

Quarterly Report: April-June 2020/21

Introduction

Healthwatch Northumberland is the independent champion for people who use health and social care services. We are a listening organisation working across Northumberland, interested in what people like about services and what can be improved. We act on what people are saying, sharing their views with those who have the power to make change happen. We also help people find the information they need about services in their area and record this as 'signposting'.

People who use health and social care services tell Healthwatch Northumberland about their experiences throughout the year. This report shares a summary of the feedback collected from April to June 2020. This period was during the national Covid-19 lockdown and we had stopped all face to face engagement and started to work in different ways. The next report will cover July – September 2020.

This quarter we received feedback and enquiries from:

- Telephone calls, emails and social media (92¹%)
- Postal Surveys and Feedback forms (4%)
- Talking to people at online engagement events (2²%)
- Through a third party (2%)

Areas of Focus

We are open to all feedback about health and social care services. Responses to our Annual Survey helped us to identify a specific Areas of Focus which we are prioritising in 2020/21:

1. Mental Health Services, including for children and young people

Covid-19 has meant changes have been made to health and social care services. Patients and carers' experiences and signposting requirements are likely to have been different during this time.

¹ All percentages have been rounded up or down to nearest whole number

² Does not include all online engagement event feedback. This has been recorded separately – a summary of findings is shared at the end of this report.

For this reason we have also chosen to focus on any feedback we receive which is related to covid-19 and these changes.

Aims

The report shows:

- Who Healthwatch Northumberland is hearing from
- What people are saying
 - The general sentiment of comments
- What people are experiencing
 - What is working well?
 - Where there are areas for improvement?

Feedback

Between April and June 2020, we received feedback from 47 individuals from talking to people at online engagement events, telephone calls, emails, our website, surveys and feedback forms, and other sources. We signposted 13 of these people to services³, and provided information or advice to eight people. In total we were in contact with 47 people who gave us feedback or were signposted⁴.

This report explores who Healthwatch Northumberland is hearing from across the county, presenting a summary of general respondent demographic information. Demographic information shared includes location, gender, age, and whether the respondent is sharing their own health and social care experience or speaking on behalf of a friend or relative.

We also look at the general sentiment of comments, with specific reference to the service type (e.g. primary care, secondary care, mental health, social care), as well as whether the feedback relates specifically to quality of care or access to services. Service category, for instance whether the comment refers to a GP surgery or acute care, is also explored alongside the sentiment of feedback. A list of services mentioned in comments has also been shared.

³ Signposting has not been included in analysis apart from in communication methods of respondents on Page 2, and in the 'signposting' section of the report on Pages 9 and 10

⁴ Excluding those we spoke to through our online engagement events

Who is Healthwatch Northumberland hearing from?

Healthwatch Northumberland has collected and anonymised demographic information where consent has been given. The following presents a general summary of who Healthwatch Northumberland is hearing from.

Location:

In total between April and June 2020, we collected feedback from respondents from eight different Northumberland postcode areas⁵, accounting for 32% of all responses this quarter (15 people). A total of 68% of respondents gave no postcode. Below Table 1 shows the number of responses Healthwatch Northumberland received from residents in different Local Area Councils this quarter:

Table 1. Frequency of known responses across Local Area Councils in Northumberland, Q1 2020/21

Local Area Council	Number
Ashington and Blyth	7
Castle Morpeth	1
Cramlington and Bedlington	1
North Northumberland	3
Tynedale	3

There are too few known locations of patients, carers, and families to reliably say where we are hearing from most. It is positive that most of our known responses were from Ashington and Blyth, an area we have heard from less in the past.

Age:

The majority of our respondents did not share their age with us (81%). Of those that did, there were respondents both from a range of age groups, as in previous quarters this had swayed towards older age groups (shown below in Table 2).

