultation.

- Of those who have had a GP appointment during Covid-19, the majority (65%) had a telephone consultation, 24% a face to face consultation, and 3% a video consultation. Across different demographics there are no significant differences in the type of appointment they were given.

Executive summary (3)

- More than one in 10 (14%) were either discharged from hospital themselves during Covid-19, or had a family member be discharged. In the main, experiences of being discharged were positive, with 41% saying it was 'done at the right time', 40% saying it was done with their / their family member's 'best interests at heart' and 40% saying it was 'professional'. However, almost a fifth (19%) said it was 'rushed'.

- Just over half (53%) agreed that the council had done a good job in helping residents in vulnerable circumstances during Covid-19 – with no significant difference in outlook across different demographic groups.

- Looking to the future, just under two-thirds (64%) support a continuation of remote GP consultations in future after the threat of Covid-19 has passed or subsided, just over half (56%) support remote consultations for routine hospital consultations, and just under half (46%) support remote consultations for certain mental health services.

- Over two-thirds (69%) would (continue) to discuss concerns about minor illnesses (e.g. a skin rash or muscular pain) remotely in the future, but only 26% would be prepared to hear / receive bad news for the first time over the phone or via video call.

- In order to encourage (further use of) remote consultations in future, the most important factors for patients would be being able to have consultations at times to suit them (59%), being able to have the consultation with their usual GP or doctor (57%), and getting information on the benefits of video consultations (53%).

Executive summary (4)

- Over three-quarters (77%) agree that they have been kept well informed by the NHS (at a national level) during Covid-19, and 70% agree that they have been kept well informed by local NHS services during Covid-19. At a local level, the main reasons for feeling as though they have been kept well informed centre on receipt of text messages (usually from their GP) and getting letters and leaflets through their door.

- The most common sources of information from the council during Covid-19 is Facebook (particularly so for 16-34s) and local TV / radio (particularly for over 55s).

3. Existing and ongoing healthcare needs

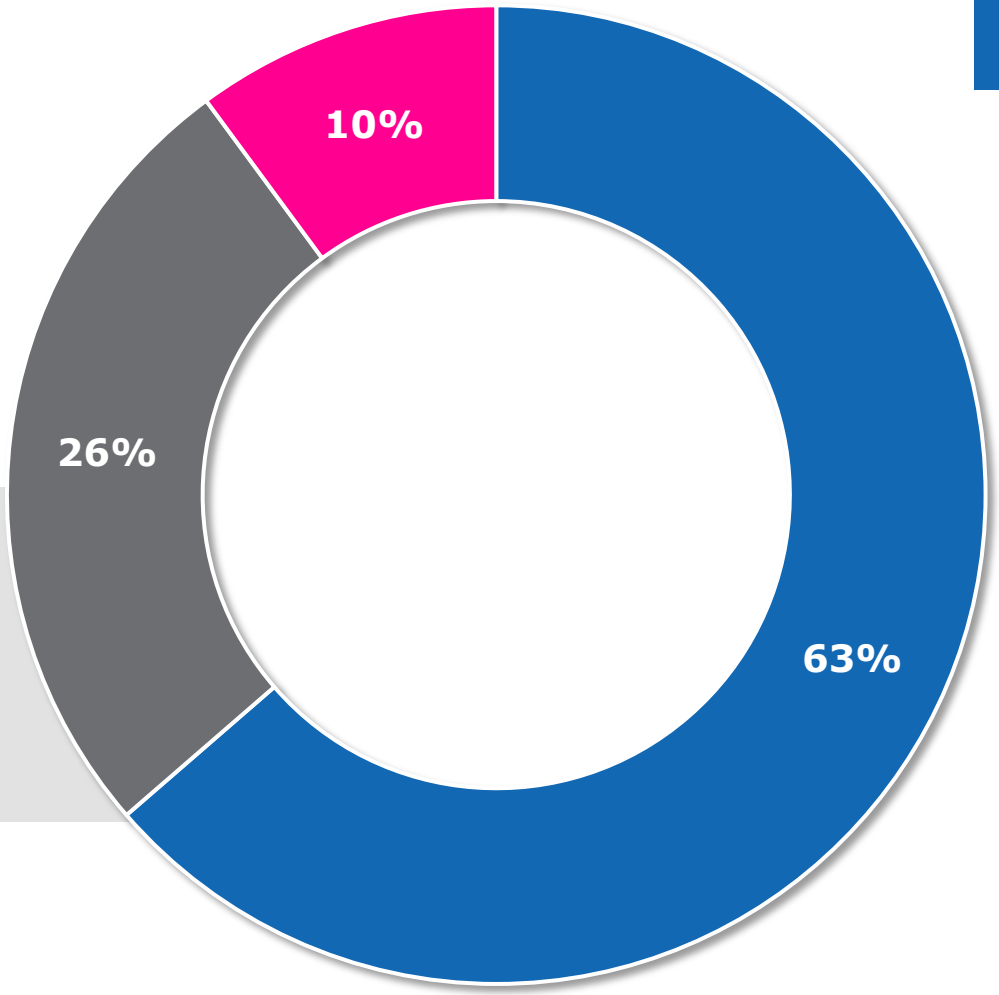
How people describe their own health

Overall, almost two thirds (63%) rate their own health (for a person of their age) as good, and just 10% rate their health as poor.

Across different age groups, those aged 34 and under are least likely to rate their health as 'poor' for their age (6%), followed by those aged 35-54 (10%), and 55+ (12%). Across other demographics, there are few differences, although those of Mixed ethnicity are (slightly but not significantly) more likely to consider their health poor (14%) than those of other ethnicities.

For a person of your age, would you say your health is…?

1% prefer not to say

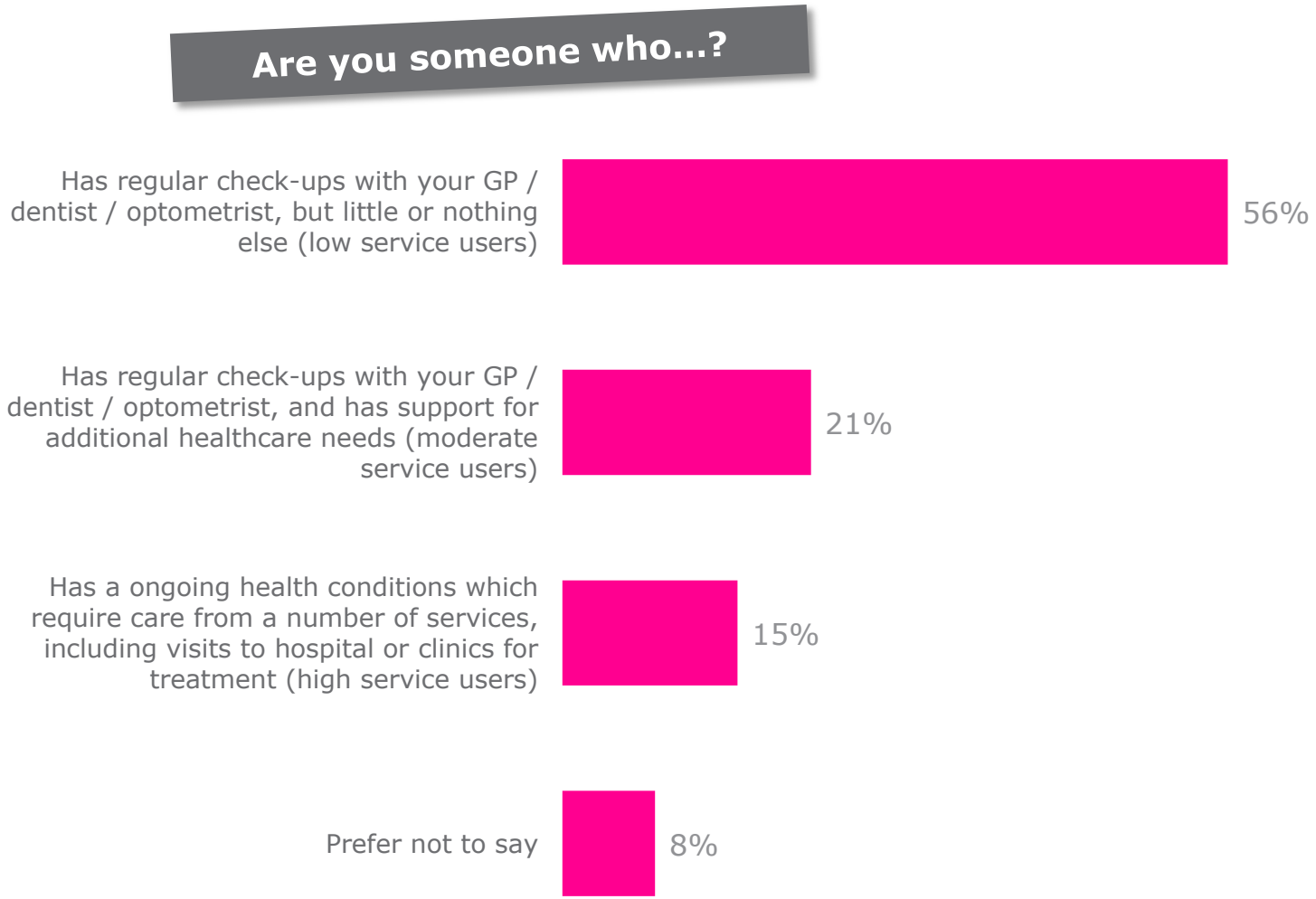


Base: Q33 all respondents (2563)**.** Would you say that, for a person of your age, your health is…?

Current healthcare needs

Over half (56%) say they have little interaction with healthcare services beyond routine check-ups, whilst 15% say they have ongoing health conditions which require care from a number of services.

Once again, age (unsurprisingly) is a key factor – just 9% of those 34 and under say they have an ongoing condition which requires care from a number of services, compared to 14% of 35-54s and 20% of those aged 55+.

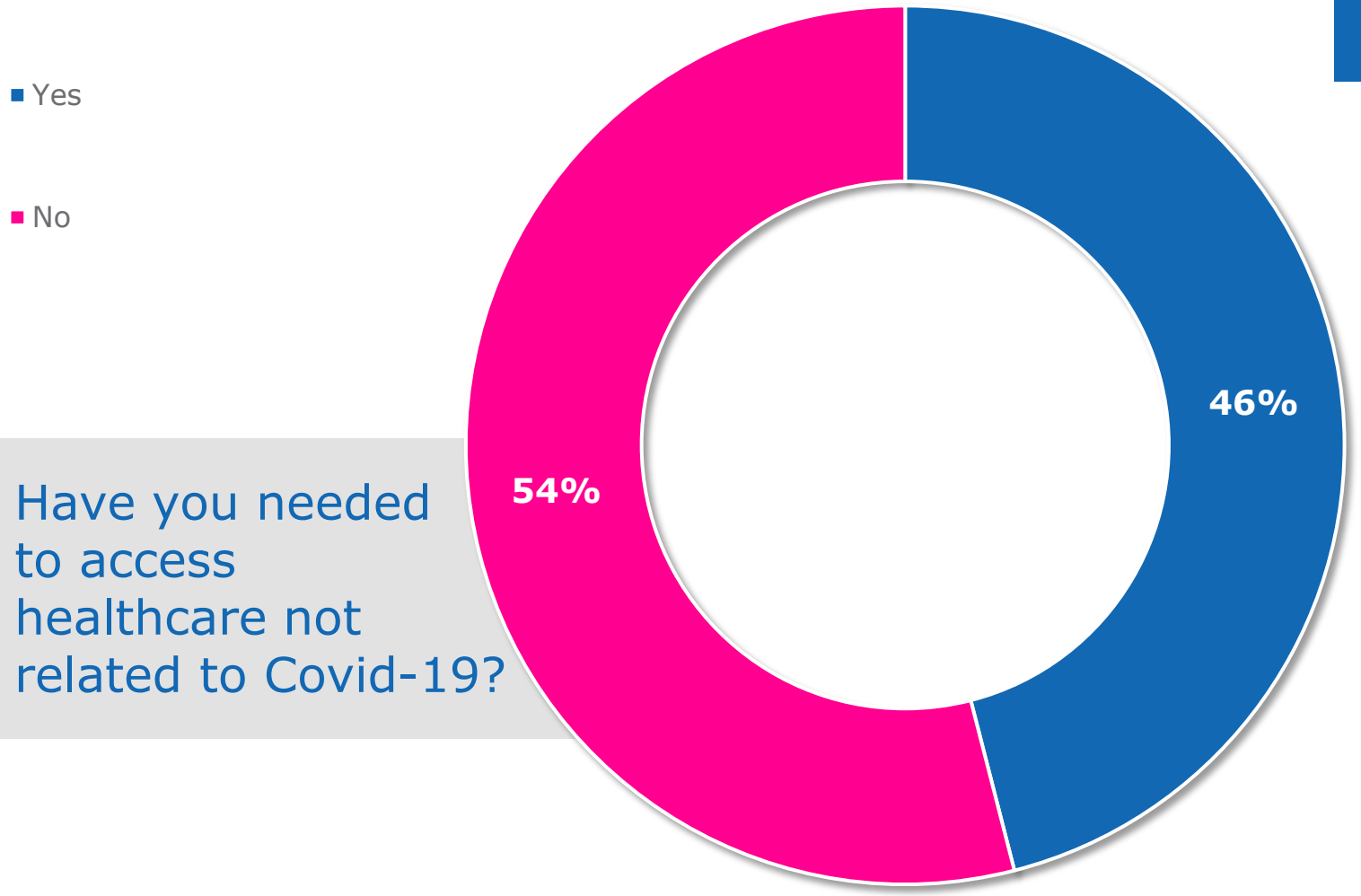


Base: Q34 all respondents (2563)**.** And, thinking about your healthcare needs at the moment would you say that you are someone who…?

4. Healthcare needs during Covid-19

Needed to access healthcare not related to Covid-19?

Just under half (46%) have needed to access healthcare not related to Covid-19 during the pandemic.

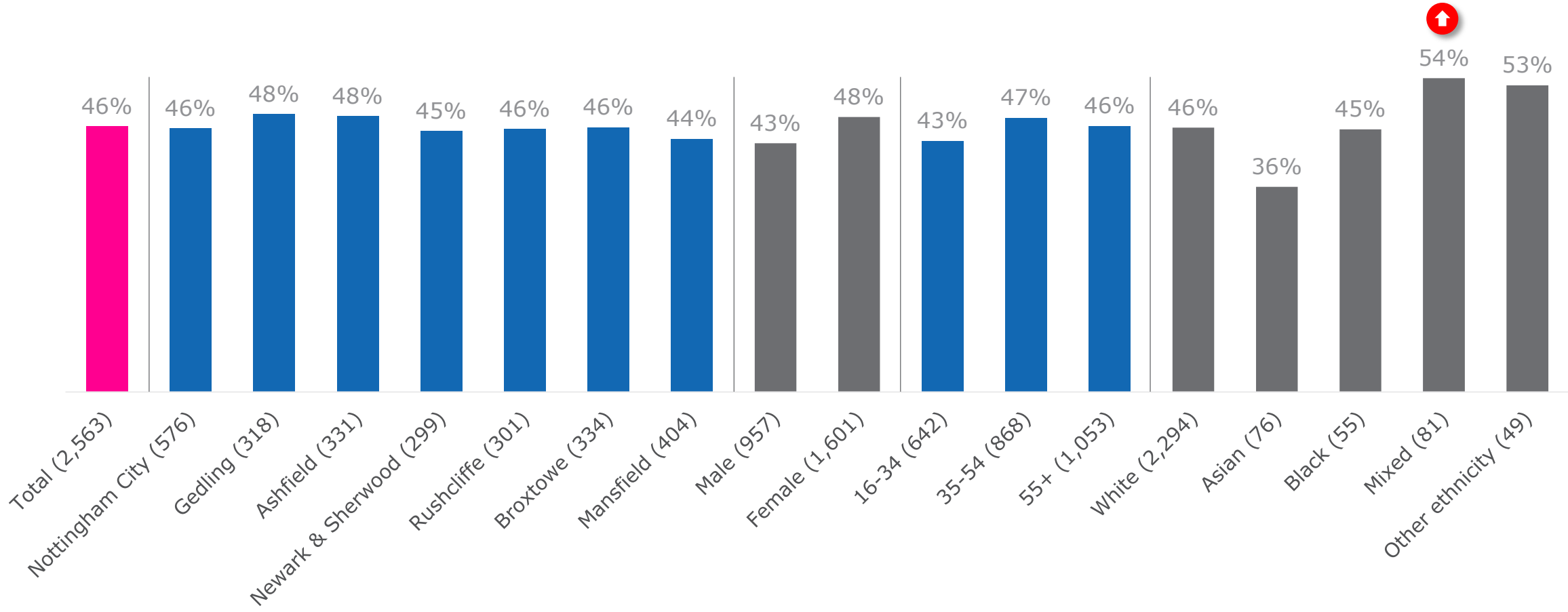


Have you needed to access healthcare not related to Covid-19?

