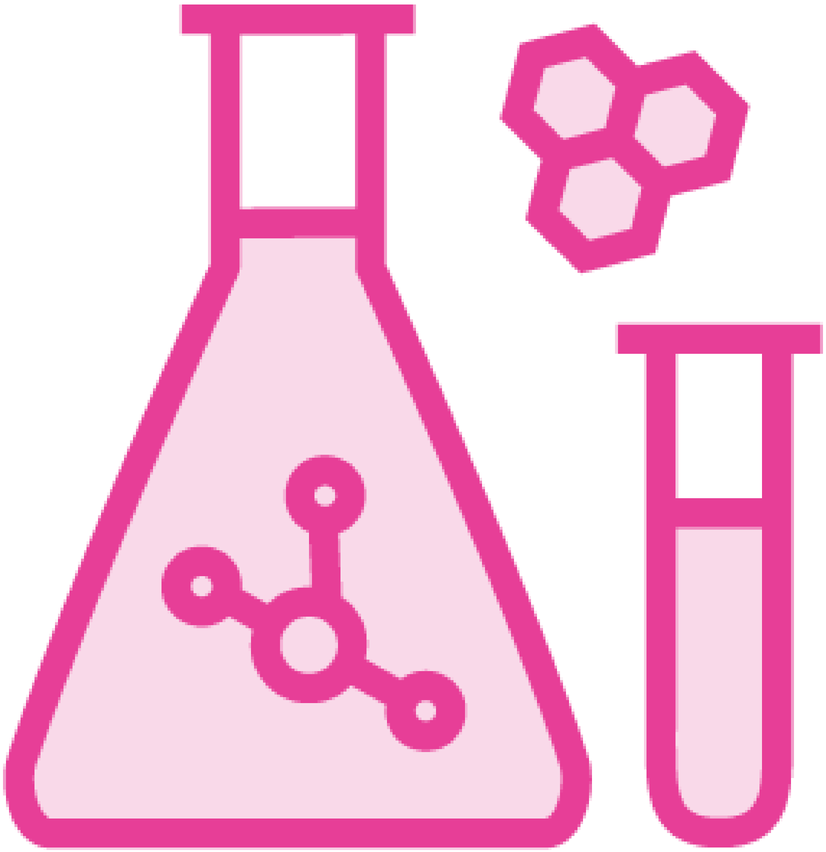
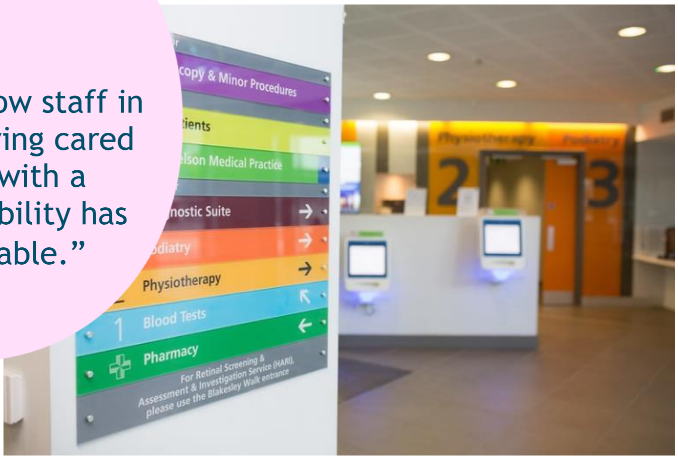


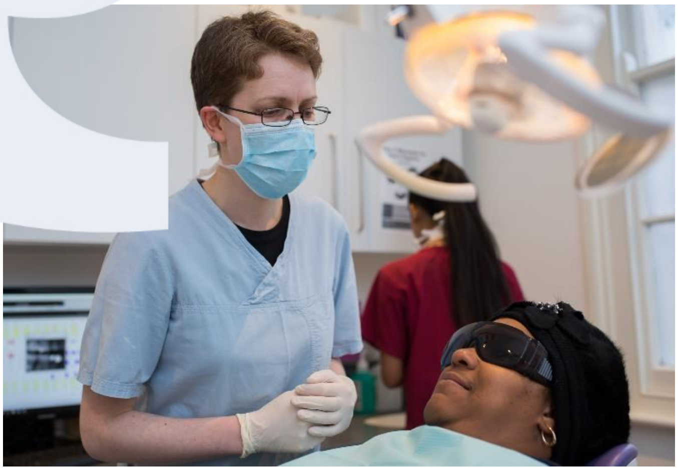
Covid-19 Patient Experience: Learning from Hertfordshire

Engagement: May 2020 – July 2020
Published: October 2020

“Watching how staff in supported living cared for my child with a learning disability has been remarkable.”



“Care and advice have stopped. My sibling has been left with no counselling and no support.”



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Foreword and Acknowledgements

Steve Palmer, Chair of Healthwatch Hertfordshire

The challenges faced globally by the Covid-19 pandemic have been nothing less than extraordinary and unprecedented, and we have all had to adapt to sudden changes and disruptions to our everyday lives.

Due to its proximity to London, Hertfordshire was at the forefront of many of these challenges and health and social care services in our region swiftly adapted to meet the needs of the changing world of health care.

As this happened, we began getting more and more calls from patients who were caught up in the changes and finding it hard to know where to turn for help. Patients were having appointments cancelled, and procedures and care postponed. Many people could not get the information they needed and found communication did not keep up with the changing situation.

We felt it was essential that we found out what was working and what was not working so well from the patient's perspective. So, we created three surveys and invited people across Hertfordshire to have their say on mental health services, shielding and health and social care in general.

We gathered responses to these surveys between May and July 2020 and in this **Covid-19 Patient Experience: Learning from Hertfordshire** report we have published the key findings of these surveys.

In total, 667 people responded to the surveys and told us that while they were extremely appreciative of the dedication and work being undertaken by health and care services during the pandemic, issues such as communication failings, over-use of technology, poor access to dental services and an increase in mental health problems were making life difficult for patients.

Armed with this information and the findings outlined in this report, our role at Healthwatch Hertfordshire is to now help local service providers rebuild and improve health and social care services – both in the short and long term.

This will be no easy task and nobody is underestimating the backlog of patients, shift in focus and delays that have been created by the pandemic, but by working together and providing a patient perspective, we hope to make a meaningful contribution to the process of rebuilding.

As Chair of Healthwatch Hertfordshire, I would like to thank our partners for supporting this work and for sharing our surveys to ensure the voice of Hertfordshire residents is heard. A final thank you must go to all of those who participated by sharing their experiences with us. By speaking to us, you have helped service providers to learn and improve services for the future.

Steve Palmer, Chair of Healthwatch Hertfordshire

Executive Summary

Background

In response to the Covid-19 pandemic, our signposting service started to receive positive feedback relating to NHS staff, but also requests for help in navigating the changes to health and social care services. We found that residents were largely raising concerns regarding the lack of information, communication and access available.

To learn more about people's experiences, we created three surveys. One focused on the effect Covid-19 had on mental health, one focused on the experiences of those who had been advised to shield, and the last focused on health and social care more generally.

Our aim was to better understand patient's experiences of health and social care services during Covid-19, and to use this intelligence to help local providers rebuild better health and social care services – both in the short and long term.

Methodology

Our surveys ran from 11th May to 31st July 2020.

With the help of statutory, voluntary and NHS services across Hertfordshire, 667 people shared their experiences with us.

- **269** answered the mental health survey, **239** answered the health and social care survey and **159** completed the shielding survey
- **63%** were aged 18-64 years old and **37%** were aged 65 years or older
- **91%** identified as White British
- **53%** have a long term condition
- **22%** considered themselves to have a disability
- **23%** considered themselves to be a carer

Key findings

Negative feedback was always with the caveat of understanding that services were under a lot of pressure, and admiration for NHS and social care staff.

80% of people who answered the mental health survey, and **55%** of people who completed the shielding survey said Covid-19 had negatively affected their mental health. Despite this, only **17%** accessed support from mental health services.

32% of respondents accessed health, social care and/or voluntary services - the quality of care varied across service provider, particularly for dentistry and mental health.

The quality of communication from service providers was very mixed – however those who were shielding had a much poorer experience regarding the contact they received.

43% of respondents experienced changes to their care - this include the use of online technology, cancellation and postponement of appointments, and reduced care and support.

Respondents valued the use of online technology whilst other options were limited, but still highly valued speaking directly to a clinician and having a face to face appointment.

Across all services providers, the quality of information was not always satisfactory, and finding information from the services was often difficult.

Respondents shared how valuable Herts Help and the voluntary sector was in providing advice and practical support - those who were shielding found this particularly useful.