Table 2. Number and percentage of responses across age groups in Northumberland, Q1 2020-21

	Number	Percentage
Under 18	0	0%
19-24	1	2%
25-49	3	6%
50-64	0	0%
65-79	4	9%

⁵ Postcodes only counted by postcode prefix, the number of postcode prefixes may be greater than 7

80+	1	2%
Unknown	38	81%
Total	47	100%

Gender:

Fewer respondents shared their gender with us than last quarter, with 45% of respondents telling us (21 people). Of those that did there was a higher proportion of female respondents, accounting for 34% of all responses (16 people). A total of 11% of responses were from males (5 people).

Below Figure 1 shows a breakdown of responses by gender:

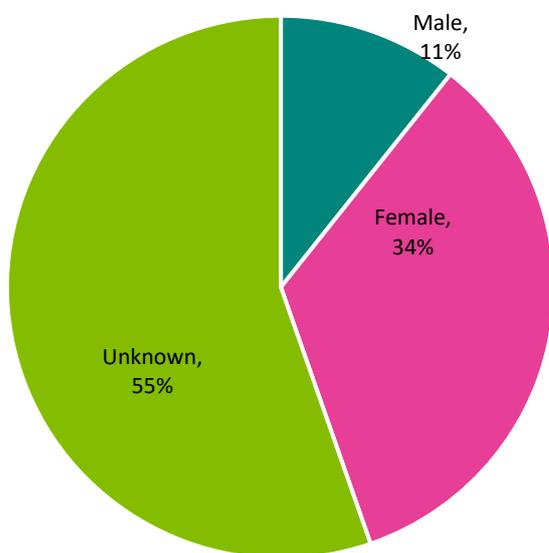


Figure 1. Frequency of responses by gender in Northumberland, Q1 2020/21

Whose experiences are we finding out about?

Most respondents were sharing their own individual experience of health and social care with us. Just under 20% of all respondents gave us feedback about the health and social care experiences of a relative, friend, or someone they care for (8 people).

Below a breakdown of all respondent types, and the number and proportion of responses from these groups is shared in Table 4.

Table 4. Frequency of responses by respondent type, Q1 2020-21

	Number	Percentage
Individual	37	79%
Client Relative/Friend/Carer	8	17%

Advocate	0	0%
Health or social care professional	0	0%
Local Campaigner	1	2%
Other	1	2%
Total	47	100%

What people are saying and experiencing

Of the 47 total responses⁶, respondents told us about 31 individual services/service providers. Many respondents shared their experiences of using more than one service in their comments and many services were mentioned more than once, bringing the total frequency of services mentioned to 54. Please see Appendix 1 and 2 for a list of all the services/service providers mentioned.

The responses were categorised into four sentiments - positive, negative, neutral, and mixed.

Almost half of comments received were negative, with 43% of responses reflecting this sentiment (23 sentiments, please see figure 2). This reflects a decrease in negative sentiments from last quarter. Most comments we received this quarter have been related to the Covid-19 pandemic and this is discussed later in the report. Some comments we received with a positive or neutral sentiment have been shared in the blue boxes⁷:

Neutral:

Caller is a patient at a GP surgery which is closing on 27 July. She has been allocated to an alternative but wants to go to one of own choice which is nearer. Advised as per CCG instructions to wait until after 27 July.

Engagement Officer about patient, Ashington and Blyth

Positive:

Patient's wife said her husband has received excellent care at the local General Hospital Oncology Day Unit. In addition to the treatment related to the cancer the couple said the clinical team sorted out any other problems that arose including getting occupational therapy support to arrange home adaptations and support with pain relief. She said:

"Whatever problems or questions we arrived with they were sorted before we left. everything was explained to us in a way we could understand and we knew the numbers to call if we ever needed help or advice.

She continued: *"amazing standards of hygiene and safety but instead of the cold clinical feel you might expect there was warmth, humour and caring.*

"We arrived the first time worried and uncertain but left confident and happy and planning to enjoy life"

Asked about the effect on their emotional wellbeing she said *"it has made us stronger and more able to cope"*

Patient, Ashington and Blyth

⁶ Responses related to 'signposting only' have been excluded from this section of the report

⁷ Quotes with negative sentiments are presented later in the report.