Base: Q04 all respondents (2563)**.** During the Covid-19 pandemic, have you needed to access any healthcare services or advice, not related to Covid-19?

Needed to access healthcare not related to Covid-19?

Mixed ethnicity respondents are more likely than those of other ethnicities to have needed to access any healthcare services or advice, not related to Covid-19 during the pandemic. Across other demographic and regional groups there is little difference.



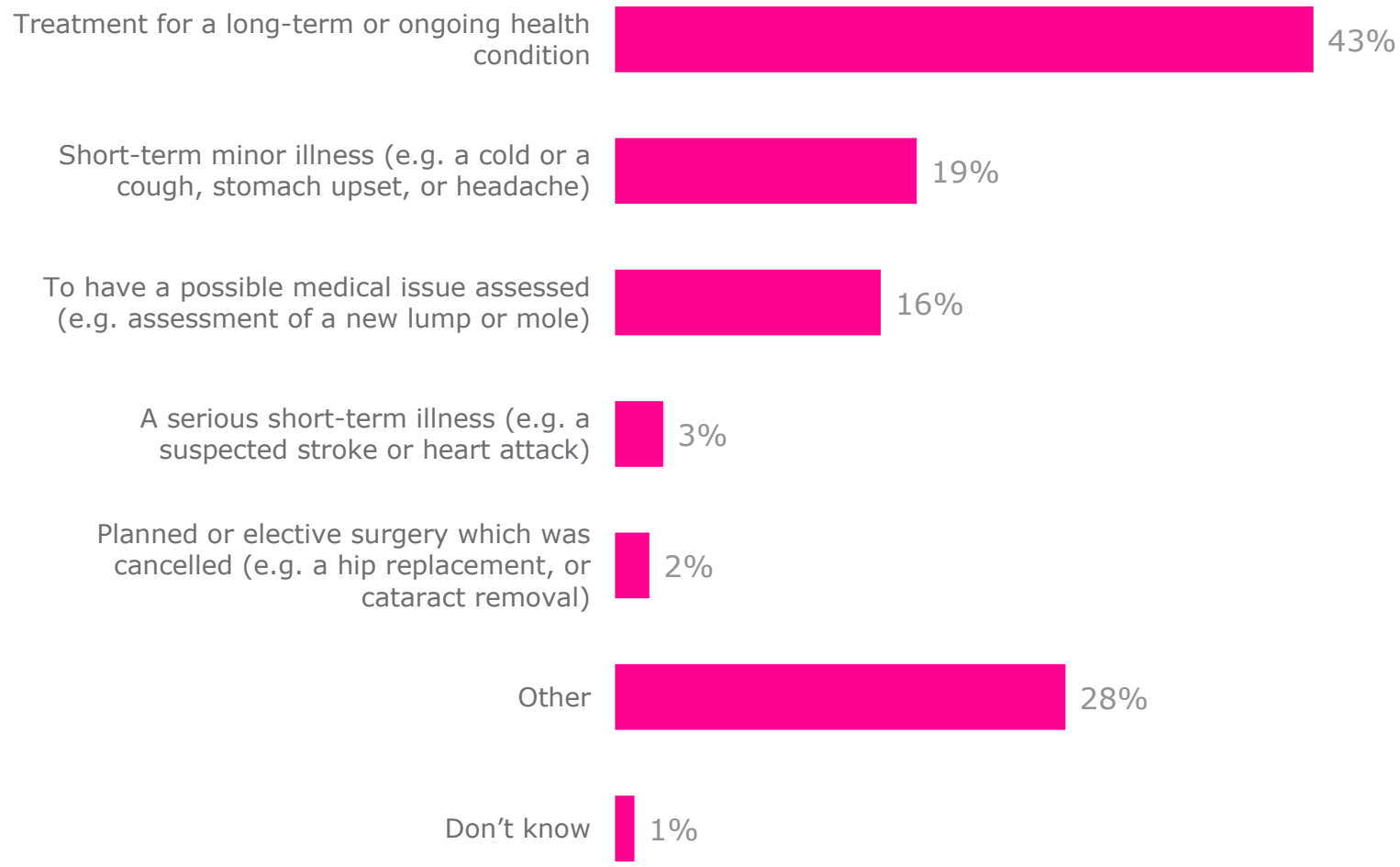
Base: Q04 all respondents (2563)**.** During the Covid-19 pandemic, have you needed to access any healthcare services or advice, not related to Covid-19?

Significantly higher than total

Significantly lower than total

Healthcare needed in relation to...

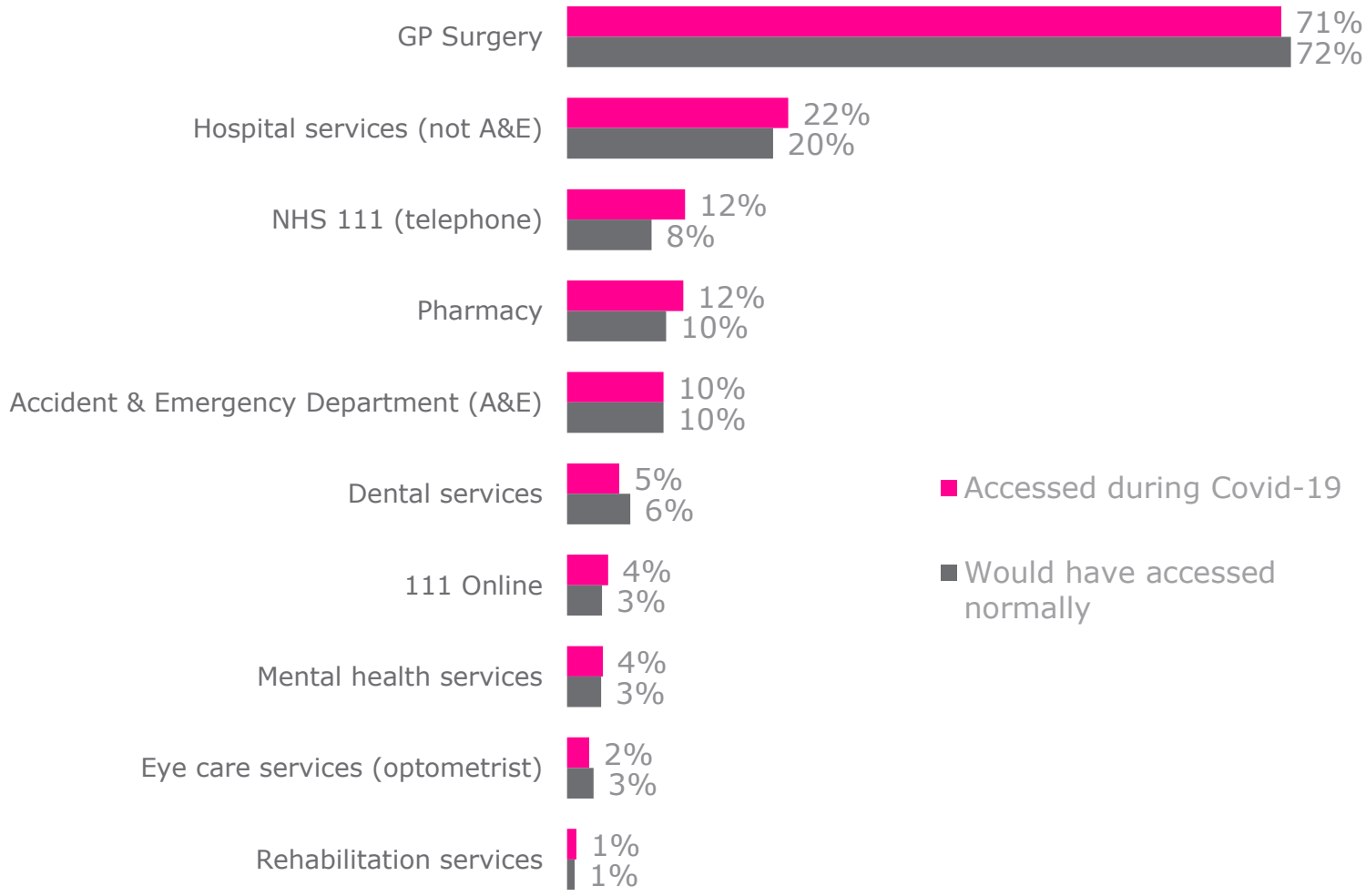
Over two-fifths (43%) needed to access healthcare services for ongoing treatment for a long-term or ongoing health condition.



Base: Q05 all who have accessed healthcare services during Covid-19 (1176)**.** What was this in relation to?

Healthcare service(s) accessed

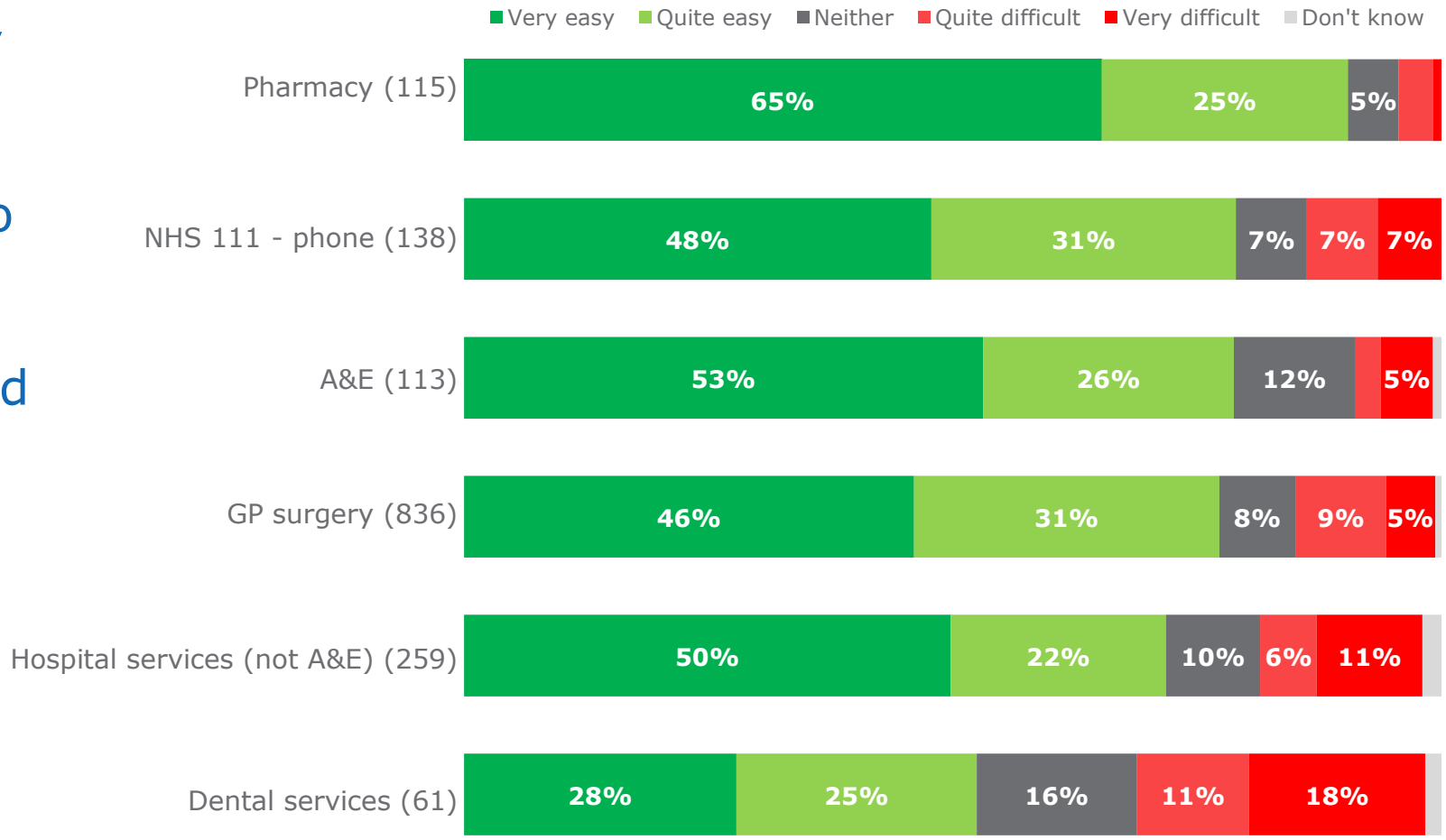
Overall, there is little difference in the service(s) people accessed during Covid-19 and the service(s) they would have accessed in normal circumstances – however, use of NHS 111 (telephone) is slightly higher than it might have been in normal circumstances.



Base: Q06 / Q06a all who have accessed healthcare services during Covid-19 (1176)**. Q06.** Which of the following healthcare service(s) did you access for the condition(s) or illnesses you experienced during Covid-19? / **Q06a.** If you had experienced the same situation and Covid-19 wasn't an issue, which healthcare service(s) would you have used?

Level of difficulty accessing services required

The majority found it easy to access the services they needed – with 9 in 10 of those who needed a pharmacy finding it easy to access what they required, through to just over half (53%) of those who needed to access dental services finding it easy.



**Services accessed by 50+ shown. Others not shown due to low base size.
Note: data labels <5% not shown

Base: Q07 all who have accessed healthcare services during Covid-19 (base per service shown)**.** How easy or difficult was it to access the care you needed through…

Access to services by service usership

Qualitatively, there is a difference in outlook and perception with regards to accessing services between different service user groups. Generally, high service users have a greater degree of anxiety relating to accessing care than both moderate and low service users.

High service users

High service users are more likely to have been subject to cancelled appointments, consultations and referrals:

- Due to their more complex needs (encompassing a wider variety of services), **high service users are more likely to have experienced cancellations or postponements of some sort.**
- This **can result in (heightened) anxiety around when their care will return to normal**, and there are concerns about how long they can wait / cope without (normal levels of) face to face interaction.

Moderate and low service users

Moderate and low service users are less likely to have had appointments cancelled or postponed:

- **Moderate service users are fairly content** that their care is ongoing (and doesn't require regular intervention) and as a result **they have been able to continue with their medication / care pretty much as normal.**
- For **low service users**, if / when they have had need to access healthcare services, it is something outside of the norm, and **their expectations in relation to how services will be delivered are managed in line with the restrictions they are aware of.**

"It's been fairly straightforward getting what I need from my GP, but much less so with the community pain team."