1. About Healthwatch Hertfordshire

Healthwatch Hertfordshire (HwH) represents the views of people in Hertfordshire for health and social care services. We provide an independent consumer voice for evidencing patient and public experiences and gathering local intelligence with the purpose of influencing service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

2. Introduction

In March 2020 the World Health Organisation (WHO) announced the Covid-19 outbreak as a global pandemic. During this time the UK saw a substantial rise in cases of Covid-19 and deaths from the virus. In response to the crisis, on 23rd March 2020 the UK Government enforced a national lockdown which saw much of the support and activities familiar to day-to-day life completely suspended. The restrictions placed on the public have been even stricter for those living in the UK identified as being clinically extremely vulnerable.

During lockdown and beyond, communities have celebrated the NHS and all those who have continued to put their own health at risk to deliver what services they can during this pandemic. However, there have been considerable challenges and concerns raised both nationally and locally about how patients have been affected in terms of access and their mental health. What has been called 'the new normal' has significantly changed the way people live, but also the way people can and do access health and social care services.

To better understand the challenges and concerns presented by Covid-19, we looked to further investigate the public's experiences of health and social care services in Hertfordshire during this time – to understand what people felt worked well despite the challenges, and what could have been better.

At the time of writing this report, we have seen an easing and then an increase in lockdown measures as the number of Covid-19 cases rises. Our report uses the voice of Hertfordshire residents to look to the future, both near and long term. It contains recommendations for the next phase, and also a call for the health and care system to learn from the patient experience as it rebuilds better services.

3. Aims

The aims of this project were as follows:

- To investigate the public's experiences of health and social care services within Hertfordshire during the pandemic
- To better understand how the pandemic has affected people's mental health and those shielding in particular
- To assess the quality of communication and information from the government and local health and social care services
- To share what the public told us to help inform and build back better health and social care services locally

4. Methodology

Near the beginning of the Covid-19 outbreak (March 2020), our signposting service received positive feedback relating to NHS staff, but also many requests for help in navigating the rapid changes to health and social care services, patient choice and access. Through this contact, residents largely raised concerns regarding lack of information, communication and access, resulting in them feeling alone and unsupported.

To investigate further, and better understand people's experiences, we created three surveys. One focused on the effect Covid-19 has had on mental health, one focused on the experiences of those who had been shielding during the pandemic, and the last focused on experiences of health and social care services more generally. All three surveys asked questions about mental health, communication, access and information.

Government guidelines and restrictions meant that virtual engagement supported by telephone engagement was our only option. Online versions of the surveys were created with the option for participants to request the surveys in an alternative format to suit their needs and/or to contact us for support.

The engagement period ran for 12 weeks from 11th May 2020 to 31st July 2020. The surveys were promoted via social media and partners. The surveys were sent to statutory, voluntary and NHS services across Hertfordshire to share and distribute via their contacts and their social media channels. Interim reports were also shared with stakeholders on a monthly basis.

Limitations of the work

Although there was the option to request the surveys in an alternative format, all respondents completed the surveys online. This indicates that all of the respondents not only have access to online technology, it is likely they also feel competent using it. Therefore, the findings below, especially in relation to communication and understanding information, should be seen within this context.

To ensure we hear from those who do not have access to the internet, or do not feel confident using it, we are conducting a separate piece of research focusing on digital exclusion and how Covid-19 has impacted on those who do not access to online technology. We are also working with our learning disability community partners in Hertfordshire to understand how Covid-19 has impacted carers, support workers and people with learning disabilities, as well as what level of support they received from local services during this time. Information detailing how we will take these findings forward will be available from November.

5. Key findings and demographics

In total, 667 respondents completed our surveys. 269 answered the mental health survey, 239 answered the health and social care survey and 159 completed the shielding survey.

63% (420 out of 667) of respondents were of working age (18-64 years old), and 37% (247 out of 667) were aged 65 years or older. 91% (607 out of 667) of respondents identified as White British. 53% (354 out of 667) stated they had one more long term conditions, and 22% (147 out of 667) considered themselves to have a disability. 23% (153 out of 667) considered themselves to be a carer.

The findings below relate to various service providers in Hertfordshire and highlight people's experiences of care, support and communication from each service provider during the Covid-19 outbreak. Where appropriate we have also included relevant information from our signposting service which either supports or provides an alternative view to these findings.

6. Primary care

6.1. GP practices

Access

54% (104 out of 193) of respondents experienced changes to their health care in response to Covid-19 with a large number of service users noting that these changes related to access. Respondents highlighted their experiences of the following changes when accessing GP practices in particular:

1. **Using online methods to book an appointment with the GP practice**

The majority of respondents said their GP practice had modified the way patients could book an appointment. We found that most, but not all GP practices implemented or used existing remote methods such as 'eConsult' so patients could book an appointment online.

> *"Completing an online form to organise a GP appointment."*
> *"Using online services to access a GP appointment."*
> *"Filling in an electronic form to arrange an appointment."*

2. **GP practices using online technology to carry out consultations**

Instead of having a face to face appointment at their GP practice, respondents said their consultation was carried out using virtual methods such as video call and/or telephone conversation. The majority of respondents said their GP practice did not use remote consultations before the Covid-19 pandemic.

> *"I had a telephone consultation with the GP."*
> *"Changes to accessing my GP surgery, using email and telephone conversations."*
> *"Telephone appointments rather than face to face ones."*

51% (97 out of 189) of respondents used health care services during the Covid-19 outbreak, with most service users accessing their GP practice for care and support.

The majority of respondents to the general health and social care survey said that they had been a positive experience when they contacted their GP practice for an appointment. In some cases, some patients said they received a better service compared to usual, primarily because the GP practice was able to respond quicker than usual and schedule an appointment within a short timeframe too.

> *"I contacted the surgery. It was excellent, prompt reply from the GP. Online form and email in lieu of a face to face appointment."*
> *"I had a tiny lump under my armpit, and it started to fester. My own doctor saw me and I was very satisfied afterwards."*
> *"I contacted my GP by phone, and it was better than usual!"*

When asked what they thought of the changes they had experienced, some respondents thought the use of online technology to carry out consultations was an improvement. These respondents noted that virtual appointments provided benefits such as reduced waiting times for an appointment, as well as the elimination of travel and time in waiting rooms.

> *"GP telephoned me, sent photos of the infected injury for treatment straight to the chemist. Actually, proving to be a better system, it beats travel problems and having to wait in a crowded waiting room."*
>
> *"The new form of support from the GP practice has been even better as they have created a brilliant virtual service for appointments and medication requests."*
>
> *"Telephone conversations with my GP and online medication reviews have made it easier to get the medication required."*

However, equally there were respondents who were disappointed that they could only access remote care from their GP practice in certain situations. Some patients also noted that it was difficult to have their symptoms diagnosed using virtual methods, and were also concerned about GPs prescribing medication without a face to face consultation.

> *"The surgery was unable to do anything other than a phone or Zoom call even though the person I care for became acutely unwell."*
>
> *"It is difficult to have symptoms investigated which is presenting problems."*
>
> *"It concerns me that the GP can prescribe medication without actually seeing the person and their condition."*

Additionally, some respondents found having a virtual appointment with their GP practice unhelpful and impersonal, stating that they would have preferred a face to face consultation with the clinician to discuss their concerns and to show the healthcare professional their symptoms.

> *"I spoke to the GP on the phone. It felt very impersonal."*
>
> *"We talked over the phone but I prefer face to face."*

A small number of respondents said they had a very poor experience when trying to access their GP practice for support. Largely this is because they were unable to contact their GP practice to arrange an appointment, meaning they could not receive medical advice for their health concerns.

> *"I contacted the surgery and it was very bad. It has been abysmal and stressful. The GP was closed and had no online contact or queuing system on the phone so there was nothing but a constant engaged tone. I had to access NHS 111 and hospital emergency as usual services had disappeared."*
>
> *"Difficulty in seeing or talking to a GP."*
>
> *"Trying to access an appointment is extremely difficult."*

Communication

People rated the communication with GP practices as mixed. 55% (54 out of 99) of respondents to the health and social care survey said that the communication they received from their GP practice regarding changes to their service was good or very good.

> *"The communication was clear and easily accessible."*
> *"Communication was very good. I received an email from the surgery clearly explaining what was happening."*
> *"Communication was good as I was kept adequately informed."*

29% (29 out of 99) of respondents thought the communication they received from their GP practice about changes to the service was neither good nor bad.