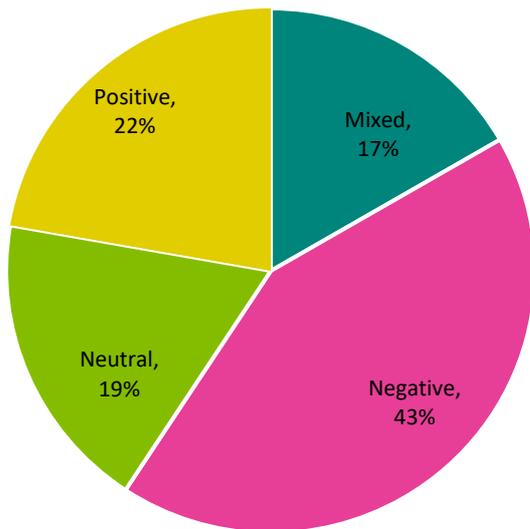


Figure 2. General sentiment of responses

The services/service providers have been categorised into service type, with the five main groups being: primary care, secondary care, mental health, social care, and urgent and emergency care. If the service/service provider does not fit in one of these categories it has been marked 'other', and if we haven't been given enough information to tell which service type the feedback was about it has been marked 'unknown'. Below, Figure 3, shows the service type and sentiment of responses:

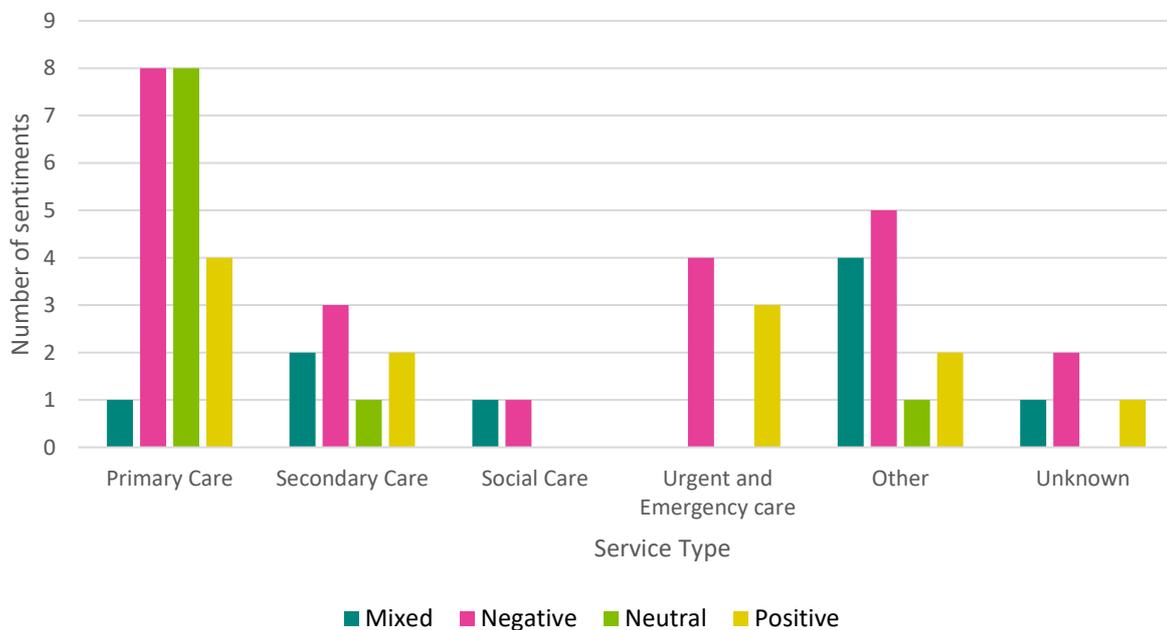


Figure 3. Service Type and Sentiment of responses⁸

⁸ Where more than one service type and sentiment has been collected per record, it has been presented on the chart. There were more than 47 total sentiments expressed because some people fed back about more than one service.