Female, 35-54, high service user

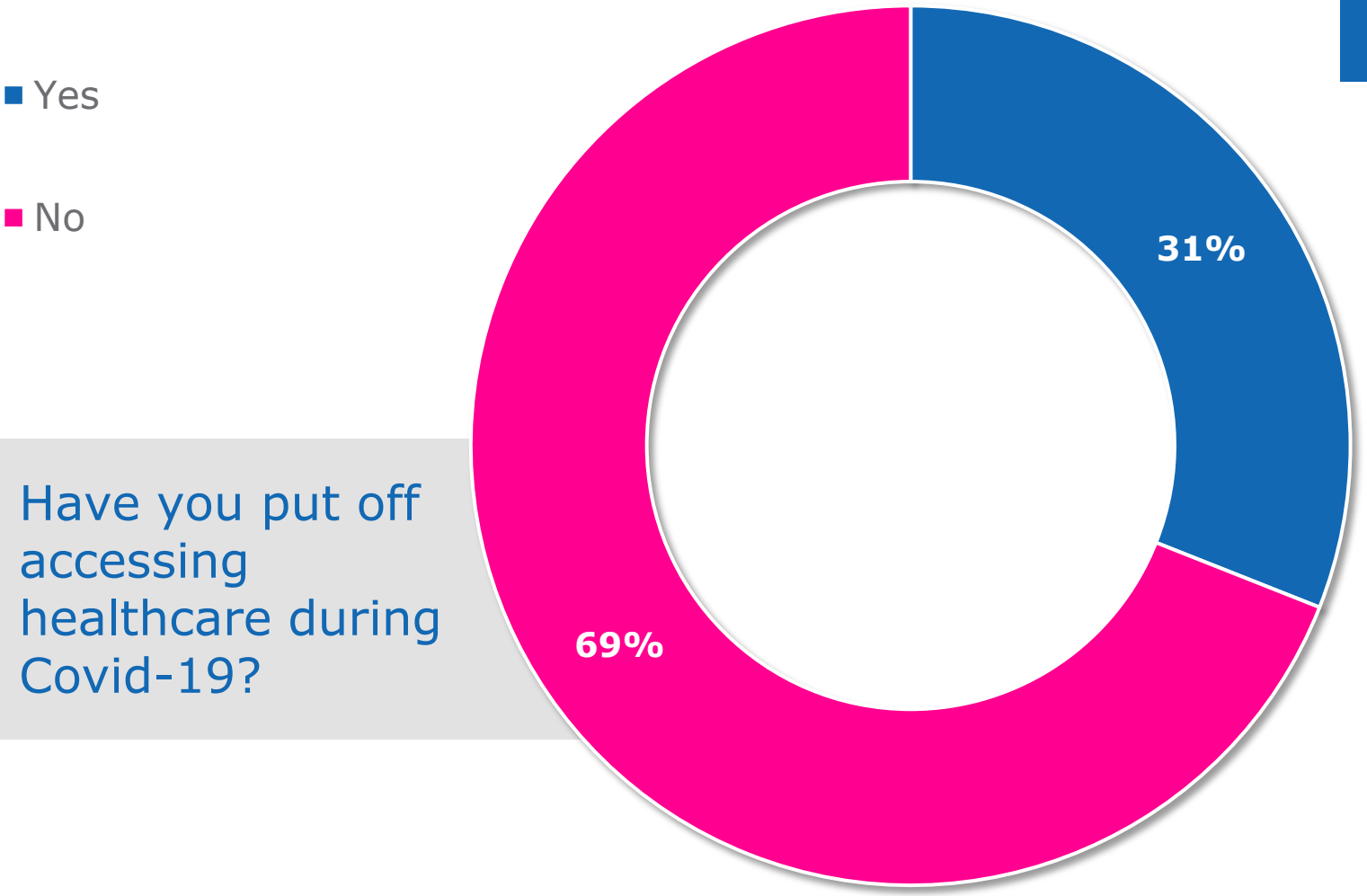
Ultimately, **the majority** – regardless of their usership – **understand why the way in which care is delivered might have changed**. For high service users though, there is additional anxiety around how reduced access could impact them in the medium to long term.

"[Access to care has been] really good. I would have preferred to see the consultant in person, but I don't think the outcome would have been that different."

Male, 55+, moderate service user

Put off or delayed accessing healthcare during Covid-19?

Just under a third (31%) have put off accessing healthcare for a health concern or problem. In the main, people put off seeking assistance from their GP (63%) – mostly as a result of not thinking the problem serious enough (39%), and/or not wanting to put additional pressure on the NHS (38%).

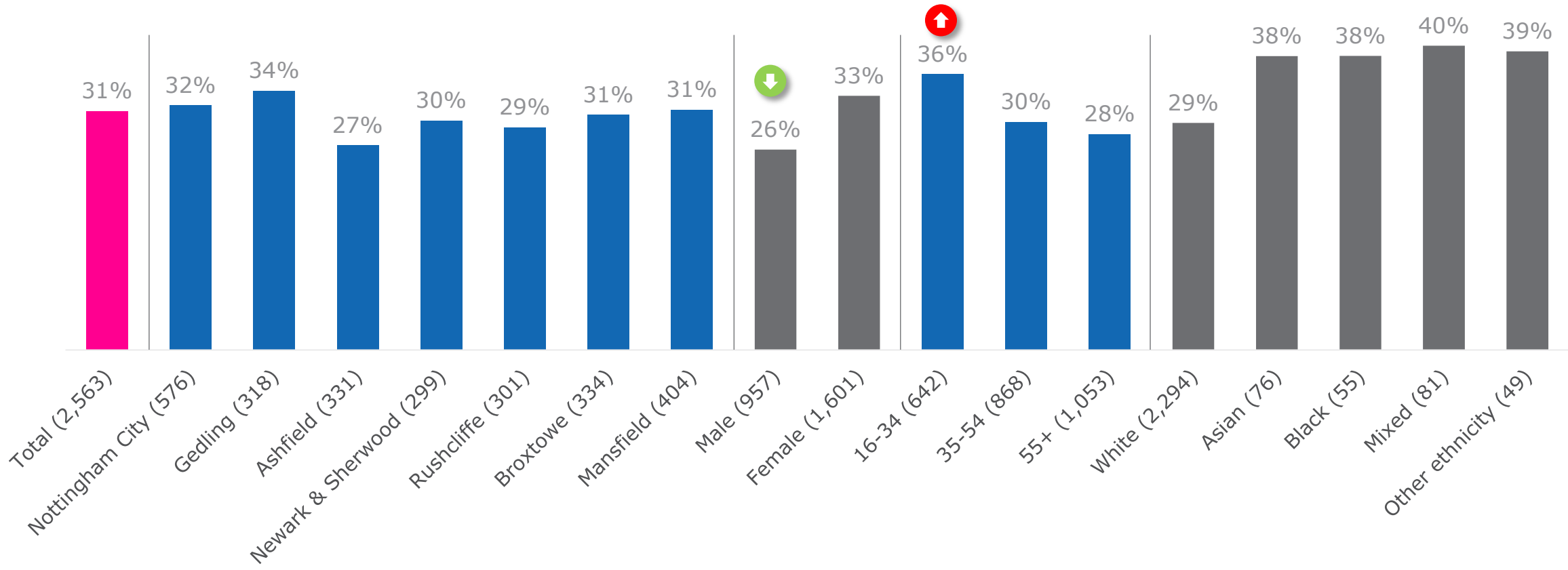


Have you put off accessing healthcare during Covid-19?

Base: Q15 all respondents (2563)**.** During the Covid-19 pandemic, have you delayed or put off seeking healthcare assistance for a health concern or problem at any point?

Put off or delayed accessing healthcare during Covid-19?

Men are less likely to have put off or delayed accessing healthcare during Covid-19 than is the case overall, whilst those aged 16-34 are more likely to have done so. Those whose ethnicity is not White are directionally (but not significantly) more likely than the rest of the population to have put off or delayed accessing healthcare.



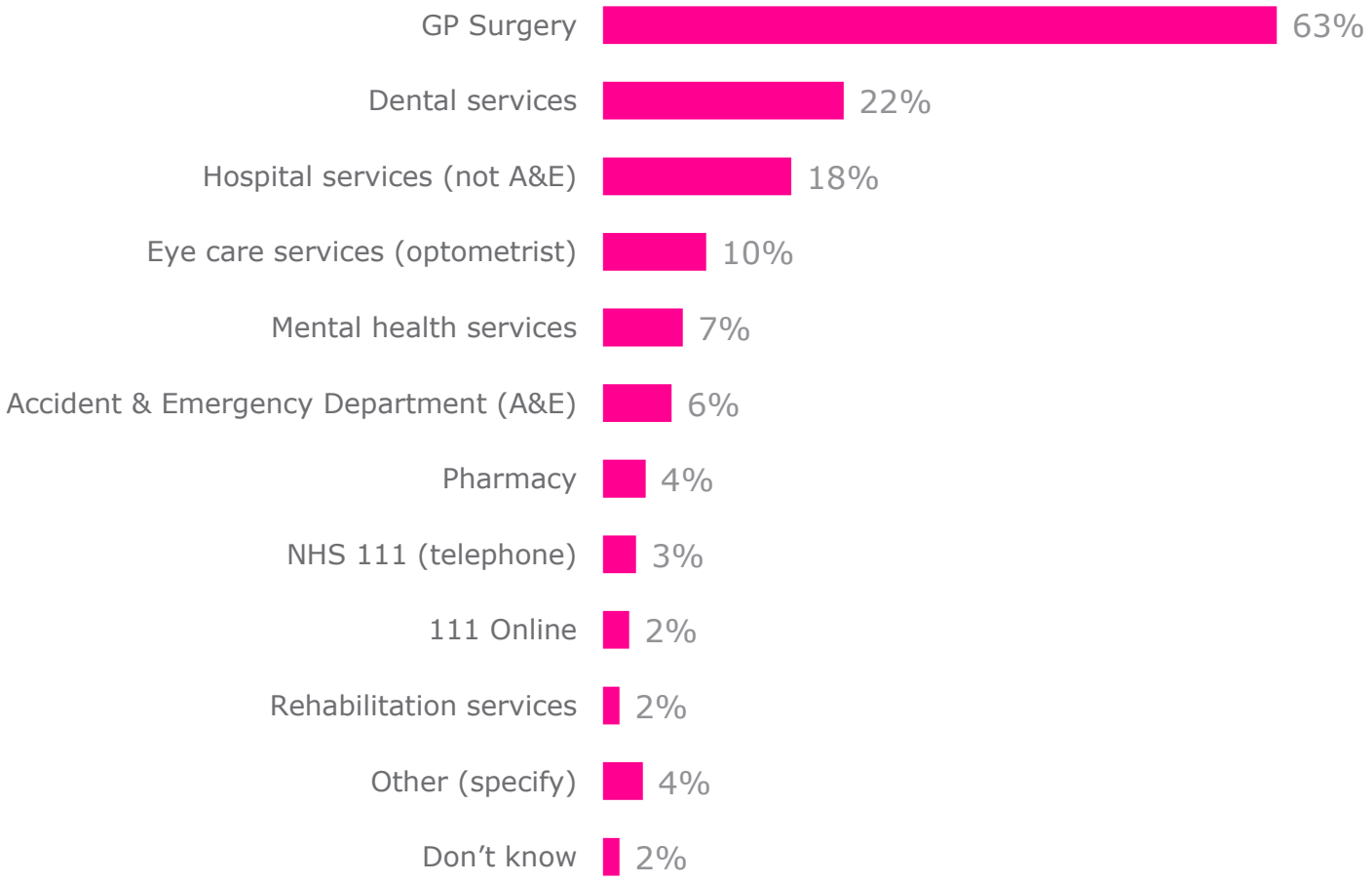
Base: Q15 all respondents (2563)**.** During the Covid-19 pandemic, have you delayed or put off seeking healthcare assistance for a health concern or problem at any point?

Significantly higher than total

Significantly lower than total

Healthcare services people put off or delayed accessing due to Covid-19

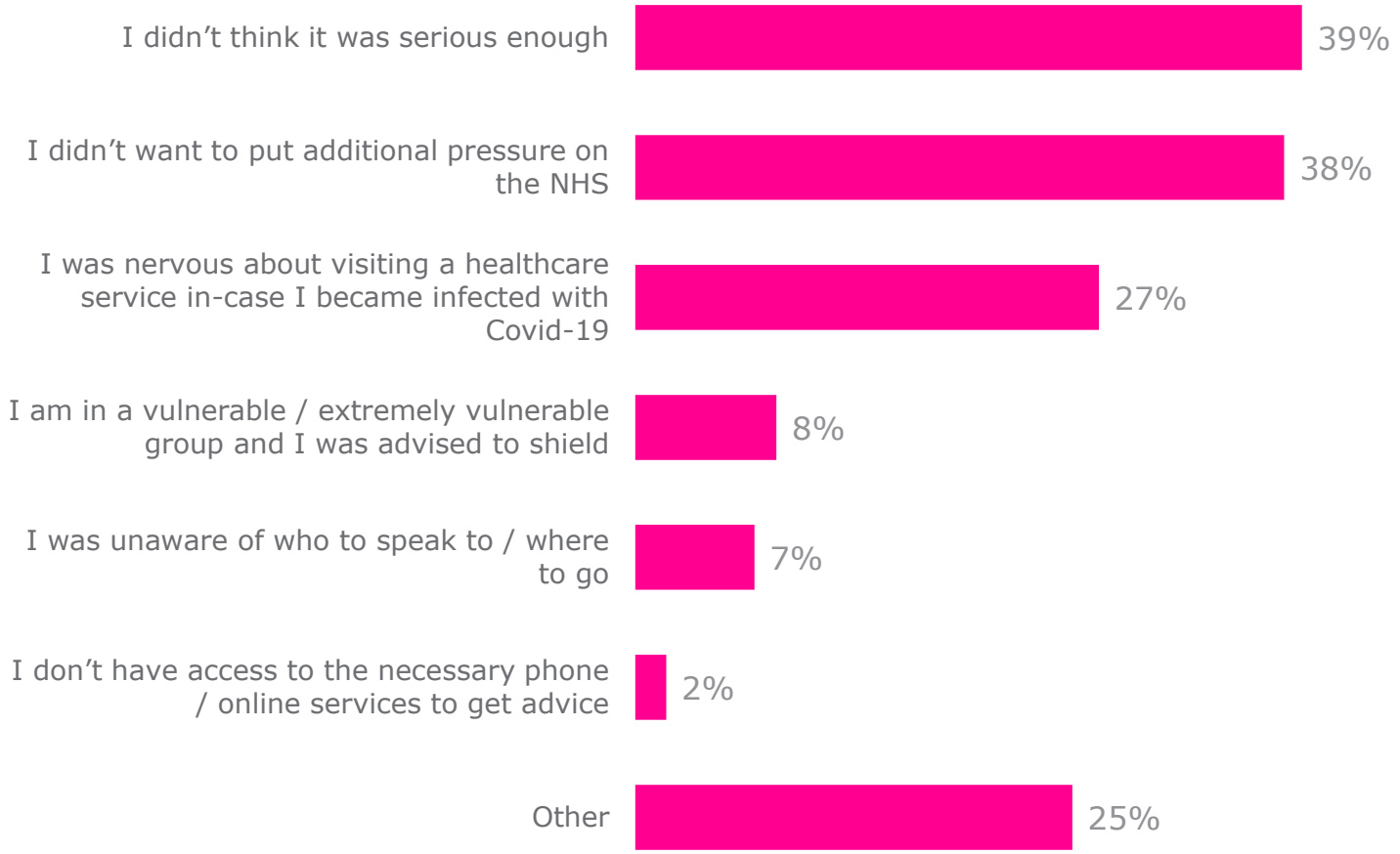
Among those who put off or delayed seeking care during Covid-19, the majority (63%) opted against using their GP. Just over a fifth (22%) also put off or delayed seeking care from dental services, and just under a fifth (18%) hospital services other than A&E.



Base: Q17 all respondents who have put off or delayed accessing healthcare services during Covid-19 (782)**.** Which of the following healthcare service(s) did you delay or put off seeking care from during the Covid-19 pandemic?

Reason(s) for putting-off or delaying accessing healthcare during Covid-19

Women are more likely than men to say that they didn't think it was serious enough (42% cf. 32%) and that they didn't want to put additional strain on the NHS (40% cf. 31%). Asian and Mixed ethnicity respondents are more likely to say that they didn't think it was serious enough (52% and 53% respectively) than those of other ethnicities.



Base: Q18 all respondents who have put off or delayed accessing healthcare services during Covid-19 (782)**.** Why did you delay or put off seeking healthcare assistance for your health concern or problem? Please select all that apply

Putting off accessing healthcare services due to Covid-19

Although some have put off trying to access healthcare during Covid-19, this tends to be for (perceived) minor illnesses / issues / conditions. For more serious or urgent matters, most will try to access healthcare, but could be deterred further down the line by not being able to find or get through to the appropriate person.

Issue

The majority are being more cautious in deciding if and when to contact healthcare services than they ordinarily would be.

If they do decide to contact, there is a feeling that they have already assessed that the need is there, and as such want to be able to get access to services as quickly as possible.

1

Contact

At the contact stage (which is usually to a GP or 111 in the first instance), there can be **frustrations around** feeling as though they are **being put through an (occasionally) onerous** triage / gatekeeping **process before getting the appointment / care they need.**

Depending on the result of the contact, the outcome can be very different.