> *"There was no active communication to patients about changes to services."*
> *"They did no more than could be expected in the circumstances."*
> *"I only received text messages, and lots said the exact same thing."*

16% (16 out of 99) of respondents said the communication they received from their GP practice regarding changes to the service was bad or very bad. Largely this was because service users received very little or no communication from their GP practice about changes to the service, and did not receive any information about how they could continue to access care and support from their GP practice during this time.

> *"No information as to how to get GP care."*
> *"There was no proactive communication."*
> *"All I received from the doctor's practice was a text saying when not to go visit."*

Communication – Shielding

Respondents who completed the shielding survey were asked what they thought about the shielding letter they received (asking them to shield and isolate for 12 weeks), as well as the communication they received from their GP practice before or following this letter.

Overall, respondents who answered the shielding survey had a much poorer experience with regards to the communication they received from their GP practice.

52% (81 out of 157) of respondents received the initial letter from their GP practice advising them to shield and self-isolate for 12 weeks.

a) Information within the shielding letter

Although 89% (66 out of 74) of respondents found the information in the shielding letter clear and easy to understand, patients generally found the information too generalised, as it did not have specific advice relating to the individual's own medical condition and health needs. Respondents noted that because the shielding letter was not personalised, they would have valued having a follow up conversation with their GP practice to discuss their own personal circumstance.

> *"There was nothing personal to me."*
> *"The letter was too general and not specific to my situation."*
> *"It was a generalisation. I needed to hear from my GP to explain how the letter relates to my condition."*

> *"The advice was not realistic."*
> *"No concept of the enormity of what is being asked."*
> *"It was a bit cold. It didn't acknowledge how being asked to shield is tough."*
> *"Most awful communication I have ever received, made me feel worse than my stage 4 cancer diagnosis at 26 years old."*
> *"It was out of the blue and terribly upsetting."*

When asked how respondents found the language and tone of the shielding letter, a large number of service users thought the letter was patronising and daunting, often

In terms of what additional information respondents would have valued, most people said having information about how to access practical support whilst shielding would be beneficial. Mostly this is because the shielding letter did not provide specific information about what local support and/or services are available should respondents require assistance whilst self-isolating. Respondents also noted that the letter did not include information about how people who have been advised to shield can safely access health and/or social care services should they need treatment or support.

> *"What support is available."*
> *"Services like food and medicine and how to register for support."*
> *"Advice on what to do regarding shopping."*
> *"No information on what local councils should be doing to support."*

b) Communication outside of the shielding letter

31% (48 out of 144) of respondents said the communication they received from their GP practice about shielding was good or very good. Service users noted that this was because they received frequent, ongoing communication from their GP practice which gave them an opportunity to raise any concerns they had. Some respondents said their GP practice had been supportive, providing reassurance and ensuring the service user was managing under the circumstances.

> *"I have been contacted by the GP practice to check whether I was ok and to offer advice."*
> *"I have had regular contact with the surgery."*
> *"My GP is always very supportive and wrote a supporting letter so that I could remain working from home."*

37% (58 out of 144) of respondents thought the general communication from their GP practice regarding shielding was neither good nor bad. Although respondents gave this rating, most patients said they received either very little or no communication from their GP practice. Some respondents who gave this rating also noted that there was a significant delay in receiving their shielding letter which provoked anxiety and uncertainty in some cases.

> *"During the whole time I've been in isolation, no one from the surgery rang to check on me."*
> *"Reasonable standard letter sent but received late. By the time I got the letter I had already caught Covid-19."*
> *"It took 4 weeks before I received the letter, luckily we started shielding before this."*

32% (49 out of 144) of respondents said the communication they received from their GP practice about shielding was bad or very bad. The majority of respondents said this is because they received no communication from their GP practice except for the initial shielding letter which as highlighted above, was not tailored or personalised to them. Respondents found this lack of communication irresponsible and unsupportive, noting that having a conversation with their GP practice would have given them greater reassurance.

> *"I've had no communication from my GP."*
> *"Apart from the initial letter I've had no communication."*
> *"I fully accept at the start it was general to all people at risk. But after 2 months it is unforgivable for it not to be personal. I received absolutely no contact from my surgery."*

c) Those who did not receive a shielding letter or were sent one 'incorrectly'

48% (76 out of 157) did not receive a shielding letter, despite considering themselves clinically extremely vulnerable. Of the 76 people who did not receive a letter, 97% (74 out of 76) still continued to follow shielding guidelines. These respondents felt communication from their GP practice was particularly poor, noting strongly the disadvantages they faced by not receiving a shielding letter from their GP practice, with some stating it as "negligent." This was particularly because not receiving a shielding letter meant some people could not access support, such as the delivery of food parcels, medication and other essential goods. For a couple of respondents not having a shielding letter caused problems with their employer.

> *"I was told that as I had not received a shielding letter I should not have remained at home shielding. I feel that not all my physical and mental health difficulties were considered."*
> *"Luckily I am on maternity leave otherwise it would have caused problems with my employer."*
> *"I could not get food parcels because I haven't got a letter."*

A few respondents said they were originally sent a shielding letter, but were then later told by their GP practice that they are not clinically extremely vulnerable and do not need to shield, leaving these service users unsure of which information to trust, and very uncertain about whether to follow shielding guidelines.

> *"I have not received any information or requirements about shielding for my child even though they are at high risk with Downs Syndrome."*
> *"I was missed off the initial letter even though I was in the clinically extremely vulnerable group."*
> *"We had a letter regarding being at high risk, then had a text to say it was sent in error."*
> *"I received a letter in early April regarding shielding and 2 days later I had a text to say the letter was a mistake. I then had a second letter in May to say I must shield. Rather late and mixed messages I thought."*

Information and advice

61% (140 out of 238) of respondents to the general health and social care survey said they had searched for information and advice about health care over the months of March – July.

At the beginning of lockdown, the majority of respondents said they were searching for information about government rules and guidelines, how and when someone should be tested for Covid-19 and what the main symptoms of the virus are. However, as the lockdown began to ease, and health care services started to reopen, a greater number of respondents started to search for information about how to access their GP practice, and the availability of this service. Respondents were unsure:

> *"How to access the GP and medical care."*
> *"How to contact my GP surgery."*
> *"Whether GP surgeries were open."*

Respondents were also searching for information about the impact of Covid-19 on their particular health condition, this was particularly the case for those who categorised themselves as being clinically extremely vulnerable. Additionally, respondents searched for information on how Covid-19 affects certain groups.

> *"Information on how Covid-19 affects pregnancy."*
> *"The effect of Covid-19 on diabetes, children and BAME."*
> *"The effect of Covid-19 on Parkinsons and cancer."*

To find the information mentioned above, some respondents contacted their GP practice for advice and/or looked on their GP's website. Most respondents said contacting their GP was useful, primarily because the GP practice could give them the information and/or advice they required, as well as some reassurance. This was particularly important to respondents as some of the information online or via the media could be conflicting.

However, some respondents noted having a poor experience when contacting their GP practice for information. These respondents noted difficulty getting through to their GP practice for medical advice and/or general information, and the GP website not always having up to date information about Covid-19 or the information they were looking for.

> *"I didn't get any information from the GP when I contacted them."*
> *"The GP practice had no information on its website!"*
> *"The surgery website was out of date, it needed updated with the new information and guidance."*

When asked what additional information would be useful, most respondents said they would have liked further information from their GP practice about how the service was operating during Covid-19, as well as the opportunity to speak to their GP practice directly to ask questions and/or raise concerns about their medical conditions and accessing support.

> *"I would like more support from my GP and more information."*
> *"Someone to speak to at the GP practice would be helpful so I could get information about the questions I have."*
> *"I wanted information about how I can make an appointment with my GP. I'm not sure how it is working at the moment and it is confusing."*

6.2. Dental services

A small number of respondents who answered the health and social care survey shared their experiences of dental services during the pandemic. Most respondents had a negative experience, largely because they received very little or no communication from their dental practice regarding the cancellation of their appointment and the temporary closure of dental services. Respondents also noted receiving no communication about when services would resume and more importantly, how they could access urgent dental care in the interim, causing concern and anxiety for a number of patients.

Supporting the above, we received a large number of calls from the public raising concerns about dental services via our signposting service.

Initially contact was from patients raising concerns about what constituted as ‘urgent dental care’, as only urgent dental work was taking place. Clients feared that the absence of preventative dental care such as fillings could potentially lead to unnecessary tooth loss, amongst a number of other dental problems, as well as unnecessary prolonged pain.

Where patients met the eligibility criteria for urgent dental work and were referred to the new NHS Urgent Dental Hubs (UDH) created in response to the Covid-19 outbreak, patients noted long delays in referrals, difficulty contacting the hubs, and conflicting information about where the hubs were located and their opening times. One service user in particular who was pregnant and had an urgent dental referral to one of the hubs, had no choice but to pay privately for treatment as the delay was too long.