Figure 3 shows there is a greater number of negative comments and feedback for all service types apart from Primary Care where there is an equal number of neutral and negative comments (see page 10). Below Table 5 indicates more comments were about ‘primary care’ or ‘other’ services or service providers (63% of all comments, 33 total comments). ‘Other’ services or service providers relate to: commissioners such as Northumberland CCG, Trusts like Northumbria NHS Foundation Trust, or services which do not fit in any other category like Patient Transport Services, Northumberland County Council Covid-19 Response Hub, OneCall, or HMP Northumberland.

Table 5. Frequency and percentage of responses by Service Type

Service Type	Frequency	Percentage
Primary Care	20	38%
Secondary Care	7	13%
Social Care	3	6%
Urgent and Emergency care	5	10%
Other	13	25%
Unknown	4	8%

Covid-19

On 23rd March 2020, the UK went into lockdown due to the Covid-19 pandemic. Throughout April-June 2020 we continued to ask for feedback on services, with 60% of the comments we received being directly related to the covid-19 pandemic in some way (28 comments). Many of these comments were positive and talked about how health services had adapted or provided excellent care despite or as a result of the lockdown. A summary of these comments has been shared below:

Covid-19: what people told us about what was good

Three patients told us they found it easier to get their prescriptions due to service adaptations put in place during lockdown:

- *One patient liked being able to order prescriptions over the phone rather than ordering into the surgery or online.*
- *One patient told us Wellway pharmacy in Morpeth was providing “excellent service especially during these difficult times”. They told us the service has set up a “cash point” type of system*

Continued...

outside the surgery/pharmacy. When your prescription is ready you get a text with a code. You have 4 days to collect."

- *Another patient told us "Rohit at Allendale Pharmacy and his staff have been great during the Pandemic making home deliveries free of charge"*

Other patients told us how efficient and quick a range of services had been despite or as a result of changes made during lockdown:

- *One patient told us about a positive experience with dental care: "I was referred by my dentist (NHS) to the dental hospital in Newcastle within 24 hours I had been treated. I am in shielding and was shown to a specialist shielded area in the hospital. Everything was very efficient and everybody was very kind and friendly."*
- *Another patient told us they felt their GP and specialist nurse had been very communicative with them at the beginning of lockdown. They also spoke about the adapted service their neurologist had provided; "I had my annual appointment with my consultant neurologist by video last Friday which was fine, he said he'd arrange an updated MRI scan which was done within the week. Very efficient service."*
- *We also heard about the physiotherapy service. An elderly man in a rural area of the county who had had a stroke in March told us that during lockdown he received excellent physiotherapy support by phone from the Northumbria Short Term Support Service. He said the phone calls from the physiotherapist were followed up by information and guidance through the post very promptly. He feels it has had a very positive impact on his continuing recovery.*
- *One patient told us "I developed a medical issue during the first week of lockdown. In the evening I filled in the new on-line form for my GP surgery, describing the problem and symptoms. The following morning a GP called me for a telephone consultation and a prescription was sent straight to the pharmacy for collection within three days. This was an amazing service! I work full time 9-5 and under normal circumstances I'd have to wait up to two weeks to get an appointment then take time off work to attend. I do hope this service is adopted into general practice as it is so swift and*

Patients and carers also told us about some changes due to the covid-19 pandemic which they thought could be improved:



Covid-19: what people told us about what could be improved

Patients broadly told us improvements could be made to the way services were changed during lockdown, to how transport arrangements were made, to the use of PPE, and how the shielding process worked. A summary of some of these comments has been shared below.

Changes to services

- *One patient was asked to register with another GP surgery due to the pandemic but was hesitant due to a family member having a bad experience with this surgery.*
- *One patient told us about their regular check-ups for ear infections stopping. The patient feels that the NHS has come to a complete stop for routine but nevertheless vital services.*
- *A patient described missing the health visitor face to face service during lockdown, and wanting support with mental wellbeing.*

Continued...