2

Outcome

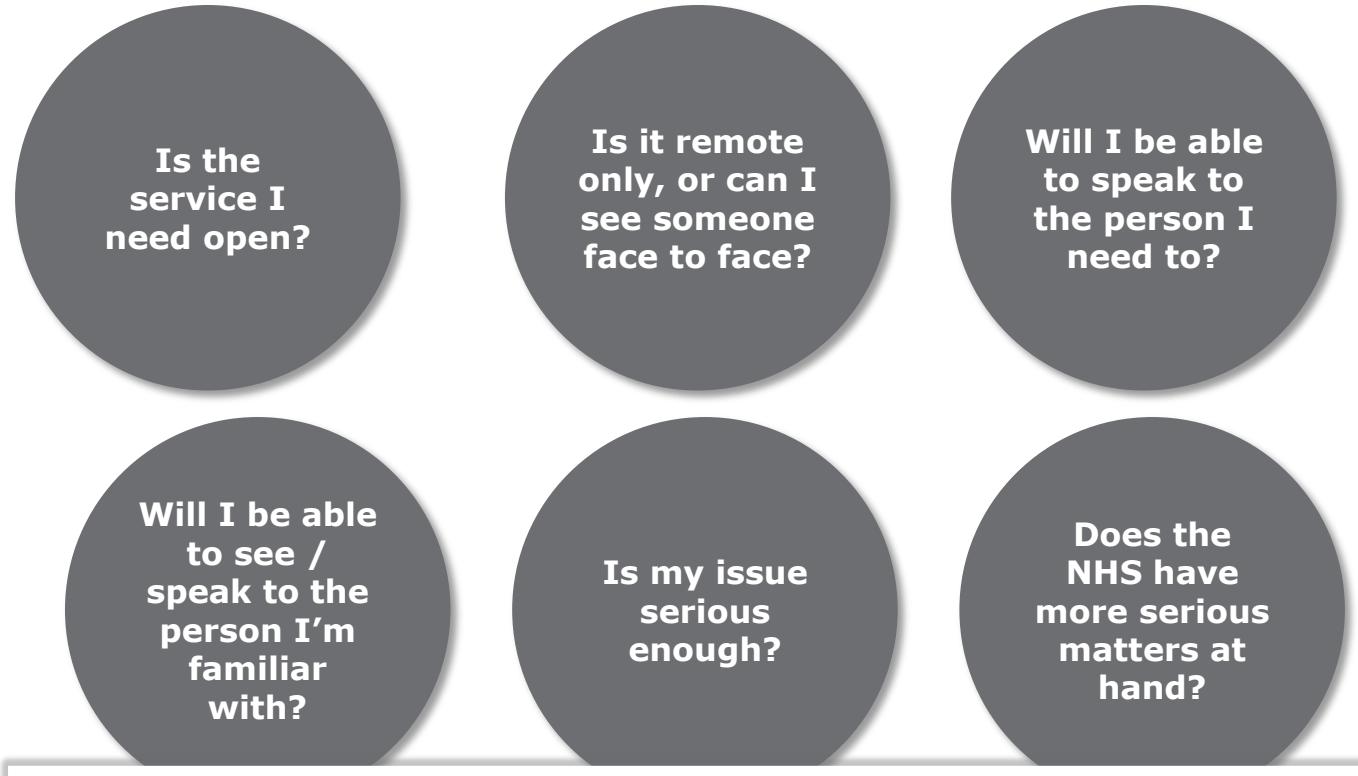
If able to explain the issue to the gatekeeper effectively, **most are able to then get an appointment** (even if remote) without too much issue.

However, if the need is more complex or unusual, some report **feeling as though they have been unable to** get to **speak to the 'right' person** to move them along the care journey.

In some cases **this can lead to people putting off pursuing further**.

3

Understanding whether to present, or put off accessing healthcare



"There needs to be a message to say that the NHS always has been and always will be for everyone."

Male, 35-54, low service user

Covid-19 has prompted people to question whether their healthcare need is urgent or relevant enough to seek care.

When considering this, people tend to ask themselves a number of questions before contact. If the answers to these questions are not clear, it can lead some to avoid contacting, where ordinarily they would do.

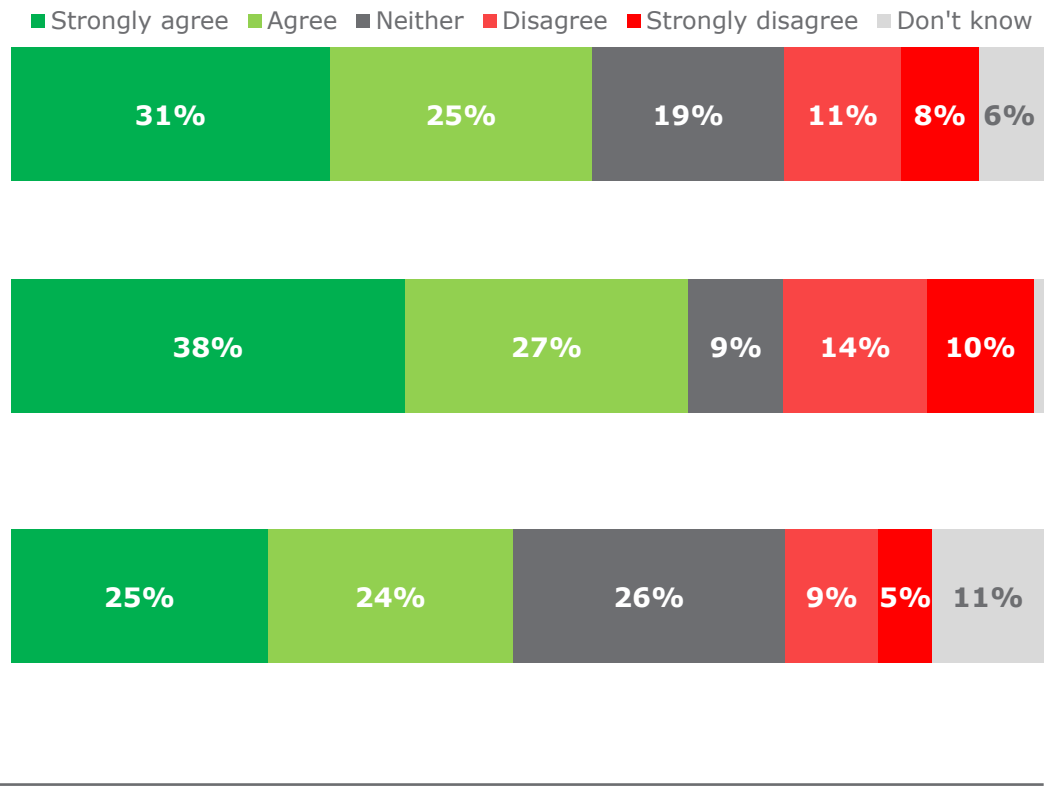
In order to encourage as many people as possible to seek the care they need, the questions (to the right) need to be answered.

Access to care during Covid-19

Over half agree that they have still been able to access the level and type of care they normally receive during Covid-19 despite healthcare providers having to change the way in which they deliver certain services.

Although those who have accessed healthcare services are more likely to agree that they have still been able to access the level and type of care they normally receive, just under a quarter (24%) disagree.

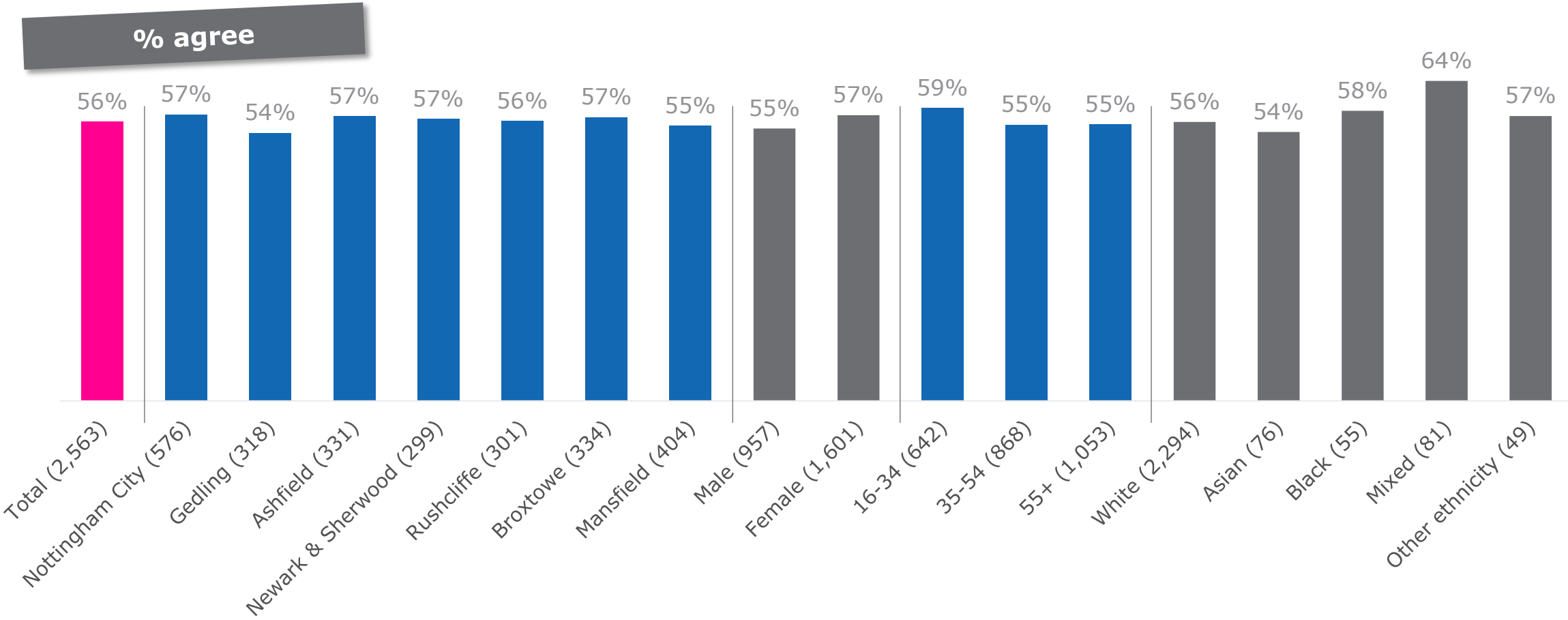
Access to care during Covid-19



Base: Q19 all respondents (2563)**.** To what extent do you agree or disagree with the following statement: "Although healthcare providers have had to change the way in which they deliver certain healthcare services during Covid-19, I have still been able to access the level and type of care I normally receive"

Access to care during Covid-19

There are no significant differences in perceptions of continuity of access to healthcare services during Covid-19 across key demographic groups.



Base: Q19 all respondents (2563)**.** To what extent do you agree or disagree with the following statement: "Although healthcare providers have had to change the way in which they deliver certain healthcare services during Covid-19, I have still been able to access the level and type of care I normally receive"

Significantly higher than total

Significantly lower than total

Continuity of care by service usership

Again, there is a difference in outlook and perception with regards to continuity of care between different service user groups. High service users are disproportionately affected by appointments and consultations which were cancelled or postponed, especially in the early days of Covid-19.

High service users

High service users, who are more likely to have had cancelled appointments (across a range of services) **tend to have a different outlook on their continuity of care**:

- Many found that in the early days**, a number of appointments** (some of which were 6 monthly, or annual) **were cancelled or postponed**. However, as time has moved on, most are now finding that their appointments are being rescheduled:
    - **For those who haven't** yet **had** their **appointments rescheduled** though, there is **some confusion** around **whether they should be chasing**, or whether they should wait.
- For **those who have now had rescheduled appointments**, there is a **sense that things are now better organised than they were before**, and that their appointments are now more likely to be starting and finishing on time than they were before.

Moderate and low service users

Moderate and low service users are more likely to have a neutral opinion on continuity of care, and more likely to think in terms of what they have seen / heard reported:

- **For those who have needed to access** though, **straightforward issues** (e.g. repeat prescriptions) have arguably improved, and where there have been more complex needs **there is an understanding** that **things might not be as they would normally expect.**

"I had a CT scan and it was straight in, no messing, no waiting. It turns out that the medical profession can be much better at time management than they have ever allowed themselves to be before. I have had numerous hospital visits where my appt was set for 9.00am and I've waited over an hour. When you ask why the delay, they tell you at the desk that all appts for the first 6 people are set for 9.00am. I believe that the improved time management and co-ordination that has resulted form COVID should be the main thing to carry on afterwards."

Female, 16-34, high service user

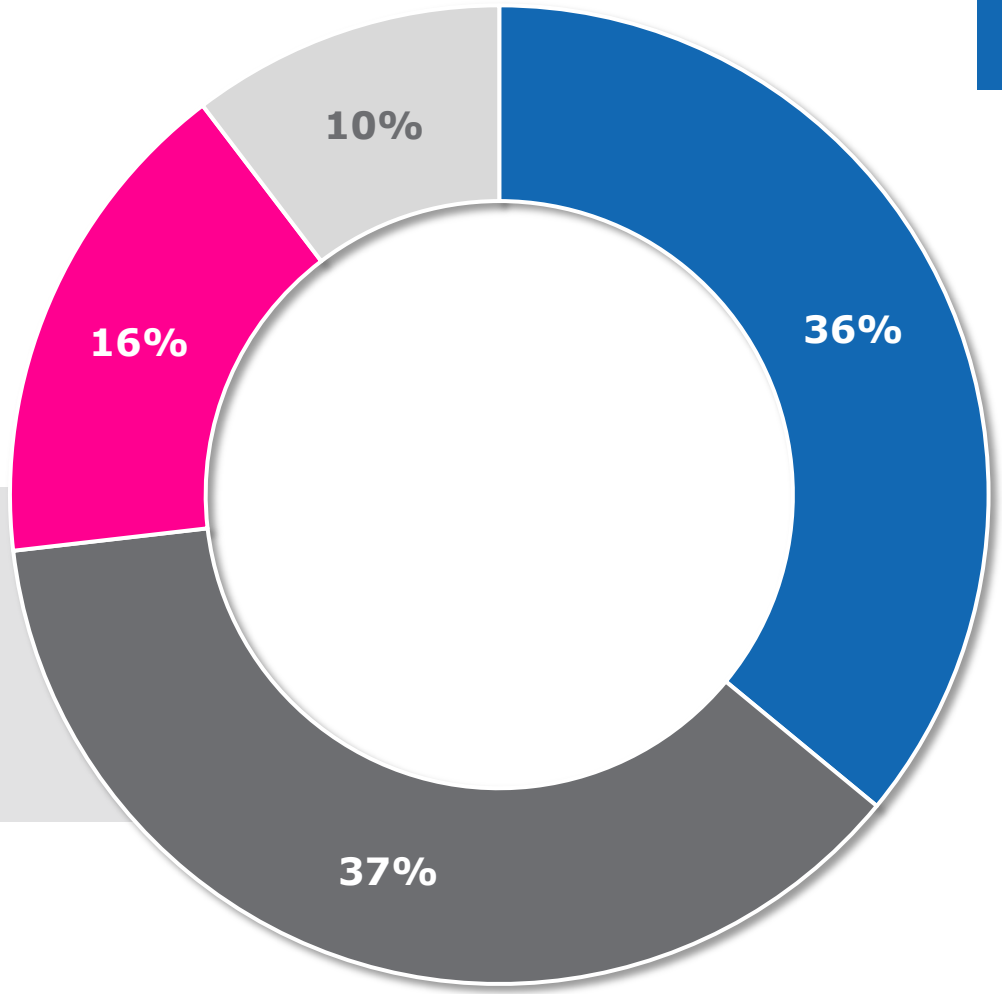
5. Healthcare appointments during Covid-19

Type of service directed to having used 111

Just over a third (36%) were directed to a face to face healthcare service, and a similar proportion (37%) were directed to / given a phone or video appointment with a healthcare professional.

Those aged 55+ were more likely to have been directed to a face to face healthcare service (51%) than other age groups, whilst those aged 16-34 were more likely to have been directed to / given a phone or video appointment (45%).

When you contacted 111, were you directed to…?



Base: Q9 all who used 111 services (either online or phone) (164)**.** When you contacted NHS111 / 111Online, were you directed to a face to face healthcare service (e.g. A&E or in person hospital services), a remote / distance service (e.g. a telephone consultation with a GP), or a phone or video appointment with a healthcare professional?

Variable experiences of using 111 services and being directed to the appropriate service

For those who have accessed 111 services during Covid-19, experiences have been variable, with some reporting receiving excellent advice and direction, and others either left waiting or feeling confused.

Experience of 111

Experiences of 111 (mostly over the phone, rather than online) are variable, and for some their perceptions were already formed based on previous experience (sometimes from a number of years ago).

Generally, experiences during Covid-19 have been favourable, **but** there is a **lingering sense that the people they are speaking to are not experts**, which can result in scepticism of the advice offered – especially if the advice they receive is not in-line with their expectations.

When looking to the future, most would be happy with having to contact in advance to get an A&E or hospital referral for non-life threatening matters, but there is concern that lines could become blurred (for others) and that it could result in people not accessing urgent care when they need it.