As dental services started to resume normal activity, patients started to contact us to say they could not register with a dental practice as an NHS patient, despite contacting several dental practices in the area. Or, they were told there were no available appointments for NHS patients at the practice they were already registered at, but could be seen if they paid for private treatment. This meant that service users and their families were left without dental care if they could not afford to pay private dental fees.

> *“I have received no indication as to when the dentist will reopen for day appointments.”*
> *“No information was given regarding the resumption of dental services.”*
> *“I needed a wisdom tooth extraction but the procedure was cancelled. I received a letter and phone call.”*

7. Secondary care

7.1. Hospitals

Service changes

In terms of changes to hospital services, respondents noted:

1. Cancellation or postponement of hospital appointments.
The majority of service users said their hospital appointment was cancelled, with a few patients stating that their appointment had been postponed and scheduled for an alternative date. For most respondents, the appointment was not urgent, however for a few patients the consultation was important in monitoring their physical health.

> *“Cancellation of my mammogram at the hospital.”*
> *“I normally attend a number of outpatient clinics but they were all cancelled.”*
> *“My hospital appointment has been rescheduled.”*

2. Hospitals using remote methods to carry out consultations.
A small number of respondents said their consultant used virtual methods, such as a telephone conversation or video call to replace their face to face appointment. Respondents said their consultant did not offer online consultations before the Covid-19 pandemic.

> *“Appointments at my local hospital changed from face to face appointments to telephone appointments.”*
> *“Hospital appointments have been replaced by telephone calls from the physician.”*
> *“Use of phone appointments and online consultations.”*

Communication

Overall, respondents said the communication they received from their hospital was mixed.

54% (54 out of 99) of respondents rated the communication they received from their hospital as either ‘good’ or ‘very good’. Mostly this was because respondents received information from the hospital about changes to their appointment in a timely manner, and found the information provided was clear and comprehensible.

> *“I received appropriate and clear communication in good time.”*
> *“It was made very clear on all letters and text message reminders I received about my appointments that they would take place over the phone.”*
> *“The communication was very timely.”*

Where respondents rated the communication from their hospital as good, some patients noted the communication could have been better whilst still acknowledging the challenges that Covid-19 presented.

> *“It was short notice but unavoidable.”*
> *“Generally the communication was good but it was very difficult to get through to anyone to answer questions about cancelled appointments.”*
> *“The communication was not always clear.”*

29% (29 out of 99) of respondents said the communication from their hospital was neither good nor bad. For most respondents this is because although they were notified about their appointment being cancelled or postponed, they were given no indication from the hospital as to when they might be given another appointment and/or receive treatment for their condition. Additionally, some service users received very little information from the hospital about their upcoming appointment, causing more uncertainty further exasperated by the difficulty in being able to contact the hospital.

> *“I should have been informed about cancellations with more notice.”*
> *“I was informed my appointment had been cancelled but was not given any indication as to when I would be contacted again.”*
> *“I was given next to no information about if my appointment was still going ahead and what safety precautions I had to take to keep myself and others safe.”*

16% (16 out of 99) of respondents said the communication they received from their hospital was bad or very bad. Primarily this is because service users received no communication from the hospital about their appointment being cancelled or postponed. Patients in this category also noted the difficulty in contacting the hospital, and did not receive any information and/or advice about who they should contact if they had any queries about their appointment, or concerns about their medical condition.

> *“I have received no indication as to when the hospital will reopen for day appointments and it is impossible to get through to hospital departments.”*
> *“I am waiting to see an abdominal specialist but this was cancelled in March and to date I’ve not heard anything.”*
> *“Everything was cancelled and I was not given any advice on what to do if I was concerned and who to contact.”*

A small number of respondents said they were disappointed that their hospital did not offer a remote consultation to replace their face to face consultation. Patients noted that although a virtual appointment is not ideal, it would have provided them with some reassurance until they could have a physical consultation.

> *“A consultant appointment was cancelled and not rescheduled. I have a long term health condition that requires specialist care and it was very disappointing that I wasn’t even given the option of a phone consultation.”*
> *“I would have preferred an offer of a telephone discussion. By cancelling the appointments I do not know how long it will be before my next appointment. This concerns me as my last 3 monthly check up was in December 2019.”*

Information and advice

61% (140 out of 238) of respondents said they looked for information about health care during Covid-19. As lockdown easements were introduced, the majority of respondents looked for information about local health care services. Respondents searched for information about accessing health care, the availability of local services, and what changes had been made to services in response to Covid-19. Respondents also looked for information about what precautions and safety measures local hospitals had implemented to keep patients safe from Covid-19 when accessing care and support.

> *“Changes to maternity services and post-natal care as a result of the outbreak.”*
> *“Information about hospital appointments and blood tests.”*
> *“If hospitals were still offering things like ultrasounds.”*

To access this information, most respondents spoke to their consultant and/or another healthcare professional for information about accessing hospital services for care and support during Covid-19. Respondents also contacted their hospital for information about when outpatient appointments and treatment would be rescheduled and/or restart. Most respondents who contacted a clinician at the hospital had a positive experience, receiving more detailed and clear information compared to what they received in letters and emails. Respondents also said the clinician was supportive, taking the time to speak to the service user to ensure they had the information they required.

> *"My consultant provided me with information and spoke to me about my worries."*
> *"The consultant told me about what services were open."*
> *"Doctor at the hospital gave me the information I was after."*

Instead of contacting a clinician, some respondents looked on the hospital website to find information about how to access care and the availability of services at the hospital. However, most respondents said that the hospital website did not have information about what services were continuing to operate during Covid-19 and how patients could receive treatment.

> *"I could not find information about blood tests on the website so I ended up not getting a blood test."*
> *"I could not find information on the website. There needed to be more information on what services were still running."*

In addition, some respondents thought the information on the hospital website was not accessible and was difficult to understand, largely because the website contained medical jargon and complex information that patients could not grasp. Respondents also said that some information on the hospital website had not been updated, despite guidance and advice changing.

> *"As I worked in the health environment in the past I understood the terminology. However I did find it rather woolly when it came to whether or not a person should seek testing, how to access testing and what to do next."*
> *"The medical jargon was hard to understand."*
> *"The website had not been updated in a while despite hearing from my midwife that things had changed."*

When asked what additional information would be useful to have, a large number of respondents said they would have valued specific information about what services were available, rather than generalised messages. Respondents would have also liked information about what safety precautions local hospitals were taking to keep patients safe when accessing the hospital.

> *"A list of phlebotomy departments that are open and what they are doing to make sure people waiting are observing social distancing measures."*
> *"A bit more information on what services were still running and how things work."*

Access

51% (97 out of 189) of respondents accessed health care during the Covid-19 pandemic. Although most patients accessed their GP practice, 32% (33 out of 97) of service users received care from hospital services.

Most respondents received care from their hospital through a remote consultation with their consultant. All service users found this valuable, appreciating the ongoing care albeit in a different format. A few respondents found the use of remote consultations more efficient, providing them with the same level of care whilst preventing patients from having to travel or wait at the hospital. However, the findings showed that most people still would highly value having a face to face appointment with their consultant and would not like this to be fully replaced with online technology.

> *"I had a telephone consultation instead of visiting the hospital – it was actually an improvement."*
> *"Telephone appointments instead of physically going somewhere which has been a very welcome improvement!"*
> *"I contacted my consultant due to severe pain in my knee and they were helpful. I would still like to have a face to face appointment with them though."*
> *"Having an appointment over the phone was good but I think having a face to face appointment is really important and I would have preferred that."*

However, some respondents noted a reduction in the care and support they received from their hospital as a result of the Covid-19 outbreak. Service users said they did not receive the appropriate treatment and/or support they required to adequately address their health needs, creating greater distress for the patient.

> *"I was in hospital at the beginning of the outbreak with a severe asthma attack. I would normally have a lot of support but on discharge I received nothing. This effected my recovery and I didn't want to bother the respiratory team as I knew they were busy. This resulted in a relapse of my asthma."*
> *"Lack of NHS staff for brain injury support. Confused messages, lack of communication and lack of access to support."*

7.2. East and North Hertfordshire NHS Trust

20 out of 239 people who had responded to the general health and social care survey had used East and North Hertfordshire NHS Trust (ENHT) during the outbreak.

Most respondents who accessed ENHT during the Covid-19 outbreak said they received high quality health care. Respondents emphasised that staff at the hospital were very supportive and ensured that all patients felt reassured and safe in the hospital environment. Respondents also noted where services were working better, such as phlebotomy and the Urgent Care Centre.