Transport

- *We were told about patients being unable to access outpatient appointments. The patients we were told about were elderly and lived in rural locations but did not qualify for patient transport.*
- *A patient who is registered disabled and based in Berwick was given an appointment for a mammogram in Ashington but no transport was available to them so they couldn't access their appointment. The patient was promised a later appointment if transport could be arranged.*

PPE

- *Another patient told us about losing a tooth and going to hospital. They said the staff were caring but were not using face masks or gloves on occasion and this was not explained to them. They declined further treatment to get their tooth re-implanted because of the lack of visible PPE worn by staff.*
- *An elderly patient who had been self-isolating with health issues told us they received a haematology appointment in May. The patient called up on the day of the appointment and was told it would be a face to face appointment, despite the patients GP offering to take bloods to avoid this. The patient noted there was social distancing in place for patients but not for staff with staff not using PPE or washing their hands after touching each other and surfaces. The patient felt "very vulnerable and upset" and found the whole experience "frightening", especially because it was happening in a hospital.*

Shielding

- *A carer told us they were frustrated as their mum had not been registered 'vulnerable' by their GP surgery, despite being 84 years old, registered blind, with a damaged heart and chronic osteoporosis. This meant it was more difficult for the carer's mother to get a regular grocery delivery slot.*
- *We also heard about difficulties collecting prescriptions for patients who were shielding. A carer experienced long queues and then were turned away as the pharmacy had to close, describing the pharmacist as "extremely rude, not apologetic". When they returned the following day they had to wait a further two hours. The patient was put on a shielding list by their GP and was able to receive the prescription by delivery from a different pharmacy.*
- *Some patients were not sure whether to attend a hospital appointment as they were on the shielding list and thought they should self-isolate*



Most of the negative comments about primary care and secondary care related to access to services, though there are more negative comments about quality of care than in previous quarters (see Figure 4b). Half of these negative comments about quality of care relate to changes made during the pandemic, some of which are detailed above, and we think this accounts for the increase. Figure 4a shows that more than half of all comments relate to 'access to services' (58%, 30 total comments), which is a slightly lower proportion but still generally consistent with previous quarters.

In Figure 4a 'Information' has also been included as a feedback category this time and refers to information provided about support available during the covid-19 outbreak. One example of this is a person in a sheltered retirement facility who did not receive any information about how to access support during the outbreak.

Figure 3 and Table 5 are best considered alongside Figures 4a and 4b (shown below), which show whether comments are related to quality, access, or information and their relevant sentiment. Figure 3 and Figure 4b show an increase in neutral comments on last quarter for Primary Care services and Access to Services. This relates to the comments we received on the Laburnum surgery closure in Ashington. We received a number of calls from people who told us they wanted to change their newly allocated surgery to a different GP surgery. We fed this back to the CCG whilst advising patients that they would need to wait until the closure date of 27th July before making this change. This also accounts for GP services being the most mentioned category in Appendix 2.

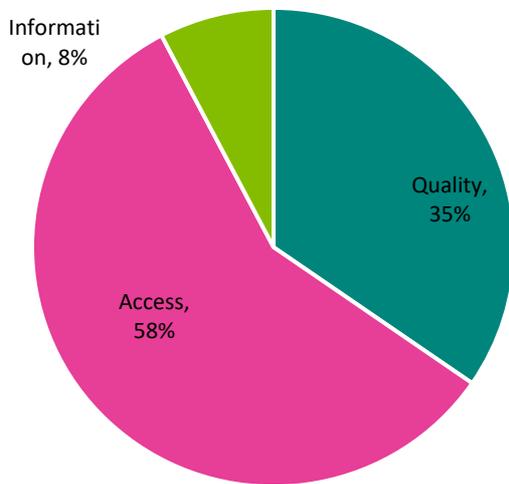


Figure 4a. Proportion of responses related to Quality of Care, Access to Services, as well as Information