"I called 111, about my son who was unwell and I didn't want to go straight to A&E. They advised me as best they could at the time and then said they'd call me back. I then got a call back from someone else at 4.30am to check everything was okay. I'd just managed to get to sleep (!), and I wasn't expecting it at that time – but you can't fault them in doing what they said they would do and following it up."

Female, 16-34, high service user

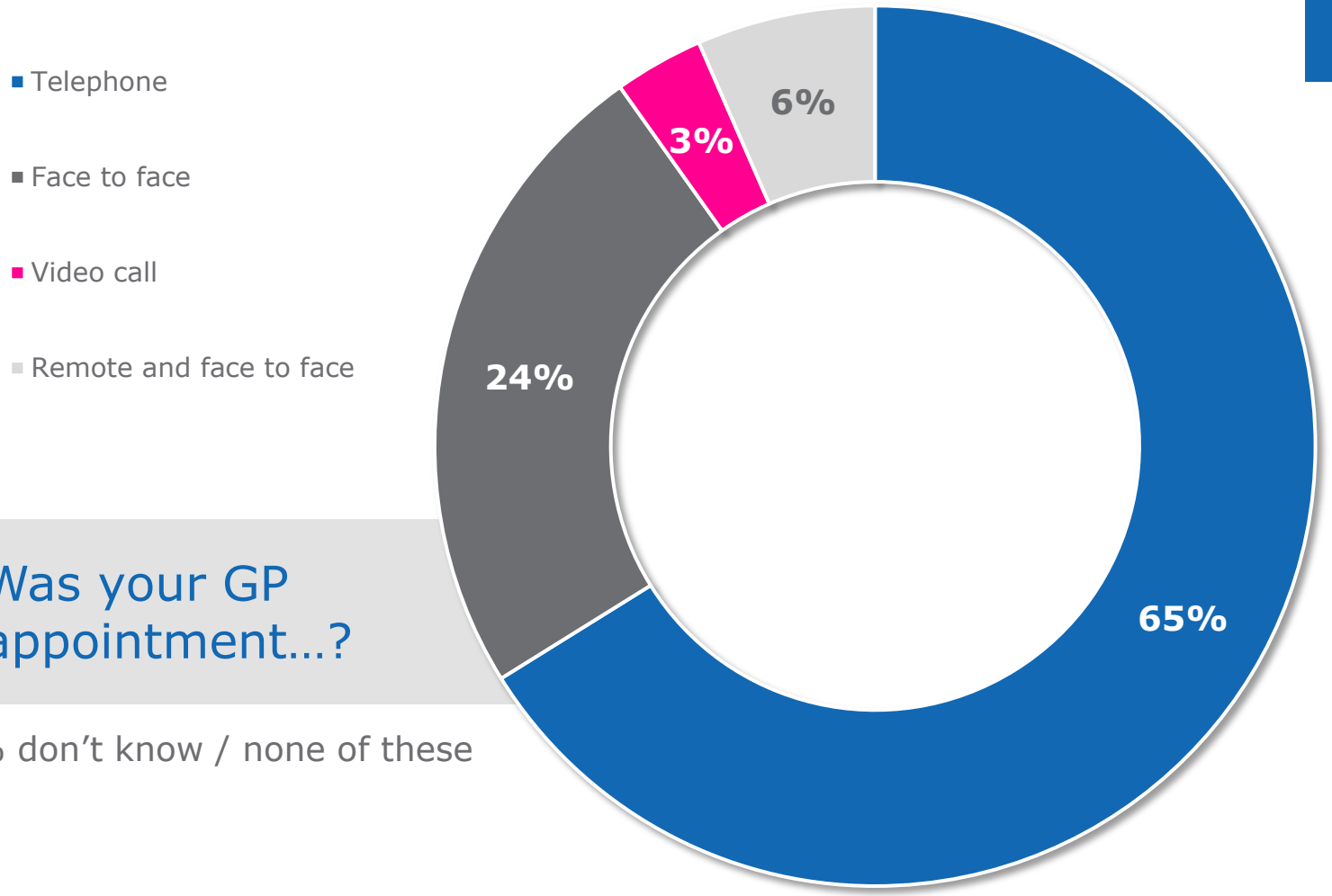
"When I called 111 they went through a list of scripted questions, and then advised me to go to A&E. They said they would notify A&E that I would be arriving, but when I got there they knew nothing about it. It felt like a triage service to assess what I needed, but I had to go through everything again at A&E anyway."

Female, 16-34, moderate service user

Type of appointment with a GP

Just under two-thirds (65%) had a telephone appointment with their GP and almost a quarter (24%) a face to face appointment. Just 3% had a video call with their GP, and 6% had both remote and face to face consultations.

There is little difference in the type(s) of appointment offered to / received by patients across different demographic groups.



Was your GP appointment…?

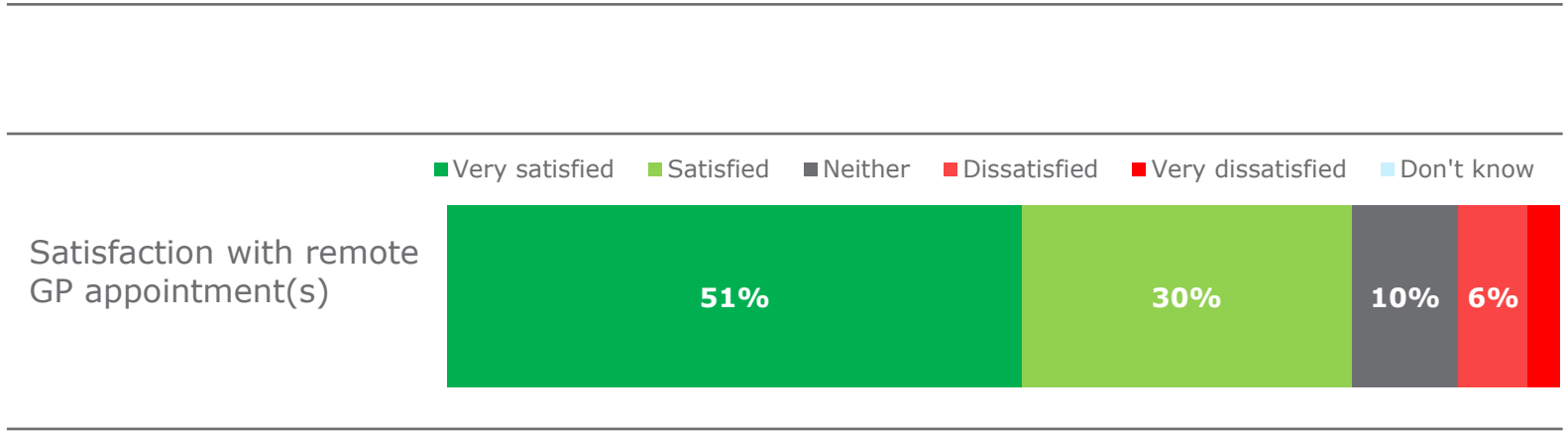
1% don't know / none of these

Base: Q10 all who received healthcare from a GP during Covid-19 (836)**.** You said you have received healthcare assistance from a GP during the Covid-19 pandemic. Was this done over the telephone, over video call (e.g. Skype or Zoom), or face to face?

Satisfaction with remote GP appointment(s)

Just over four-fifths (81%) are satisfied with their remote appointment(s), and just 9% are dissatisfied.

Those in Mansfield were most likely to be dissatisfied (14%), and those in Broxtowe least likely to be dissatisfied (5%). Across the different demographics there are few differences in satisfaction, however those who say that their health is poor for a person of their age, 16% say they were dissatisfied with their remote appointment, and 14% of those who say they have a number of healthcare needs that require care from a number of services also report being dissatisfied.



Base: Q11 all who had a remote appointment with a GP during Covid-19 (626)**.** You said you have received healthcare assistance from a GP during the Covid-19 pandemic. Was this done over the telephone, over video call (e.g. Skype or Zoom), or face to face?

Qualitative

Experiences of access to GPs during Covid-19

For those who have had appointments with their GP during Covid-19, there have been a range of experiences, both positive and negative. The positive aspects tend to focus on efficiency of appointments for routine matters, whilst the negatives tend to focus on access and confidence in outcomes for new / non-routine matters.

Booking / access

- Some have found that with the increase in remote appointments, more slots are available.
- Some feel reception desks are being restrictive in who does and doesn't get appointments. Additional issues with having to call early in the morning in the hope of getting an appointment.

Appointments

- Remote appointments considered a positive and time saving option for routine / ongoing matters (e.g. repeat prescriptions).
- Remote only options are considered unsuitable for some physical, and non-routine issues.

Continuity

- Some have found that access to their usual GP has been easier during Covid-19 than before (although this seems to depend on the surgery).
- For those who need multiple appointments, accessing the same GP can be problematic.

Aftercare

- Some have found it easier to get repeat prescriptions or access to medication than previously.
- Others are left concerned that the GP wasn't able to correctly diagnose, or that they weren't able to explain the issue properly, so aftercare is felt to be inadequate / inappropriate.

Pros and cons of telephone and video appointments

Generally, when a remote consultation is the only option, most would prefer a telephone appointment over a video appointment – but it can depend on a number of factors. A number of pros and cons relating to phone appointments and video appointments are identified, and the best / most appropriate option will very often depend on a number of factors.

When looking to the future, the majority would be in favour of a continuation (or expansion) of remote appointments. However, the general consensus is that remote appointments are preferential in certain circumstances, but inappropriate in others. 'New' and physical issues (including rashes etc.) are thought to be best seen face to face, whilst management of ongoing conditions and consultations for coughs and colds etc. are thought to be best served by remote appointment.

Phone

- ✓ Quicker
- ✓ More convenient
- ✓ No concerns about appearance
- ✓ More comfortable setting
- X Hard to explain the issue
- X Can't see 'eye to eye'
- X GP unable to assess by eye
- X Might not be private / others could be present

"It means I don't have to take half a day off work, or that I can be speaking to my GP whilst I'm doing the shopping. That said, I don't know what they're doing, they could be playing solitaire!"

Male, 35-54, moderate service user

Video

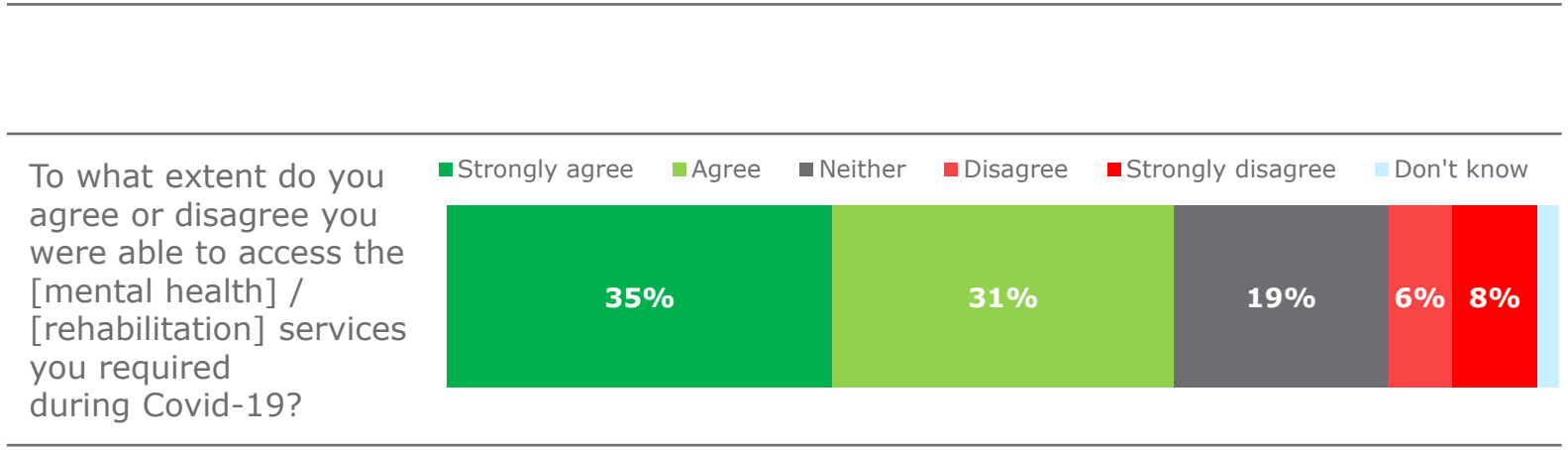
- ✓ Can see 'eye to eye'
- ✓ GP more able to assess by eye
- ✓ More convenient than face to face
- X Requires (compatible) tech
- X Concerns about appearance / setting
- X Uncomfortable / unnatural

"I just don't like video calls, no one looks good and it feels strange. But at least they can see you to make an assessment."

Female, 55+, low service user

Ability to access mental health / rehabilitation services during Covid-19

Just under three quarters (73%) of those who used a mental health and / or rehabilitation service during Covid-19 agree they were able to access the services and care they required, whilst 14% disagree.



Base: Q13 all who accessed mental health and / or rehabilitation services during Covid-19 (52)**.** To what extent do you agree or disagree that you were able to access the [mental health] / [rehabilitation] / [mental health and rehabilitation] services and care you required during the Covid-19 pandemic?

Reasons for being satisfied with mental health / rehabilitation services

For those who agree that they were able to access the services and care they needed for mental health / rehabilitation services, the main reasons were due to having swift referrals, and in some cases just being able to contact anyone was a significant supporting factor.

"The GP prescribed medication which was available next day. They also referred me to a specialist and the specialist got in touch within a few days to start CBT over the phone."

Female, 16-34, White, Nottingham City

"They saved my life."

Male, 35-54, White, Ashfield

"I made an online self referral, received a quick response and initial telephone assessment, and am booked in for my first session in the next month. Considering how stretched the service is, this is exceptionally good."

Male, 35-54, White, Broxtowe

"The support was here within minutes."

Female, 55+, White, Nottingham City

Base: Q14 all respondents who agree they were able to get the mental health / rehabilitation services they needed (34)**.** Why do you say that??

Reasons for being dissatisfied with mental health / rehabilitation services

For those disagree that they were able to access the services and care they needed for mental health / rehabilitation services, the main reasons were lack of familiarity, and remote appointments not being as effective / useful as face to face.

"Given incorrect information by my GP."

Female, 55+, White, Newark & Sherwood

"I needed to speak with a person that knew me."

Female, 35-54, White, Ashfield

"it wasn't the same over the phone and appointments were only half an hour plus no opportunity to put advice into practice in lockdown."

Female, 16-34, White, Broxtowe

"It's just so much harder to have assessments over the phone."

Female, 16-34, Mixed ethnicity, Gedling

Base: Q14 all respondents who are disagree that they were able to access the mental health / rehabilitation services they needed (7)**.** Why do you say that??

The importance of access to mental health and rehabilitation services

The main concern for people when considering access to mental health and rehabilitation services is being able to access care (whether remote or face to face) as quickly as possible. Ultimately, the preference for most is that care and support would be delivered face to face, but if it was a choice between remote care and support over nothing at all, something is seen as infinitely preferable to nothing.

Among those who have needed to access mental health or rehabilitation services during Covid-19, most have been able to quickly speak to someone who can help (either a GP or a mental health / rehabilitation specialist). However, for some, there is uncertainty about how their care and support plan will evolve, who they will be speaking to and when, and whether they will be receiving care face to face or remotely. The sense, therefore, is that initial support structures work well, but access and planning beyond that is more uncertain.

When looking to the future, the preference would be for mental health and rehabilitation services to embrace and enhance the use of remote care in the early stages to ensure immediate care is received as soon as possible – but that when it comes to longer-term support, face to face care should be the standard.

"I spoke to my GP about it, and they were incredibly helpful. I've managed to get medication, and been given access to lots of resources. I'm not sure what the next steps will be though."

Female, 35-54, moderate service user

"Ultimately, some help is better than no help at all. If I needed it, I think I'd rather be able to speak to someone face to face – but I've got friends and family who have spoken to people over the phone and they say it's helped. Talking about it is probably the main thing."

