

Experiences of health and social care in Rutland during the Covid-19 lockdown

August 2020





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Summary

In March 2020, the Government, as a result of a rapidly rising number of Covid-19 infections, introduced a nationwide 'lockdown'. This meant the suspension of many health and care services as resources were reallocated to tackle the emergency and stem the increase in infections. It also meant that, in the first weeks, people were only allowed out of their homes for exercise or essential trips. New guidance for 'social distancing' and 'shielding' was introduced.

This report analyses the Rutland-specific data arising from a Leicester, Leicestershire and Rutland (LLR) survey undertaken by Healthwatch and the three Clinical Commissioning Groups (CCG). The aim was to seek some understanding of how people were experiencing health and social care services during the Covid-19 pandemic. Healthwatch Rutland feels it is important to single out unique Rutland experiences as a supplement to the LLR report published in July by the three CCGs¹.

The survey asked details about how people were experiencing: getting information; GP care; pharmacies and getting prescriptions; social care; ongoing health care; mental health. It also asked more general questions about vulnerable groups and other effects of the pandemic.

In all, 135 Rutland people responded to the survey. The greatest proportion of respondents were in the 60+ age group.

The results of the survey will be sent to commissioners and providers of care and distributed to the public.

¹ www.healthwatchrutland.co.uk/report/2020-07-23/your-experiences-health-and-care-services-during-covid-19-pandemic



Key findings

- Rutland people mostly found it easy to access and understand information about health and care services during the lockdown. The most common source of information was the internet, the media (newspapers, television, etc.) or email. Approximately one third of the respondents felt that they had not been kept sufficiently informed about GP surgery changes. Concerns were expressed about people who do not have access to the internet and about lack of clarity and detail in information and advice. There are indications that the younger age groups have found it not so easy to either access information or interpret it and were less able to understand how to use GP services
- Over half of the respondents were reluctant to access health care because they did not want to overburden the NHS or feared contracting Covid-19. Concerns were expressed throughout the survey about difficulty in getting through to surgeries on the telephone. Some said they preferred face-to-face contact with surgery staff but many others were satisfied with telephone triage and video consultations and want these to be continued.
- The people who replied to the survey were happy with the service they had received from local pharmacies. They liked the introduction of time-slots for prescription collection and deliveries of medications. They mostly felt well informed about pharmacy services. Some mentioned the difficulty of long queues outside pharmacies - especially for the sick and disabled and in bad weather.
- Only seven respondents used social services with four people saying the new ways of operating were fair, good, or excellent.
- 21 people talked of cancelled appointments and 14 people talked of postponed procedures. This has resulted in discomfort, pain and anxiety.
- 53% of the respondents said they have not needed mental health support. Of the 47% who have needed it, most turned to friends and family for support. Nobody sought support from a mental health practitioner.
- People thought those with limited or problematic access to the internet, those living alone, or who were dependent on community, voluntary or charity groups were the most likely to be disadvantaged by the lockdown.
- Other reported problems included loss of warden services in sheltered accommodation, anxiety and stress, being unable to see family and friends, being unable to stand and queue to enter premises due to disabilities, lack of exercise opportunities, health issues due to cancelled appointments and post-viral fatigue.



Recommendations

1. Telephone triage and video-consultations have proved popular and many people want this to continue as an option for accessing health care. However, some people prefer face-to-face consultations. Providers of health care must therefore be aware that 'one size does not fit all'.
2. Cancelled appointments and procedures should be reinstated as soon as possible.
3. Consideration should be given to people who do not have access to computers and smart phones or are unable or unwilling to use them for accessing healthcare services. This may include people with cognitive impairment, the elderly, people without a reliable internet service, those who cannot afford the equipment and the homeless.
4. Telephone systems and call-answering should be improved in Rutland surgeries as quickly as possible as this is a major problem at a time when a 'walk in' facility is unavailable.
5. Information should be appropriate to and accessible for different age groups.
6. Reassurance should be offered that the NHS is 'open' for use and safe to use with effective infection control measures in place.

Introduction

In late January 2020 the UK reported its first cases of Covid-19 and on March 23rd the country entered 'lockdown' in order to reduce its spread.

In mid-April 2020, with the lockdown still in force, Healthwatch Rutland (HWR) created a survey to seek understanding of how people in Rutland were experiencing health and social care services during the pandemic. In reviewing the questions with the Communications team for the Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCGs) and Healthwatch Leicester and Leicestershire (HWLL), it became clear that the other groups were planning to ask similar questions of the public and that it would be beneficial to work together and promote a single survey across LLR. The survey was launched on 30th April and ran until 7th June 2020.

The CCGs analysed the results of the survey for the whole LLR area. However, HWR decided that it would be useful to represent the unique voice of Rutland people who told us about their experiences of health and social care during the pandemic. This report therefore also identifies differences between Rutland people's experiences and those of their neighbours in the larger areas of Leicester City and Leicestershire.

Research context

The three geographical and local authority areas of Leicester City, Leicestershire and Rutland have come together to administer health and social care as part of a Sustainability and Transformation Partnership (STP), known locally as Better Care Together (BCT). Since the NHS Long Term Plan was published in January 2019, the BCT teams have been working towards greater 'joined up' care to become a formal 'Integrated Care System'.

More locally, general practices have also been coming together to pool resources in Primary Care Networks (PCN) caring for 30,000-50,000 patients. Each practice maintains its own patient list



but specialist skills, staff and equipment can be shared across the PCN. Rutland, with an estimated population of 40,386, is ideally suited for one PCN for the four GP practices across the county.

Throughout the lockdown it has become apparent in England that different groups are being more adversely affected by Covid-19. This was supported in June 2020 in the Public Health England document *Disparities in the risk and outcomes of COVID-19 (Ref. 1)*. At risks groups are:

- Age and gender - those over 80 years are 70 times more likely to die than those under 40 years and males are more adversely affected than females.
- Geography - those living in urban areas are more adversely affected than rural residents.
- Deprivation - people living in deprived areas are at greater risk than those in wealthy areas.
- Ethnicity - Black, Asian and minority ethnic groups are more likely to die.
- Occupation - those in caring occupations, sales and retail, construction workers, processing plant workers, chefs, and drivers of buses and taxis are at greater risk.
- Care home residents and staff are at greater risk.
- Those with other underlying illnesses are at greater risk.

This prompted an examination of some of the different demographics at play across Leicester, Leicestershire and Rutland including a consideration of the data for age, ethnicity, gender and deprivation in each area.

White	Asian	Mixed	Black	Other
97.1%	1%	1%	0.7%	0.2%

Table 1. Ethnic groups in Rutland. Source: Joint Strategic Needs Assessment, Rutland County Council (2018) (Ref. 2)

	White British	Indian	White other	Other ethnic groups
Leicester	45%	28%	5%	21%
Leicestershire	89%	4%	3%	4%

Table 2. The ethnic populations of Leicester and Leicestershire. Source: Jivraj and Finney (2013) *The Centre of Ethnicity, The University of Manchester* (Ref. 3)

Age (years)	Rutland	Leicester	Leicestershire	Total
0-19	8,661 (21%)	97,472 (27%)	161,802 (23%)	161,802
20-49	12,831 (32%)	165,190 (46%)	259,388 (36%)	259,388
50-69	11,145 (28%)	67,601 (19%)	185,515 (26%)	185,515
70 years+	7,749 (19%)	30,294 (8%)	108,412 (15%)	108,412
Total	40,386	360,557	715,117	1,116,060

Table 3. The population projections for LLR in 2020 by age groups. Source ONS (Ref. 4).



Wealth and deprivation are determinants of health; with deprivation being a major contributor to poorer health and chronic illnesses. Those living in deprived areas and those with underlying illnesses are listed above as being more likely to be seriously affected by Covid-19. The following table, from the Community Foundation, *Leicestershire and Rutland Vital Signs (2017)* report provides scores for deprivation in each area of LLR: a higher score represents a higher level of deprivation.

Area	Deprivation score
Blaby	53.30
Charnwood	70.54
Harborough	42.77
Hinckley and Bosworth	65.67
Melton Mowbray	67.40
North West Leicestershire	76.56
Oadby and Wigston	67.47
Leicester City	169.88
Rutland	49.43
Leicestershire	109.38
East Midlands	131.4
England	100.00

Table 4. Deprivation scores for LLR. Source: *The Community Foundation Leicestershire and Rutland (2017) (Ref. 5)*

Section summary

- Rutland has the highest percentage of people in age groups 50-69 years and age 70 + years.
- Rutland has the lowest percentage of people in the age groups 0-19 years and 20-49 years.
- Rutland has the highest percentage of White residents and the lowest percentage of residents from Black, Asian and Minority Ethnic groups.
- Rutland and Market Harborough are the least deprived areas in LLR.
- Leicester City is the most deprived area.
- The various risk factors of Covid-19 are unevenly distributed across the LLR region.



Method

With face-to-face inquiry made impossible due to the lockdown and social distancing measures, the usual means of recruiting people through support groups and fliers in surgeries, libraries, etc. were not open to us. We therefore relied on the Internet, press releases and local radio for informing people about the survey. Also, a sign language video for the hearing impaired was circulated.

The survey, although primarily designed with quantitative research questions, also invited free-text comments in order to collect a more detailed understanding of how people were experiencing health and social care services during the lockdown associated with the Covid-19 pandemic. The intention was to discover what emergency changes to health and care systems people would like to see continued in the future and which did not work so well.

In addition to offering an online survey, a telephone answering service was set up and the details widely circulated. There was an acute awareness that there are people who do not have the technology or ability to complete surveys online and we did not want to deny them the opportunity to take part.

The survey questions involved seven sections:

- Accessing information
- GP care
- Pharmacy
- Social care
- Ongoing healthcare
- Mental health care
- General questions



What Rutland people said

There were a large number of non-completions of the survey and a lot of questions were unanswered ('blanks'). Therefore, unless otherwise stated, the analysis was conducted excluding the 'blanks'. Percentages are mostly calculated to the nearest whole number so total percentages might range just under or just over 100%. Also, due to a relatively small sample, statistical significance cannot be assured and the figures and comparisons should be treated as indications of people's experiences.

Who took part?

In all, across Leicester, Leicestershire and Rutland, 1,304 started the survey and 629 people went on to complete it. 134 out of 135 Rutland respondents gave their status:

- 106 service users/patients
- 18 carers
- 10 'other'

Ethnicity

The ethnicity of the respondents from across LLR is shown in the following tables, with the figures in pink representing the regional average:

	Rutland	Leicester City	Leicestershire
White	75 (96%) (97%)	98 (73%) (50%)	327 (93.4%) (92%)
Black, Asian and minority ethnic groups	1 (1%) (2%)	32 (24%) (49%)	15 (4.3%) (4%)
Other	2 (3%) (1%)	4 (3%) (1%)	8 (2.3%) (4%)
Total	78	134	350

Table 5. The ethnicity of the 562 respondents who declared it

- Rutland and Leicestershire respondents are broadly representative of their ethnic populations.
- Black, Asian and Minority Ethnic groups are under-represented in the Leicester City respondents.

Ages

	Rutland	Leicester City	Leicestershire
16-24	2 (3%)	2 (1%)	6 (2%)
25-34	3 (4%)	15 (11%)	15 (4%)
35-59	21 (26%)	69 (50%)	163 (46%)
60-75	35 (43%)	45 (33%)	138 (39%)
76+	19 (24%)	7 (5%)	35 (10%)
Total	80	138	357

Table 6. Age groups of survey respondents across LLR

- There was a higher percentage (67%) of Rutland respondents in the 60-75 and 76+ age groups.