> *"I visited A&E at Lister Hospital. It was excellent, very supportive, prompt and helpful."*
> *"I went to Macmillan Cancer Unit at Lister and A&E. It was fine although A&E refused to do a Covid-19 test as I wasn't being admitted."*
> *"I had weekly and fortnightly check-ups at Lister Hospital and it was excellent."*
> *"I had a blood test at QEII and the service was much easier to access. It was very safe as well and had a good social distancing in place."*
> *"I went to the Urgent Care Centre at Queen Elizabeth Hospital in Welwyn Garden City. It was very good and very prompt."*

Only a few respondents noted having a poorer experience, particularly in reference to maternity services at the Lister. Some respondents said this was because the lack of communication they received, whilst a smaller number of respondents said they did not receive adequate support.

> *"My midwife didn't make the necessary referrals to endocrinology. I had to do a lot of chasing to get the specialist support I needed."*

In addition, via our signposting service, there were positive experiences raised about the staff and support offered within the maternity services in response to bereavement, along with concerns about administration errors resulting in a parent receiving an appointment after the loss of their child. We also had a few people contact us to raise concerns about the lack of personal protective equipment (PPE) being used or changed, and the perceived overcrowding of the Neonatal Intensive Care Unit (NCIU) meaning social distancing could not be observed by parents.

In response to the signposting concerns being raised with the Trust, the Trust has assured that these issues will be avoided in the future and reiterated that current practice addresses any concerns raised previously about PPE and social distancing.

In response to the survey, 6 people contacted us about their experience with the Mount Vernon Cancer Centre, all with a very positive experience. Patients said they felt cared for by staff and found the environment very safe, with the hospital ensuring all the appropriate safety measures and precautions are in place. Service users valued having the ability to attend the hospital for their treatment and/or examinations, as they acknowledge that some cancer treatment has been stopped across both the county and country.

> *"I had an MRI and PET scan at Mount Vernon. Being allowed to do a 75 mile round trip in a car and seeing staff I knew was actually a boost. My results were given by telephone by my wonderful oncologist."*
> *"I went to Mount Vernon and it was magic."*

7.3. West Hertfordshire Hospitals NHS Trust

Similarly to ENHT, respondents who used health care services across West Hertfordshire Hospitals NHS Trust (WHHT) generally had a positive experience.

Only 13 out of 239 people who responded to the general health and social care survey had used WHHT services during the pandemic. Respondents said they received high quality support from hospital staff, with particular praise given to the A&E department. Patients also noted that accessing care at the hospital was much easier and more efficient compared to before the pandemic, with respondents receiving medical care and treatment for their health needs in a timely manner.

> *"I was really impressed with the service at Watford General Hospital."*
> *"I visited A&E at Watford General. It was very quick and very smooth."*
> *"I went to A&E and it was positive. I was seen really quickly."*
> *"Appointments for my partner's eye injections have continued at Watford General. It was very good and very safe."*
> *"I had an ultrasound at St. Albans City Hospital. It was mostly positive. My partner wasn't allowed to be present for scans which is sad but understandable. Staff were excellent despite the constraints."*
> *"I visited neurology at St. Albans Hospital and it was very good."*

However, a couple of people contacted the HwH Signposting Service to share a poorer experience. Both individuals had a loved one who was in a Covid-19 ward due to a suspected or confirmed case of Covid-19, but were later moved to a general ward. Both callers noted that the level of care and support their loved one received in the Covid-19 ward was significantly greater than the care they were given in the general ward. Likewise, families said the communication they received from the hospital was far better when their loved one was in a Covid-19 ward. Once their loved one was moved to a general ward, the family received very little or no communication from the hospital, which was particularly distressing for them as visitation was not allowed.

> *"Clinical teams have been blinded by Covid-19."*
> *"The level of communication between ICU and the ordinary ward was like day and night and different worlds."*

In response to the signposting concerns being raised with the Trust, the Trust has reiterated to all staff that patients and families need to be treated the same whether they were Covid-19 patients or not.

Lastly, 3 respondents to the survey who accessed Hemel Hempstead Hospital noted concerns about safety and use of PPE.

> *"I had blood tests at Hemel Hempstead. It wasn't good and social distancing was not happening."*
> *"On arriving at Hemel Hempstead Hospital I asked a member of staff where pathology was, I was shocked that they came right up to me to speak. No offer of sanitiser, gloves or mask when entering and having to use a lift with people too close together."*
> *"I didn't feel very safe there."*

8. Mental health

8.1. Hertfordshire Partnership University NHS Foundation Trust (HPFT)

Impact of Covid-19 on mental health

Out of all three surveys, we received the most responses to the mental health survey (269).

80% (207 out of 260) of respondents who completed the mental health survey said that their mental health had been negatively affected during the pandemic. However, interestingly to note, only 17% (39 out of 235) of respondents had sought support, information and/or advice for their mental health and wellbeing. Respondents who contacted voluntary and charity organisations for support tended to have a more positive experience compared to those who sought help from NHS related services.

Within the survey aimed specifically at those who are shielding, respondents were asked if they felt shielding affected their mental health, 55% (71 out of 130) said it had. Respondents described feelings of increased anxiety and depression, as well as loneliness and isolation.

For those who said their mental health had been affected, they noted feelings of:

1. Anxiety and depression

The majority of respondents said they felt significantly more anxious and depressed as a result of the Covid-19 pandemic. Respondents said the outbreak had intensified feelings of uncertainty and sadness, causing them to feel hopeless, out of control and irrational at times. Service users also noted feeling distressed, with an inability to sleep and/or eat as they normally would due to their depression and/or anxiety, which had a direct impact on both their physical and mental health.

Respondents who were shielding felt particularly depressed, often because shielding guidelines restricted their freedom, meaning they could not leave their home or see relatives, causing them to feel trapped and distressed. A few respondents said they had never experienced anxiety and depression before, but had noticed a substantial decline in their mental health an emotional wellbeing as a consequence of the Covid-19 pandemic.

> *"The experience to date has depressed me and made me feel more anxious. I have found it difficult to sleep and eat well."*
> *"My anxiety is extremely high and I have struggled with depression."*
> *"My anxiety has got worse and I don't usually get depressed but I feel like I'm verging towards it."*

2. Anxiety due to lockdown easements

A large number of respondents, especially those who were advised to shield, said they felt extremely anxious about lockdown measures beginning to ease. Some respondents had developed a fear about leaving their home, causing them to feel very scared and nervous at the thought of going outside. A few respondents noted having panic attacks when leaving their household and/or at the thought of having to go outside for basic necessities. Some respondents said they will continue to self-isolate and avoid leaving their home until there is a vaccine for Covid-19 because they feel too afraid about going outside and potentially contracting the virus.

> *"I am very concerned about going out or meeting others. I am waiting for a safe and efficient vaccine to be available in order to feel more confident."*
> *"I am very anxious to even go for a walk or leave my road which has caused my anxiety attacks and stress."*
> *"I'm deeply anxious about leaving the house for any reason at all."*

3. Isolation and loneliness

Especially at the beginning of the Covid-19 pandemic, a significant number of respondents said they felt very lonely. Largely this is because they were not allowed to see their friends and family which made respondents feel isolated and alone. As lockdown restrictions eased, respondents were able to interact with and meet their loved ones, reducing feelings of loneliness and isolation.

However, respondents who were advised to shield continued to feel lonely throughout the Covid-19 outbreak as lockdown easements did not always apply to them. Even when restrictions started to lift for those who were shielding, many respondents said they felt too scared and anxious to leave their home to meet friends and family, meaning they continued to feel secluded and isolated from wider society.

> *“Being locked in away from everyone with no end in sight is almost unbearable.”*
> *“I’m coming to the end of my life but I can’t see the people I care about. I find that very depressing.”*
> *“I felt alone, being unable to see my family and friends and having limited face to face contact with others was also challenging.”*

4. Lack of motivation and disrupted routines

Some respondents noted feeling anxious due to a lack of motivation and productivity, causing feelings of frustration and irritation. Respondents also highlighted that the Covid-19 outbreak had disrupted their usual routines and activities which had a negative effect on their mental health and emotional wellbeing. Respondents found it very difficult to adapt, create new routines and keep occupied which often caused distress.

> *“Ceasing my normal activities has made me feel very down.”*
> *“The disruption of normal daily routines has been hard to adjust to.”*
> *“Lack of routine from not working has made me have days of feeling worthless.”*

5. Low mood

Across both surveys, almost all respondents said that the Covid-19 pandemic had negatively affected their mood and emotional wellbeing. Respondents said at times they felt very overwhelmed, stressed and worried due to the uncertainty posed by Covid-19. Some respondents also noted feeling sad, angry and emotional, emphasising that their mental health had declined in response to the Covid-19 outbreak.