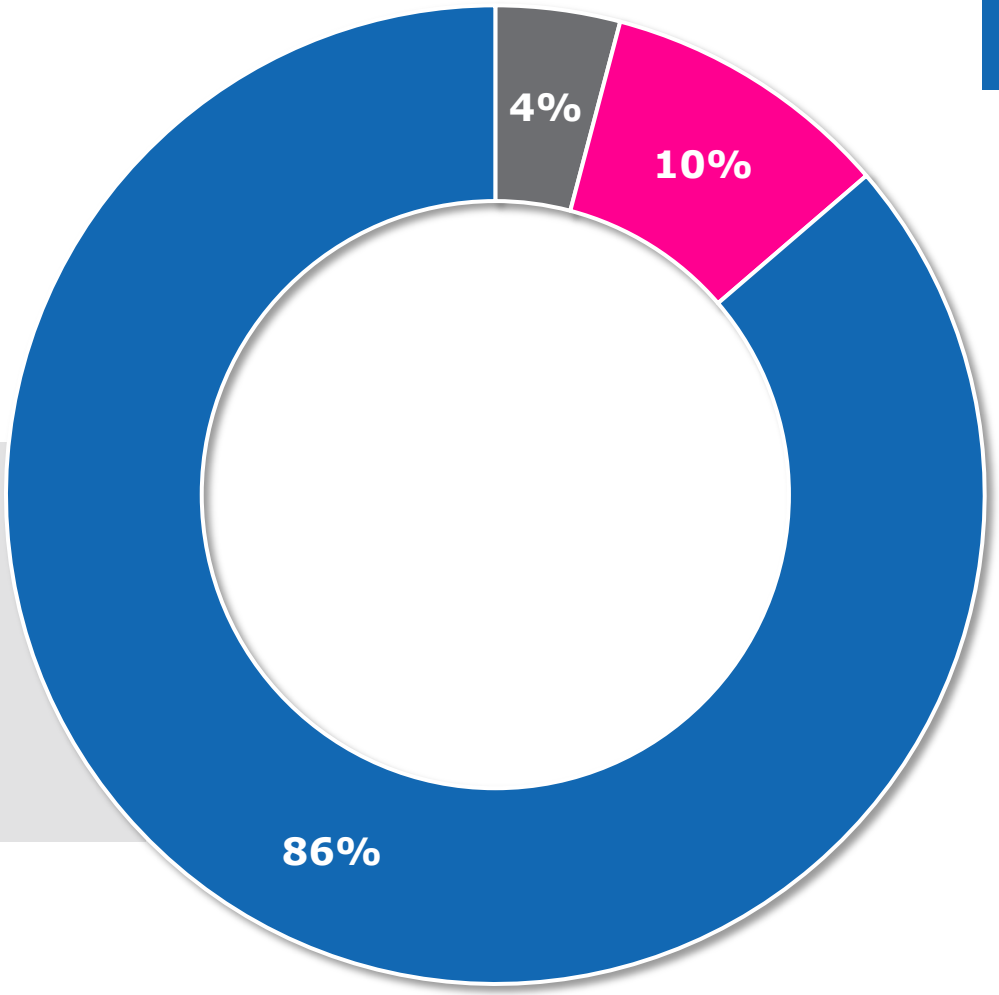
Male, 16-34, low service user

6. Hospital discharge processes and the council's response to Covid-19

Experience of being discharged from hospital?

14% have experienced either themselves or a family member being discharged from hospital during Covid-19. Among this group, the main perceptions of the discharge process are that it was 'done at the right time' (41%); 'professional' (40%), and; done with the patient's best interests at heart (40%).

Have you or a family member been discharged from hospital during Covid-19?

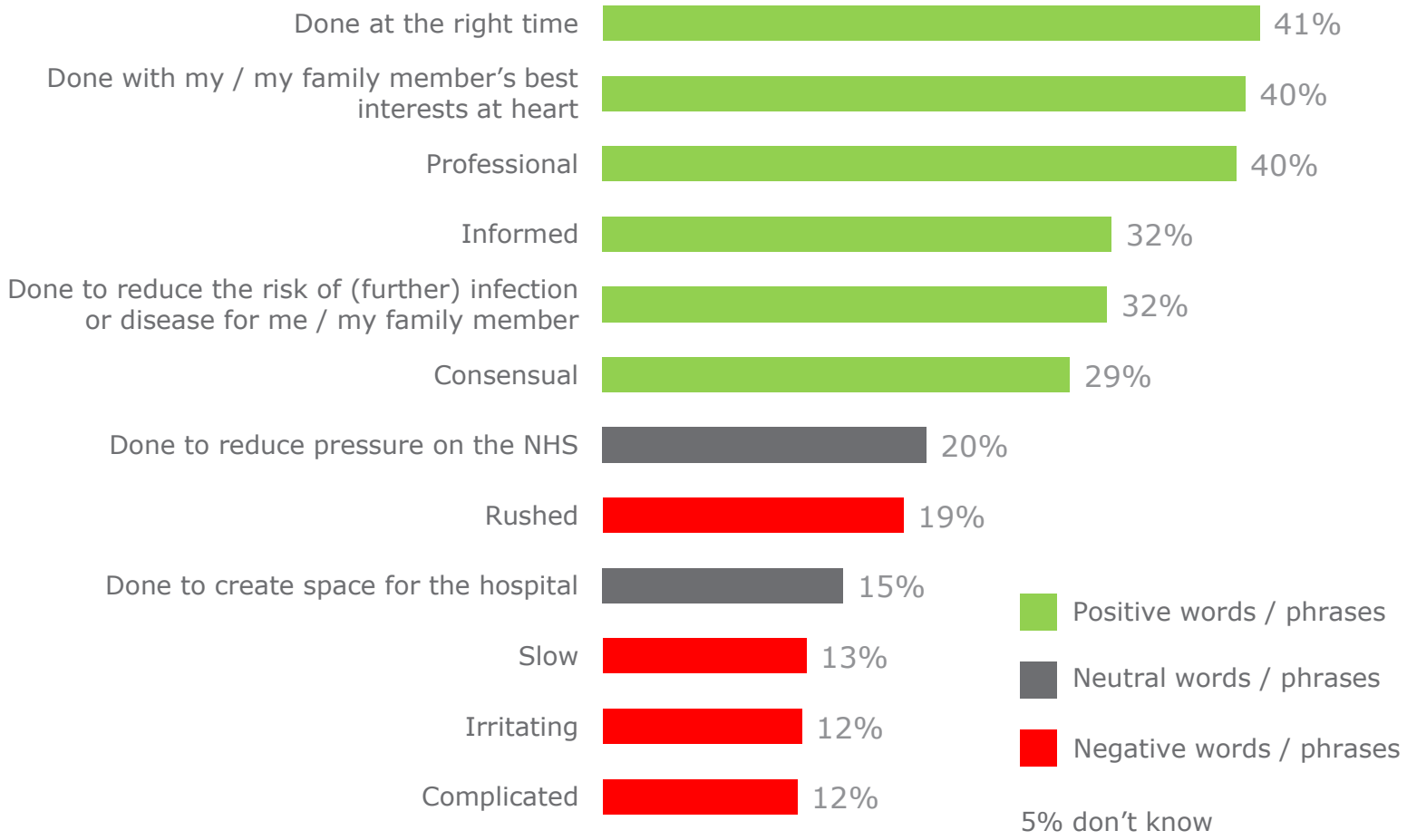


Base: Q20 all respondents (2563)**.** Since lockdown in the UK began on 23rd March 2020, have you or a family member been discharged from hospital?

Words and phrases used to describe the discharge process

When asked to select words and phrases from a list to best describe the experience of being discharged from hospital, the most commonly selected are all positive. However, just under a fifth (19%) considered it rushed.

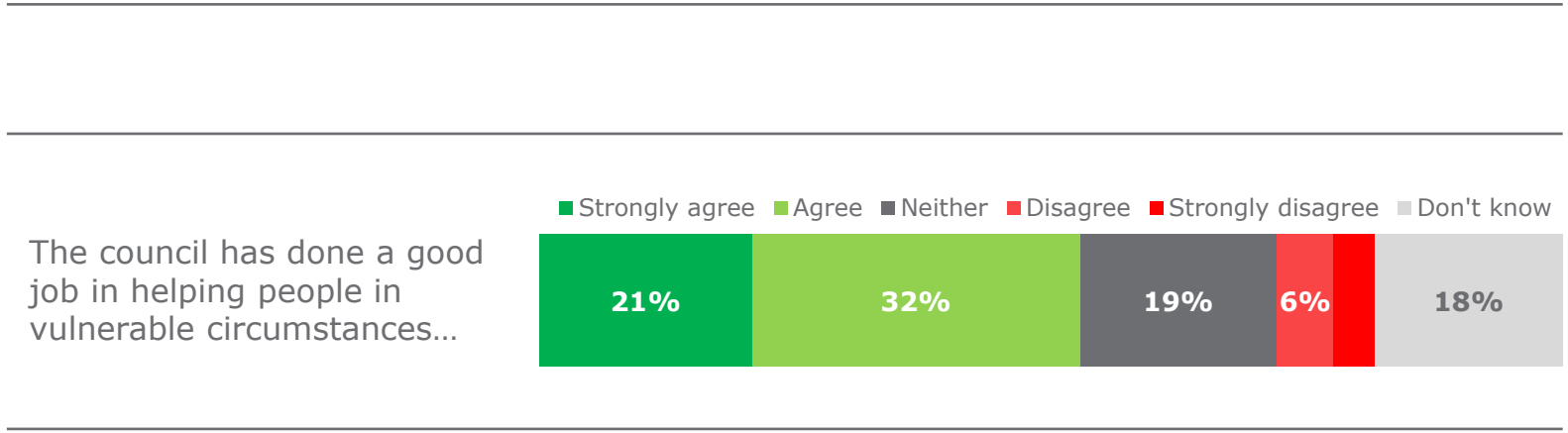
Those aged 55+ were less likely than average to have considered the discharge process rushed (12%).



Base: Q21 all respondents who have been discharged from, or have had a family member discharged from hospital during Covid-19 (346)**.** Below are a list of words and phrases people have used to describe the discharge process. Thinking about your / your family member's discharge from hospital, please select any words or phrases that apply to your experience

The council and support for vulnerable residents

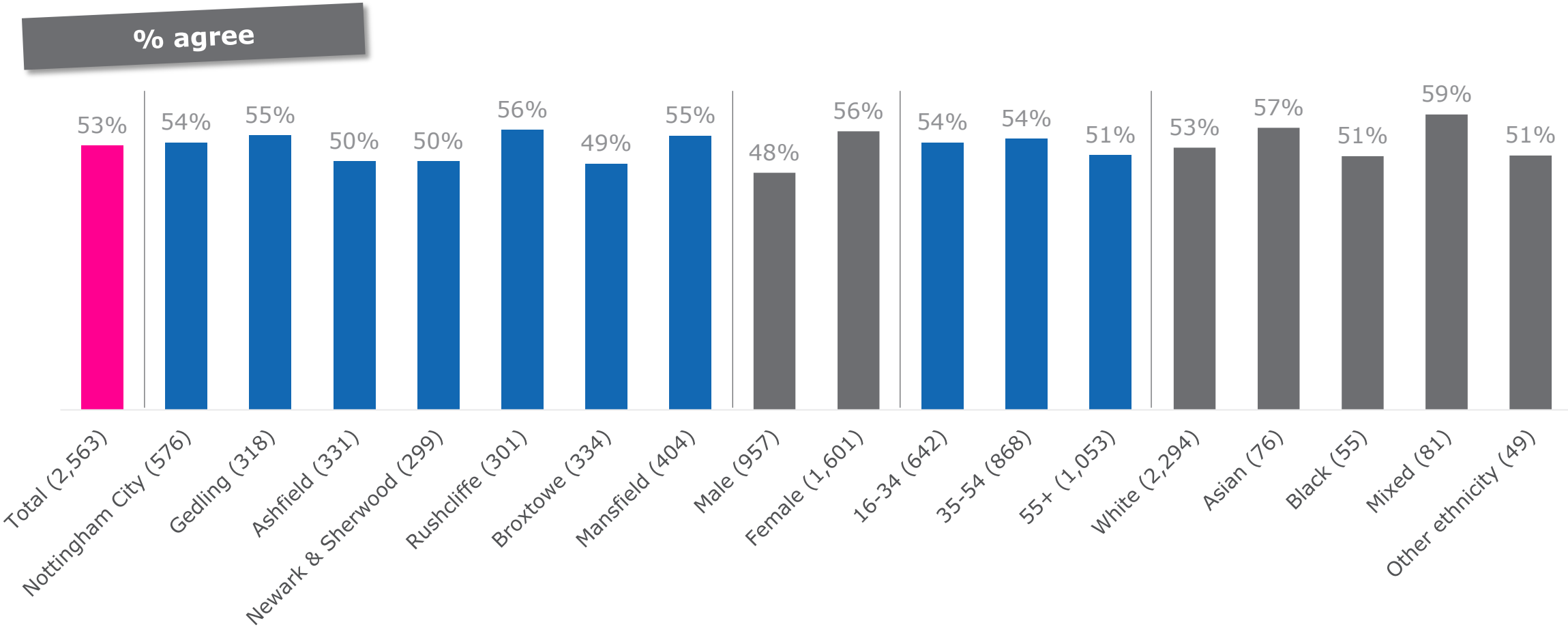
Just over half (53%) agree the council has done a good job in helping people in vulnerable circumstances with emergency food parcels, prescription collections and support from local volunteers during Covid-19.



Base: Q24 all respondents (2563)**.** To what extent do you agree or disagree with the following statement? "During the Covid-19 pandemic, the council has done a good job helping people in vulnerable circumstances with emergency food parcels, prescription collections and support from local volunteers"

The council and support for vulnerable residents

There are no significant differences in perceptions of the council's support for vulnerable residents across core demographic groups.



Base: Q24 all respondents (2563)**.** To what extent do you agree or disagree with the following statement? "During the Covid-19 pandemic, the council has done a good job helping people in vulnerable circumstances with emergency food parcels, prescription collections and support from local volunteers"

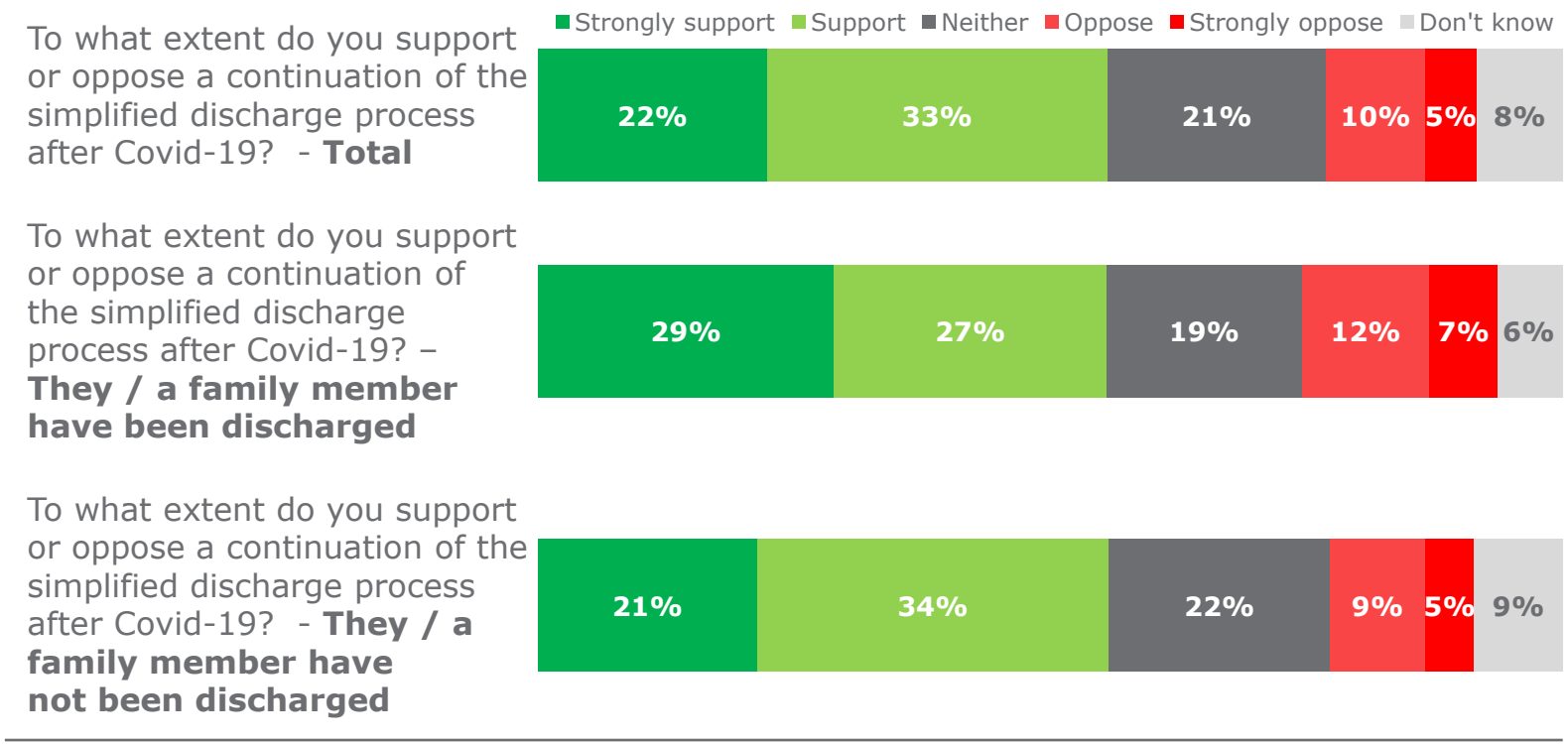
Significantly higher than total

Significantly lower than total

7. Looking to the future, beyond Covid-19

Support for a continuation of the discharge process?