- Only five Rutland people who declared their age were under 35 years.
- The small numbers in the 16-24 and 25-34 age groups reduce the significance of age group comparisons in the analysis so results are indications only.

Gender

	Rutland	Leicester City	Leicestershire	Total
Male	29 (36%)	38 (27%)	98 (27%)	177
Female	52 (64%)	100 (72%)	261 (72%)	418
Transgender	0	1 (1%)	0	1
Total	81	139	359	1305

Table 7. The gender of respondents

- The majority of respondents in all three local authority areas were female, which has been a common occurrence in previous health and care related surveys.

Patient or carer

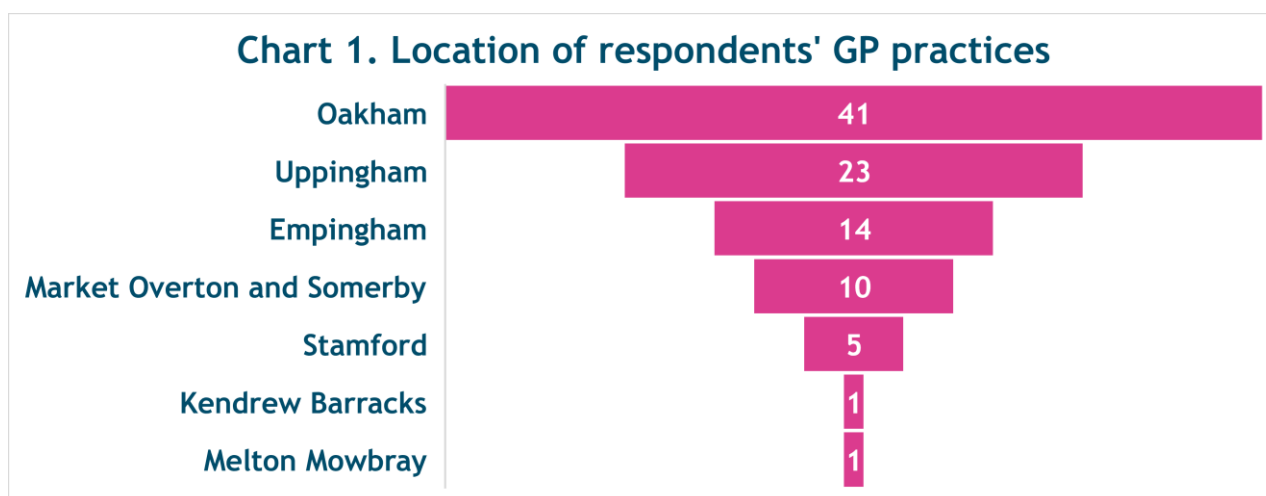
The survey asked respondents to identify themselves as a ‘patient’, ‘carer’ or ‘other’ and the results are shown in the following table:

	Rutland	Leicester City	Leicestershire
Carer	18 (13%)	60 (23%)	111 (20%)
Patient	106 (79%)	106 (40%)	329 (58%)
Other	10 (8%)	97 (37%)	126 (22%)
Total	134	263	566

Table 8. Carers and patients in LLR

GP practice

Finally, the respondents were asked which general practice they were registered with. The results for Rutland are as follows:



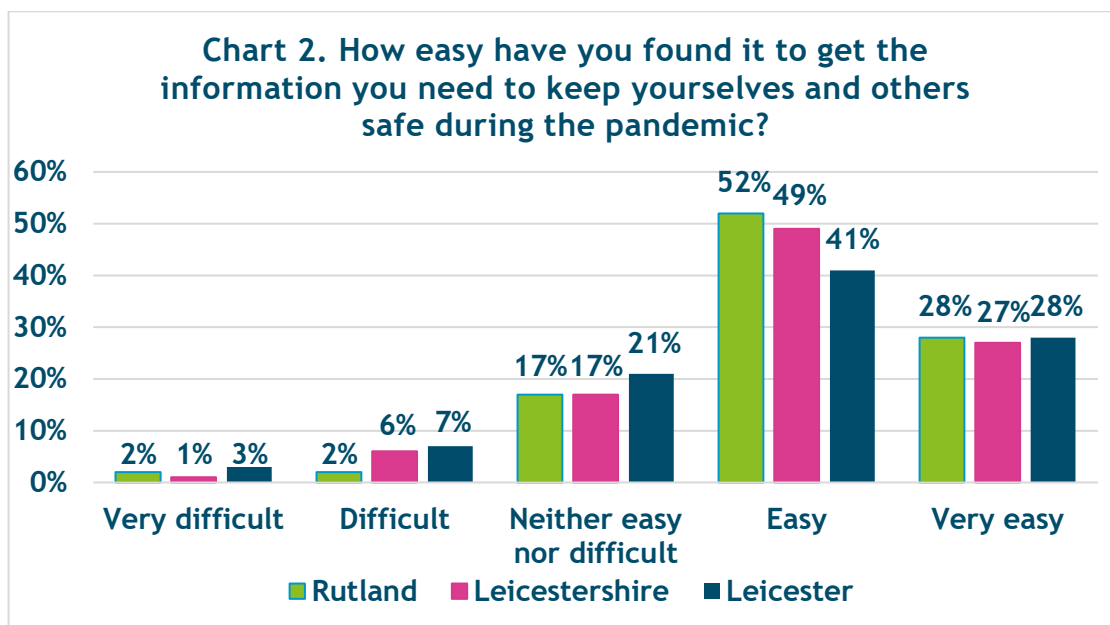
- 43% of respondents were registered with Oakham Medical Practice.



- The Melton Mowbray practice is in Leicestershire and the Stamford practices are in Lincolnshire and, so, not part of the Rutland Primary Care Network.
- Kendrew Medical Centre, based in Cottesmore, Rutland, is a facility for military families.

Accessing information

This section explores respondents’ experiences of seeking information to keep themselves and others safe during the pandemic. The first question asked them how easily they had accessed this information:



- Most Rutland people (80%) found it ‘easy’ or ‘very easy’ to find information to keep themselves and others safe during the lockdown. This compares with 69% of the Leicester respondents and 76% of Leicestershire respondents.
- 4% of Rutland respondents said that it was ‘difficult’ or ‘very difficult’ to access information (Leicester 10%, Leicestershire 7%).

Rutland responses, broken down by age group (where age was declared) were:

Age	Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy	Total
16-34	0	0	3 (60%)	0	2 (40%)	5
35-59	0	1 (5%)	1 (5%)	14 (67%)	5 (24%)	21
60-75	1(3%)	1 (3%)	3 (9%)	20 (57%)	10 (29%)	35
76+	0	0	4 (21%)	9 (47%)	6 (32%)	19
Total	1	2	11	43	23	80

Table 9. The ease of getting information to remain safe reported by different age groups in Rutland

- The age group that reported the highest percentage of people finding it ‘easy’ or ‘very easy’ to get information to keep themselves safe was the 35-59 group with 91%.
- The age group that reported the lowest percentage (40%) of people finding it ‘easy’ or ‘very easy’ to get information to keep themselves or others safe was the 16-34 group.

A comparison was also made between Rutland female and male responses:



Gender	Very difficult	Difficult	Neither easy nor difficult	Easy	Very Easy	Total
Male	0	0	3 (10%)	17 (59%)	9 (31%)	29
Female	1 (2%)	1 (2%)	9 (18%)	26 (51%)	14 (28%)	51

Table 10. The ease of getting information to remain safe, by gender, in Rutland

- 90% of males and 79% females found it 'easy' or 'very easy' to get information to keep themselves and others safe.
- Males found it easier to get information to keep themselves and others safe.

The data was analysed to see if there is any difference in accessing information between Rutland carers and other respondents:

	Very difficult	Difficult	Neither easy nor difficult	Easy	Very Easy	Total
Patients	2 (2%)	2 (2%)	15 (17%)	49 (54%)	22 (24%)	90
Others	0	0	1 (11%)	4 (44%)	4 (44%)	9
Carers	0	0	3 (21%)	5 (36%)	6 (43%)	14

Table 11. Comparing the experiences of Rutland carers and other respondents in accessing information about how to keep themselves and others safe

- 'Carers' found it easier than 'patients' and 'others' to obtain information to keep themselves and others safe.

Rutland respondents got their information from the sources shown in table 12:

Source of information	Number of responses
Online - national organisations' websites, e.g. Government, NHS.	85
Online - local organisations' websites, e.g. council, hospital, surgery, voluntary, community organisations, Healthwatch	74
Online - social media	44
Media e.g. television, radio, newspaper	85
Received by email or text message	40
Received by post	16
From family or friends	20
Other = GP 1, Telephone 1, Village Newsletter 1, Other organisation 1	4

Table 12. Where Rutland respondents said they obtained information during the lockdown

- Online sources, including email/text messages, were the most common source of information used by Rutland respondents during lockdown, with 243 declared usages combined (people could select multiple options).
- Traditional media, such as television, newspapers or radio, was the second biggest source with 85 declared usages.
- 'Post' was the least used means of sourcing information.

The respondents were then asked to tell us more about any difficulties they had experienced in obtaining clear information or advice, including any topics that were hard to get information about:



There were 22 Rutland responses to this question, with some making more than one point. The main themes, with illustrative quotes, are set out below:

Theme 1. Suggestions for further information (14 comments).

‘A letter to every household would have been very much appreciated. (It could have been put in with our Council Tax Bills).’

‘Keep email addresses of patients and mail out changes rather than expecting patients to search for information.’

Theme 2. Problems with sources of online information (9 comments).

‘Should have more information on surgery website and email patients.’

‘Council website not easy to navigate and national stuff too. I found it really confusing.’

Theme 3. Topics that were harder to get clear information about (6 comments).

‘How this affects those of various cultures [ethnicities], e.g. symptoms, etc.’

‘I would like to know more detail on where there are outbreaks and especially in the immediate area.’

‘Son has a specific condition - difficult to get answers.’

Theme 4. Lack of clarity of information creating uncertainty (6 comments).

‘The main thing is it’s not clear enough advice. I am 71 and haven’t been sure whether I should stay in completely or just go out for necessities.’

Theme 5. Mixed responses relating to accessing information from GP practices (4 comments).

‘It has been very easy to get the advice and information from my Practice in Oakham.’

‘I have not had any written [communication] or telephone call explaining changes to services although I have witnessed some.’

- Many of the comments and suggestions about newsletters, emailed information and difficulties with websites suggest the respondents want information to be sent directly to them rather than having to look for it.
- Information needs to be clear and consistent.
- Generalised information is not always sufficient for those people who need more specific details.

One detailed comment raised two important issues:

‘It was difficult getting information on how to contact the GP especially as Sheepmarket and Wharf Road² Surgeries are conjoined (sic) but on different sites. Having had a computer consultation requiring a photograph of the problem (skin eruptions), I was advised to visit Wharf Road surgery to get medication. This could have been impossible as living in a village without any bus service and unable to walk to the top of the road and then get a bus to nowhere near the surgery was a problem solved by my neighbour taking me to the dispensary and back home. Also, without the aid of a professional photographer (a neighbour) I could not have provided a picture.’