> *“I have moments of anxiety and low mood but these are only to be expected.”*
> *“My mental health and wellbeing has declined.”*
> *“I feel miserable, tearful, stressed and angry.”*

Respondents also raised concerns regarding the impact Covid-19 has had on the mental health and emotional wellbeing of children and young people. With schools closing and children unable to see their friends and family, respondents said young people have felt increasingly lonely and isolated during Covid-19 pandemic. Respondents also said the behaviour of their children has changed during the Covid-19 outbreak, with children starting to show signs of depression, anxiety and frustration.

> *"My child of 3 years is getting no real friends to play with. We haven't sent them back to nursery and they have been having nightmares. They are scared of strangers, doesn't want to go out and says 'I'm sad' but is too little to explain any further. I am afraid of what impact this will have."*
>
> *"I have a teenage child and there have been some very trying times during lockdown as they can't let off steam."*
>
> *"I think the most vulnerable age group for mental health issues is 12-18 years. They should be the ones going back to school first for social contact and support."*

Access

As mentioned above, although 80% (207 out of 260) of respondents who answered the mental health survey said the Covid-19 outbreak had affected their mental health, only 17% (39 out of 235) had accessed support services for their mental health.

Similarly, 55% (71 out of 130) of respondents who completed the shielding survey to say that their mental health had been negatively affected, only 11% (16 out of 71) sought support for their mental health whilst shielding.

Those that sought support, the majority contacted HPFT, some of whom already receive support from the service and some of whom had never contacted the Trust before.

Some respondents had a very positive experience when accessing care and treatment from the Trust. Largely this is because their care continued during the Covid-19 outbreak, and respondents received frequent, ongoing communication from the Trust.

> *"The mental health team has been phoning regularly which has been a lifeline."*
>
> *"I received extra support from HPFT."*
>
> *"I accessed the mental health team at Saffron Ground and it was good."*

Some respondents noted mixed experiences when accessing support from the Trust. Carers and service users said that although the service did provide some forms of advice for managing their mental health, they would have preferred more practical support and information that related to the greater, specific challenges faced due to Covid-19.

In addition, respondents said they found it difficult to contact the Trust for support with their mental health. Respondents noted particular difficulty in accessing the Out of Hours Service and Single Point of Access.

> *"The perinatal psychiatrist has contacted me once via video call and I have been assessed by the perinatal community mental health team. I felt that issues I've had that were triggered by Covid-19 were brushed aside. That said the psychiatrist did send me some links to ways to manage mental health in the Covid-19 crisis."*
>
> *"I speak to a worker from HPFT. HPFT initially discharged me 2 weeks into the pandemic and then took me back a month later. The worker I speak to is very good but only part time. There can also be very lengthy waits to try and speak to someone on the Out of Hours Service."*
>
> *"I accessed the Adult Mental Health Team at Rosanne House in Welwyn Garden City. I also contacted HPFT Single Point of Access. It was not too bad but it was hard to get through to them."*
>
> *"Very difficult to get through to the Out of Hours Service, it took forever!"*

A small number of service users said they received care from the Trust via video call or a telephone conversation. Some respondents said having a remote consultation was useful in providing them with support and in helping them to manage their mental health and emotional wellbeing. However, most respondents to the mental health survey would have preferred a face to face appointment.

> *"[Online appointments have] been reliable but harder to engage with than face to face appointments."*
> *"I've had counselling online. It was positive but it would have been better to do counselling in person."*
> *"Online counselling which was face to face switched to online which has worked well."*

A few respondents were not aware of what mental health services and support the Trust can offer service users and carers, and how they can start accessing treatment. Some respondents also noted concerns around mental health services becoming overwhelmed and overstretched in response to the Covid-19 pandemic, identifying that waiting times for treatment and support could be extended significantly which could have a long-term impact.

> *"I have no idea what help if any is available or where or how to get it."*
> *"Access to mental health services in Hertfordshire was poor before Covid-19 and it has been worse during Covid-19. One fears how bad it is likely to get post Covid-19."*
> *"I worry that there will be a rise in mental health issues and there will not be enough support for people who need it. Mental health services are already overwhelmed and people have to wait months for treatment or help. I worry that this will only get worse for people."*

Additionally, via our signposting service, a couple of people contacted to say that they or a loved one had been discharged from HPFT inpatient services, despite informing the provider that the service user still felt seriously ill. This has been raised with the Trust who are investigating the issues raised through these signposting cases to identify issues and learning.

Information and advice

Similarly, although 80% (207 out of 260) of respondents said the Covid-19 outbreak had affected their mental health, only 38% (88 out of 234) said that they had searched for information and advice about mental health online during the pandemic. This is significantly less compared to the number of respondents who looked for information about shielding and health and social care services (68%).

In terms of what information respondents looked for, the majority searched for advice about how they could access local mental health services, what support they could receive for their mental health and emotional wellbeing, and the availability of this support in response to Covid-19.

> *"How to get mental health support."*
> *"I searched for how to access support for my mental health."*

Most respondents found information via the NHS website and/or charities such as Mind. However a small number of respondents looked on the HPFT website for information about what type of support they could access to help them manage their mental health. Respondents who used the website found the information accessible and clear to understand, but thought the advice provided was too generalised, meaning they could not find specific advice about different mental health conditions.

> *“Information was very easy to understand.”*
> *“Not specific but helpful to understand anxiety.”*
> *“Information needed to be a little more specific to certain conditions.”*

A couple of respondents contacted HPFT directly for information and advice. Respondents who had a conversation with a clinician often found the information they were given very useful, as it provided them with practical advice for managing their mental health.

> *“I found techniques from my psychiatrist useful for when things felt overwhelming, like going for a walk, breathing techniques and talking to friends and family.”*
> *“My counsellor gave me advice for looking after myself.”*

In terms of what additional information respondents would have liked, most respondents said they would have valued receiving practical advice and support for managing their mental health and wellbeing. Examples respondents gave were breathing techniques, exercises, meditation and information about how to create a routine.

> *“Something simple - maybe a few exercises or meditation, not too much reading.”*
> *“Some practical information that would provide long term support.”*
> *“There wasn’t much information on how to keep a structure into days and things like how to make a timetable and ensuring that you add regular activity and ways to stay connected.”*

However, service users and carers emphasised that receiving advice directly from a clinician would have been the best way to access information about mental health and managing their wellbeing during Covid-19. Respondents noted that reading information online could often prove daunting and overwhelming, negatively affecting their mental health by causing additional anxiety. Some respondents also said that they would have liked specific contact details, particularly in the event of a crisis or emergency.

> *“I needed someone to talk to for advice.”*
> *“Need to talk to someone for help.”*
> *“Someone to speak to for information relevant to me and my problems.”*
> *“A point of initial contact and an emergency number.”*
> *“Emergency mental health support.”*

Services changes and communication

26% (22 out of 85) of respondents experienced changes to treatment for their mental health condition due to the Covid-19 outbreak. Key changes patients mentioned were:

1. Reduced care and support from the service provider.

The majority of service users said the treatment and/or care they normally receive from Hertfordshire Partnership University NHS Foundation Trust (HPFT) had either stopped entirely or had been significantly reduced in response to the Covid-19 pandemic. Most respondents said their appointments were cancelled by the Trust and have not been rescheduled, and have been given no indication as to when appointments might resume. A few respondents also noted that visits from their Care Coordinator have stopped due to the Covid-19 outbreak, meaning they have received substantially less care and support.

Some service users also said they have received very little or no contact from the Trust regarding how their care will be continued, even though the service user required urgent support from the Trust to help them manage their mental health condition. This was particularly important for as the nature of the Covid-19 pandemic often intensified feelings of anxiety and depression for service users. Carers also mentioned that they received very little support and/or communication from the Trust, despite asking for information and advice to help them in their caring role.

> *“No visits from the care coordinator. No appointments with the psychiatrist.”*
> *“Less contact with the mental health team. Luckily my in law has not experienced a psychotic episode during lockdown so far.”*
> *“Care and advice has stopped. My sibling has been left with no counselling and no support.”*

2. Using remote methods to carry out meetings and consultations.

A small number of respondents said the Trust continued to provide care and support for service users through using online technology such as telephone conversations and video calls to carry out appointments, therapy sessions and consultations. Respondents noted that this was a new system in place for service users in response to the Covid-19 outbreak.

> *“Telephone consultations instead of face to face.”*
> *“Appointments with the psychiatrist are now taking place by phone rather than in person.”*
> *“Video call therapy sessions and phone call counselling.”*

Compared to the communication respondents received from GP practices, hospitals and social care services, a large proportion of service users said they received poor communication from HPFT regarding changes to services.