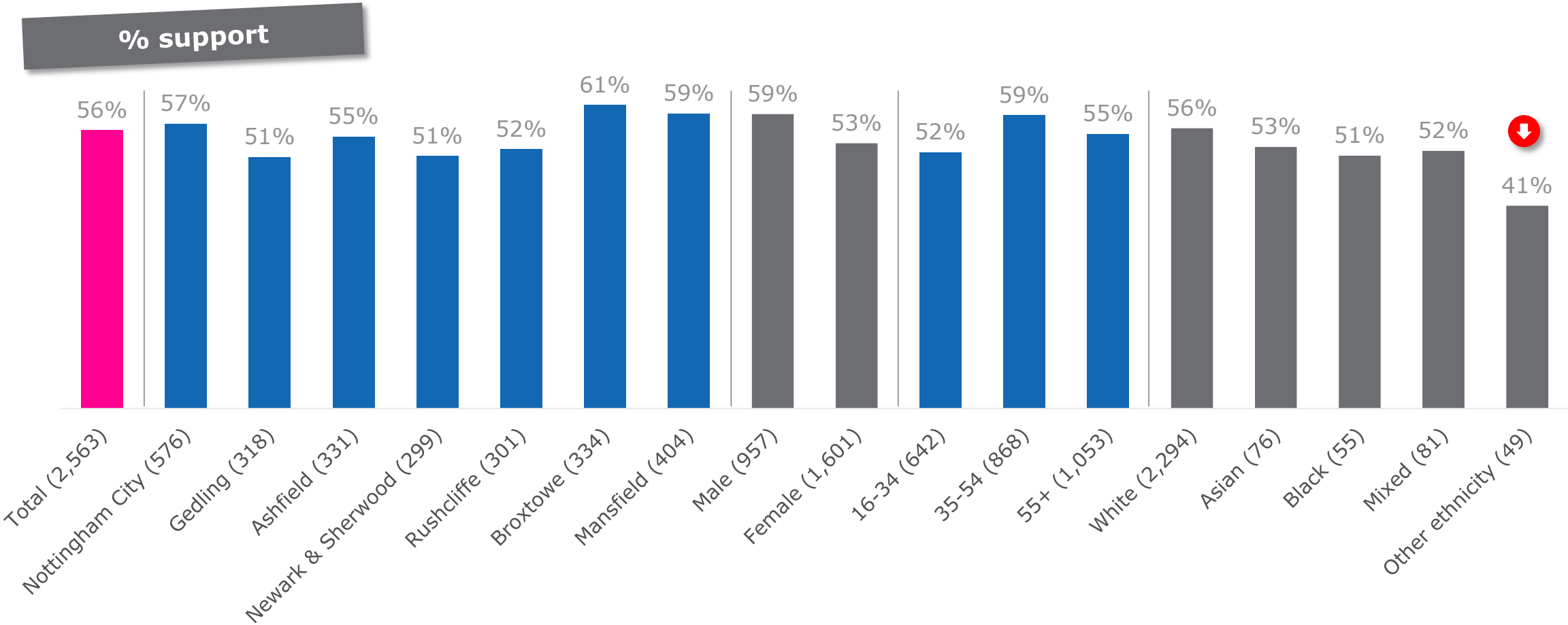
Just over half (55%) support – in principle – a continuation of the simplified discharge process after Covid-19 has passed or subsided. Those who have been / have had a family member discharged are more likely to strongly support a continuation of the process – but overall support (strongly support and support combined) is no different.



Base: Q23 all respondents (2563)**.** As part of the response to the Covid-19 pandemic, local healthcare services have created a simplified process for discharging patients. Previously there were a number of steps that patients and doctors had to go through before a discharge, whereas now these steps have been reduced to one. This means that patients who are well enough to leave hospital have been discharged more quickly than usual. To what extent would you support or oppose a continuation of this policy after the threat from Covid-19 has passed or subsided?

Support for a continuation of the discharge process?

Those of an Other ethnicity are significantly less likely to support a continuation of the discharge process which was adopted in response to Covid-19.



Base: Q23 all respondents (2563)**.** As part of the response to the Covid-19 pandemic, local healthcare services have created a simplified process for discharging patients. Previously there were a number of steps that patients and doctors had to go through before a discharge, whereas now these steps have been reduced to one. This means that patients who are well enough to leave hospital have been discharged more quickly than usual. To what extent would you support or oppose a continuation of this policy after the threat from Covid-19 has passed or subsided?

Significantly higher than total

Significantly lower than total

General support for a continuation of the discharge process – with caveats

When asked to think about whether the simplified hospital discharge process should continue after the threat of Covid-19 has passed or subsided, most are broadly in favour, but there are some questions and concerns about whether it is a robust enough process, or not.

High service users

High service users are more likely to have strong (and informed) **opinions** on the continuation of the policy beyond Covid-19:

- The **positives identified focus on an understanding of the length of time it can take to be discharged** and the frustrations that can bring for the patient.
- **However**, **there are questions about whether the patient has any right to challenge a decision** if they don't feel the time is right for them.

Moderate and low service users

Moderate and low service users tend to have less first hand knowledge of what discharge processes looked like before, and how they may be impacted by the new policy:

- **General perceptions are similar to high service users**, in that they can see a benefit in being discharged more quickly – and they assume it will mean that staff save time / resource.
- **There are concerns though around *who* would be making the decision** – especially if it wasn't someone who had been intimately involved in their care throughout.

"I've spent almost a whole day waiting to be discharged before… I'd definitely welcome it."

Male, 55+, high service user

Ultimately, it is **seen as a broadly positive step for both patients and NHS staff** – but there is an **expectation that patients would be informed about how the discharge decision had been made**.

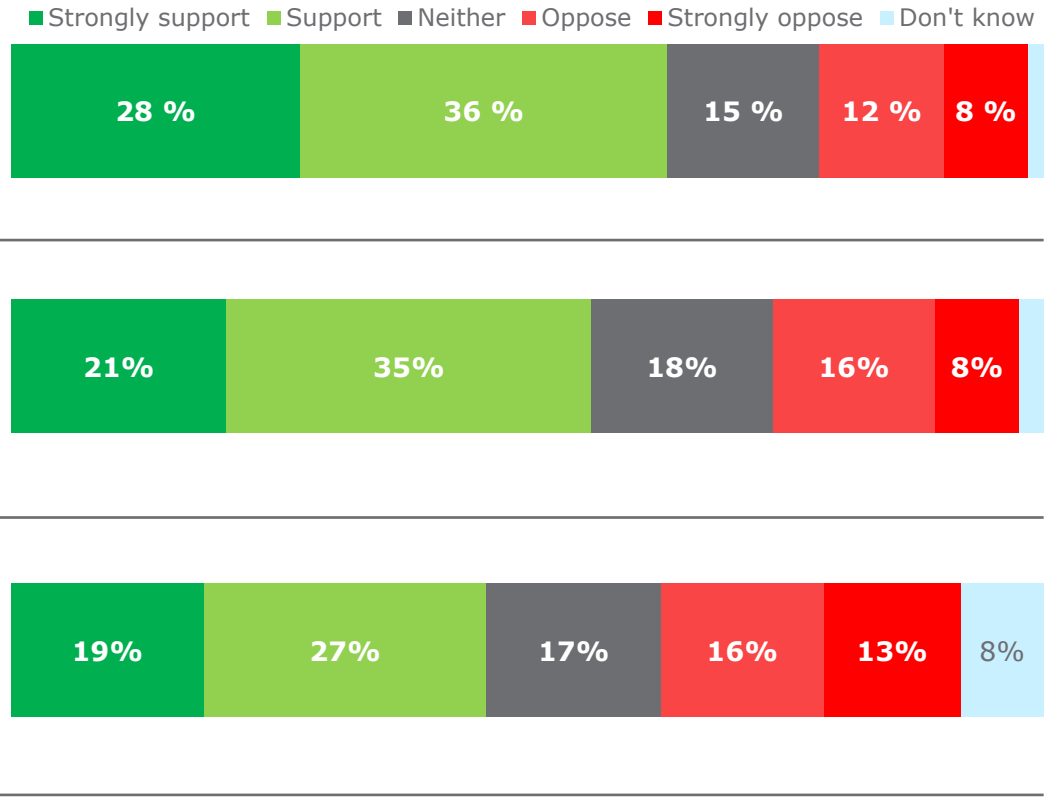
"I can't see why it would need so many people to make the decision anyway really – but it should be the *right* person making it."

Male, 35-54, low service user

Level of support for remote consultations in future

The highest level of support for remote consultations in future is with GPs (64% support). The conditions that most would consider discussing remotely are, concern about minor physical illness or injury (69%); concern about potential infection (64%), and; advice on an ongoing physical problem or condition (64%).

Support / opposition to being offered remote consultations in future for…



Base: Q26 all respondents (2563)**.** To what extent would you support or oppose being offered video or telephone consultations with the following healthcare services in the future, once the threat of Covid-19 has passed or subsided?

Discussing health concerns remotely

The **majority have an intuitive – and broadly similar – sense of what they would and would not discuss remotely**. **Routine** or ongoing **health concerns** are **thought to be the ideal** things to discuss over the phone or via video**, whilst anything acute, urgent or emerging is thought to be better face to face** to allow full examinations and understanding. **Some** though are **almost entirely opposed** to remote consultations **due to concerns about something more serious** or underlying **being missed**.

"My biggest single worry is that there are so many very serious diseases that are almost impossible for GPs to diagnose even after multiple visits... Many women's health issues fall into this category - such as ovarian cancer, pancreatic problems, heart issues etc. If we are to rely on non-face to face contact first, then doctors needs to flip their diagnostic approach on its head - that means consider the most serious illness it could be first, not the least."

Female, 55+, high service user

Would discuss remotely

- ✓ Ongoing issues which require repeat prescriptions etc.
- ✓ Minor (and short term) illnesses such as coughs and colds
- ✓ Discussions about issues which have been diagnosed, but need further consultations
- ✓ Infections and manageable physical conditions (e.g. a sprained ankle)

"The routine things are arguably better done over the phone – it saves time for everyone. Could they split service on that basis? It would need effective triage and management though"

Male, 35-54, moderate service user

Would not discuss remotely

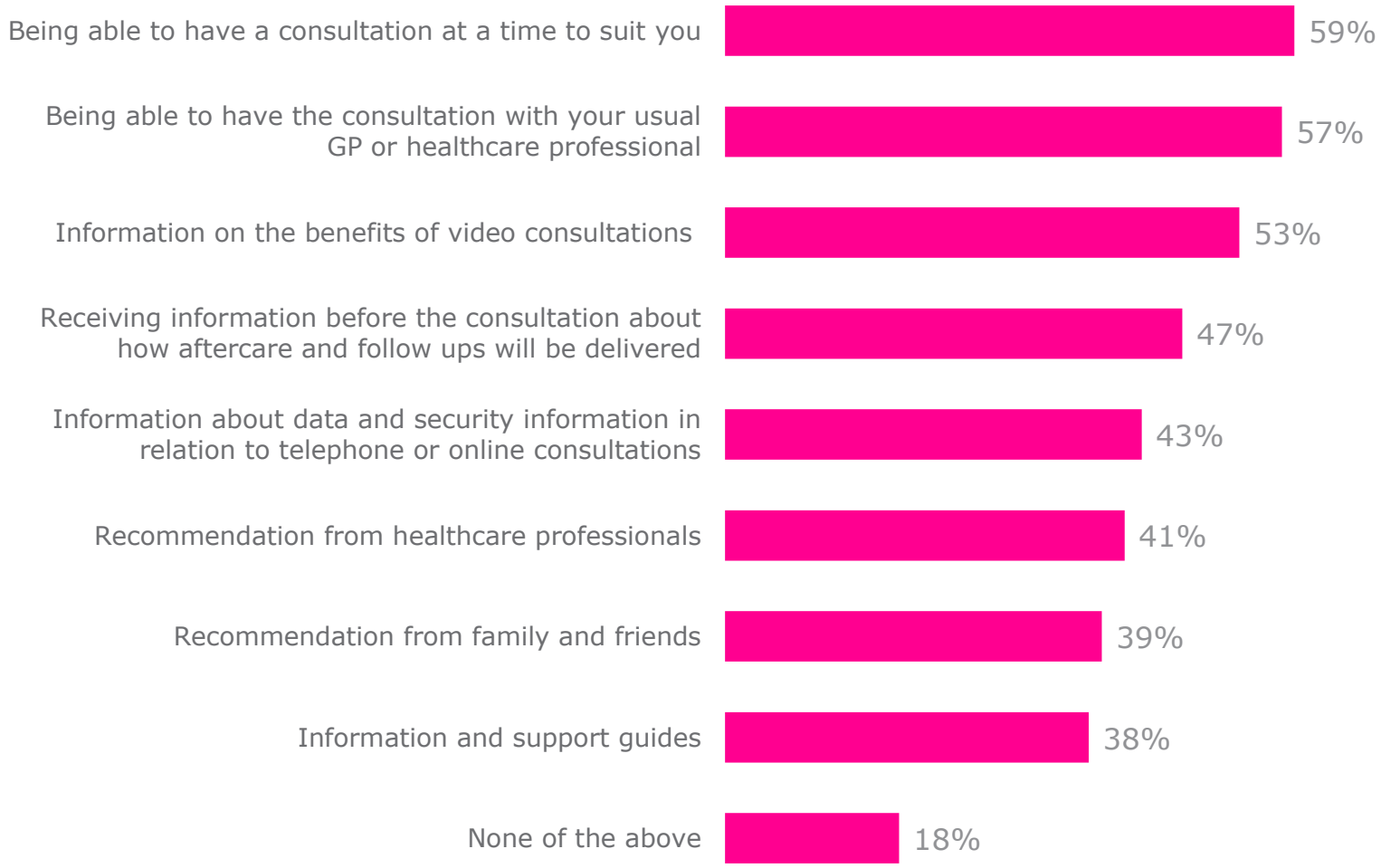
- X (Potentially) serious emerging issues / conditions
- X Issues that have not 'cleared up' after a period of time
- X Multiple issues / symptoms / ailments
- X More serious physical conditions

"There are some things that just aren't appropriate over the phone. You need to be there for them to be able to assess you properly."