² Wharf Road refers to ‘Lakeside’ surgery



This extract demonstrates a concern that Healthwatch Rutland has highlighted in previous reports³ - people without cars experience difficulties in accessing health services due to a reliance on public transport. It also demonstrates that the swift move, at the onset of the lockdown, to using more digital communication raises concerns that not everyone can access or use technology and this will be explored further in the following section.

Key points of 'Accessing Information'

- Those in the 35-59 age group found it easier to source information to keep themselves and others safe during the pandemic.
- Males found it easier than females to source information to keep themselves and others safe.
- The majority of carers (79%) found it 'easy' or 'very easy' to source information about keeping themselves and others safe.
- Online sources and text/email were most commonly used to access information. Posted information was the least used source.
- People want clear and consistent information provided for them rather than having to seek it.

The digital experience

Due to the Covid-19 pandemic measures, face to face interaction had to be avoided during the lockdown as much as possible. Suddenly, travel to a hospital or GP surgery was replaced by telephone triage⁴ followed by video consultations. Face-to-face consultations were conducted only if necessary.

The survey asked respondents how satisfied they were with their consultation experiences:

	By telephone or online triage	By video consultation	By face-to-face consultation
Very satisfied	24 (42%)	13 (42%)	13 (52%)
Satisfied	20 (35%)	8 (26%)	6 (24%)
Neither satisfied nor dissatisfied	8 (14%)	5 (16%)	1 (4%)
Dissatisfied	2 (4%)	3 (10%)	1 (4%)
Very dissatisfied	3 (5%)	2 (6%)	4 (16%)
Total	57	31	25

Table 13. Satisfaction rates of Rutland respondents by type of interaction

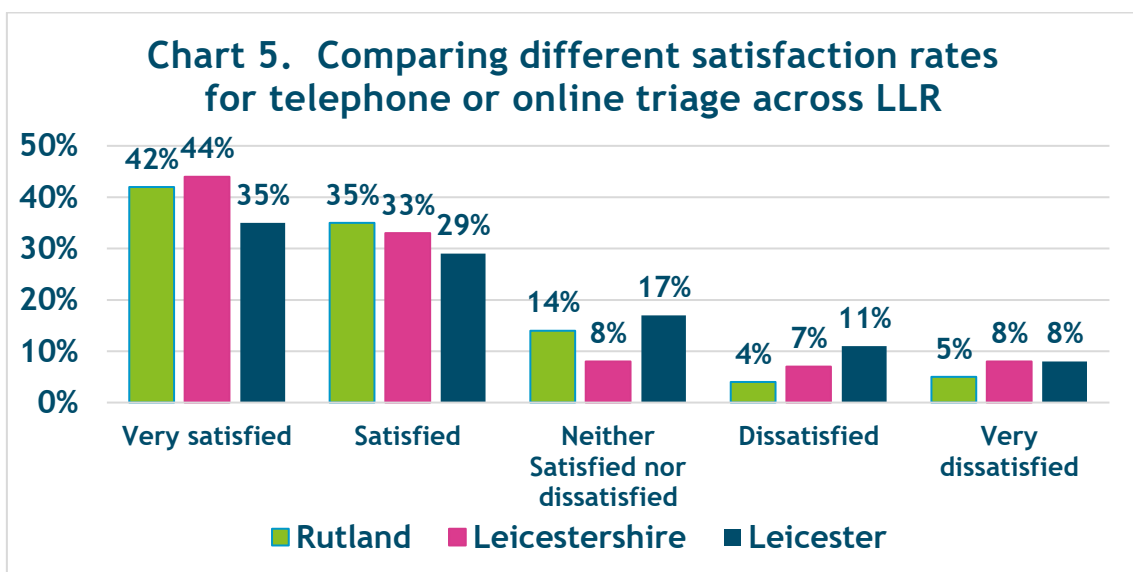
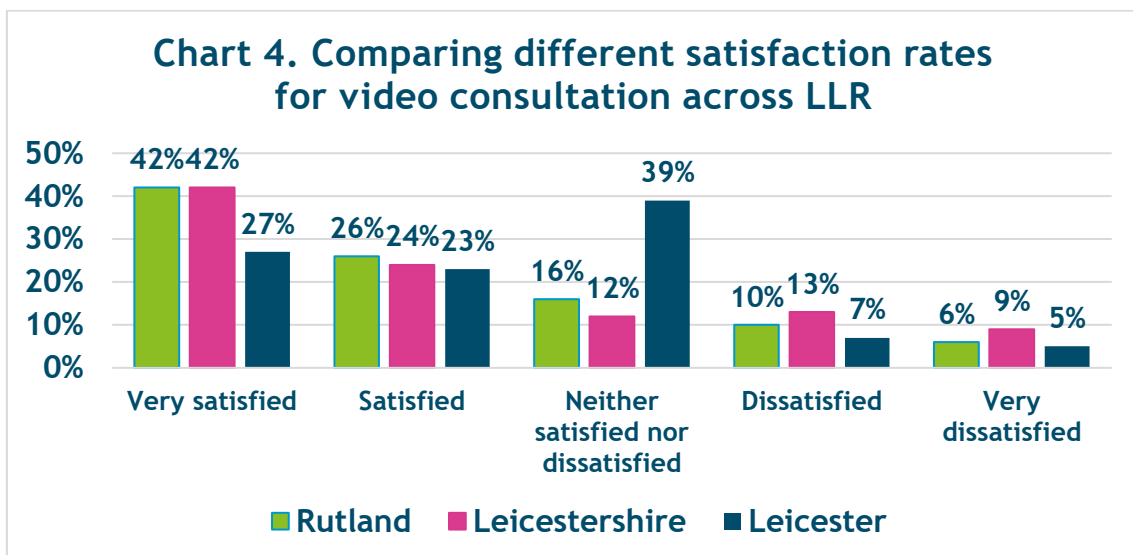
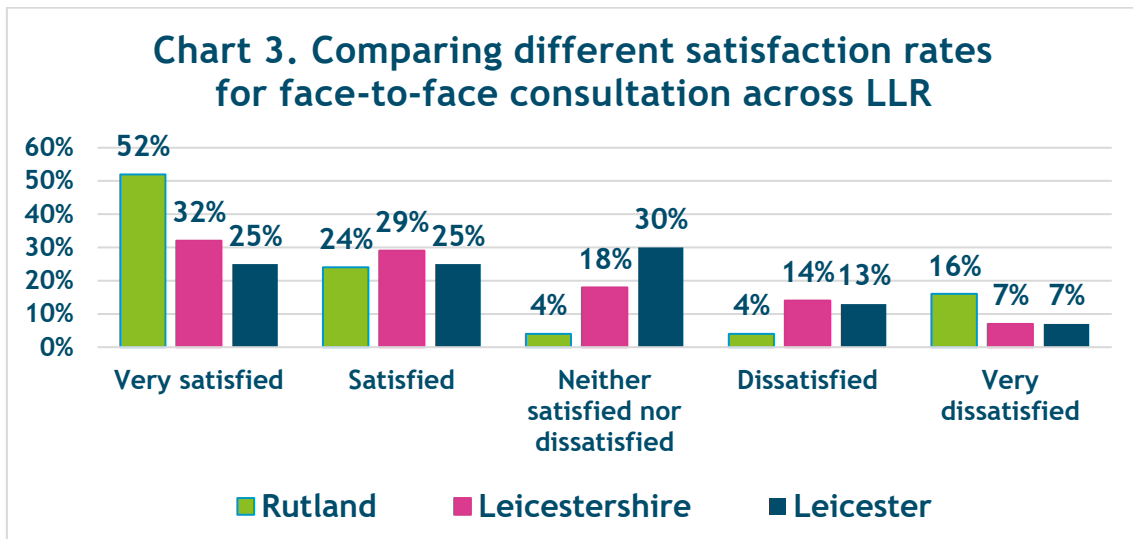
- In general, Rutland people were 'satisfied' or 'very satisfied' with telephone or online triage (77%) and face-to-face consultation (76%) and slightly less satisfied with video consultation (68%).

³ HWR Long Term Plan Engagement report - www.healthwatchrutland.co.uk/report/2019-09-25/report-shows-people-rutland-want-more-health-and-care-services-delivered-locally

⁴ Triage is a means of assessing patients to determine the urgency and severity of their symptoms and then signposting them to the most appropriate service or professional.



A comparison was carried out with Leicester and Leicestershire responses as shown in the following charts:



- The area with the highest percentage of people who were ‘very satisfied’ or ‘satisfied’ with face to face consultations was Rutland (76%).



- 77% of Leicestershire and 77% Rutland respondents were ‘very satisfied’ or ‘satisfied’ with telephone or online triage compared with 64% Leicester respondents.
- The area with the highest percentage of people who were ‘very satisfied’ or ‘satisfied’ with video consultations was Rutland (68%) compared with Leicester (66%) and Leicester (50%).

The data were also analysed to determine whether there were any gender differences in satisfaction rates as shown in table 15 (female figures in green):

	By telephone triage	By video consultation	By face to face consultation
Males satisfied or very satisfied	67%	43%	55%
Females satisfied or very satisfied	75%	70%	92%
Males neither satisfied nor dissatisfied	20%	14%	0%
Females neither satisfied nor dissatisfied	14%	24%	8%
Males dissatisfied or very dissatisfied	13%	43%	44%
Females dissatisfied or very dissatisfied	11%	6%	0%

Table 14. A comparison by gender of Rutland satisfaction rates for types of interaction

- Females were more satisfied with all three modes of interaction than males.
- Females were more satisfied with their face to face consultations than with telephone triage or video consultation.
- Males were more satisfied with telephone triage than with video or face to face consultation.

There were only a small number of carers declaring their satisfaction rates with their consultation experiences (7 for telephone, 4 for video and 1 for face to face). All but one (stating ‘neither satisfied nor dissatisfied’ with video consultation) reported being ‘satisfied’ or ‘very satisfied’.

The free-text comments also proved to be useful in assessing how Rutland people experienced health consultations during the lockdown as shown below, with illustrative comments:

Theme 1. Satisfaction with remote telephone triage and digital communications (11 comments).

‘I thought the video call worked well and found the doctor lovely and although I was not tested, she and I both thought I had the virus. I felt reassured because she rang me every day for the rest of the week to check how I was doing and she gave me some really good advice.’

Theme 2. Satisfaction with professionals remotely consulted (8 comments).

X-ray and physiotherapist - ‘Telephone triage and arrangements for an x-ray were all very efficient and very well explained. Telephone and postal follow up for physio were well organised.’

Nurse - ‘Consultation [with nurse] worked extremely well, was much quicker than waiting for GP telephone consultation, and just as effective.’

Theme 3. Dissatisfaction with difficulties in getting through to surgeries by telephone (13 comments).

‘Took several attempts and a long time to get through by phone.’

Theme 4. The availability of appointments to be booked online was problematic (4 comments).

‘Being able to make appointments online [would make things easier]. I can do this now but it seems to me that the appointments are reserved for booking by telephone. Any slots leftover are published online. They should be equally considered’.



Theme 5 Being unable or uncomfortable with using telephones or computers or having no access to digital technology for remote consultations (20 comments).

'At over 80 and not having done this before I needed assistance from a neighbour to both take a photograph and to upload onto computer and send to surgery. If I had not had that help, I am not sure what would have happened.'

The Office for National Statistics (ONS) (2019) states:

'In an increasingly digital age, those who are not engaging effectively with the digital world are at risk of being left behind [...] [D]igital skills are increasingly important for connecting with others, accessing information and services and meeting the changing demands of the workplace and economy. This is leading to a digital divide between those who have access to information and communications technology and those who do not.' (ONS 2019) (Ref 6).