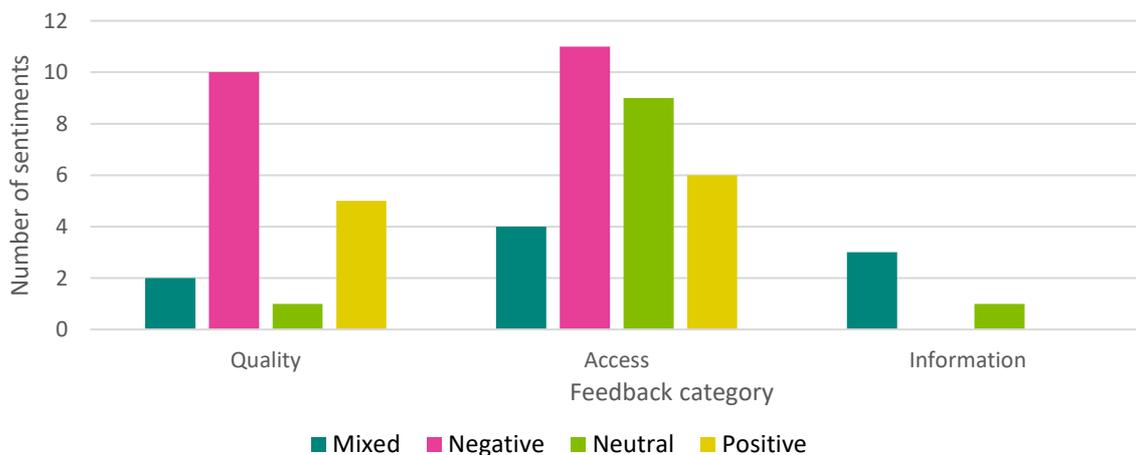


Figure 4b. Frequency of responses related to quality of care, access to services, and information by sentiment

Signposting

In total we signposted or gave information to 21 people who contacted us with an enquiry. Some people were signposted to more than one service. Below Table 6 shows the services Healthwatch Northumberland signposted people to this quarter:

Table 6. List of services Healthwatch Northumberland signposted people to, Q1 2020/21

Service Name	Service Type	Number of times signposted to	Signposted to in Jan-Mar 19-20?
ICAN	Voluntary Sector	1	Yes
Joint Loans and Equipment service	Health	1	No
North of Tyne PALS	Health	3	Yes
Northumberland Clinical Commissioning Group	CCG	2	No
Northumberland County Council	County Council	1	No
Northumberland County Council Covid Response hub	County Council	1	No
Northumberland Independent Advocacy Services	Voluntary Sector	1	No
Onecall	County Council	1	No
Talking Matters Northumberland	Mental Health	2	No
Carers Northumberland	Voluntary Sector	1	Yes
Northumbria Healthcare NHS Trust	Trust	1	No

Table 6 shows people were signposted to a range of service types this quarter. In previous quarters most of our signposting has been to voluntary sector organisations.

Online forums

As part of our engagement work Healthwatch Northumberland have been running online forums so that we can continue to find out about people's experiences of health and social care without speaking with people face to face. Between April and June we ran six forums with themes of discussion including: dementia, adult social care, mental health services, SEND, and maternity services. We did not set a theme for the first online forum we conducted (please see Appendix 3 for the list of forums). These forums were another opportunity to gather intelligence about what people across Northumberland have been experiencing, and a summary of the notes we collected through these forums has been included below.

General

People told us that because of **digital exclusion** some people were not getting information, with the south east of the county being an area necessary to target with leaflets and information about support available. Healthwatch Northumberland acted on this information and distributed information non-digitally in Ashington and Blyth. Carer's Northumberland shared the effectiveness of sharing carer's cards in supermarkets to help them to provide extra support for people newly having to care 24/7 due to situation.

Participants informed us that there were issues with **shielding** letters in the community, with people not receiving letters or texts from GPs causing confusion. Intelligence was shared that it is possible to get yourself added to shielding list, but that whether a person is told to shield is at their GPs discretion. It was identified as a nationwide issue. Participants told us there is lots of support available for some (e.g. 2 letters, 2 texts, and a phone call) and no support for others. A participant asked whether patients can go to GP for general appointments now and if so whether this should be promoted more?