48% (9 out of 19) of respondents said the communication they received from HPFT about changes to the service was good or very good. Largely this is because the service user received ongoing, frequent contact with the service provider which gave them detailed information about how the service was continuing to operate during the Covid-19 pandemic, and how they could access support for their mental health during this time. Respondents said having this communication from the Trust was valuable, as it kept them informed and provided them with a sense of reassurance at a time of increased anxiety and uncertainty.

> *“The Trust has kept me informed of any changes on a regular basis.”*
> *“My counsellor has kept in touch and let us know well in advance of meeting schedules.”*

16% (3 out of 19) of respondents said the communication from HPFT about changes to services were neither good nor bad. Most respondents who gave this feedback thought the contact they received from the service provider was unsatisfactory, failing to provide them with sufficient information about how they could access care during this time. However, service users acknowledged that the Covid-19 has presented unprecedented challenges for the NHS and understood that staff are under pressure, meaning communication from the Trust might not be of a high standard.

> *"People are trying to help but they often can't be anything but vague."*
> *"It wasn't poor but I'd rather it hadn't been that way."*

37% (7 out of 19) of respondents thought the communication they received from the Trust about changes to the services was bad or very bad. Primarily this is because respondents received minimal or no communication from the Trust about how services have changed in response to Covid-19 and how service users and carers can continue to access support from the Trust for their mental health during this time. Most respondents also said they were not told about then they will receive treatment and support again, and when their next appointment will be arranged. Respondents found this lack of communication at this time very unsupportive.

> *"I only received a general text from HPFT saying all appointments were cancelled, nothing to say when I will see the psychiatrist or if the appointment will be rearranged."*
> *"There was no forewarning of the acute day treatment unit closing – we were told about an hour before it shut. Communication about how appointments will be conducted has been poor."*

Members of the public also contacted our signposting service to raise concerns about the communication from HPFT. Service users said they did not receive any contact from their psychiatrist, despite continuously reporting a severe decline in their mental health and emotional wellbeing and in some cases, suicidal thoughts. This lack of communication, as well as the poor quality of care has left service users and their carer in emotional distress, and uncertain of how to access support.

8.2. Mental health charities

The majority of respondents who contacted and accessed support from Mind in Mid Herts had a positive experience. Respondents said they particularly valued the online support groups it offered, and felt these groups were useful in helping them to manage their mental health during Covid-19. Respondents also noted that the charity provided them with practical support and resources for coping with low mood, feelings of anxiety and depression.

> *"Online mental health resources from Mind in Mid Herts were really helpful and supportive."*
> *"Online mindfulness sessions delivered by Mind in Mid Herts were very good. The daily weekday sessions helped show me ways to alleviate some of my anxiety."*

Where service users felt their experience could be better, this was largely because respondents could not find the resources on the website and the online support groups and/or workshops useful in addressing their particular mental health needs and concerns.

> *“I used the Mind in Mid Herts workshop. They’re trying their best but it’s not overly beneficial.”*
> *“I looked online at Mind in Mid Herts and it did not fulfil my needs.”*

In terms of providing information and advice, a large number of respondents found information about mental health from the Mind and/or Mind in Mid Herts website. Most respondents said the information was accessible, clear and easy to understand. The website provided service users with practical advice and support for managing their mental health such as breathing techniques for coping with anxiety, and information about how to create a routine during the Covid-19 outbreak.

Hertfordshire Mind Network

A small number of respondents said they received support from Herts Mind Network and gave very positive feedback about their experience. Respondents found that Herts Mind Network provided them with more immediate information and support compared to HPFT. Respondents also noted finding the staff trusting, and able to provide useful information and advice.

> *“Herts Mind Network is easier to get immediate support from than HPFT, plus I trust Herts Mind Network more.”*
> *“Herts Mind Network were really good.”*
> *“I got great support from Mind in Mid Herts.”*

Foundation Counselling Service

A couple of respondents contacted the Foundation Counselling Service for their mental health. The respondents said they had a good experience, emphasising that the Service provided them with useful resources, information and advice for managing their mental health during Covid-19.

> *“It has helped me mentally with the Covid-19 pandemic and other anxieties.”*
> *“The Foundation Counselling Service provided good resources.”*

9. Adult care services

9.1. Hertfordshire County Council

Experiences of service changes

15% (28 out of 183) of respondents said they or someone they care for routinely access Adult Social Care services. 56% (16 out of 28) of respondents experienced changes to social care services due to Covid-19. Key changes respondents noted were:

1. **Reduced care and support from the service provider.**

The majority of respondents said they or the person they care for received reduced care from social care services during the Covid-19 pandemic. For most respondents this was because of visitation restrictions and non-urgent care and treatment being postponed.

> *“No visit from an occupational therapist.”*
> *“My child who usually lives on their own supported by carers had to come back and live with me.”*
> *“Carers are not able to visit.”*

2. No visitation at care homes or supported living accommodation

Respondents found being unable to visit their parent or relative living in a care home or supported living accommodation very upsetting and distressing, but understood the importance of helping to keep their loved one safe.

> *“Phone calls rather than visits to my parent.”*
> *“Unable to visit the care home to see my relative.”*
> *“My parent lives in a care home and is not allowed any visitors.”*
> *“Very upsetting not being able to see my parent.”*

3. Remote consultations provided by the service provider.

A few respondents said they had an online or remote consultation with social care staff instead of a face to face meeting to discuss their loved one’s care and support. Although not the usual approach taken, respondents found it beneficial that their appointment was not postponed or cancelled.”

> *“We had an online meeting.”*
> *“Meetings were virtual.”*
> *“Strange having a meeting over the phone but I’m glad we had someone to talk to about their care rather than nothing at all.”*

Communication

Similar to the communication respondents received from GP practices and hospitals, carers and service users thought the communication they received from adult social care services was mixed.

51% (8 out of 16) of respondents said the communication they received from social care serivices was good or very good. Primarily this is because the service provider contacted them to provide information about changes to the service and explained any actions they were taking to keep them or their loved one safe.

> *“Excellent – I was kept informed at every stage of the transfer of my relative to another care home due to the previous one closing down. Despite the difficulties in accessing the new care home, the social care staff were very efficient and made sure things went smoothly and kept me informed at all times.”*
> *“The care home had written and phoned to explain what actions they had taken to protect residents.”*
> *“The care home keeps the family informed.”*
> *“Reasons were clear and sensible.”*

30% (5 out of 16) of respondents said the communication from social care services was neither good nor bad. Most respondents gave this rating because although they were contacted by the service provider, they would have valued receiving more detailed information about changes to the service and how they were planning to keep them or their loved one safe.

> *“They contacted me but didn’t provide much information.”*
> *“I needed more information about how they were going to keep my parent safe.”*

19% (3 out of 16) of respondents said the communication they received from social care services was bad or very bad. Largely this was because respondents received very little or no communication from the service provider, creating feelings of uncertainty and distress. Respondents also noted receiving no communication about what care and support they or their loved one will receive whilst services are disrupted.

> *“The care stopped. There was no communication. That is very bad.”*
> *“It seems incredibly callous to identify - according to them - urgent needs and offer support but then not follow it up. Even a phone call!”*
> *“My parent is in a nursing home. Apart from a phone call on 11th March telling me I could no longer visit the home, there has been zero communication from the home. I think it is very poor that there is no communication, even explaining the changes that the home has put in place. All I get is a very upset parent’s version of events over the phone.”*

In terms of information and advice, 61% (140 out of 238) of respondents looked for information about health and social care services during Covid-19. Although the majority of respondents looked for advice about health care, a small number of respondents searched for advice about the provision of social care services in Hertfordshire.

Most respondents looked for information about how to access and receive social care support for themselves and/or their loved one. This was particularly important for respondents as some social care services had significantly reduced their provision of support and/or stopped providing social care in response to the Covid-19 pandemic. Respondents also wanted to know what social care support they and/or their loved one could continue to access during Covid-19, and the availability of this support. A few respondents searched for information about care homes in Hertfordshire and how they were continuing to operate during Covid-19, as well as how they were protecting residents from the virus.

> *“How to get some help after our home care was reduced.”*
> *“Availability of social care services in the home.”*
> *“Information about care homes and how they were looking after people.”*
> *“Information about Adult Care Services and support.”*

<u>Accessing home care</u>

Of the 61% (17 out of 28) of respondents that said that they or the person they care for used adult social care services during the Covid-19 pandemic, a small number of respondents accessed home care.