ONS (2019) suggests that in 2018 there were 5.3 million 'non-internet users'⁵ in the UK. This lack of access to digital technology has been labelled as 'digital exclusion', which limits people's ability to utilise online resources such as video consultation or email communication.

Two respondents' comments (below) highlighted the importance of considering digital exclusion and patient preference during the move to greater use of remote consultations:

'Patients without computers are having to wait very long time on the phone, often over 30 minutes, to get answered. Some I know have even struggled along to the desk at the surgery to make an appointment.'

'Telephone consultations work to a certain extent but when you are unable to walk, or sleep or dress yourself due to severe pain, a face-to-face consultation is needed.'

Key points of 'The digital experience'

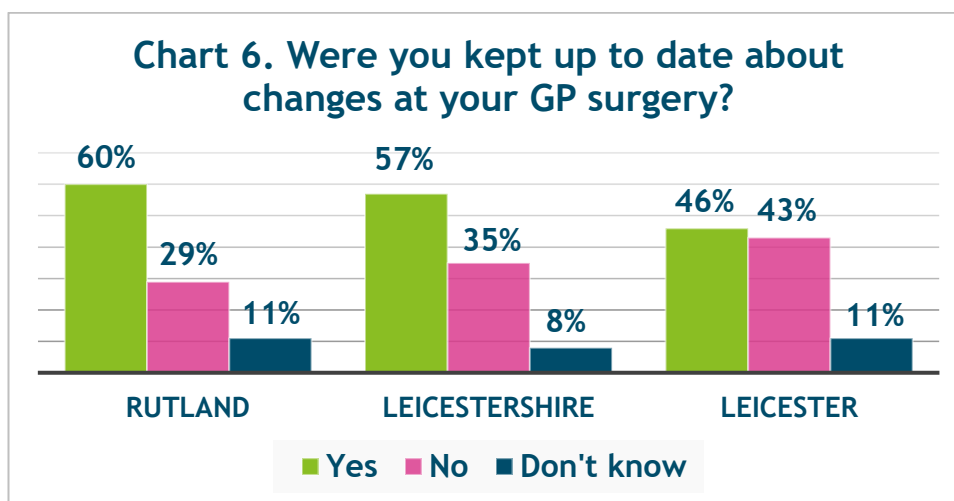
- Rutland and Leicestershire respondents were equally satisfied with telephone or online triage and more satisfied than Leicester respondents.
- Rutland respondents were more satisfied with their experiences of face to face and video consultation than those from Leicester or Leicestershire.
- Females were more satisfied than males with all modes of interaction but prefer face to face consultations.
- Males were more satisfied with telephone or online triage and most dissatisfied with face to face consultations.
- Carers were almost unanimously satisfied with all forms of consultation.
- Remote consultation using digital technology is not available to or appropriate for everyone. There is a risk of creating health inequalities for the digitally excluded.

Accessing GP care

Do you feel you are being kept up to date on changes and ways to access services at your GP practice during the pandemic?

The LLR responses are shown in the following chart:

⁵ People who had not used the internet within the last 3 months



- A higher percentage of Rutland respondents felt they were being kept up to date about surgery changes than their Leicester and Leicestershire counterparts.
- Leicester respondents felt they were the least well informed about changes at their GP practice.

The Rutland data were analysed across demographic groups to see if there were any differences:

	Yes	No	Don't know	Total
Carers	7 (64%)	4 (36%)	0	11
Patients	41 (54%)	25 (33%)	10 (13%)	76
Other	7 (78%)	1 (11%)	1 (11%)	9

Table 15. A comparison between Rutland carers and patients asked whether they have been kept up to date on changes in their GP practice

	Yes	No	Don't know	Total
Males	16 (67%)	6 (25%)	2 (8%)	24
Females	29 (60%)	15 (31%)	4 (8%)	48

Table 16. A comparison between Rutland males and females asked whether they have been kept up to date on changes in their GP practice

	Yes	No	Don't know	Total
16-34	2 (50%)	1 (25%)	1 (25%)	4
35-59	12 (60%)	6 (30%)	2 (10%)	20
60-75	16 (53%)	11 (37%)	3 (10%)	30
76+	15 (88%)	2 (12%)	0	17

Table 17. A comparison between Rutland age groups asked whether they have been kept up to date about changes in their GP practice

- Carers felt that they were better informed than patients about changes.
- Males felt they were better informed about changes than females.
- The 76+ age group had the highest percentage of people feeling that they were kept up to date with changes at their GP practice.



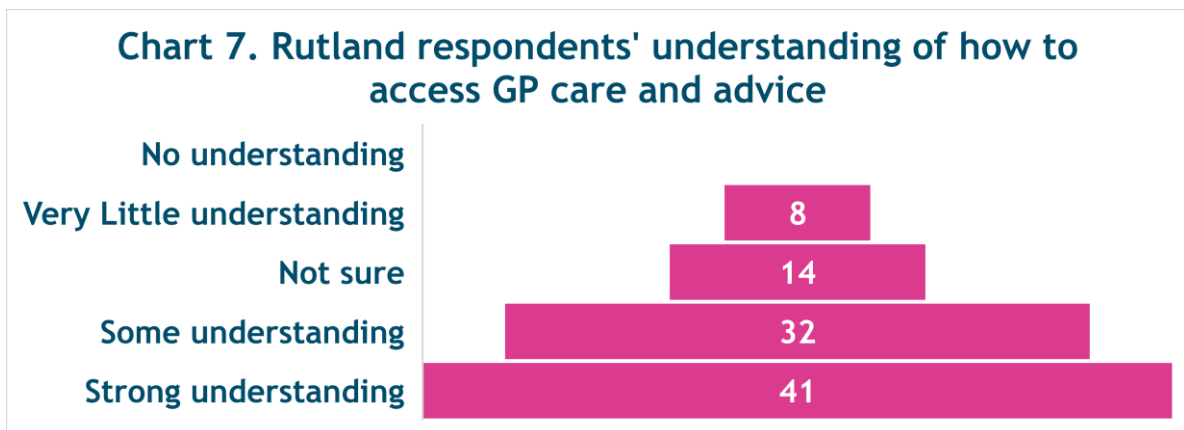
- The numbers are very small across some of the age ranges so can provide indications only e.g. the youngest age group had the lowest number of respondents (4) and 50% (2) said they were kept informed about changes.

The next question asked those, who had said they did not feel they were being kept up to date with surgery changes, to suggest improvements:

Out of 25 Rutland responses, 12 people mentioned that digital technology had helped and should be used in the future, although one respondent warned about digital exclusion. Some comments focused on other important problematic issues:

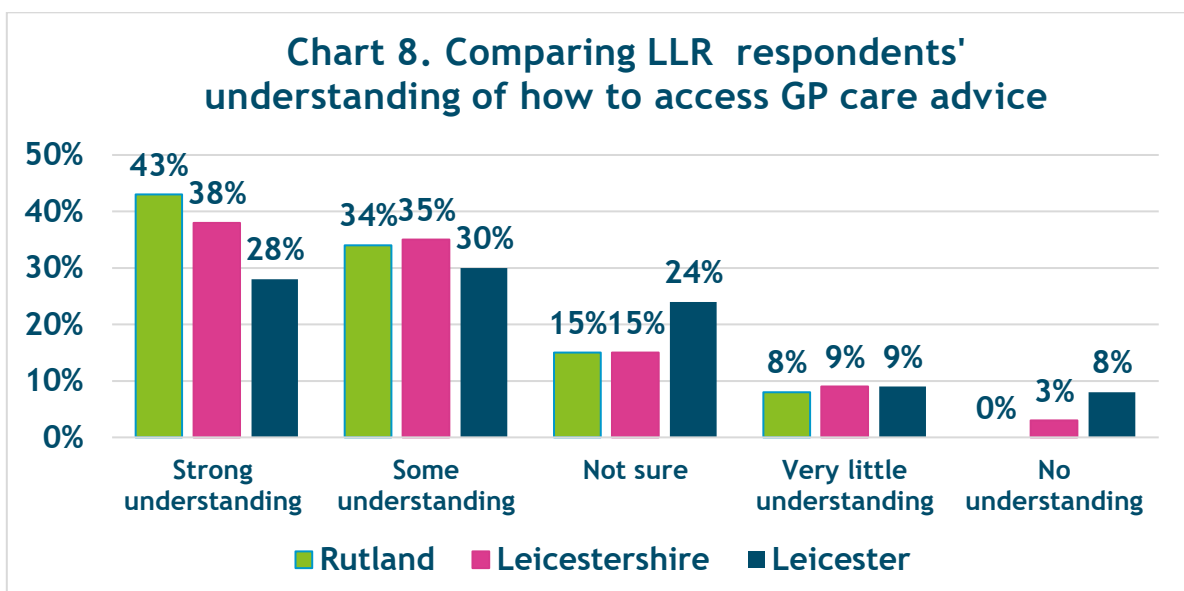
- Delays in getting appointments to see GPs.
- Queuing outside to enter surgeries or pharmacies which may not be appropriate for the sick, disabled, frail and elderly.
- Insufficient information was provided about suspension of the Urgent Care Centre in Oakham.

Do you feel you know how to access health care and advice from your GP practice during the pandemic?



- No Rutland respondent said they had 'no understanding' of how to access GP care and advice.
- 73 (77%) respondents said they had 'some understanding' or 'strong understanding'.

Rutland responses were compared with Leicester and Leicestershire:





- 43% of Rutland respondents said they had a ‘strong understanding’ of how to access GP care and advice compared with 28% Leicester and 38% Leicestershire respondents.
- 8% of Rutland respondents said they had ‘no understanding’ or ‘very little understanding’ compared with 17% of Leicester respondents and 12% of Leicestershire respondents.
- Rutland respondents indicated a better understanding than their Leicester and Leicestershire counterparts.

The Rutland data were analysed for demographic trends:

	No understanding	Very little understanding	Not sure	Some understanding	Strong understanding	Total
16-34	0	1 (20%)	1 (20%)	1 (20%)	2 (40%)	5
35-59	0	1 (5%)	6 (29%)	5 (24%)	9 (43%)	21
60-75	0	2 (6%)	6 (18%)	12 (36%)	13 (39%)	33
76+	0	0	0	8 (42%)	11 (58%)	19

Table 18. Comparing Rutland age groups for their understanding of how to access GP care and advice

- The age group with the lowest percentage having ‘some understanding’ or ‘strong understanding’ of how to access health care and advice from their GP was the 16-34 age group (although the numbers in this group are very small so comparisons are difficult to make).
- The 76+ age group had the highest percentage stating they had ‘some understanding’ or ‘strong understanding’ (100%).

	No understanding	Very little understanding	Not sure	Some understanding	Strong understanding	Total
Male	0	1 (4%)	4 (14%)	7 (25%)	16 (57%)	28
Female	0	3 (6%)	10 (20%)	19 (37%)	19 (37%)	51

Table 19. Comparing Rutland males and females for their understanding of how to access GP care and advice

- 82% males said they had ‘some’ or ‘strong understanding’ about how to access their GP services for care and advice compared with 74% females.
- 18% males said they had ‘very little understanding’ or ‘were not sure’ compared with 26% females.
- Males indicated they had a better understanding than their female counterparts.