Mental health was discussed as an issue due to the closing of dementia day centres. A participant noted they had been told about increased anxieties due to postponed appointments, going into hospital, about transport, relatives in hospital and keeping in touch.

Another theme discussed was **community based support**, with participants asking whether mutual aid groups will exist longer term, and whether there is any simple guidance about wearing masks and how to access them.

Dementia

One participant told us that telephone appointments are difficult for some patients, and that many GPs are not seeing people face to face. They went on to say that many people in their community were struggling with mental health and stress, but that the **Northumberland Wellbeing booklet** posted out was brilliant, questioning whether something similar could be produced for dementia carers? They informed us that locality is important for dementia **day care services** as if it's nearby it

means people don't have to travel and get the full day at the centre. A dementia day care service was due to open in Cramlington before lockdown.

Another participant told us that dementia carers struggling with ***fewer visits and support than usual***, but that using tablets for virtual contact has helped. They also asked whether there was an organisation that could do support service users to do activities they have always enjoyed such as fishing.

Participants also told us about ***language barriers*** with services due to the lack of translation, as well as financial barriers to participants getting online.

A participant also told us about an increase in ***young male adults*** asking for ***mental health support*** during lockdown, with the participant telling us they often hear ***"there is nothing out there for me"***. They questioned whether more advertising is needed, or if GPs need more information about what help is available.

Adult social care

Participants told us many ***older people*** wanting a weekly, friendly call as feeling lonely and frightened. Some older people are facing additional issues such as looking after an adult child with mental health problems. Participants agreed making calls was the most effective way to get 1-1 contact.

Some people are having to choose between food or internet data due to financial issues. People in the ***refugee and asylum seeker community*** have incorrect information and translation takes time. Video calling has reached people who wouldn't normally meet face to face so this is useful too. There are lots of carers in the asylum seeker community and lots of mental health carers have been really affected by a reduction in services at the moment.

Carers are going to be worried about picking up germs when they are out so it needs to be a balance.

During lockdown more adults are getting in touch with mental health services needing one-to-one

support; it can be difficult for people to reach out. At the start of lockdown ***anxiety and depression*** focused on family issues, now it's about going out there and interacting socially. Many people apologise for contacting the service saying ***"sorry to bother you"***. Patients don't want to ring the GP as they think they are busy; most people have been supported by friends and family.

Concerns about ***isolation*** after participant rang 34 people from PPG and people in local groups. Three had received food parcel support, six received letters about shielding. Some had received letters four weeks after lockdown. Only three were contacted by their GP. People felt there was a ***lack of information*** and were concerned about cancelled appointments for cancer scans and pacemaker checks. Two were contacted by local authority one week before the forum, both had virus for two weeks and no test available.

Mental Health services

Participants told us there was an urgent need for video calls for people with ***long term mental health illnesses*** as these people had had no face to face contact with community mental health team since start of lockdown.

They mentioned that the support for carers from social services had greatly reduced, putting ***more pressure on carers*** to meet the gaps in services.

Participants told us translation and information was a barrier for people accessing mental health services. Other barriers were a lack of understanding and ***fear of mental health services in refugee and asylum seeker community***, limited time with GP, phone call appointments inappropriate for some people, and limited internet access.

People are not aware of what services are available and how to access them – organisations need to work together to inform people about what provision is available 'under one roof': ***"Services are fragmented. All services under one umbrella would make it easier to find out who to contact"; "If someone is already in a vulnerable state, it's another hurdle to cross. Support needs to be joined-up"***.

Knock on effect of school closures means services are getting fewer referrals for young people's mental health.

A county based mental health charity related that **many people are struggling** with stress, there has been a rise in domestic violence referrals, an increase in parents with anxiety and male suicide intention and self-harm – more need for mental health services following Covid-19. Another participant asked us whether there is going to be less support for people with long term mental health illnesses?

A carer asked us what the **long term plans are for moving forward with community mental health services**, for people with long term mental health illnesses? This is something Healthwatch Northumberland have pursued. They also asked us whether there potential for services to use video or face shields and masks?