Positive experiences of home care included professionals carers continuing to visit and provide support, and care workers taking the necessary safety measures and precautions to keep themselves and the service user safe from infection.

> *“The home care my relative received was great.”*
> *“The home care has been good as always.”*

Poorer experiences included, relatives noting their loved one not being given enough care or time, for example visits being rushed, and care workers not wearing PPE.

> *“It was scary initially as carers didn’t have any PPE until May.”*
> *“No follow up visit from an occupational therapist to fit the recommendation aids which they said would make my home safer for me.”*
> *“Vulnerable people cared for at home did not get enough support and they seemed to be forgotten.”*

Accessing care and nursing homes and supported living

Half of the respondents said they had a positive experience with care homes and supported living accommodations. Positive experiences emphasised the willingness of social care staff to continue to provide high quality care and support, despite the circumstances imposed by Covid-19. Where respondents had a poor experience, this was where it was difficult to get in contact with the service provider, where relatives felt deaths could have been prevented, lack of testing, and being unable to visit.

> *“Watching how staff in supported living have cared for my child with a learning disability has been remarkable.”*
> *“Mixed experience - difficulty in obtaining help until we took things to higher levels. Now receiving better care from social care services.”*
> *“The care home is good.”*
> *“Nursing home was very good, if restrictive when it came to visiting, even outside the person’s window.”*
> *“My relative died of Covid-19 in a care home and I think it was very poor not to close these earlier.”*
> *“I am worried because there is no testing for Covid-19 happening in the nursing home I reside at.”*

A member of the public also contacted our signposting service concerned about an outbreak of Covid-19 at a care home their loved one resides at. The respondent said the care home handled the outbreak inappropriately, failing to implement infection control and isolation procedures to protect residents, meaning a number of elderly, vulnerable residents started to show symptoms of the virus.

9.2. Herts Help and Council support

Information and advice

78% (98 out of 131) of respondents to our shielding survey said they looked for information and advice regarding shielding during Covid-19. The majority of respondents found updates about shielding, and information about shielding guidelines via the Government website. However, some respondents looked on the Hertfordshire County Council (HCC) website. Where people searched the HCC website, some found the information clear and easy to understand, whilst others noted difficulty in navigating the website and finding the information they need.

> *“There are FAQs for carers and it is very good and very clear. It is also good to know about how to get food.”*
> *“It took a long time to find information on the website.”*
> *“What help was available was difficult to find.”*
> *“Council was not up to date, hard to find information.”*

Some respondents who were shielding said they received information and advice from Hertfordshire County Council via leaflets sent to their home. Those who received these leaflets found them very valuable as it provided them with practical advice about how to access support whilst shielding and who to contact should they require assistance.

> *“Lots of information from Hertfordshire County Council during these challenging times.”*
> *“I received a leaflet through the door from Hertfordshire County Council and it was helpful.”*

In terms of receiving support, 22% (30 out of 107) of respondents who answered the shielding survey said they contacted Hertfordshire County Council and/or community groups and charities through HCC to assist them whilst shielding, particularly for support with tasks such as collecting medication and shopping for essential goods. Some respondents also noted their gratitude in being contacted by Hertfordshire County Council to see if they required support whilst they were shielding.

> *“Hertfordshire County Council contacted me and they were very good.”*
> *“Hertfordshire County Council delivered food boxes to me.”*
> *“Hertfordshire County Council were very helpful.”*
> *“I received assistance and a phone call from Hertfordshire County Council.”*

HertsHelp

A large number of respondents, particularly who those were shielding, also contacted Herts Help for support. All respondents who received support from Herts Help said they had a positive experience. Respondents noted that HertsHelp were useful in providing advice, helping them with shopping deliveries and collecting prescriptions, this assistance was particularly important for some people as they did not have friends or family who could support them whilst self-isolating.

> *“Herts Help were useful in giving me advice.”*
> *“Very pleased with the phone support received from Herts Help.”*
> *“Helpful support and information offered by call handlers.”*

10. Conclusion

The findings identified in this report emphasise that people highly value NHS and social care staff, as well as support provided by Hertfordshire County Council during the pandemic. Respondents admired their ability to deliver what services they could under the circumstances, and negative feedback was always given with this caveat.

However, it is clear that the pandemic has significantly affected mental health, with a large number of respondents citing a substantial increase in anxiety and depression. Despite a decline in mental health, only a small number of people accessed support, largely because they were unaware of what services are available and how to access them. People who did use mental health services noted that it was difficult to access immediate support, particularly from Single Point of Access and Out of Hours Service.

The report also highlights how different social groups have been disproportionately affected by the pandemic, specifically those on lower incomes trying to access dental services, the unique impact the lack of communication from services and imposed isolation has had on those clinically extremely vulnerable, and the distress that restricted visitation has had on carers and relatives and service users in care homes in particular.

It is clear that technology has played an important role in providing care during the pandemic, however the findings convey that although technology has been valuable in providing interim support, patients still highly value having a face to face appointment with clinicians. Where patients found the use of technology an improvement, this was around reduced waiting times and eliminating the need to travel.

The report found that where patient's care was reduced or cancelled entirely, or where patients required a face to face GP appointment but could not access one, being able to speak to someone would have been beneficial. However, this proved difficult to do in practice.

Findings highlighted the communication across providers varied. Some respondents received prompt, frequent communication, providing them with reassurance and more importantly, information on how to access the service at this time. However, some respondents received very little or no communication from services, often meaning they could not access support or know what services were available. Those who were shielding had a much poorer experience in terms of the communication they received. Due to the generalised and daunting nature of the shielding letter, it was even more important for this group to receive contact from their GP to provide reassurance and condition specific information where available.

Similarly to communication, the quality of information from services was also varied. Respondents noted difficulty in finding information from providers, particularly via their website as it did not always have up to date information, or details regarding how the service was operating during this time.

Although the findings highlight good practice, mostly around staff care and treatment, learning focuses predominantly on the importance of regular communication, quality information and signposting, as well as addressing gaps faced by those more disadvantaged.

11. Recommendations

Based on the key findings outlined in this report, it is recommended that service providers consider the following recommendations:

Communication and information

1. Service providers should regularly communicate with their patients, using various methods of communication (e.g. phone, email, text, post), prioritising their most vulnerable patients in these communications.

2. For when things go wrong, service providers should provide specific contact details and/or a helpline for patients and relatives.
3. All communications from service providers (including websites) should include as a minimum:
    - information about service changes
    - what this means for the patient in terms of access
    - specific details about how patients can access the service
    - signposting details about who they can speak to if they are concerned
    - correct information about how to access immediate, urgent care, particularly if regular services are not available.

4. Service providers should provide timely communications about changes to appointments and provision of care.
5. Service providers should ensure their website is up to date and easy to navigate.

Access

6. Face to face appointments should not be replaced by virtual appointments if it cannot meet the needs of the patient.
7. Alternative options should be given when postponing or cancelling appointments, and patients should be told when they can expect hear from the service provider with an update.
8. Patients should not be disadvantaged due to social or economic factors.

Mental health

9. Mental health services should ensure the public can receive immediate support via Single Point of Access and Out of Hours Service without experiencing delays.
10. Mental health services should promote more widely what services are available to the public and how to access them.
11. Mental health services need to ensure patients are not unsafely discharged – not discharged prematurely, are always discharged with a discharge note and are given contact details of who to contact if they need support.
12. Mental health services should have measures in place to provide care and support should there be an increase in demand.

12. Next steps

As part of our commissioned role, we hold the system to account from the service user and patient perspective.

The findings and recommendations presented in this report will be shared with Hertfordshire service providers and commissioners to assist them in rebuilding improved health and social care services - both in the short and long term.

Through our regular contact and meetings with NHS and Social Care Chairs, Chief Executives and Directors of Nursing, we will ask how the learning in this report is being taken forward, as well as monitor the system to ensure the patient voice is at the centre of future changes. We will also continue to work closely with Hertfordshire Health Scrutiny to share evidence and support committee members in holding providers and commissioners to account.

As part of the wider Healthwatch network, we will share information and contribute to initiatives from Healthwatch England and the Care Quality Commission, to support impact nationally.

Furthermore, we will continue to work with our partners in the voluntary and community sector to ensure we hear from groups who are seldom heard and amplify their voice.

Healthwatch Hertfordshire Chief Executive, Geoff Brown said:

> “Our research team have done an excellent and important piece of research to help us understand how services worked during the pandemic. I’m very pleased to endorse a report which reveals valuable findings about patient experiences – some which were positive, others show areas for services to learn and improve. Working with colleagues in the NHS and Social Care we can use the findings to ensure patients are properly supported during the coming months and at the centre of service redesign after the pandemic.