	No Understanding	Very little understanding	Not sure	Some understanding	Strong understanding	Total
Carers	0	2 (14%)	2 (14%)	3 (21%)	7 (50%)	14
Patients	0	5 (7%)	10 (14%)	26 (36%)	31 (43%)	72
Others	0	1 (12.5%)	2 (25%)	2 (25%)	3 (37.5%)	8

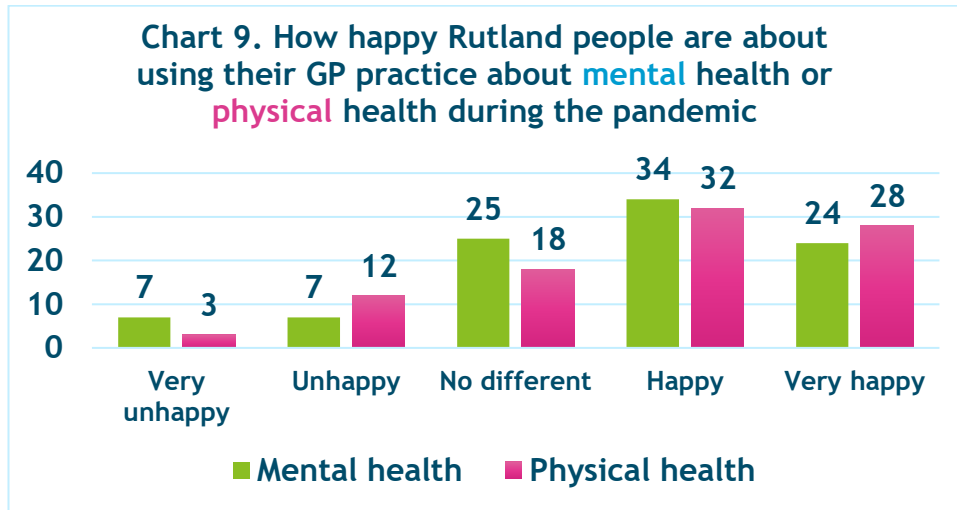
Table 20. Comparing Rutland carers and non-carers for their understanding of how to access GP care and advice



- 79% of patients indicated they had ‘some understanding’ or ‘strong understanding’ compared with 71% of carers and 62.5% of others.
- 14% carers indicated ‘very little understanding’ compared with 12.5% of others and 7% of patients.
- Patients had a better understanding about how to access GP care and advice.

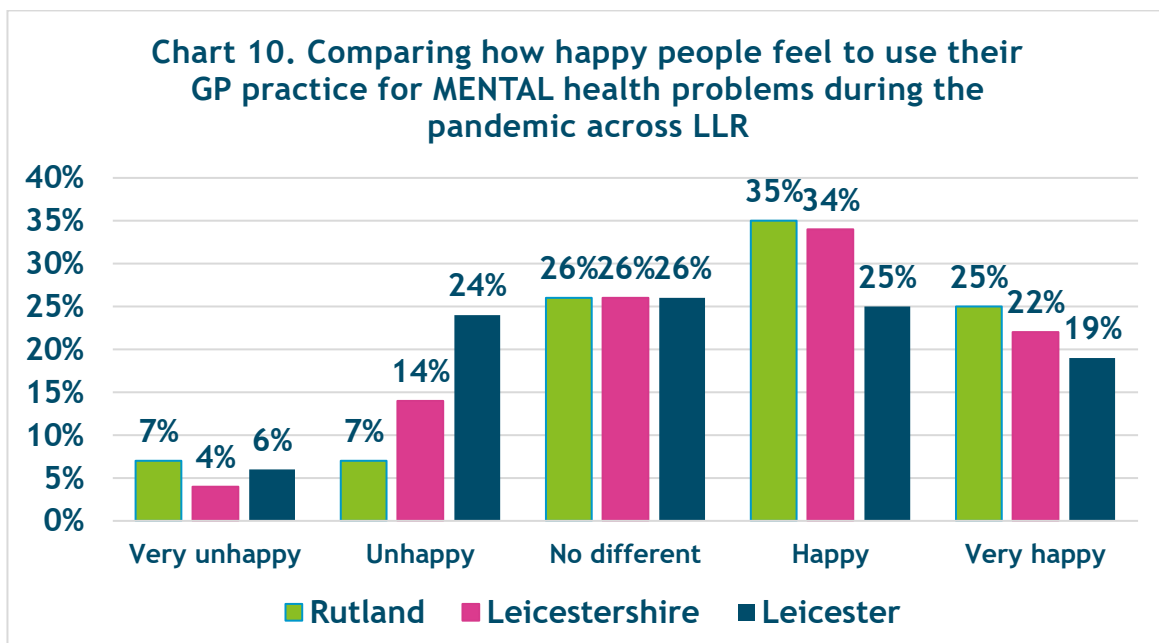
Respondents were then asked:

How would you feel about using your GP practice for your mental health or physical health if you needed to during this pandemic?



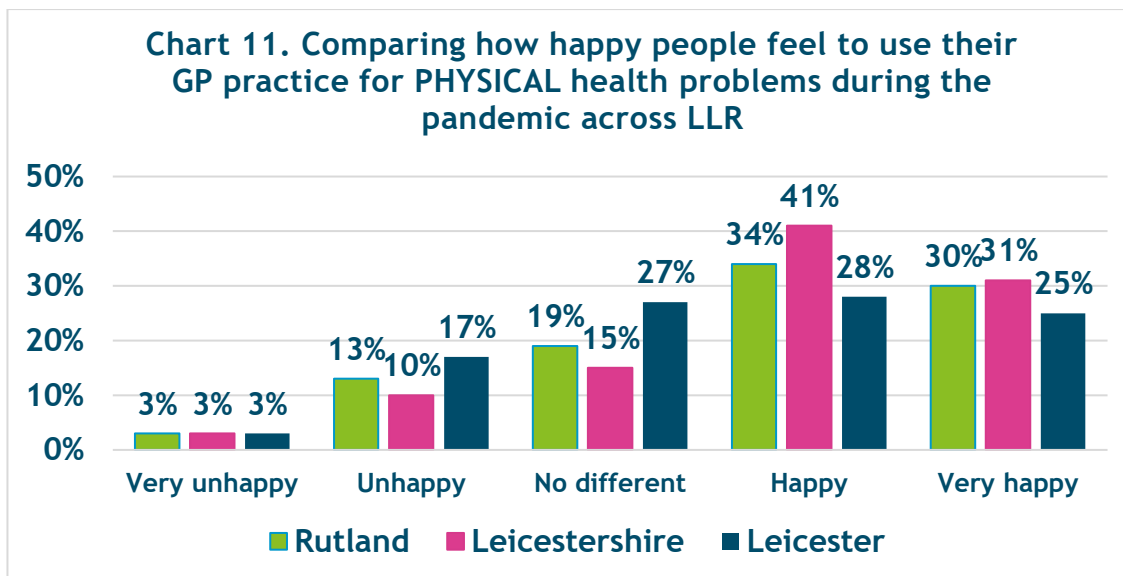
- 14% (14) respondents were ‘very unhappy’ or ‘unhappy’ to consult about mental health problems compared with 16% (15) for physical health problems.
- 60% (58) respondents were ‘happy’ or ‘very happy’ to consult about mental health problems compared with 65% (60) for physical health problems.
- During the lockdown people have reported feeling slightly happier consulting about physical health problems than mental health problems.

How respondents felt about using their GP practice for mental health and physical health problems during the pandemic was compared across the regions of LLR:





- 60% of Rutland respondents were ‘happy’ or ‘very happy’ to use their GP practice for mental health problems compared with Leicester (44%) and Leicestershire (56%).
- 14% of Rutland respondents were ‘unhappy’ or ‘very unhappy’ to use their GP practice for mental health problems compared with Leicester (30%) and Leicestershire (18%).
- Rutland respondents therefore indicated they were happier than Leicester or Leicestershire respondents to use their GP practice for mental health problems.



- 64% of Rutland respondents were ‘happy’ or ‘very happy’ to use their GP practice for physical health problems compared with 72% of Leicestershire respondents and 53% Leicester respondents.
- 13% Leicestershire respondent were ‘unhappy’ or ‘very unhappy’ to use their GP practice for physical health problems compared with 16% Rutland and 20% Leicester respondents.
- Leicestershire respondents indicated they were happier than Rutland or Leicester respondents to use their GP practice for physical health problems.
- Leicester respondents were the least happy to use their GP practice for both physical and mental health problems.

Rutland responses to these questions were compared between males and females:

	Very unhappy or unhappy		No different		Very happy or happy		Total	
	Mental	Physical	Mental	Physical	Mental	Physical	Mental	Physical
Male	2 (7%)	2 (7%)	9 (31%)	8 (30%)	18 (62%)	17 (63%)	29	27
Female	10 (19%)	12 (24%)	13 (25%)	6 (12%)	29 (56%)	33 (65%)	52	51

Table 21. Comparing Rutland males’ and females’ inclination to use their GP practice for mental and physical health problems during the pandemic

- Males demonstrate little difference between their inclination to use their GP practice for mental health problems or for physical health problems.
- 25% of females felt ‘no different’ about using their GP for mental health problems compared with 12% who felt ‘no different’ for physical health problems.
- A higher percentage of females indicated they were ‘very unhappy’ or ‘unhappy’ to use their GP practice for mental and physical health problems.



The Rutland responses by age groups were compared:

	Very unhappy or unhappy		No different		Very happy or happy		Total	
	Mental	Physical	Mental	Physical	Mental	Physical	Mental	Physical
16-34	1 (20%)	0	2 (40%)	2 (40%)	2 (40%)	3 (60%)	5	5
35-59	4 (19%)	5 (24%)	5 (24%)	3 (14%)	12 (57%)	13 (62%)	21	21
60-75	5 (14%)	6 (18%)	8 (23%)	5 (15%)	22 (63%)	22 (67%)	35	33
76+	1 (5%)	2 (11%)	7 (37%)	4 (22%)	11 (58%)	12 (67%)	19	18

Table 22. Comparing Rutland attitudes by age group towards using GP practices for mental and physical health problems during the pandemic

- The 16-34 age group were the least happy to use their GP practice for mental health problems during the pandemic.
- The 60-75 age group had the most respondents (63%) who were happy to use their GP practice for mental health problems during the pandemic.
- The 60-75 and the 76+ age groups were the happiest to use their GP practice for physical health problems.
- The 35-59 age groups had the highest reported percentage of people who were 'unhappy' or 'very unhappy' to use their GP practice for physical health problems (24%).

	Very unhappy or unhappy		No different		Happy or very happy		Total	
	Mental	Physical	Mental	Physical	Mental	Physical	Mental	Physical
Carers	115 (7%)	1 (7%)	2 (14%)	3 (21%)	11 (79%)	10 (71%)	14	14
Non-carers	13 (16%)	14 (18%)	23 (28%)	15 (19%)	46 (56%)	49 (63%)	82	78

Table 23. Comparing Rutland carers and non-carers for their inclination to use their GP practice for mental and physical health problems during the pandemic.

- Carers were happier than non-carers (patients and 'others') to use a GP practice for both mental health and physical health problems during the pandemic.