SEND

Participants told us children have been allocated Teaching Assistants to work 1-1 online, using google classroom, and this is reportedly working well. However, more face to face contact with **familiar teachers** could be a positive step. Parents need more **advice and information** and are not being returned calls from the CYPS team. There is more support and information if a child is on the SEND register as they have an educational care plan. There is a need for a **transition plan** for SEND children going back to school e.g. schools speaking with parents.

Maternity services

Patient has had midwife appointments via phone which are fine but a very different experience and not as consistent. Patients understand that the **experience will be different** but there should be more explanation to offer reassurance e.g. if phone appointments are with different midwives, reassure the patient that they have read their notes. Many anxieties patients are having are about **not having the same level of tests** – this needs to be explained to reassure. There are visiting limitations on friends and family that new mothers would usually have post-natal wellbeing. Less chance for new mothers to attend groups like **breastfeeding peer support** during lockdown, and

less referrals being given. **Support is key** and visits with a midwife or health visitor are an opportunity to pick up on signs of **post-natal depression**.

This report has been produced by:

Caroline Janes
Engagement and Insight Officer

If you would like any further information, or have any feedback or questions about this report, please get in touch using the following contact details:

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Appendix

Appendix 1. List of services mentioned in feedback and comments

Service name	Frequency
Action on Hearing Loss	1
Adult Social Care	1
Allendale Pharmacy	1
Bedlingtonshire Medical Group	1
Blyth Community Hospital	1
Corbridge Medical Group	2
Freeman Hospital	1
Greystoke Surgery	1
Health Visitor	1
HMP Northumberland	1
Laburnum Medical Group	9
Lloyds Pharmacy (Cramlington)	1
Morpeth Pharmacy (The Surgery, Wellway)	1
Newcastle dental hospital	1
Newcastle Freeman hospital	1
North East Ambulance Service: NHS 111	1
NHS Northumberland CCG	1
North East Ambulance Service: 999	2
North Tyneside General Hospital	1
Northumberland County Council Covid Response hub	2
Northumbria Healthcare NHS Foundation Trust	2

Northumbria Specialist Emergency Care Hospital	1
Onecall	2
Patient transport service	1
Railway Medical Group	1
Royal Victoria Infirmary	2
The Bellingham Practice	1
Wansbeck General Hospital	4
Wellclose Medical Surgery	1

Appendix 2. Service category and sentiment⁹

Service Category	Mixed	Negative	Neutral	Positive	Grand Total
Accident & Emergency	0	0	0	2	2
Acute services with overnight beds	0	1	0	0	1
Ambulance Services	0	2	0	0	2
Cancer Services	0	0	0	1	1
Cardiology	0	1	0	0	1
Care at Home	0	2	0	0	2
CCG	0	0	1	0	1
Community based services	3	0	1	0	4
Continuing care	0	0	0	1	1
Dentistry	0	0	0	1	1
Domiciliary Care/Care at home	1	0	0	0	1
Ear, Nose and Throat	0	1	1	0	2
Equipment Service	2	0	0	0	2
GP practice	2	7	7	2	18
Health Visitor	0	1	0	0	1
Maxillofacial	0	1	0	0	1
NHS 111	0	1	0	0	1
Ophthalmology	0	1	0	0	1
Patient Transport	0	2	0	0	2
Pharmacy	0	1	0	3	4
Phlebotomy	0	1	0	0	1
Physiotherapy	0	0	0	1	1
Podiatry	1	0	0	0	1
Prison Healthcare Services	0	1	0	0	1
Other	0	0	0	1	1
Total	9	23	10	12	

Appendix 3. List of online forums Q1 2020/21

1. General online forum - 13th May
2. Dementia - 20th May
3. Adult social care - 27th May
4. MH services - 3rd June
5. SEND - 10th June
6. Maternity services - 17th June

⁹ Where more than one service type and sentiment has been collected per record, it has been presented in the table