Female, 16-34, moderate service user

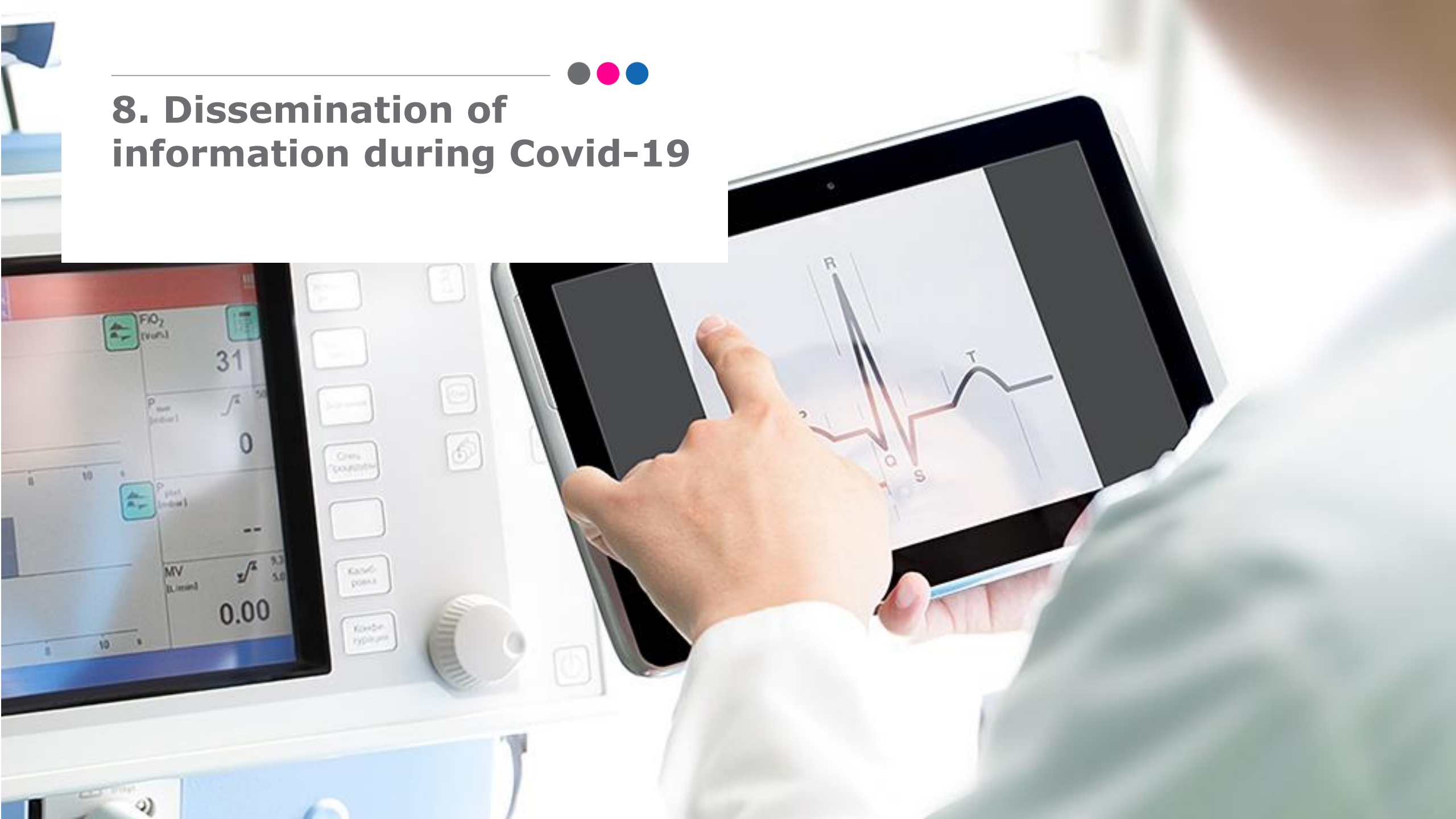
Encouraging remote consultations in future

Being able to have a consultation at a convenient time, and being able to have the appointment with a familiar / usual GP or healthcare professional are the two primary factors that would drive people to consider remote consultations in future.



Base: Q31. all respondents (2563). Which, if any, of the following factors would encourage you to use a video or telephone consultation instead of a face to face appointment in the future?

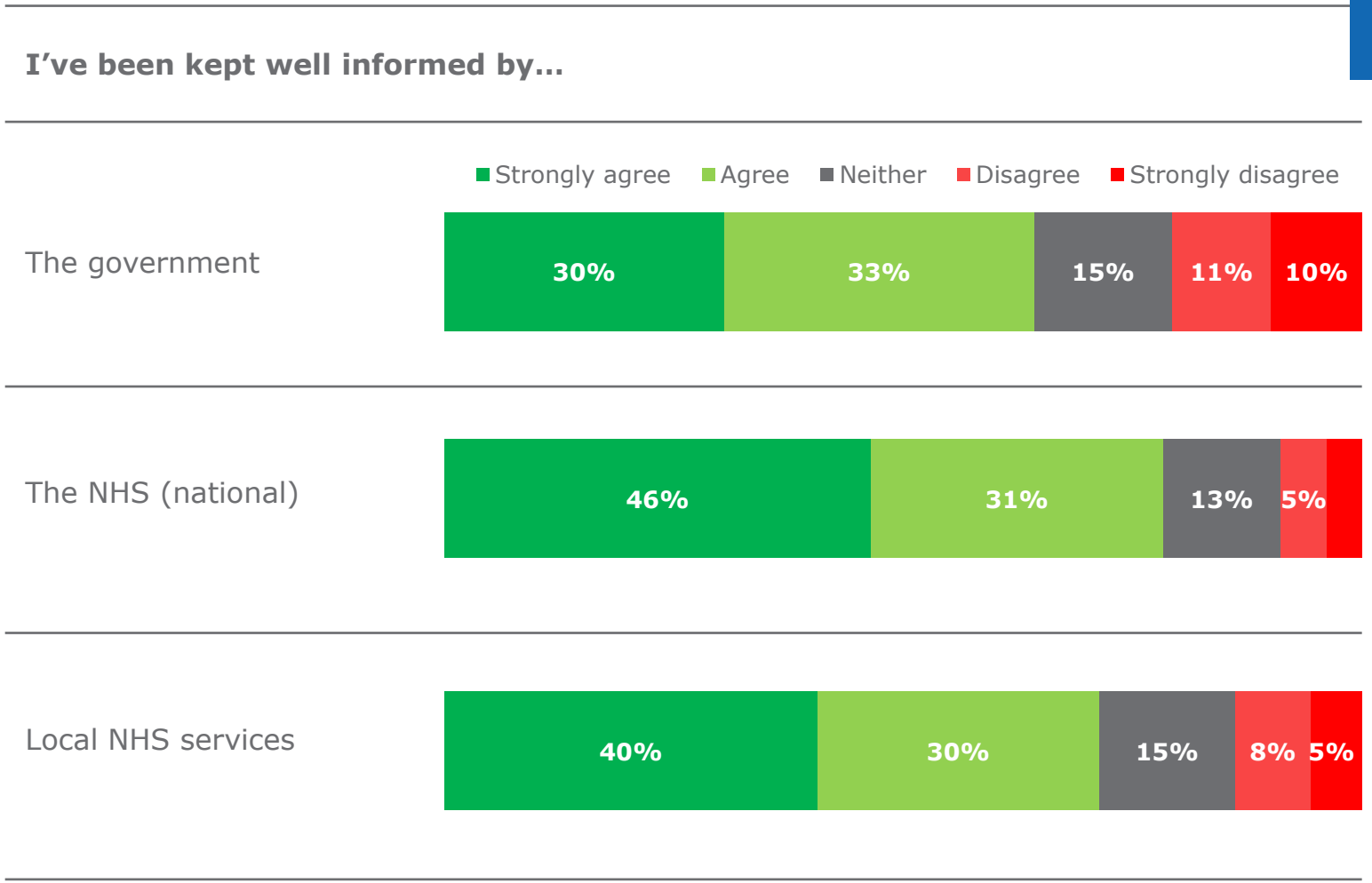
8. Dissemination of information during Covid-19



Being kept informed about healthcare during Covid-19

Over three-quarters (77%) agree they have been kept well informed by the NHS (nationally) during Covid-19, and 70% agree that they have been kept well informed by local NHS services.

Those who say they have delayed accessing healthcare during Covid-19 (21%) and those who are Black (27%) are significantly more likely to disagree that they have been kept well informed by local NHS services during Covid-19 than the overall population (14%).



Base: Q01 all respondents (2563)**.** To what extent do you agree or disagree with the following statements about healthcare services during the Covid-19 pandemic? During the Covid-19 pandemic, I have been kept well informed about how to access healthcare services, should I need them, from…

Reasons why people agree they have received sufficient information from local NHS services

Receiving text messages from their GP surgery, receiving good and clear advice when contacting healthcare services, and generally keeping up to date with the news are the key reasons for agreeing that local NHS services have provided sufficient information during Covid-19.

19% mention receiving text messages from healthcare providers keeping them up to date.

8% mention receiving letters / leaflets through the door from healthcare providers.

4% mention receiving emails from healthcare providers.

Other mentions for being kept up to date through apps / phone calls / house visits etc.

"My GP surgery have sent regular texts."

Male, 35-54, White, Gedling

"When we do need information, we ring our doctor's surgery. We've had leaflets through the door and seen the news on TV as well."

Female, 55+, Black, Gedling

"Visited by community matron and my doctor has sent out health professionals to take blood."

Female, 55+, White, Nottingham City

Base: Q02 all respondents who agree they have been kept well informed by local NHS services during Covid-19 (1,795)**.** You said you agree that you have received sufficient information from local NHS services during the Covid-19 pandemic, why do you say that?

Reasons why people disagree they have received sufficient information from local NHS services

Not having received anything, and not being able to get in touch with healthcare providers are the most frequently mentioned reasons for people disagreeing that they have received sufficient information from local NHS services during the Covid-19 response.

"I haven't received any information from my GP regarding accessing services despite being on regular medication. I'm not sure what the protocol is at the doctors in terms of booking an appointment. I've also had no information from my dentist and again am not sure whether I should book in for my regular check up or not."

Female, 16-34, White, Broxtowe

"I have had a number of appointments vanish with no information when they will return."

Female, 35-54, White, Rushcliffe

"I am highly vulnerable but I have had to find out for myself what help I could get during lockdown."

Male, 55+, White, Mansfield

"I have tried to get in touch with my local GP and they are not very good at communicating, you can never get through to them and they never call back."

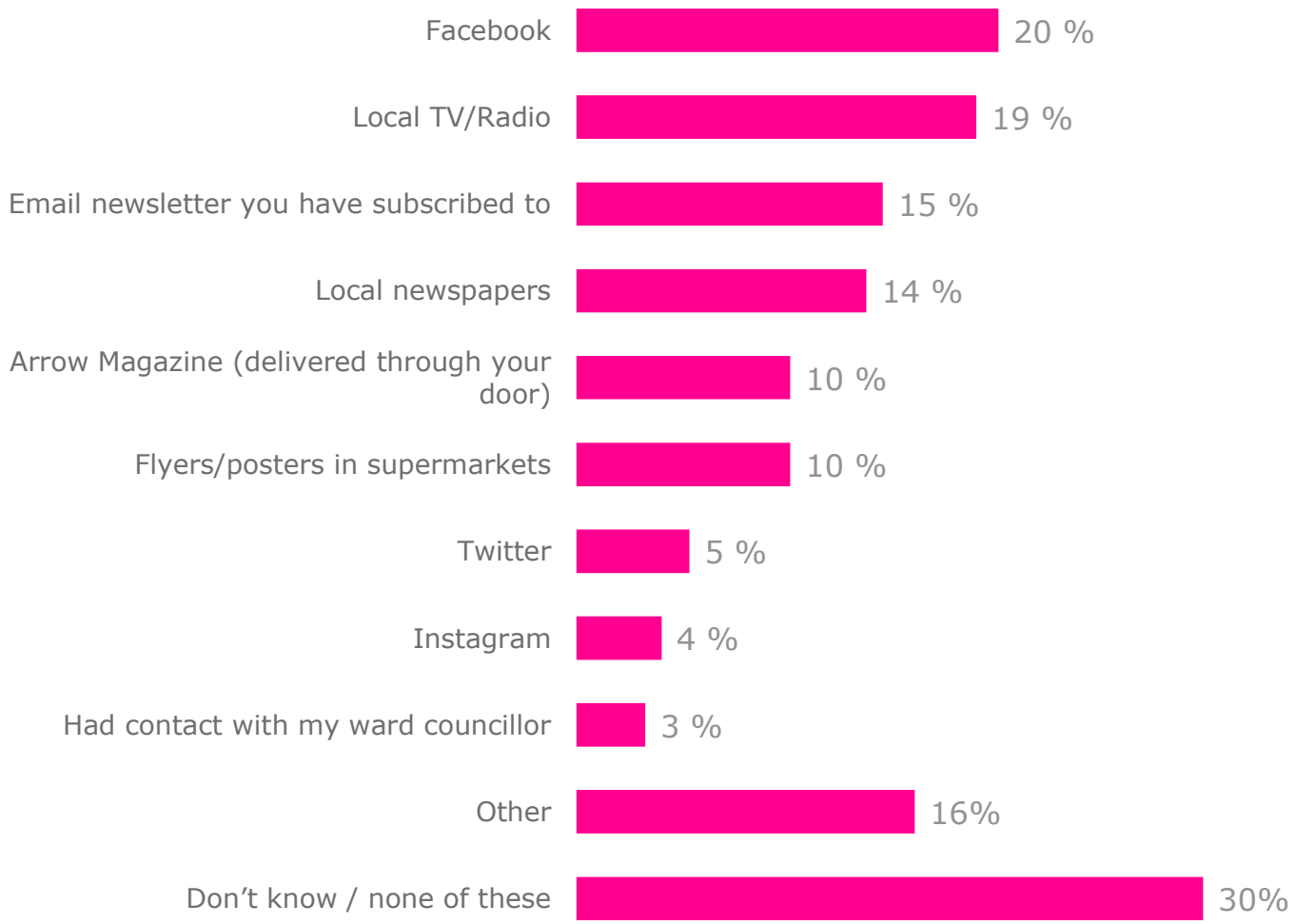
Female, 16-34, Asian, Nottingham City

Base: Q03 all respondents who disagree they have been kept well informed by local NHS services during Covid-19 (348)**.** You said you haven't received sufficient information from local NHS services during the Covid-19 pandemic, why do you say that?

Information received from the council during Covid-19

The most common source of seeing / hearing / receiving news from the council during Covid-19 is through Facebook (20%) and local TV / radio (19%).

Overall, 16-34s are most likely to see / access news from the council on Facebook (29%), and over 55s the least likely (13%).



Base: Q25. all respondents (2563). During the Covid-19 pandemic, have you seen, heard, read or received any of the following from the council? Please select all that apply

9. Conclusions

Conclusions (1)

1. Just under half (46%) have needed to access healthcare services during Covid-19, with the main reason for needing to access care being in relation to getting treatment for a long-term or ongoing health condition. In the main, those who have needed it have found it easy to access the healthcare services they need. Despite this, however, there are certain groups – including high service users who have a range of healthcare needs – who have felt disproportionately affected by cancelled appointments and consultations.

2. Almost a third (31%) have put off or delayed accessing healthcare services during Covid-19, with those aged 16-34 being more likely to have done so (36%). The main reasons for putting off accessing healthcare are not thinking the situation serious enough, and not wanting to put additional pressure on the NHS. There is no consistent thread of the types of condition or issue that people have put off accessing healthcare for, but there are a number of common questions (including whether the services they need are open, and whether the issue is serious enough) that people ask themselves before deciding whether to access, or not.

3. Over half (56%) agree they have been able to access the healthcare services they need as normal during Covid-19, rising to 67% among those who have actively accessed services. However, there is a significant minority (24% among those who have accessed healthcare services) who disagree that they have been able to access the care they would normally expect. Once again, this appears to fall disproportionately on high service users, who are more likely to have experienced multiple cancellations and interruptions to their care.

4. Those who have accessed healthcare services during Covid-19; including GP services and mental health and rehabilitation services; are generally satisfied with the care they received, and whilst many have had positive experiences of remote consultations and appointments, others have a preference for face to face appointments wherever possible.

Conclusions (2)

5. Among those who have been discharged from hospital, or who have had a family member be discharged from hospital during Covid-19, experiences of the simplified discharge process have been largely positive – with high associations with the process itself being 'done at the right time', 'done with the patient's best interests at heart', and being conducted in a 'professional' manner. However, around a fifth (19%) considered the discharge process to have been 'rushed'. Whilst there is broad support – in principle – for a continuation of the simplified discharge process in a post Covid-19 setting, there are some questions and concerns around who would be responsible for signing off the discharge, and whether it could open up the possibility of patients being discharged before they are really ready.

6. Over half (53%) agree that the council has done a good job in helping people in vulnerable circumstances during Covid-19, with no significant differences in outlook across different demographic groups.

7. When looking beyond Covid-19, there is broad support for a continuation or expansion of remote GP consultations, and to a lesser extent for routine hospital consultations and certain mental health services. Across all three areas, there is an acceptance that remote consultations / appointments could be beneficial for both patients and NHS staff (especially in respect of time saved), but there is also an expectation that new, different or emerging issues will continue to be dealt with in face to face settings where possible.

8. The majority feel as though they have been kept well informed by the NHS at a national level as well as a local level during Covid-19. In respect of local NHS services, text messages, leaflets and emails from GP practices to patients have been the key ways in which people have kept up with news at a local level.

For more information

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