The respondents were asked to explain their feelings about consulting their GP practices for mental health difficulties and for physical health problems during the lockdown. The comments are summarised in themes in the following table 24:

	Themes	Number of mental health comments	Number of physical health comments
Theme 1	I have confidence in my GP practice - it offers a good service	36	25
Theme 2	There is a risk of catching Covid-19 at the GP practice and the doctors are very busy at this time	8	11
Theme 3	I haven't had or don't foresee a mental health problem	10	
Theme 4	I don't believe the staff have empathy/interest	7	4



Theme 5	I have successfully used my GP practice during the lockdown		10
Theme 6	I have tried unsuccessfully to use the practice during the lockdown		4
Theme 7	I have experience of using my GP for mental health problems	5	
Theme 8	Access to the surgery is a problem	4	5
Theme 9	I am unsure or don't know anything about seeking help for mental health issues from a GP practice	4	
Theme 10	The surgery is convenient	3	
Theme 11	I am aware of a telephone service for mental health problems	2	
Theme 12	The GP practice is only interested in Covid at the moment		2

Table 24. Why Rutland respondents were happy or unhappy to seek help for mental and physical health problems from their GP practice during the lockdown

- The predominant theme explaining people's happiness to seek help from their GP practice was the confidence of Rutland respondents in the service GP practices offered (theme 1).
- Another dominant theme explaining why people were unhappy to seek help was fear of contracting the virus at the GP practice and the belief that doctors were busy (theme 2).
- Concerns were also expressed that surgery staff would not show empathy of interest.

Finally, for accessing GP care, the survey asked:

Is there anything that you think worked very well or very badly? If so, please tell us why.

There were many positive comments about the use of online or telephone triage and remote or face to face consultations which are detailed in the preceding section, 'The digital experience'. Several respondents mentioned pharmacies and these comments will be carried forward to the following pharmacy section.

In addition, the following themes emerged (with illustrative comments):

Theme 1. The doctors were praised (3 comments).

'My GP went above and beyond for me calling a consultant on my behalf.'

Theme 2. The doctors were criticised (3 comments).

'The Doctors are rude.... they don't listen.'

'The organisation of the Practice seems very good and the nurses are amazing but there are times when Doctors contradict each other openly.'

Theme 3. Uncertainty about system changes (2 comments).

'I think we were told to keep away at the beginning and are now unsure if we should contact the surgery.'

Theme 4. Concerns about non-adherence to the 2 metre social distancing rule (2 comments).

'Too many people queuing too close together to collect medication.'

'Some people were very surprised to have to wait and observe the 2m rule.'



Theme 5. Being asked to agree to a Do not attempt resuscitation over the telephone (1 comment).

'My 86 year old Dad was asked if he wanted a DNAR [do not attempt resuscitation] put in place. Over the phone. He was extremely upset... and he's perfectly healthy!!

Key points of 'Accessing GP care'

- 60% Rutland respondents felt they had been kept informed about changes to GP services.
- 77% of Rutland respondents had 'some' or 'strong' understanding of how to access GP care and advice.
- 60% of respondents said they were 'happy' or 'very happy' to use their GP services for mental health problems.
- 64% said they were 'happy' or 'very happy' to use their GP services for physical health problems during the pandemic.
- A fear of catching Covid-19, not wishing to overburden the NHS and a perceived lack of empathy from staff at GP practices were the most common reasons for not using GP services.

Long-term conditions and pharmacy services

Do you, or your family member, have one or more long-term conditions that requires regular contact with your GP surgery or pharmacy?

	Rutland	Leicester	Leicestershire
Yes	70 (80%)	120 (72%)	282 (72%)
No	18 (20%)	47 (28%)	112 (28%)
Total	88	167	394

Table 25. People in LLR who said they or a family member had one or more long-term conditions

- A higher percentage (80%) of Rutland respondents said they or a family member had one or more long term conditions than Leicester (72%) and Leicestershire (72%).

If yes, how has the management of your illness been affected by changes to GP and pharmacy services? For example, changes to routine appointments or treatment?

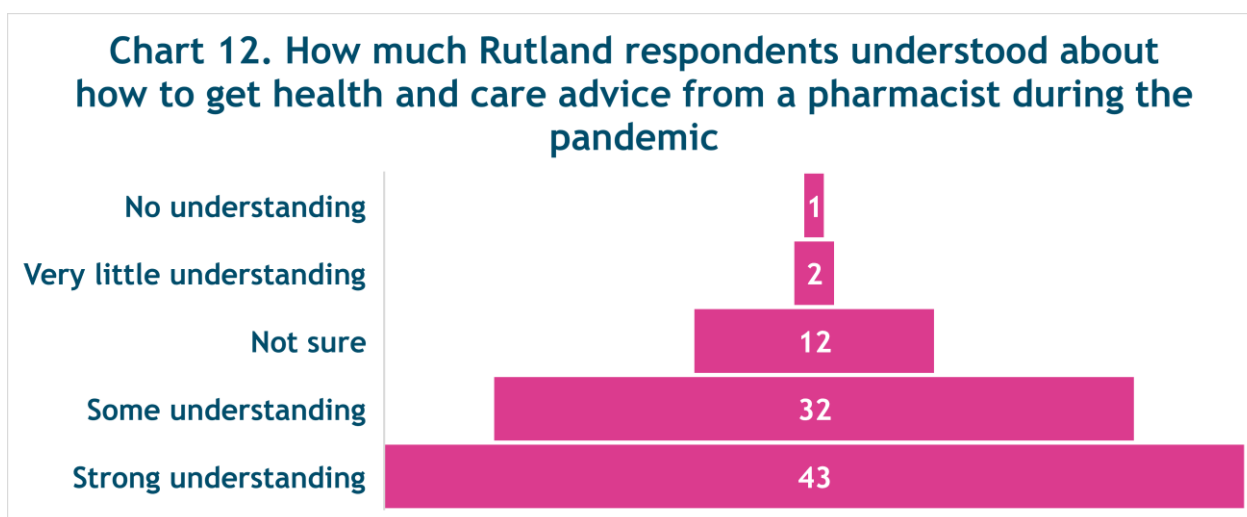
The Rutland comments are given in the following table 26:



	Themes	Number of comments
Theme 1	No change	23
Theme 2	Appointments and procedures delayed and cancelled	19
Theme 3	System for getting repeat prescriptions and medications working well	10
Theme 4	'It's working well so far', 'smoothly', 'not a problem	9
Theme 5	Other modes of consultation/communications	5
Theme 6	Self-managing at home	3
Theme 7	System for getting repeat prescriptions is problematic	2
Theme 8	Staff are good	2

Table 26. How Rutland respondents felt that changes to GP and pharmacy services had affected them

Do you feel you know how to get health care and advice from a pharmacy during the pandemic?



- 83% Rutland respondents felt they had 'some' or 'strong' understanding' about how to get health and care advice from a pharmacist during the pandemic.
- 17% of Rutland respondents were 'not sure', had 'very little' or 'no understanding'.

A comparison between the LLR regional responses is shown below:

	Rutland	Leicester	Leicestershire
No understanding	1 (1%)	3 (2%)	6 (2%)
Very little understanding	2 (2%)	11 (7%)	16 (4%)
Not sure	12 (13%)	27 (17%)	49 (12%)
Some understanding	32 (36%)	61 (38%)	164 (41%)
Strong understanding	43 (48%)	60 (37%)	168 (42%)
Total	90	162	403

Table 27. Understanding across LLR about how to get help and advice from a pharmacy



- 3% of Rutland respondents compared with 9% Leicester and 6% Leicestershire respondents said they had ‘no understanding’ or ‘very little understanding’ about how to get help or advice from a pharmacy.
- Rutland and Leicestershire respondents were more confident than those in Leicester that they knew how to use a pharmacist.

The data was analysed to determine different levels of understanding between Rutland males and females:

	No understanding	Very little understanding	Not sure	Some understanding	Strong understanding
Males	0	0	3 (10%)	12 (41%)	14 (48%)
Females	1 (2%)	2 (4%)	5 (10%)	17 (34%)	25 (50%)

Table 28. Comparing males and females and their understanding of how to use a pharmacist during the pandemic

- No males said they had ‘no’ or ‘very little’ understanding compared with 6% females.
- 89% males said they had ‘some’ or ‘strong understanding’ compared with 84% females.
- The results indicate that males felt they had a marginally greater understanding about how to use pharmacy services than females.

Age groups were also compared:

	No understanding	Very little understanding	Not sure	Some understanding	Strong understanding
16-34	0	0	0	2 (40%)	3 (60%)
35-59	0	1 (5%)	1 (5%)	9 (43%)	10 (48%)
60-75	1 (3%)	1 (3%)	3 (9%)	10 (30%)	18 (55%)
76+	0	0	3 (16%)	8 (42%)	8 (42%)

Table 29. Comparing Rutland responses by age groups and their understanding of how to use a pharmacist during the pandemic

- The 16-34 age group only included five responses but all said they had ‘some’ or a ‘strong’ understanding, with the 35-59 age group having the second highest number of ‘some’ or ‘strong’ understanding responses (91%).
- The 76+ age group had the highest percentage of ‘not sure’ responses and the lowest percentage of ‘strong’ understanding.
- The results indicate that older people felt they had less understanding of how to use pharmacy services.

Carers, patients and others were also compared for their understanding of how to use pharmacy services during the pandemic:

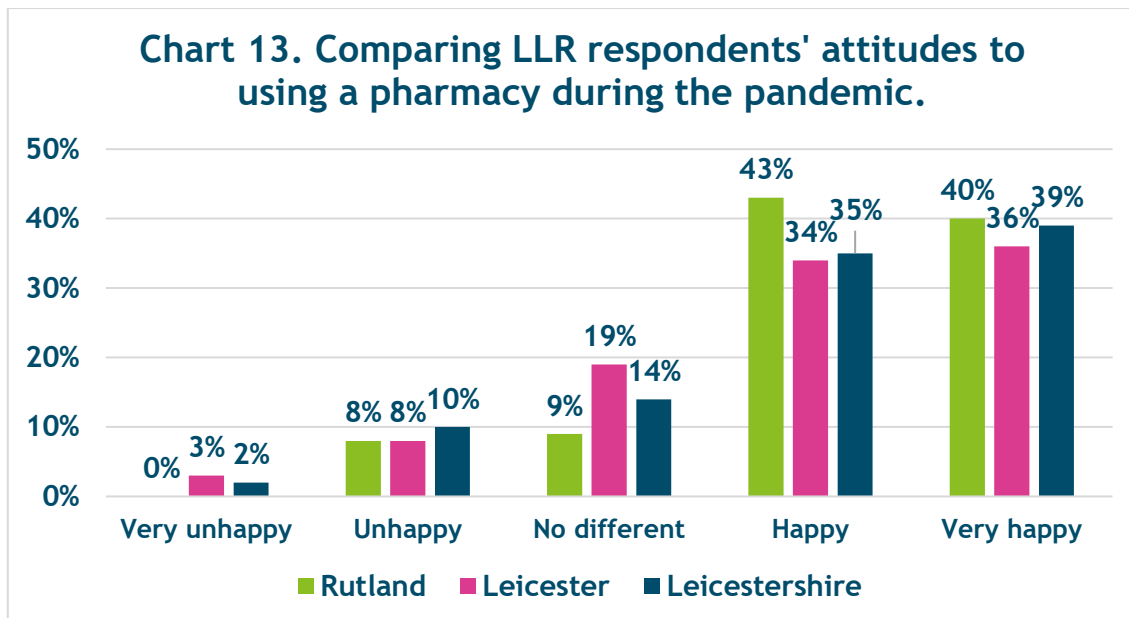
	No understanding	Very little understanding	Not sure	Some understanding	Strong understanding
Carers	1 (8%)	2 (15%)	0	0	10 (77%)
Patients	0	0	12 (16%)	32 (42%)	33 (43%)
Others	0	0	1 (17%)	3 (50%)	2 (33%)

Table 30. Comparing Rutland carers and non-carers for their understanding of how to use pharmacy services during the pandemic



- 23% carers and 0 patients and others had ‘no understanding’ or ‘very little understanding’.
- 77% of carers had a strong understanding compared with 43% of patients.

How would you feel about using a pharmacy if you needed to during the pandemic?



- A higher percentage of Leicester respondents (19%) felt ‘no different’ about using a pharmacy than Rutland (9%) and Leicestershire (14%).
- 83% of Rutland respondents were ‘happy’ or ‘very happy’ to use pharmacy services compared with 74% Leicestershire and 70% Leicester respondents.

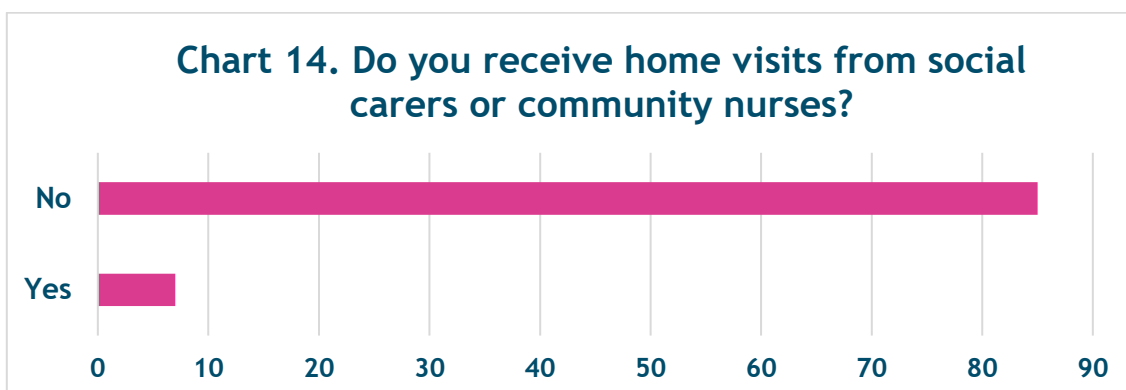
Key points of ‘Long term conditions and pharmacy services.’

- Rutland people expressed great satisfaction with the pharmacy services they received and were happy to use them.
- Marginally more males indicated that they understood how to use pharmacy services than their female counterparts.
- People of all ages reported a high level of understanding of how to access health care and advice from pharmacies during the lockdown.



Social Care support

Do you, or someone you care for, normally receive home visits from social care workers or community nurses?



- 7 Rutland people said they use social care support, 85 said they do not.

When those respondents that receive home-visits were asked how they would rate communication about changes during the lockdown, 3 (75%) it was 'good' or 'excellent' and 1 (25%) said it was 'fair'.

All were 'satisfied' or 'very satisfied' when asked how they would rate the changes to service.

There were three responses to the question, 'Please tell us more about your experiences of the changes and the name of the service'. These are shown below:

'Macmillan and district nurses keep in contact with me by regular telephone phone calls.'

'Social services. Excellent and very supportive as always.'

'We had a good online Child in Need meeting.'

Key point of 'Social care support'

- There was satisfaction with the way service changes were communicated and ongoing support.

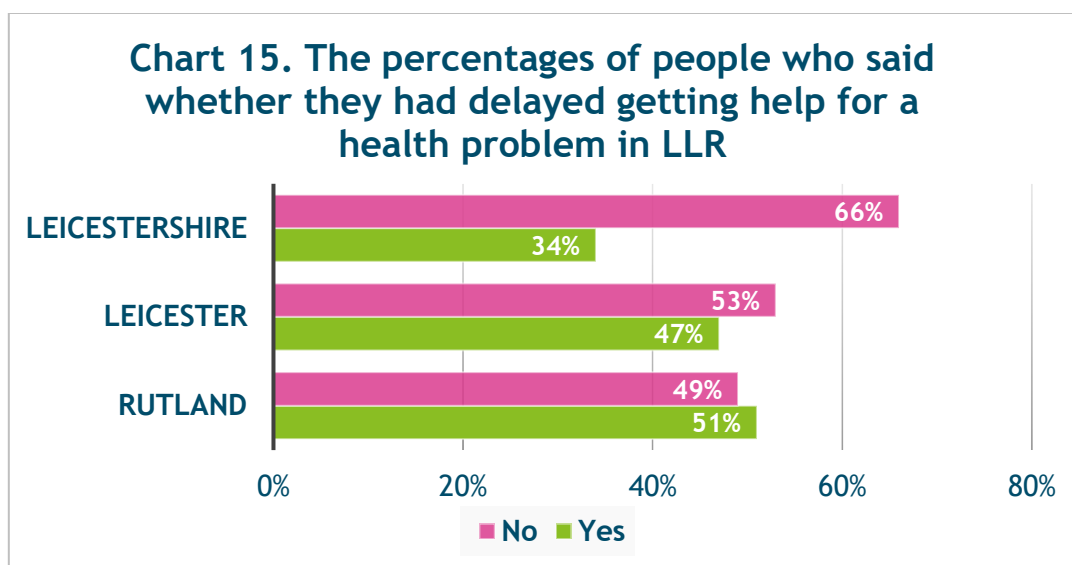


‘Stay at home, protect the NHS, save lives’.

The ‘stay at home’ message was frequently repeated as the Government sought to control the UK infection rate. It was considered important that the survey sought to understand from people whether this affected how they accessed healthcare.

The following question was asked:

There have been many temporary changes to wider health and care services as hospitals and local authorities respond to the coronavirus pandemic. Have you delayed getting help with a health concern or problem due to the current pandemic?



- The area where the highest percentage (51%) of respondents said they **had** delayed seeking health care was Rutland.
- Leicestershire (66%) was the area with the highest percentage of people saying they **had not** delayed seeking health care.

A comparison between Rutland males’ and females’ responses from Rutland was made:

	Delayed	Did not delay	Total
Males	12 (41%)	17 (59%)	29
Females	29 (56%)	23 (44%)	52

Table 31. Comparing Rutland males and females who did or did not delay seeking help

- A higher percentage of females than males delayed seeking help for their health problems.

Age groups were compared:

	Delayed	Did not delay	Total
16-34	4 (80%)	1 (20%)	5
35-59	11 (52%)	10 (48%)	21
60-75	17 (49%)	18 (51%)	35
76+	8 (42%)	11 (58%)	19

Table 32. Comparing Rutland respondents by age group - those who did or did not delay seeking help for health problems



- A higher proportion of 16-34 year olds (80%) reported delaying seeking help for healthcare problems than older age groups (although the sample was very small in this age group).

Rutland carers’, patients’ and others’ responses were also compared:

	Delayed	Did not delay	Total
Carers	8 (62%)	5 (38%)	13
Others	2 (33%)	4 (66%)	6
Patients	39 (49%)	40 (51%)	79

Table 33. Comparing carers and non-carers for their delay in seeking help

- Although the number of respondents who are ‘carers’ or ‘others’ is small, the responses indicate that carers were more likely to delay seeking help.

The survey asked those people who had delayed seeking healthcare to give their reasons. 46 Rutland people replied from which several themes emerge as shown in the following tables 34 and 35 (with illustrative comments):

	Themes	Number of comments
Theme 1	<u>Fear of over-burdening the NHS</u> <i>‘I feel that the NHS has enough on its plate currently without me adding to that workload if it isn’t absolutely necessary for me to attend the hospital.’</i>	8
Theme 2	<u>Fear of catching Covid-19</u> <i>‘I have hearing aid problems but I can live with them to avoid exposing myself to Covid.’</i>	7
Theme 3	<u>Not urgent</u> <i>‘I can live with the problem as I know what to look out for.’</i>	2

Table 34. The Rutland respondents’ reasons for their delay in accessing care

Respondents also highlighted delays that they experienced:

	Themes	Number of comments
Theme 1	<u>Appointment/procedure was cancelled by service provider</u> <i>‘Got breast cancer. Operation cancelled at Glenfield’</i>	14
Theme 2	<u>Could not get an appointment to see a dentist</u> <i>‘Need dental care but unable to access dentist.’</i>	4
Theme 3	<u>Difficulties in seeing GP</u> <i>‘Difficulty in contacting surgery, then not being able to speak to preferred GP.’</i>	3

Table 35. The reasons Rutland respondents experienced delay in accessing care

- More Rutland respondents commented on cancelled or delayed appointments and procedures (delay imposed on respondents) than choosing to delay healthcare.
- Two common concerns were a fear of contracting Covid-19 and over-burdening the NHS (respondents’ decision to delay).



What changes to usual health and care services have not worked well for you?

Several themes emerged from the Rutland respondents and are shown in table 36 (with illustrative comments):

	Themes	Number of comments
Theme 1	<u>None - everything has worked well</u> <i>'None obvious yet.'</i>	16
Theme 2	<u>The cancellation or suspension of services and appointments</u> <i>'Delayed diagnostic appointment has left me with a safe but unsatisfactory interim measure.'</i>	16
Theme 3	<u>Limited dental care</u> <i>'lack of dentist appointments, e.g. fillings.'</i>	3
Theme 4	<u>Difficulty in getting appointments</u> <i>'Difficulty actually getting an appointment in the first place - you have to comply with strict methods of accessing appointments which, quite simply, are not feasible for all.'</i>	2
Theme 5	<u>Collecting prescriptions from pharmacy</u> <i>'Long queue to get into pharmacy - ok if weather is fine but not good when wet or cold - especially for ill people.'</i>	2

Table 36. What healthcare changes made during the pandemic did not work well for Rutland respondents

The following question was asked to gauge how the Covid-19 pandemic has affected people's mental health:

'Have you been able to access support for your mental health or wellbeing during this time?'

Responses across Rutland, Leicester and Leicestershire are presented in the following table 37:

	Rutland	Leicester	Leicestershire
Family and friends	25 (26%)	53 (28%)	118 (27%)
Community, voluntary or charity groups	8 (8%)	16 (8%)	18 (4%)
Mental health care provider	0	12 (6%)	18 (4%)
Online or App	5 (5%)	16 (8%)	23 (5%)
Yes, other	2 (2%)	11 (6%)	15 (3%)
No	5 (5%)	26 (14%)	35 (8%)
Not needed	51 (53%)	58 (30%)	210 (48%)

Table 37. Comparing Leicester, Leicestershire and Rutland: If mental health support was needed and where it was sought

- The region with the highest percentage of respondents who did not need mental health support was Rutland (53%), closely followed by Leicestershire (48%). Leicester at 30% had the lowest percentage who did not need mental health support.
- A larger percentage of Leicester respondents (14%) said they did not access support. This compares with Rutland (5%) and Leicestershire (8%).
- None of the Rutland respondents sought support from a mental health care provider. The percentages of respondents from Leicester (6%) and Leicestershire (4%) who sought support were low.



- (47%) Rutland respondents said they were able to access help for their mental health needs which they did through various methods. Support from family or friends were the most frequently used.

Potential age group and gender differences across Rutland were also investigated and the results are shown in the following tables 38 (age groups) and 39 (gender):

	16-34	35-59	60-75	76+
Family and friends	2 (40%)	9 (35%)	6 (17%)	8 (30%)
Community, voluntary, charity groups	0	3 (12%)	1 (3%)	4 (15%)
Mental health care provider	0	0	0	0
Online or App	0	3 (12%)	0	2 (7%)
Yes, other	0	1 (4%)	0	1 (4%)
No	2 (40%)	0	3 (9%)	0
Not needed	1 (20%)	10 (38%)	25 (71%)	12 (44%)
Total	5	26	35	27

Table 38. Comparison of Rutland age groups: whether mental health support was needed and where it was sought

	Male	Females
Family and friends	5 (14%)	20 (34%)
Community, voluntary or charity groups	3 (9%)	5 (8%)
Mental health care provider	0	0
Online or App	2 (6%)	3 (5%)
Yes, other	1 (3%)	1 (2%)
No	2 (6%)	3 (5%)
Not needed	22 (63%)	27 (46%)
Total	35	59

Table 39. Comparison between Rutland males and females: if mental health support was needed and where it was sought

- More females (34%) sought help from friends and family than males (14%).
- More males (63%) than females (46%) said they did not need mental health support.
- Across all age ranges ‘family and friends’ was the most used source of support, with the youngest age group (16-34) using it most (40%).
- The 60-75 age group (71%) had the largest percentage of people who said they did not need mental health support. The 76+ age group was the next largest age group saying they did not need support (44%).
- Mental health support from online or app sources was not accessed by respondents in the 16-34 or 60-75 age groups. Most of the respondents who used these resources were from the 35-59 age group (12%).

In order to understand the impact of cancelled appointments and procedures on Rutland people’s health, the respondents were asked:



Has your healthcare for conditions that are not related to coronavirus been affected by the pandemic? For example, through cancelled appointments, difficulty obtaining prescriptions or medication, difficulty making GP appointments.

	Rutland	Leicester	Leicestershire
Yes	47 (55%)	69 (45%)	144 (39%)
No	34 (40%)	65 (42%)	208 (56%)
Don't know	21 (5%)	21 (14%)	22 (6%)
Total	85	155	374

Table 40. Percentages of people across LLR who thought their healthcare for conditions not related to Covid-19 had been affected

- Rutland had the highest number of respondents (55%) who thought that their non-Covid healthcare had been affected.
- Leicestershire had the highest percentage of respondents (56%) who thought that their non-Covid healthcare had NOT been affected

Rutland responses were also examined for gender and age group disparities:

	Yes	No	Don't know	Total
Males	12 (44%)	13 (48%)	2 (7%)	27
Females	30 (59%)	19 (37%)	2 (4%)	51

Table 41. Percentages of Rutland males and females who thought their healthcare for conditions not related to Covid-19 had been affected

- More Rutland females (59%) thought that their non-Covid healthcare had been affected than males (44%).
- More males (48%) thought that their non-Covid healthcare had NOT been affected than those who thought it HAD been affected (48%).
- More females (59%) thought that their non-Covid healthcare HAD been affected than those who did NOT (37%).

	16-34	35-59	60-75	76+
Yes	3 (60%)	11 (55%)	15 (44%)	12 (67%)
No	2 (40%)	8 (40%)	18 (53%)	4 (22%)
Don't know	0	1 (5%)	1 (3%)	2 (11%)
Total	5	20	34	18

Table 42. Comparing age groups who thought their non-Covid healthcare had been affected

- The 76+ age group had the highest percentage (67%) of those who thought their non-Covid healthcare HAD been affected.
- The 60-75 age group had the highest percentage who thought their non-Covid health care had NOT been affected.

Respondents were asked if and how their non-Covid related healthcare had been affected and two themes emerging:



	Themes	Number of comments
Theme 1	<u>Cancelled or postponed appointments and procedures</u> <i>'My husband's operation [was] postponed and his orthopaedic problem worsening. No advice given on any preventative help in the interim.'</i>	15
Theme 2	<u>Changed modes of consultation</u> <i>'Telephone consultation which was ok but much more beneficial face to face'</i>	2

Table 43. How Rutland respondents' non-Covid healthcare was affected

Please tell us what steps can be taken to make this easier for you:

There were 53 Rutland responses to this question. Eight said they did not know or were not sure. Six of the 53 said the question was not applicable or there was nothing that could be done and two people said they were happy with the system. Suggestions, with illustrative comments, are listed in the following table:

	Suggestions	Number of times suggested
1	<u>Wait until the virus is under control</u> <i>'We all have to adapt and have patience while the coronavirus is brought under control.'</i>	5
2	<u>Restart services</u> <i>'As or if the demands on the NHS lessen, it would be good if specialist appointments could start up again.'</i>	5
3	<u>More and easier to use telephone, video and online facilities</u> <i>'Employ a better system of answering the phone. Appointments to be booked online have proved sometimes impossible, sometimes too much delay until an available date.'</i>	5
4	<u>More information</u> <i>'Perhaps a letter from the practice to every patient asking what help they need or what queries, if any, they have.'</i>	4
5	<u>Use of Covid and non-Covid hospitals and hospital areas</u> <i>'Covid-free theatres.'</i>	2
6	<u>Better transport systems including social car scheme</u> <i>'Perhaps having a transport arrangement e.g. social car scheme to collect patients from outlying village without a bus route.'</i>	2
7	<u>Continuity of care with preferred doctor</u> <i>'Make sure attend the right surgery to see preferred doctor.'</i>	1
8	<u>A different system of funding for the NHS</u> <i>'Pay GP's when they actually see patients, not according to the number of patients on their books.'</i>	1
9	<u>Better funding for the NHS</u>	1
10	<u>Pre-bookable times to collect a prescription</u>	1
11	<u>Vitamin B12 injections available to self-administer at home</u>	1
12	<u>Increased number of appointments</u>	1
12	<u>Face to face appointments</u>	1

Table 44. Rutland respondents' suggestions for improvement.



Has your health, care or wellbeing been affected by the pandemic in any other ways that you would like to tell us about?

	Rutland	Leicester	Leicestershire
Yes	13 (16%)	51 (13%)	98 (27%)
No	67 (84%)	96 (87%)	268 (73%)
Total	80	147	366

Table 45. Comparing LLR percentages of LLR population who said their health had or had not been affected in other ways by the pandemic

Respondents who answered 'yes' were asked to say more and their answers were grouped into three themes (with illustrative comments):

	Themes	Number of comments
Theme 1	<u>Not seeing family or friends and being lonely</u> <i>'Community room no longer available even six feet apart. Lots of letters from home providers say do this don't do that but no words of comfort or questions/answers we can give to make communal living more pleasant.'</i>	4
Theme 2	<u>Stress, anxiety and changes in mood.</u> <i>'Stress having breast cancer and waiting for operation.'</i>	3
Theme 3	<u>Lack of exercise.</u> <i>'Lack of exercise. I usually play golf and bowls which I miss. Luckily we have a large garden so have worked in that.'</i>	2

Table 46. How Rutland respondents' health and wellbeing was affected in other ways by the pandemic.

Key points of 'Stay at home, protect the NHS, save lives'

- Just over half of Rutland respondents delayed seeking help for their health problems. More females delayed than males and older respondents were the least likely to delay. The two main reasons for delay were: fear of contracting Covid-19; and desire not to overburden the NHS.
- Cancellation of appointments and procedures was the most often cited as the cause of delays.
- 53% of Rutland respondents did not need mental health support. The highest percentage of respondents turned to friends and family for mental health support. There was no use of mental health care providers reported.
- 55% of Rutland respondents said the pandemic had affected their health, wellbeing and care in non-Covid related illnesses. This was higher than Leicester (45%) and Leicestershire (39%). Much of this was associated with the suspension or cancellation of services. Several people said the resumption of these services would improve their situation.
- There were a variety of comments about different ways the pandemic had affected people including loneliness, not being able to see friends or family, lack of exercise, stress and anxiety.



What next?

Despite the challenges faced by Rutland residents during the lockdown, responses to one question in this survey indicate that they have had an awareness of the needs of others.

They were asked:

Do you know of any individuals, groups or communities that you feel may be disadvantaged by the current changes to services?

The Rutland responses are shown in the following table 47:

	Suggestions	Number of times suggested
1	<u>People without access to the internet</u> <i>'Those who can't use modern technology might have problems.'</i>	10
2	<u>People who normally receive support from community, voluntary and charity support groups</u> <i>'Volunteer visits cancelled, support networks cancelled, day centres cancelled, support groups cancelled.'</i>	9
3	<u>The elderly living alone, in care homes, without computers, or relying on support groups</u> <i>'I think people in care homes have been put at a big risk and the loss of life in these places is an absolute scandal.'</i>	7
4	<u>People who live alone.</u> <i>'People who live alone or are widowed and miss their family and friends and end up lonely.'</i>	7
5	<u>Carers.</u> <i>'Carers left to cope alone.'</i>	4
6	<u>People in the 'vulnerable' groups who are shielding or self-isolating</u> <i>'Any of the more vulnerable people.'</i>	3
7	<u>People with learning disabilities</u> <i>'My daughter who has SLDD has been very upset and stressed due to all activities being closed.'</i>	3
8	<u>People with mental health problems</u> <i>'Those for whom anxiety and depression has appeared as a result of the pandemic and wouldn't normally access or seek medical advice.'</i>	3

Table 47. The individuals, groups or communities that Rutland respondents suggested might be disadvantaged by the current changes to services.

What changes to usual health and care services would you like to continue after the crisis?

Rutland responses covered two themes, shown below with illustrative comments:

Theme 1. Telephone triage and video/telephone/computer consultations and appointments (25 comments).

'Continue use of phone/video links for speedier service where possible.'

'Telephone contact to carry out pre-screening to assess what the next step of assessment is needed.'

'Remote access to a medic, nurse or GP, via telephone or video PLEASE.'



Theme 2. Changes made for getting prescriptions (4 responses)

'The time slot that I have been given for picking up my prescriptions has worked very well. They sent a text reminder of the time, so it could not be forgotten. It was a much more efficient practice than normal and I would not mind if it continued.'

- Nine people did not want any of the Covid-19 changes to services to continue.
- Two people said they wanted a return to face-to-face consultations.

Key points of 'What next?'

- Rutland respondents named many groups of people and individuals who are likely to be disadvantaged by changes to NHS services. The group suggested most often were the digitally excluded.
- Many people want telephone and online triage and video consultations to continue.

Conclusion

This survey was specifically designed to get a 'snapshot' of how people fared during the lockdown in terms of sourcing information, primary care, pharmacy, social care, ongoing care, mental health care and more general questions about vulnerable groups and other impacts of the pandemic. It particularly looked for details of good and bad experiences in order to learn lessons for future health and social care provision.

Rutland respondents have demonstrated that the pandemic has very quickly caused changes to how we live. Local health and care services have risen to the challenge and kept most essential services running. Many comments throughout the survey responses show support for the NHS and how it has dealt with the Covid-19 pandemic. However, some aspects of health care disappeared almost overnight as NHS and local authority services moved to emergency measures.

Responses from people in Rutland have shown that many of these changes have proven popular while others may require review. Recommendations have been made in this report in order to reflect these opinions to service providers and to the wider public in Rutland.

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About Healthwatch Rutland

Healthwatch Rutland is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch Rutland and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchrutland.co.uk





About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Rutland.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire, Rutland and our communities.

Find out more at www.connectedtogether.co.uk





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